June 1, 2016

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: FIN-38-2016]

On May 20, 2016, the Department of Finance received the following request for access to information:

“Please provide information regarding the Cabinet Retreat in February 2016. I am looking for a list of people who attended from the Department, including the Minister and Executive Assistant (if applicable). Please also provide expense claims for any individuals who attended.”

The Department of Finance is pleased to inform you that your request for access to this information has been granted in part and is provided in the attached.

It is important to note the following regarding the Cabinet Retreat held in Deer Lake during February 2016:

- Minister Cathy Bennett was the only travelling attendee from the Department of Finance. Deputy Minister Donna Brewer and Assistant Deputy Minister Alton Hollett attended in part via teleconference.
- Attached as requested is a copy of the expense claim submitted by Minister Bennett in the amount of $1,469.14. It is important to note that this expense claim includes costs incurred to attend meetings for the “Violence Prevention Initiative” as the Minister responsible for the Women’s Policy Office as well as the Cabinet Retreat because both events took place at the same time. As such, the attached expense claim covers both commitments.
- Also provided in the attached are copies of all travel receipts claimed and the journal authorization giving the approval to travel. Please note, some information has been severed in accordance with sections 40.(1) and 40.(4)(e) of the Access to Information and Protection of Privacy Act, 2015.
Disclosure harmful to personal privacy

40. (1) The head of a public body shall refuse to disclose personal information to an applicant where the disclosure would be an unreasonable invasion of a third party's personal privacy.

40. (4) A disclosure of personal information is presumed to be an unreasonable invasion of a third party's personal privacy where

(e) the personal information consists of an individual's bank account information or credit card information;

Please be advised that you may ask the Information and Privacy Commissioner to review the processing of your access request, as set out in section 42 of the Access to Information and Protection of Privacy Act (the Act). A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner.

The address and contact information of the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A
St. John’s, NL A1B 3V8

Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court Trial Division within 15 business days after you receive the decision of the public body, pursuant to section 52 of the Act.

If you have any further questions, please feel free to contact the undersigned by telephone at 709-729-2082, or by email at bethbartlett@gov.nl.ca.

Sincerely,

Beth Bartlett
ATIPP Coordinator

Attachment
Government of
Newfoundland and Labrador

Expense Claim: TCMS959292

Name: Bennett, Hon Catherine  
Expense Date: 18-Feb-16 - 21-Feb-16  
Cost Center: 0501  
Purpose: To attend VPI Consultations and Ministerial Meetings  
Report Submit Date: 09-Mar-16  
Claim Authorization: Journey Authorization  
Fiscal Year: 2015-16  
Acct Distribution: 01-0501-110-1400-0369-000000  
Related Claims:  

**Receipt-Based Expenses**

<table>
<thead>
<tr>
<th>Date</th>
<th>Expense Type</th>
<th>Expense Details</th>
<th>Net of Tax Amount</th>
<th>Tax Amount</th>
<th>Reimbursable Amount (CAD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-Feb-16</td>
<td>Airfare</td>
<td>Location From: St John's; Location To: Deer Lake; Justification of Ticket: Journey Authorization; Ticket Number: 0141612529214; Receipt Date: 03-Feb-16; Airline Carrier: Air Canada; Class of Ticket: Economy</td>
<td>769.47</td>
<td>92.34</td>
<td>667.13</td>
</tr>
<tr>
<td>18-Feb-16</td>
<td>Accommodations</td>
<td>Receipt Date: 21-Feb-16</td>
<td>360.19</td>
<td>43.22</td>
<td>316.97</td>
</tr>
<tr>
<td>18-Feb-16</td>
<td>Car Rental</td>
<td>Rental Agency: Budget; Receipt Date: 21-Feb-16</td>
<td>170.68</td>
<td>20.48</td>
<td>140.20</td>
</tr>
<tr>
<td>21-Feb-16</td>
<td>Gas</td>
<td>Receipt Date: 21-Feb-16</td>
<td>11.39</td>
<td>1.37</td>
<td>10.02</td>
</tr>
</tbody>
</table>

