

File No.: 04-1000-20-2017-285

August 29, 2017

s.22(1)

Dear s.22(1)

Re: Request for Access to Records under the Freedom of Information and Protection of Privacy Act (the "Act")

I am responding to your request of July 24, 2017 for:

Chief resilience officer Katie McPherson's expense reports for the period of April 4, 2017 to July 24, 2017 (including, but not limited to, expenses incurred inside and outside of Vancouver, such as accommodation, travel, ground transportation, meals, hospitality and gifts).

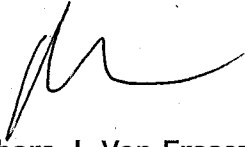
All responsive records are attached. Some information in the records has been severed, (blacked out), under s.22(1) of the Act. You can read or download this section here: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00

Under section 52 of the Act you may ask the Information & Privacy Commissioner to review any matter related to the City's response to your request. The Act allows you 30 business days from the date you receive this notice to request a review by writing to: Office of the Information & Privacy Commissioner, info@oipc.bc.ca or by phoning 250-387-5629.

If you request a review, please provide the Commissioner's office with: 1) the request number assigned to your request (#04-1000-20-2017-285); 2) a copy of this letter; 3) a copy of your original request for information sent to the City of Vancouver; and 4) detailed reasons or grounds on which you are seeking the review.

Please do not hesitate to contact the Freedom of Information Office at foi@vancouver.ca if you have any questions.

Yours truly,



Barbara J. Van Fraassen, BA
Director, Access to Information

Barbara.vanfraassen@vancouver.ca
453 W. 12th Avenue Vancouver BC V5Y 1V4
Phone: 604 .873.7999
Fax: 604.873.7419

Encl.

:kt

CITY OF VANCOUVER
 FOI 2017-285
 Details Expenses for Kathryn McPherson
 For the Period: April 4, 2017 - July 24, 2017

Sum of Travel Expense Stmt#	Date	Destination	Purpose	Type				Total Expenses
				Accommodation	Ground Transportation	Per Diem	Utilities - Comm.	
CMO17016	Jul 22 - 28	New York	100 Resilient Cities Global Summit		30.40	168.91		199.31
CMO17017	Jun 19 - 21	Calgary	Building Resilience Conference	212.19	81.90	140.00		434.09
Grand Total				212.19	112.30	308.91	0.00	633.40
Other Expenses:								
Ground Transportation	Various dates		For local City meetings		71.00			71.00
Meeting Expense	Jul 5		Working lunch meeting for stakeholders for resilience strategy			36.11		36.11
Utilities - Comm. Expense	June - July		Cell phone bills				115.05	115.05
Total Expenses				212.19	183.30	345.02	115.05	855.56

Expense Report covering the period of April 4, 2017-July 24, 2017

Account Information

Name MCPHERSON, KATHRYN

04/04/2017	IMPARK00011426U,VANCOUVER,BC,CAN N	3.50
Expense Description	Parking at Neighbourhood Resilience and Preparedness Assessment meeting	
04/11/2017	IMPARK00011724U,VANCOUVER,BC,CAN N	5.00
Expense Description	Parking at Resilient City Policy Challenge Meeting	
05/12/2017	COMPASS VENDING,BURNABY,BC,CAN	2.75
Expense Description	Transit from downtown meeting to City Hall	
06/02/2017	COMPASS VENDING,BURNABY,BC,CAN	3.75
Expense Description	Transit to Woodwards meeting	
06/02/2017	COMPASS VENDING,BURNABY,BC,CAN	46.00
Expense Description	Load new Compass Card	
06/13/2017	IMPARK00011724U,VANCOUVER,BC,CAN N	13.50
Expense Description	Parking at Balmoral briefing downtown (*missing receipt)	

06/23/2017	CHECKER CABS LTD.,CALGARY,AB,CAN	40.00
Expense Description	TCV#CMO17-17 McPherson,K: Building Resilience Conference in Calgary (Taxi)	
06/23/2017	MARRIOTT CALGARY DOWNT,CALGARY,AB,CAN	212.19
Expense Description	TCV#CMO17-17 McPherson,K: Building Resilience Conference in Calgary (hotel costs)	
06/26/2017	ASSOCIATED CAB/ALLIED,CALGARY,AB,CAN	41.90
Expense Description	TCV#CMO17-17 McPherson,K: Building Resilience Conference in Calgary (Taxi)	
07/06/2017	WHOLE FOODS MARKET,VANCOUVER,BC,CAN	36.11
Expense Description	Working lunch meeting for stakeholders contributing to resilience stratety	
07/22/2017	DELTA SUNSHINE TAXI SURREY	30.40
Expense Description	TCV#CMO 17-16 McPHERSON,K: 100 Resilient Cities Global Summit in New York (Taxi cost)	

