



# Statement

Account Name: WALSH, ROBERT  
 Company Name: CAPE BRETON REGIONAL MUNICIPALITY  
 Employee ID:  
 Statement Date (MM/DD/YYYY): 11/15/2025

## Statement Summary:

*Report any items which do not agree with your records within 30 days of the statement date.*

Payments:	\$ 0.00
Adjustments:	\$ 0.00
Net Purchases:	\$ 715.88
Cash Advance:	\$ 0.00
Fees:	\$ 0.00
Other Charges:	\$ 0.00
<b>New Account Balance:</b>	<b>\$ 715.88</b>

**For your records only. No payment required.**

## Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
10/14	10/16 617407658	THE DIGBY PINES GOLF R DIGBY NS	\$ 557.79 024473	\$ 78.09 (e)	\$ 635.88
10/18	10/20 617864591	CIRCLE K / IRVING #QPS AULDS COVE NS	\$ 70.18 050947	\$ 9.82 (e)	\$ 80.00

# NS Chiefs of Police Fall Conference



## Digby Pines Golf Resort and Spa

103 Shore Road  
Digby, NS B0V 1A0  
Tel. 1-902-245-2511, Fax. 1-902-245-6133

INVOICE

102167

Friday, October 17, 2025

**Walsh, Robert**  
865 Grand Lake Road  
Sydney, N.S., TX B1P 6W2

Arrival Date **October 14, 2025**  
Departure Date **October 17, 2025**  
# of Nights **3**

Room No. **322**  
Adults **1**  
Sub Folio **A**

**Group:** Nova Scotia Chiefs of Police Association

Folio Items	Item Description	Price	Qty	Discount	Ext. Price
<b>Tuesday, October 14, 2025</b>					
	Room Charge				181.10
<b>Wednesday, October 15, 2025</b>					
	Room Charge				181.10
<b>Thursday, October 16, 2025</b>					
	Room Charge				181.10
<b>Subtotal</b>					<b>543.30</b>
Digby Marketing & Promotions Levy					14.49
HST					78.09

**Payment Details**

Payment	Notes	Date	Amount
POST	Posted to WEB Folio: 204538	27-Jun-2025	0.00
M/C 1168	WALSH/ROBERT	14-Oct-2025	635.88
			<b>635.88</b>

<b>Total</b>	<b>\$ 635.88</b>
<b>Payments</b>	<b>\$ 635.88</b>
<b>Balance</b>	<b>\$ 0.00</b>

Thank you for choosing Digby Pines Golf Resort and Spa: Nova Scotia's Iconic Resort - Open Year-Round.

At Digby Pines Golf Resort and Spa, whispers of yesterday mingle with the promise of a today just waiting to be discovered.

\*Please note that a finance charge of 2% per month will be applied to all past due invoices - net 30\*



*Fallen Hero Memorial - Halifax*

**CIRCLE K/IRVING 2074**

13239, Route 104  
AULDS COVE BOH 1PO  
Nova Scotia  
902-747-3264

Date : 10/18/2025 Time : 12:58:12 PM

Pos : 1 #1674397

Cashier : 3268583, Jehan

Fuel :  
Pump 6 UNL-REG \$80.00  
57.43 L @ \$1.393 /L  
1 AIR MILES Collector \$0.00

Sub-Total \$80.00

HST (F) \$0.00  
HST (P) \$0.00

Total \$80.00

MASTERCARDFLEET: \$80.00  
Balance \$0.00

AIR MILES Collector  
Card Num : (\*) XXXXXX1976  
Store # : 6002074  
Authorisation # : X:1559370

Miles Used 0  
Cash Balance 0  
Dream Balance 3913  
Conf#

Insufficient AirMiles Cash  
balance for redemption.