Total   | 1,311.73 | 157.41 | 1,469.14 |

Time of Departure:  
Time of Return:  
Departure Date:  
Return Date:  
Exchange Rate:  
Currency: CAD  
Reimbursement Amount: 1,469.14  
Net of Tax Total: 1,311.73  
Tax Total: 157.41
Submission Instructions:
* Attach Journey Authorization, Private Vehicle Usage Report or other applicable documentation as required.
* Additionally, attach all original itemized receipts showing proof of payment to this Expense Claim. Ensure that all smaller receipts are attached to an 8.5 x 11 sheet of paper, as per Financial Management Circular 2.040.
* For Ministers who are also Members of the House of Assembly (HOA): The Expense Claim must be printed and the Claimant Section below must be signed and dated before being submitted, with the necessary supporting documentation, to the Corporate and Members’ Services Division (CMS) of the HOA.
* Claimants who are not Ministers and Members of the HOA are not required to print and submit a hard copy of their Expense Claim to Transactional Review and Compliance (TRC) for processing. These individuals are still able to print their Expense Claim but only for their own personal records.
* Upon processing, a notification will be sent via email and the claim’s status will be updated in ECMS. The Expense Claim will be paid after it has been processed.
* Effective April 1, 2009, the tax amount on expense claims is automatically calculated in accordance with the provisions of Sections 174 and 175 of the Excise Tax Act.

Explanations Related to Expense Items Claimed (if applicable):

I CERTIFY THAT THE WHOLE OF THE EXPENSES INCURRED BY ME WERE ON GOVERNMENT BUSINESS AND ARE IN ACCORDANCE WITH GOVERNMENT POLICY, PROCEDURE AND LEGISLATION.

Total Amount to Reimburse: 1,469.14

Claimant’s Signature: ___________________________ Date: ____________

CERTIFIED IN ACCORDANCE WITH SECTION 30(1) AND 31(1) OF THE FINANCIAL ADMINISTRATION ACT

Approved and Certified By:

Supervisor/Divisional Head: ___________________________ Date: ____________

Office of the Comptroller General Purposes Only:

Selected for Regular Review: Yes [ ] No [ ]

Transactional Review and Compliance: ___________________________ Date: ____________
Trip on Feb 18, 2016

Traveler: MRS CATHERINE BENNETT
Agent: KM

Thursday, February 18, 2016

Flight PB 927
DEPARTURE
YYT - St Johns, Newfoundland
5:30 PM, Feb 18, 2016
ARRIVAL
YDF - DEER LAKE, YDF
6:40 PM, Feb 18, 2016
Status: Confirmed
Class: Coach Class - Y
Duration: 01:10 (Non-stop)
Equipment: Dh1
Meal Service: None

Thursday, February 18, 2016

Car BUDGET RENT A CAR
PICK-UP
Feb 18, 2016
DEER LAKE AIRPORT
DEER LAKE, YDF
709-635-3211
DROPOFF
Feb 21, 2016
Reserved For: MRS CATHERINE BENNETT
Status: Confirmed
Car Type: Special 2 or 4 door auto air
Rate: CAD 46.99
Extra Hours: CAD 35.25

Sunday, February 21, 2016

Flight Air Canada 7794
DEPARTURE
YDF - DEER LAKE, YDF
6:05 PM, Feb 21, 2016
ARRIVAL
YYT - St Johns, Newfoundland
7:10 PM, Feb 21, 2016
Status: Confirmed
Class: Coach Class - Q
Duration: 01:05 (Non-stop)
Equipment: BEH
Meal Service: None
Reserved Seats: 1B (Aisle)
Frequent Flyer: [Redacted]
Notes: OPERATED BY AIR CANADA EXPRESS - EXPLOITS VALLEY AIR

Section 40.1, Section 40.4(e)
Form of Payment: [Redacted]