TCV No.	CMO
17	17

**City of Vancouver
Travel Claim Form**
(For Travel Outside of Metro Vancouver)

FILE COPY

For AP Department Use Only	
Vendor #	
SAP Doc #	

Name Katie McPherson
 Title Chief Resilience Officer
 Phone 604.871.6939 Employee No. s.22(1)

Date 5/25/2017
 Department City Manager's Office
 Division _____

Purpose of Travel: Building Resilience Conference
 Destination: Calgary, AB

(use drop down)
CDN

Type of Travel:

- Conference
- Business
- Training

Travel Time: Start Date/Time: 19-Jun
 End Date/Time: 21-Jun

AM PM Number of Days: 3.0
 AM PM (1/2 day before or after noon)

(If travel time extends beyond 1 day before and / or after conference or meeting dates please explain)

Travel Expenses All expenses to be shown in \$CDN (use Conversion Worksheet)	Account Code			Estimate	Total Actual	Pcard/Ghost/ Advanced	3rd Party Reimbursement
	Bus Area	CCOrderWBS	Cost Element				
Airfare: (include: baggage/seat fee(s) / travel insurance)	9200		536040	-	-	-	-
Ground Transportation (include taxi, car rental)	9200	11001	536040	100.00	81.90	81.90	-
Parking:	9200		536040	-	-	-	-
Internet / WiFi:	9200		536040	-	-	-	-
Accommodation: # of nights <u>\$ 249.00</u> X <u>1</u>	9200	11001	536040	249.00	212.19	212.19	-
Per Diem: <u>\$ 60.00</u> X <u>3.0</u>	9200	11001	536040	180.00	180.00	-	-
Less: # of meals provided							
Breakfast				0.00	(40.00)		
Lunch				1	(15.00)		
Dinner				1	(25.00)		
Other: _____	9200		536040	-	-	-	-
Other: _____	9200		536040	-	-	-	-
Other: _____	9200		536040	-	-	-	-
Registration Fee: (Please attach original and a copy of registration form)	9200		536040	-	-	-	-
<input type="checkbox"/> Check here if separate cheque required				Total Expenses	489.00	434.09	294.09
Pay to: _____				Less: Pd by Pcard/Ghost/Advanced		294.09	0.00
Address: _____				Net Amt Owing To/(From) Traveller		140.00	

For 3rd Party Reimbursements to the City, attach a copy of the City's AR invoice. 0.00

Notes: Net Travel Costs Paid by City: \$434.09
Conference is paying for flights and one night accomodation.

Pre-Travel Authorization
 Travel on City business is hereby authorized for the above noted employee subject to the estimated cost and the provisions of the City's Travel Policy.

 Signature General Manager or designate Date
 (Print Name)

Post - Travel Certification
 I hereby certify that the above stated travel and/or training expenses are in accordance with the City's travel policy.

(1) [Signature] / KATIE MCPHERSON / July 19/17
 Signature Employee Name Date

I concur with the expenses claimed

(2) [Signature] / _____ / _____
 Signature Manager/Supervisor Name Date

(3) [Signature] / PAUL MOCHRIE / July 25, 2017
 Signature General Manager or designate Date

TCV Prepared by: Katie Swain [Signature] Revised: Jan 2017

TCV No.	CMO
	17 16

**City of Vancouver
Travel Claim Form**
(For Travel Outside of Metro Vancouver)

FILE COPY

For AP Department Use Only	
Vendor #	
SAP Doc #	

Name Katie McPherson
 Title Chief Resilience Officer
 Phone 604-871-6939 Employee No. s.22(1)

Date 5/4/2017
 Department City Manager's Office
 Division _____

Purpose of Travel: 100 Resilient Cities Global Summit
 Destination: New York City
 Type of Travel: _____