FUEL INCLUDED HST (F) Fuel 5.0% \$3.51  
FUEL INCLUDED HST (P) Fuel 9.0% \$6.32  
# HST 73850 3507

**CIRCLE K/IRVING**

TYPE: PURCHASE  
MASTERCARDFLEET  
XXXXXXXXXXXX1168

AMOUNT: \$ 80.00  
DATE: 2025/10/18  
TIME: 12:58:12  
TERMINAL: 66241998  
REFERENCE #: 0012340570 C  
AUTH #: 050947

Mastercard  
AID: A0000000041010  
TVR: 000008000  
TSI: E800

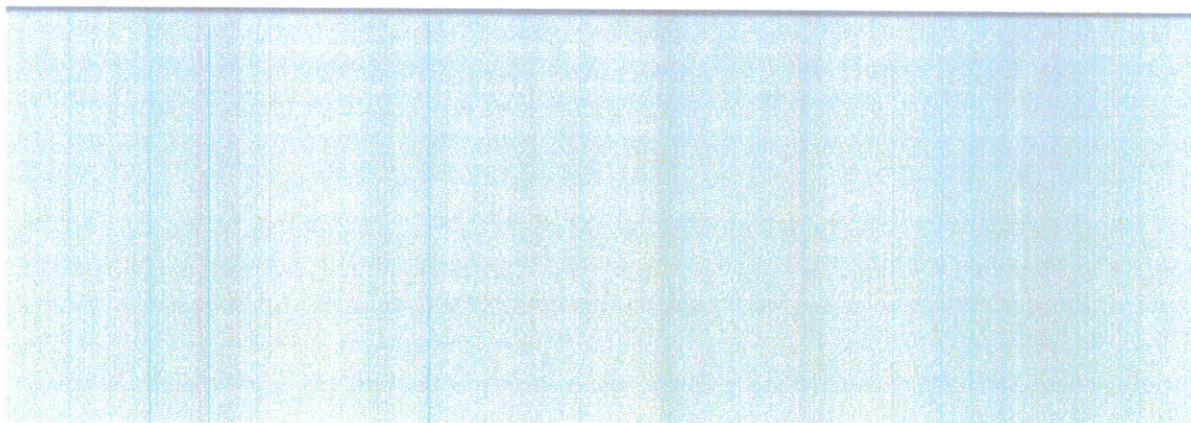
VERIFIED BY PIN

01 APPROVED - THANK YOU 027

INVOICE NUMBER: 1674397

NO SIGNATURE REQUIRED

\*\*\* MERCHANT COPY \*\*\*



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- Cash Advance
- My Profile

**ENTER YOUR EXPENSE CLAIM DETAILS BELOW**

**Claim**

Claim #:  Date Submitted:  Status:  Employee:  Cost Center:

**Claim Details**

	From	To	Destination	Purpose
<a href="#">Select</a>	Oct 14, 2025	Oct 17, 2025	Digby, N.S.	NSCPA Fall Conference

**Travel Outside Claim Items**

	Destination	Date	KM Amount	Per Diem Amount	Hotel Amount	Other Amount	Day Total
<a href="#">Select</a>	Digby, N.S.	Oct 14, 2025	\$0.00	\$93.00	\$0.00	\$0.00	\$93.00
<a href="#">Select</a>	Digby, N.S.	Oct 15, 2025	\$0.00	\$93.00	\$0.00	\$0.00	\$93.00
<a href="#">Select</a>	Digby, N.S.	Oct 16, 2025	\$0.00	\$8.00	\$0.00	\$0.00	\$8.00
<a href="#">Select</a>	Digby, N.S.	Oct 17, 2025	\$0.00	\$65.00	\$0.00	\$21.00	\$86.00

**Claim Totals**

# of KMs	Kilometer Total	Per Diem Total	Hotel Total	Other Total	Total HST	Total Claim	Less Cash Advance	Payout Amount
<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$259.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$21.00"/>	<input type="text" value="\$34.38"/>	<input type="text" value="\$280.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$280.00"/>

- Home
- My Claims
- Approve Claims
- Cash Advance
- My Profile

**ENTER YOUR EXPENSE CLAIM DETAILS BELOW**

**Claim**

Claim #:	Date Submitted	Status	Employee	Cost Center
<input type="text" value="7665"/>	<input type="text" value="Oct 22, 2025"/>	<input type="text" value="Finance Acknowl"/>	<input type="text" value="Robert Walsh"/>	<input type="text" value="POLHQ"/>

**Claim Details**

Travel Outside CBRM
Mileage Inside CBRM
Misc. Expense
Show All Items
Attached Files

