June 1, 2016

Dear [Name],

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act (File #NR-21-2016)

This is to confirm that on May 20, 2016, the Department of Natural Resources received your request for access to the following records/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.

I am pleased to inform you that a decision has been made by the Department of Natural Resources to provide access to the requested information.

As outlined in the following records Minister Coady was the only member of the department to attend the Cabinet Retreat held in February, 2016. Please note that accommodation expense incurred on February 19, were not related to the Cabinet Retreat but to an additional speaking engagement the Minister was asked to attend.

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
TelephoneNumber: (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.

Please be advised that this letter will be published following a 72 hour period after it is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the letter posted to the Office of Public Engagement's website within one business day following the applicable period of

If you have any further questions, please contact me by telephone at 709-729-1651 or by email at reeneependergast@gov.nl.ca.

Sincerely,

[Signature]
Renée Pendergast
ATIPP Coordinator
Department of Natural Resources
Government of Newfoundland and Labrador  
Expense Claim: TCMS960389

Name: Coady, Hon Siobhan Eileen
Expense Date: 18-Feb-16 - 21-Feb-16
Cost Center: 0901
Purpose: Travel to Grand Falls-Windsor for Speaking Engagement at Exploits Chamber of Commerce and Corner Brook to Attend Government-Related Meetings
Report Submit Date: 22-Mar-16
Claim Authorization: Journey Authorization
Fiscal Year: 2015-16
Acct Distribution: 01-0901-110-3300-0369-000000

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>Accommodations</td>
<td>Receipt Date: 19-Feb-16</td>
<td>116.03</td>
<td>13.92</td>
<td>129.95</td>
</tr>
<tr>
<td>19-Feb-16</td>
<td>Accommodations</td>
<td>Receipt Date: 21-Feb-16</td>
<td>240.13</td>
<td>28.82</td>
<td>268.94</td>
</tr>
<tr>
<td>21-Feb-16</td>
<td>Airfare</td>
<td>Location From: Deer Lake; Location To: St John's; Justification of Ticket: Journey Authorization; Ticket Number: 9679901004628; Receipt Date: 29-Jan-16; Airline Carrier: Provincial Airlines; Class of Ticket: Economy</td>
<td>287.08</td>
<td>34.45</td>
<td>321.53</td>
</tr>
</tbody>
</table>

Total 643.24 77.19 720.42

Per Diem Expenses

<table>
<thead>
<tr>
<th>Date</th>
<th>Expense Type</th>
<th>Expense Details</th>
<th>Days</th>
<th>Rate</th>
<th>Net of Tax Amount</th>
<th>Tax Amount</th>
<th>Reimbursable Amount (CAD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-Feb-16</td>
<td>Per Diem (NL)</td>
<td></td>
<td>1</td>
<td>50.00</td>
<td>44.64</td>
<td>5.36</td>
<td>50.00</td>
</tr>
<tr>
<td>19-Feb-16</td>
<td></td>
<td></td>
<td></td>
<td>01-0901-110-3300-0364-000000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total 44.64 5.36 50.00
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: 770.42

Claimant's Signature: _______________ Date: March 22, 2014

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: ____________
**Provincial Airlines Flight Itinerary**

**Confirmation #**
CIEIIBR

**Serial #**
967 9901004628

**Issue at**
PR4

**Date Sold**
01/29/2016

**Passenger Name**
CODY/SIOBHAN MINISTER

**CONTACT INFO**

- **Phone 1**: bhaynes@gov.nl.ca
- **Phone 2**:
- **Date Sold (Orig/Dest)**: YDFYYT

**Travel Agency**

**TA Locator Number**
NA

**FARE/CHARGES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Fare</td>
<td>$302.42</td>
</tr>
<tr>
<td>NPI</td>
<td>$55.00</td>
</tr>
<tr>
<td>Airport Improve</td>
<td>$20.00</td>
</tr>
<tr>
<td>Other</td>
<td>$9.00</td>
</tr>
<tr>
<td>Airport Security</td>
<td>$7.12</td>
</tr>
</tbody>
</table>

**Total Value (Before Tax)**
$284.54

**Total Value (incl Tax)**
$321.53

**Payment Information**

- **Credit Card Payment**: VISA
- **Credit Card Number**: XXXX-XXXX-XXXX
- **Date**: 02/18 077502
- **Total Paid**: $321.53

**FLIGHT ARRANGEMENTS**

<table>
<thead>
<tr>
<th>Leg</th>
<th>On Flight PB</th>
<th>Departing From</th>
<th>Departure Date/Time(24HR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>922</td>
<td>Deer Lake, NL</td>
<td>02/21/2016 20:05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leg</th>
<th>On Flight PB</th>
<th>Travelling To</th>
<th>Arrival Date/Time(24HR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>922</td>
<td>St. John's, NL</td>
<td>02/21/2016 21:05</td>
</tr>
</tbody>
</table>

**Payment Information**

- **Credit Card Payment**: VISA
- **Credit Card Number**: XXXX-XXXX-XXXX
- **Date**: 02/18 077502
- **Total Paid**: $321.53

---

**PLEASE RECONFIRM FLIGHT TIMES 24 HOURS PRIOR TO DEPARTURE**

Thank you for flying Provincial Airlines/Innu Mikun Operated by Provincial Airlines

For Reservations call 1-800-563-2800 or visit our website at www.provincialairlines.ca
From: Provincial Airlines Reservations <reservations@provair.com>
Sent: Tuesday, March 22, 2016 9:49 AM
To: Haynes, Brenda
Subject: Provincial Airlines Flight Information booked - CODY/SIOBHAN MIN

Book Reference No: CIEIIBR
Ticket Information 9901004628

Passengers CODY/SIOBHAN MINISTER

Flight Details:

<table>
<thead>
<tr>
<th>Flight</th>
<th>Class</th>
<th>Departing</th>
<th>Arriving</th>
<th>Depart Time</th>
<th>Arrival Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>902</td>
<td>YTRAVEL</td>
<td>Deer Lake, NL(YDF)</td>
<td>St. John's, NL(YYT)</td>
<td>Sun, 21 Feb 2016- 15:50</td>
<td>Sun, 21 Feb 2016 - 16:50</td>
</tr>
</tbody>
</table>

Fare Class Description
Reservation for Contract: 13GOV055
Please review your corporate agreement.