GENERAL INFORMATION
EMERGENCIES/ENROUTE CHANGES AFTER BUSINESS HOURS
1-866-464-4400 TOLLFREE. OUTSIDE NORTH AMERICA CALL
COLLECT 314-513-0807. ADDITIONAL FEES WILL APPLY
YOUR EMERGENCY ID CODE IS G/286T-GOVT

THANK YOU FOR CHOOSING THE SERVICES OF HARVEYS TRAVEL
** PLEASE REVIEW THESE RESERVATIONS THOROUGHLY
** IF A DISCREPANCY EXISTS CALL OUR OFFICE IMMEDIATELY

VIEW WWW.CARLSONWAGONLIT.CA FOR GREAT VACATION IDEAS

BY MAKING THIS RESERVATION WITH CWT YOU ARE ACKNOWLEDGING THE DATA PRIVACY POLICY AN CONSENT TO THE DATA PROTECTION STATEMENT BOTH FOUND AT WWW.CWTCORPORATE.CA/PRIVACY.HTML TO WITHDRAW YOUR CONSENT PLEASE CONTACT YOUR CONSULTANT.

Agency Information
Carlson Wagonlit/Harvey's Travel
92 Elizabeth Ave

St. John's, NF
A1A 4W7
Reservations: 877 726-1881
Facsmile: 709-726-0317

Consultant: CARLY
Form of Payment - 
Ticket Total 861.81
Service Fee 41.78
Invoice Total 861.81

Section 40.(1), Section 40.(4)(e)

The above Service Fee has been applied to your credit card.
Note: The fare quoted is not valid until time of ticket issuance.
---TRANSACTION RECORD---

CIRCLE K / IRVING
62 TRANS CANADA HIGHWAY
DEER LAKE NEWFOUNDLAND ABA 2E4

TYPE: Purchase

ACCT: MASTERCARD $  12.76

CARD NUMBER: [redacted]
DATE/TIME: 02/21/2016 15:03:26
REFERENCE #: 0012910200 C
TERM: 66136215
AUTHOR #: 9600127
INV: ADDC00001010
SUB-TOTAL: 

D1 APPROVED - THANK YOU 027

IMPORTANT: retain this copy for your records

CUSTOMER COPY

---

CIRCLE K / IRVING
62 TRANS CANADA HIGHWAY
DEER LAKE
NEWFOUNDLAND ABA 2E4

2016/02/21 15:38 2094
Pos: 33 Shift: 3

Product Total Tx

FUEL REGULAR UNLEADED $12.76
13.579L @ $0.94/L Pump 4

Taxes on fuel
HSI $1.47

S-Total $12.76
HSI $0.00

Total $12.76

MATTERCARD $12.76

Cashier: 1234 # 3163937

# Thank you!

HSI: 100833327

Coche-Tard Inc. D.E.A. Circle K
CircleKCanada.com
Thank you for staying with us.
To book your next reservation
Call us at 1-800-563-4400 or
visit our website at www.steelehotels.com

Our H.S.T. # is RT100325125

Charge Summary:
Room - Provincial Government 357.00
HST 46.41

Pre-Authorized Completion

Entry Method: CHIP/MAG

02/21/16  08:47:11
Inv #: 000020   Apmr Code: 19257
Apvrd: Batch#: 000105
Original Pre-Auth Amount: $ 250.00
Total: $ 403.41

Section 40.(1), Section 40.(4)(e)
Section 40.(1), Section 40.(4)(e)

RENTAL AGREEMENT NUMBER 942352491

RENTAL AGREEMENT NUMBER 942352491

YOUR INFORMATION

Customer Name: BENNETT, CATHARINE, MRS
Method Of Payment: ML/8305054003
Travel Partner Num: ML/8305055003

YOUR RENTAL

Pickup Date/Time: FEB 18, 2016 05:49 PM
Pickup Location: 1 AIRPORT ROAD
DEER LAKENF, NFA 2E5, CA

YOUR VEHICLE CHARGES:

MIN 1 DAY

RATE CHART

TIME AND MILEAGE

KMs: Unlimited
HRLY: 35.25
DAILY: 46.99 30Ys 46.99 140.97
AD D丫: 76.59
MONTHLY: 140.97