	From	To	Destination	Purpose
<a href="#">Select</a>	Oct 18, 2025	Oct 19, 2025	Halifax, N.S	NS Fallen Peace Officer Memorial

**Travel Outside Claim Items**

	Destination	Date	KM Amount	Per Diem Amount	Hotel Amount	Other Amount	Day Total
<a href="#">Select</a>	Halifax, N.S	Oct 18, 2025	\$0.00	\$73.00	\$0.00	\$0.00	\$73.00
<a href="#">Select</a>	Halifax, N.S	Oct 19, 2025	\$0.00	\$65.00	\$0.00	\$7.00	\$72.00

**Claim Totals**

# of KMs	Kilometer Total	Per Diem Total	Hotel Total	Other Total	Total HST	Total Claim	Less Cash Advance	Payout Amount
0	\$0.00	\$138.00	\$0.00	\$7.00	\$17.80	\$145.00	\$0.00	\$145.00



# Statement

Account Name: WALSH, ROBERT  
 Company Name: CAPE BRETON REGIONAL MUNICIPALITY  
 Employee ID: 0692\_P  
 Statement Date (MM/DD/YYYY): 12/15/2025 Currency: CANADIAN DOLLAR

## Statement Summary:

Report any items which do not agree with your records within 30 days of the statement date.

Payments: \$ 0.00  
 Adjustments: \$ 0.00  
 Net Purchases: \$ 1,023.09  
 Cash Advance: \$ 0.00  
 Fees: \$ 0.00  
 Other Charges: \$ 0.00  
 New Account Balance: \$ 1,023.09

For your records only. No payment required.

## Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
12/04	12/05 626064974	HALIFAX INTL AIRPORT A GOFFS NS	\$ 24.56 094322	\$ 3.44 (e)	\$ 28.00
12/04	12/08 626187818	HOTEL ALT HALIFAX GOFFS NS	\$ 246.17 099423	\$ 34.46 (e)	\$ 280.63
12/04	12/08 626187819	SUTTON PLACE HOTEL HALIFAX NS	\$ 553.91 043931	\$ 77.55 (e)	\$ 631.46
12/06	12/08 626187817	CIRCLE K / IRVING #QPS HALIFAX NS	\$ 72.81 090813	\$ 10.19 (e)	\$ 83.00

TOTAL CREDITS xxxx-xxxx-xxxx-1168 \$ 0.00  
 TOTAL DEBITS xxxx-xxxx-xxxx-1168 \$ 1,023.09

PEC / CISNS Meeting  
HALIFAX STANFIELD

Travel to PEC / CISNS  
Meeting in Halifax  
**CIRCLE K / IRVING 2054**

2499, Robie St.  
HALIFAX B3K 4N2  
Nova Scotia  
902-492-4711

Date : 12/6/2025 Time : 9:33:02 AM  
Pos : 1 #985135  
Cashier : 3486026, Tanya

Fuel :  
Pump 8 UNL-REG  
61.03 L @ \$1.350 /L \$83.00  
1 AIR MILES Collector \$0.00

Sub-Total \$83.00

HST (F) \$0.00  
HST (P) \$0.00

Total \$83.00

MASTERCARDFLEET: \$83.00  
Balance \$0.00

AIR MILES Collector  
Card Num : (\*) XXXXXX1975  
Store # : 6002054  
Authorisation # : X:1559370

Miles Used 0  
Cash Balance 0  
Dream Balance 3960  
Conf#

Insufficient AirMiles Cash  
balance for redemption.

FUEL INCLUDED HST (F) Fuel 5.0% \$3.64  
FUEL INCLUDED HST (P) Fuel 9.0% \$6.55  
# HST 73850 3507

**CIRCLE K / IRVING**

TYPE: PURCHASE

MASTERCARDFLEET  
XXXXXXXXXXXX1168

AMOUNT: \$ 83.00  
DATE: 2025/12/06  
TIME: 09:33:02  
TERMINAL: 56237910  
REFERENCE #: 0013530570 C  
AUTH #: 090813

Mastercard  
AID: A0000000041010  
TVR: 0000038000  
TSI: E800

01 APPROVED - THANK YOU 027

INVOICE NUMBER: 385135

-- IMPORTANT --  
Retain this copy for your records  
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## Payment Receipt Reçu