Fare Information:

| Flight Fares | $202.42 |
| NFI Surcharge Fee: | $55.00 |
| Airport Improvement Fee: | $20.00 |
| Security Tax: | $7.12 |
| Sub-Total: | $284.54 |
| Tax (HST): | $36.99 |
| **Total Cost of Flight:** | **$321.53** |

Payment Info

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Amount</th>
<th>Authorizaton #</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISA</td>
<td>$321.53</td>
<td>02/18 077502</td>
</tr>
</tbody>
</table>

If you require any special assistance or suffer from an allergy, please advise the check-in agent or our Reservations department prior to your flight departure so we can make reasonable efforts to accommodate you.
### GUEST FOLIO

**Re: Coady, Siobhan**

<table>
<thead>
<tr>
<th>Prop. Seq.</th>
<th>Date</th>
<th>Transaction Description</th>
<th>Ref/Comments</th>
<th>Room No</th>
<th>Q</th>
<th>Amount</th>
<th>TX</th>
<th>S/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>02/18/16</td>
<td>Room</td>
<td>Re: 209/Coady, Siobhan</td>
<td>209</td>
<td>1</td>
<td>115.00</td>
<td>N</td>
<td>A</td>
</tr>
<tr>
<td>2</td>
<td>02/19/16</td>
<td>Visa</td>
<td></td>
<td>209</td>
<td>1</td>
<td>(129.95)</td>
<td>I</td>
<td>A</td>
</tr>
</tbody>
</table>

**TOTAL**

<table>
<thead>
<tr>
<th>Room No</th>
<th>Q</th>
<th>Amount</th>
<th>TX</th>
<th>S/F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hello**

**Mount Peyton Hotel**

[Image]

**Accounting Inquiries: Lisa May, Property Accountant**
Phone: 709-489-2251 Ext 300 Fax: 709-489-6365 Email: lisa.may@whg.com

---

This bill is in currency: **Canadian Dollar**

I agree to pay for any balance left unpaid by the company, organization or person in charge and am aware of my responsibility to cover for any damage caused to the property.

---

**Guest Signature**
iobhan Honourable Coady

Page # 1
Res. # 313396
Checked in Fri Feb 19/16 - 5:26pm
Checked out Sun Feb 21/16 - 8:49am
Nights 2
Room Rate 119.00
Room 130

Glynn Mill Inn Incorporated
1 B Cobb Lane
Corner Brook NL
A2H 2V3
Telephone: 709-634-5181 Fax: 709-634-5106

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 238.00
HST 30.94
FISCAL YEAR: 2015-2016

OFFICIAL JOURNEY AUTHORIZATION

SECTION 1: CLAIMANT INFORMATION

EMPLOYEE NAME: Siobhan Coady  
DEPARTMENT: Natural Resources  

ADDRESS:  

POSITION TITLE: Minister  
SUPPLIER NUMBER:  

POSTAL CODE:  

TYPE OF IMPREST (IF APPLICABLE)

- TRAVEL ADVANCE  
- STANDING TRAVEL ADVANCE

SECTION 2: TRAVEL DETAILS

FROM: St. John's  
TO: Grand Falls-Windsor/Cornel Brook  

FROM DATE: February 18, 2016  
TO DATE: February 21, 2016

PURPOSE OF TRIP: Travel to Attend Exploits Chamber of Commerce Event and Government-Related Meetings.

PAYMENT METHOD: 

- PERSONAL CREDIT CARD  
- GOVERNMENT CREDIT CARD  
- TRAVEL ORDER  
- COMPANY:  
- TRAVEL AGENCY:  
- ORDER NUMBER:  

MODE OF TRAVEL: 

- AIR  
- GOVERNMENT VEHICLE  
- RENTAL CAR  
- PERSONAL VEHICLE

THE ESTIMATED TOTAL TRIP COST MUST BE ENCUMBERED REGARDLESS OF IMPREST

AMOUNT:  
ACCOUNTING DISTRIBUTION:  

01  
0000

EMPLOYEE'S SIGNATURE:  
DATE:  

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:  
DATE:  

DEPUTY MINISTER

SIGNATURE:  
DATE:  
MINISTER

SIGNATURE:  
DATE:  

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:  
- TRANSPORTATION COST (IF TRAVEL ORDER IS NOT ISSUED):  
- ACCOMMODATIONS FOR 6 NIGHTS (HOTEL / PRIVATE):  
- MEALS FOR 7 DAYS (AT APPROVED RATES):  
- OTHER:  
- CASH ADVANCE REQUIRED:  

TOTAL ANTICIPATED EXPENSES: $0.00

AMOUNT  
ACCOUNTING DISTRIBUTION  
01  
0000

DEPARTMENTAL FINANCE DIVISION USE ONLY:

SIGNATURE:  
DATE:  
06/01/18