(use drop down)
North America

- Conference
- Business
- Training

Travel Time: Start Date/Time: Sat, July 22, 2017
 End Date/Time: Fri, July 28, 2017

AM PM Number of Days: 6.0
 AM PM (1/2 day before or after noon)

(If travel time extends beyond 1 day before and / or after conference or meeting dates please explain)

Travel Expenses All expenses to be shown in \$CDN (use Conversion Worksheet)	Account Code			Estimate	Total Actual	Pcard/Ghost/ Advanced	3rd Party Reimbursement
	Bus Area	CCOrder/WBS	Cost Element				
Airfare: (include: baggage/seat fee(s) / travel insurance)	9200		536040	-	-	-	-
Ground Transportation (include taxi, car rental)	9200	11001	536040	-	30.40	30.40	-
Parking:	9200		536040	-	-	-	-
Internet / WiFi:	9200		536040	-	-	-	-
Accommodation: # of nights \$ - X	9200		536040	-	-	-	-
Per Diem: \$ 75.07 X	9200	11001	536040	450.43	450.43	-	-
Less: # of meals provided							
Breakfast				4	(50.05)	(281.52)	
Lunch				4	(75.07)		
Dinner				5	(156.40)		
Other: _____	9200		536040	-	-	-	-
Other: _____	9200		536040	-	-	-	-
Other: _____	9200		536040	-	-	-	-
Registration Fee: (Please attach original and a copy of registration form)	9200		536040	-	-	-	-
Total Expenses				168.91	199.31	30.40	0.00
Less: Pd by Pcard/Ghost/Advanced					30.40		
Net Amt Owing To/(From) Traveller					168.91		

Check here if separate cheque required
 Pay to: _____
 Address: _____

For 3rd Party Reimbursements to the City, attach a copy of the City's AR invoice. 0.00

Notes: Net Travel Costs Paid by City: \$199.31
Flight and hotel booked and paid for directly by organizers.

Pre-Travel Authorization
 Travel on City business is hereby authorized for the above noted employee subject to the estimated cost and the provisions of the City's Travel Policy.

 Signature General Manager or designate Date
 (Print Name)

Post - Travel Certification
 I hereby certify that the above stated travel and/or training expenses are in accordance with the City's travel policy.

(1) Katie McPherson / Aug 1/17
 Signature Employee Name Date

(2) _____ / _____
 Signature Manager/Supervisor Name Date

(3) PAUL MOHRIE / Aug 1, 2017
 Signature General Manager or designate Date

TCV No. CMO
17 16

City of Vancouver
Travel Claim Form
(For Travel Outside of Metro Vancouver)

For AP Department Use Only
Vendor # 206548
SAP Doc # 2700062667

Name Katie McPherson Date 5/4/2017
Title Chief Resilience Officer Department City Manager's Office
Phone 604-871-6939 Employee No. s.22(1) Division _____

Purpose of Travel: 100 Resilient Cities Global Summit
Destination: New York City (use drop down) North America

Type of Travel:
 Conference
 Business
 Training

Travel Time: Start Date/Time: Sat, July 22, 2017 End Date/Time: Fri, July 28, 2017
Number of Days: 6.0
 AM PM (1/2 day before or after noon)

(If travel time extends beyond 1 day before and / or after conference or meeting dates please explain)

Travel Expenses All expenses to be shown in \$CDN (use Conversion Worksheet)	Account Code			Estimate	Total Actual	Pcard/Ghost/ Advanced	3rd Party Reimbursement
	Bus Area	CC/Order/WBS	Cost Element				
Airfare: (include: baggage/seat fee(s) / travel insurance)	9200		536040	-	-	-	-
Ground Transportation (include taxi, car rental)	9200	11001	536040	-	30.40	30.40	-
Parking:	9200		536040	-	-	-	-
Internet / WiFi:	9200		536040	-	-	-	-
Accommodation: # of nights <u>\$ -</u> X <u>0</u>	9200		536040	-	-	-	-
Per Diem: <u>\$ 75.07</u> X <u>6.0</u>	9200	11001	536040	450.43	450.43	-	-
Less: # of meals provided							
Breakfast <u>4</u>				(50.05)	(281.52)		
Lunch <u>4</u>				(75.07)			
Dinner <u>5</u>				(156.40)			
Other: _____	9200		536040	-	-	-	-
Other: _____	9200		536040	-	-	-	-
Other: _____	9200		536040	-	-	-	-
Registration Fee: (Please attach original and a copy of registration form)	9200		536040	-	-	-	-
Total Expenses				168.91	199.31	30.40	0.00
Less: Pd by Pcard/Ghost/Advanced					30.40		
Net Amt Owing To/(From) Traveller					168.91		

Check here if separate cheque required
Pay to: _____
Address: _____

For 3rd Party Reimbursements to the City, attach a copy of the City's AR invoice. 0.00

Notes: Net Travel Costs Paid by City: \$199.31
Flight and hotel booked and paid for directly by organizers.