Station name: Exit 3  
Nom de la station

Entry: 03/12/25 9:14 PM  
Entrée  
Payment: 04/12/25 3:40 PM  
Païement  
Duration: 000 day(s) 18:25:2  
Durée

Card no.: 407300544785809496  
No de carte

Due: CAD 28.00  
Montant dû  
Reduction: CAD 0.00  
Réduction  
HST: CAD 3.44  
TVH  
Paid with: CAD 28.00  
Payé avec  
Amount change: CAD 0.00  
Changer le montant  
Payment type: hybrid  
Type de paiement  
HST / TVH# 894900034

MASTERCARD PURCHASE  
AMOUNT \$28.00

Card #: \*\*\*\*\*1168  
Date: 2025/12/04 Time: 15:39:57  
Ref. #: 662165330013620080 C  
Auth. #: 094322

Mastercard  
A0000000041010  
TVR: 0000008000 TSI: E800

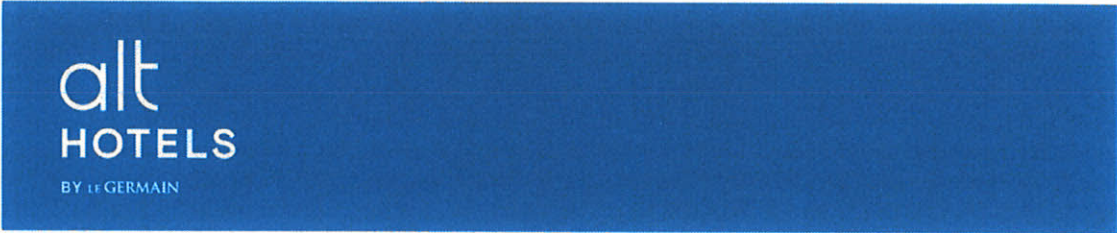
027 Approved - Thank You 01

VERIFIED BY PIN

- IMPORTANT - Retain this copy  
for your records

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PEC Meeting



# Invoice

**Alt Hotel Halifax Airport**  
40 Silver Dart Drive, Enfield NS B2T 1K2  
reservations.althalifax@germainhotels.com  
902 334-0136 | germainhotels.com

Page 1 of 2

**Robert Walsh**  
320 Esplanade  
Sydney NS B1P7B9

**Room** 0706  
**Arrival (MMDDYY)** 12-03-25  
**Departure (MMDDYY)** 12-04-25  
**Confirmation No.** 36161836

**Company**  
**Account**  
**Group**  
**Guest**

Date	Description	Charges	Payments
12-03-25	Room Charge	239.00	
12-03-25	Marketing Levy	7.17	
12-03-25	GST/HST	34.46	
12-04-25	Mastercard XXXXXXXXXXXX1168 XX/XX		280.63

**Total** 280.63 280.63

**Balance** 0.00

**Summary of taxes**

GST/HST	34.46
Marketing Levy	7.17

Please remit payment to:  
HAC Halifax Airport, Limited Partnership  
1611-747 Bell Blvd. Goffs, NS B2T 1K2  
Tax Number  
GST# 829122480RT0001

**Payment Details**

**Merchant ID**  
**Transaction ID** 1678138  
**Approval Code** 099423  
**Approval Amount** 280.63

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# Invoice

**Alt Hotel Halifax Airport**  
40 Silver Dart Drive, Enfield NS B2T 1K2  
reservations.althalifax@germainhotels.com  
902 334-0136 | germainhotels.com

Page 2 of 2

**Robert Walsh**  
320 Esplanade  
Sydney NS B1P7B9

<b>Room</b>	0706
<b>Arrival (MMDDYY)</b>	12-03-25
<b>Departure (MMDDYY)</b>	12-04-25
<b>Confirmation No.</b>	36161836

<b>Company</b>
<b>Account</b>
<b>Group</b>
<b>Guest</b>

<b>Credit Card #</b>	XXXXXXXXXXXX1168
<b>Credit Card Expiry</b>	XX/XX
<b>Capture Method</b>	Swiped
<b>Transaction Amount</b>	280.63