TAXABLE FEES

ENERGY RECOVERY FEE 0.98/DY + 2.94
VEH LIC FEE + 4.99
*11.50/DY FEE + 4.50
11.11% Concession Recovery Fee + 16.47
Subtotal Charges: 165.17
HST 13.00% + 21.99

NON TAXABLE ITEMS

Your Total Charges Paid: 187.16
Prepayment: 0.00
NET CHARGES: CAD 187.16
Your Total Due: 0.00
Fuel service 0.2338/KM 2.25/Lit 21.99
CUSTOMER FACILITY CHARGE

Your Total Due: 21.99

---NOTICES--- BUDGET ---NOTICES--- BUDGET ---NOTICES--- BUDGET ---NOTICES--- BUDGET ---NOTICES--- BUDGET

I agree to the rental charges above. I acknowledge additional charges could be added based on tolls, tickets, fines, administrative charges and other fees which may be applicable. 

Thank you for renting with Budget. 
If you have questions regarding this rental, call us at 709-635-3211
GET NO: 869863280 R70001
This vehicle was rented to you by 13228
This vehicle was checked in for you by 12879
**SECTION 1: CLAIMANT INFORMATION**

- **Employee Name:** Hon. Cathy Bennett
- **Department:** Finance
- **Address:** P.O. Box 8700, St. John's, NL
- **Postal Code:** A1B 4J6
- **Position Title:** Minister of Finance
- **Supplier Number:**

**SECTION 2: TRAVEL DETAILS**

- **From:** St. John's, NL
- **To:** Deer Lake
- **From Date:** February 18, 2016
- **To Date:** February 21, 2016
- **Purpose of Trip:** To attend VPI Consultations and Ministerial Meetings

**PAYMENT METHOD**

- Check the appropriate boxes for payment methods.

**MODE OF TRAVEL**

- Check the appropriate boxes for modes of travel.

**THE ESTIMATED TOTAL TRIP COST MUST BE ENCUMBERED REGARDLESS OF IMPEST**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Accounting Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>01</td>
</tr>
</tbody>
</table>

**EMPLOYEE'S SIGNATURE:**

Date: MAR 8, 2016

**SECTION 3: CERTIFICATION**

I certify that the above employee is authorized to travel on government business as described and sufficient funds are available.

**DIVISIONAL DIRECTOR / ASSISTANT DEPUTY MINISTER**

Signature: Kerin Parsons

Date: MAR 8, 2016

**DEPUTY MINISTER**

Signature: Kerin Parsons

Date: MAR 8, 2016

**MINISTER**

Signature: Kerin Parsons

Date: MAR 8, 2016

**SECTION 4: TO BE COMPLETED IF A TRAVEL ADVANCE IS REQUIRED**

**SUMMARY OF ALL ANTICIPATED EXPENSES EQUAL TO THE AMOUNT OF THE ADVANCE REQUIRED (TRAVEL ADVANCE ONLY)**

- **Taxi, Limousine, or Bus Fare to and from Departure Points:** $ 0.00
- **Transportation Cost if Travel Order is Not Issued:** $ 0.00
- **Accommodations for ___ Nights (Hotel / Private):** $ 0.00
- **Meals for ___ Days (At Approved Rates):** $ 0.00
- **Other:** $ 0.00

**Cash Advance Required:**

- Yes
- No

**Total Anticipated Expenses: (Advance Required) $ 0.00**

**AMOUNT**

<table>
<thead>
<tr>
<th></th>
<th>ACCOUNTING DISTRIBUTION</th>
<th>DEPARTMENTAL FINANCE DIVISION USE ONLY:</th>
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<tbody>
<tr>
<td>01</td>
<td>0000</td>
<td>Signature</td>
</tr>
<tr>
<td>01</td>
<td>0000</td>
<td>Date</td>
</tr>
<tr>
<td>01</td>
<td>0000</td>
<td>Date 03/14/16</td>
</tr>
</tbody>
</table>