Pre-Travel Authorization
Travel on City business is hereby authorized for the above noted employee subject to the estimated cost and the provisions of the City's Travel Policy.

Signature _____ Date _____
General Manager or designate (Print Name)

Post - Travel Certification
I hereby certify that the above stated travel and/or training expenses are in accordance with the City's travel policy.

(1) [Signature] Katie McPherson Aug 1, 2017
Signature Employee Name Date

I concur with the expenses claimed

(2) _____
Signature Manager/Supervisor Name Date

(3) [Signature] PAUL MOCHRIE Aug 1, 2017
Signature General Manager or designate Date

TCV Prepared by: Katie Swain Revised: Jan 2017

TCV No.	CMO
17	17

**City of Vancouver
Travel Claim Form**
(For Travel Outside of Metro Vancouver)

For AP Department Use Only	
Vendor #	206548
SAP Doc #	2700062666

Name Katie McPherson
 Title Chief Resilience Officer
 Phone 604.871.6939 Employee No. s.22(1)

Date 5/25/2017
 Department City Manager's Office
 Division _____

Purpose of Travel: Building Resilience Conference
 Destination: Calgary, AB
 Type of Travel: _____

(use drop down)
CDN

- Conference
- Business
- Training

Travel Time: Start Date/Time: 19-Jun
 End Date/Time: 21-Jun

AM PM Number of Days: 3.0
 AM PM (1/2 day before or after noon)

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	Bus Area	CC/Order/WBS	Cost Element							
Airfare: (include: baggage/seat fee(s) / travel insurance)	9200		536040	-	-	-	-			
Ground Transportation (include taxi, car rental)	9200	11001	536040	100.00	81.90	81.90	-			
Parking:	9200		536040	-	-	-	-			
Internet / WiFi:	9200		536040	-	-	-	-			
Accommodation: # of nights	\$ 249.00	X	1	9200	11001	536040	249.00	212.19	212.19	-
Per Diem:	\$ 60.00	X	3.0	9200	11001	536040	180.00	180.00	-	-
Less: # of meals provided							0.00	(40.00)		
Breakfast										
Lunch			1				(15.00)			
Dinner			1				(25.00)			
Other: _____	9200		536040	-	-	-	-	-	-	-
Other: _____	9200		536040	-	-	-	-	-	-	-
Other: _____	9200		536040	-	-	-	-	-	-	-
Registration Fee: (Please attach original and a copy of registration form)	9200		536040	-	-	-	-	-	-	-
Total Expenses				489.00	434.09	294.09				0.00
<input type="checkbox"/> Check here if separate cheque required										
Pay to: _____										
Address: _____										
				Less: Pd by Pcard/Ghost/Advanced		294.09				
				Net Amt Owing To/(From) Traveller		140.00				

For 3rd Party Reimbursements to the City, attach a copy of the City's AR invoice. 0.00

Notes: Net Travel Costs Paid by City : \$434.09
Conference is paying for flights and one night accomodation.

Pre-Travel Authorization
 Travel on City business is hereby authorized for the above noted employee subject to the estimated cost and the provisions of the City's Travel Policy.

Signature _____ Date _____
 General Manager or designate (Print Name)

Post - Travel Certification
 I hereby certify that the above stated travel and/or training expenses are in accordance with the City's travel policy.

(1) [Signature] / KATIE MCPHERSON / JUN 19/17
 Signature Employee Name Date

(2) _____ / _____ / _____
 Signature Manager/Supervisor Name Date

(3) [Signature] / PAUL MOCHRIE / JUN 25, 2017
 Signature General Manager or designate Date

TCV Prepared by: Katie Swain [Signature] Revised: Jan 2017