**Thank you for staying with us!**  
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The Sutton Place Hotels

PEC Meetings  
&  
DOJ Meetings

INVOICE

Sutton Place Hotel Halifax

Chief Robert Walsh  
865 Grand Lake Road  
Sydney NS B1P 6W2  
Canada

Print Date 12/6/25  
Page No. 1 of 2  
Room No. 1017  
Arrival 12/04/25  
Departure 12/06/25  
Conf. No. 590416756  
Folio No. HAL 141975  
GST No. 814976585 RT 0001

Company Name: Black Friday

Date	Description	Charges CAD	Credits CAD
12/04/25	Room Charge	213.00	
12/04/25	Room - Halifax DMF	6.39	
12/04/25	Room - HST	30.71	
12/04/25	ECO Fees	2.00	
12/04/25	HST - ECO Fees	0.28	
12/04/25	Valet Parking	36.00	
12/04/25	Parking Tax - HST	5.04	
12/05/25	Room Charge	251.00	
12/05/25	Room - Halifax DMF	7.53	
12/05/25	Room - HST	36.19	
12/05/25	ECO Fees	2.00	
12/05/25	HST - ECO Fees	0.28	
12/05/25	Valet Parking	36.00	
12/05/25	Parking Tax - HST	5.04	
12/06/25	MasterCard		631.46
Total		631.46	631.46
Balance		0.00	CAD
Net Amount		536.00	CAD
Room - HST		67.46	CAD
Room - Halifax DMF		13.92	CAD
Parking Tax - HST		10.08	CAD
ECO Fees		4.00	CAD
Total incl. vat		631.46	CAD

I agree to be personally liable should the indicated company or person fail to pay for any part of the total charges.



The Sutton Place Hotels

INVOICE

Sutton Place Hotel Halifax

Chief Robert Walsh  
865 Grand Lake Road  
Sydney NS B1P 6W2  
Canada

Print Date 12/6/25  
Page No. 2 of 2  
Room No. 1017  
Arrival 12/04/25  
Departure 12/06/25  
Conf. No. 590416756  
Folio No. HAL 141975  
GST No. 814976585 RT 0001

Company Name: Black Friday

Guest Signature

Merchant ID  
Transaction ID 21427740  
Approval Code 043931  
Approval Amount 631.46

Credit Card # XXXXXXXXXXXX1168  
Credit Card Expiry XX/XX  
Capture Method Swiped  
Transaction Amount 631.46

- Home
- My Claims
- All Claims
- All Cash Advances
- Cash Advance
- My Profile

**ENTER YOUR EXPENSE CLAIM DETAILS BELOW**

**Claim**

Claim #:  Date Submitted:  Status:  Employee:  Cost Center:

**Claim Details**

- Travel Outside CBRM
- Mileage Inside CBRM
- Misc. Expense
- Show All Items
- Attached Files

	From	To	Destination	Purpose
<a href="#">Select</a>	Dec 03, 2025	Dec 06, 2025	Halifax, N.S.	PEC Meeting and DOJ Meetings

**Travel Outside Claim Items**

	Destination	Date	KM Amount	Per Diem Amount	Hotel Amount	Other Amount	Day Total
<a href="#">Select</a>	Halifax, N.S.	Dec 03, 2025	\$0.00	\$73.00	\$0.00	\$0.00	\$73.00
<a href="#">Select</a>	Halifax, N.S.	Dec 04, 2025	\$0.00	\$73.00	\$0.00	\$0.00	\$73.00
<a href="#">Select</a>	Halifax, N.S.	Dec 05, 2025	\$0.00	\$93.00	\$0.00	\$0.00	\$93.00
<a href="#">Select</a>	Halifax, N.S.	Dec 06, 2025	\$0.00	\$45.00	\$0.00	\$21.00	\$66.00

**Claim Totals**

# of KMs	Kilometer Total	Per Diem Total	Hotel Total	Other Total	Total HST	Total Claim	Less Cash Advance	Payout Amount
<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$284.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$21.00"/>	<input type="text" value="\$37.45"/>	<input type="text" value="\$305.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$305.00"/>