



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 Kathyrn McPherson For the Period: April 4, 2017 - July 24, 2017

Sum of				Туре				
Travel Expense Stmts	Date	Destination	Purpose	Accommodation	Ground Transportation	Per Diem	Utilities - Comm.	Total Expenses
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 Transporation	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
Utilties - 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,VANCOUVÉR,BC,CA	3.50
	N	
Expense Description	Parking at Neighbourhood Resilience and Preparedness Assessment meeting	
04/11/2017	IMPARK00011724U,VANCOUVER,BC,CA 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,CA 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)	
		i
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)	
	<u> </u>	
06/26/2017	ASSOCIATED	41.90
Expense Description	CAB/ALLIED,CALGARY,AB,CAN TCV#CMO17-17 McPherson,K: Building Resilience Conference in Calgary (Taxi)	
07/06/2017	WHOLE FOODS	36.11
	MARKET, VANCOUVER, BC, CAN	
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	CMO				
No.	17	17			

City of Vancouver

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SAP Doc#					30					

No. 17 17		l Clain	i Form	HII'H	COPY	Vendor#	Department osc O	ily .	
7.5. W W			etro Vancouver			SAP Doc#			
Name Katie McPherson		Date 5/25/2017							
Title Chief Resilience Officer			r	Department	t	City Manager's Office			
Phone 604.871.6939 Employee No.	.22(1)	-	r	Division					
Purpose of Travel: Building Resilience	e Conference	2-37 -21						(use drop down)	
Destination: Calgary, AB	24—12		100	389	- VI			CDN	
Type of Travel:									
Conference Travel Time	: Start Date/Tin	ne:	19-Jun		*	☑ AM ☐ PM	Number of Days:	3.0	
Business	End Date/Tim	ne:	21-Jun			AM ☑ PM	(1/2 day before or after noc	on)	
☐ Training								ose.	
	(If travel time exte	nds beyo	nd 1 day before	and / or after	conference or meeting	dates please explain)			
Francis Francis			Account Co	(1)		Total	Pcard/Ghost/	2nd Doub	
Fravel Expenses All expenses to be shown in \$CDN (use Conversion Worksheel	9	Dua Assa	CC/OrderWBS	Cost Element	Estimate	25	STANSON DOLLAR SALAN SAL	3rd Party	
		Bus Area	CCIOIdellWBS		Estimate	Actual	Advanced	Reimbursement	
Airfare: (include: baggage/seat fee(s) / travel insu Ground Transportation (include taxi, car rental)	rance)	9200	11001	536040 536040	100.00	81.90	81.90		
Parking:		9200	11001	536040	100.00	- 81.80	01.90	-	
Internet / WiFi:		9200	1	536040	•				
Accommodation: # of nights \$ 249.00	X 1	9200	11001	536040	249.00	212.19	212.19	1 9	
Per Diem: \$ 60.00		9200	11001	536040	180.00	180.00			
Less: # of meals provided Breakfast		1			0.00	(40.00)			
Lunch	11	<u> </u>			(15.00)				
Dinner	11				(25.00)				
Other:		- 9200		536040		-	-	-	
Other:		9200	<u> </u>	536040				-	
Other:		9200	<u> </u>	536040			-	-	
Registration Fee: (Please attach original and a copy of reg	istration form)	9200	Total Evenon	536040.	480.00	424.00	004.00	0.00	
		1	Total Expen		489.00	434.09	294.09	0.00	
Check here if separate cheque required				477 W. A. C. S.	ost/Advanced	294.09			
Pay to:Address:		1	Met Aut Ow	ing To/(Fio	m) Traveller	140.00	J	V	
Addless.		1	For 3rd Part	v Reimburs	ements to the Cit	y, attach a copy of the	City's AR invoice	0.00	
		1	1 or ord 1 dri	y rtoimbare	omonio to ino or	y, andon a copy of the	only of the involce.	0.00	
Notes: Net Travel Costs Paid by City:	\$434.09	1	Post - Trav	el Certifica	tion				
Conference is paying for flights and one night ac	comodation.]	I hereby certify	that the above	e state li Aravel anglior	training expenses are in acc	ordance with the City's trave	policy.	
3,	22 - 22 - 12	j				157116	TIC THE ROOF	CONT 11/C	
Pre-Travel Authorization		1			Signa	ture Employe	ee Name Date	1	
Fravel on City business is hereby authorized for the above noted en	mployee	1	I concur with th	ne	(2)				
subject to the estimated cost and the provisions of the City's Travel	Policy.	1	expenses clain	ned	Signa	ture Manager/	Supervisor Name Date	Э	
j î			l.		(3)	PAUL	MOCHRIE IT	Ju 25 2017	
Signature General Manager or designate D	ate				Signa		nager or deşignate Dat	(e)	
(Print Name)				1000 F		A	V Dunda	100	
	a de la companya della companya dell		TCV Prepar	red by:		Katie Swain	De Selovia	Revised : Jan 2017	

TCV	CMO				
No.	17	16			

City of Vancouver

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:- :	For AP Department Use Only	
Vendor#		-
SAP Doc#		

Katie Swain

Revised: Jan 2017

Travel Claim Form (For Travel Outside of Metro Vancouver) 5/4/2017 Date Katie McPherson Name Department City Manager's Office Chief Resilience Officer Title Employee No. s.22(1) Division 604-871-6939 Phone 100 Resilient Cities Global Summit (use drop down) Purpose of Travel: New York City North America Destination: Type of Travel: 6.0 Number of Days: Travel Time: Start Date/Time: Sat, July 22, 2017 ✓ PM ✓ Conference End Date/Time: Fri, July 28, 2017 ✓ PM (1/2 day before or after noon) Business □ AM Training (If travel time extends beyond 1 day before and / or after conference or meeting dates please explain) **Account Code** Total Pcard/Ghost/ 3rd Party Travel Expenses All expenses to be shown in \$CDN (use Conversion Worksheet) Estimate Actual Advanced Reimbursement Bus Area CC/Order/WBS Cost Element Airfare: (include: baggage/seat fee(s) / travel insurance) 536040 9200 11001 30.40 30.40 Ground Transportation (include taxi, car rental) 9200 536040 . 536040 Parking: 9200 Internet / WiFi: 9200 536040 Accommodation: # of nights 0 536040 9200 450.43 450.43 75.07 6.0 11001 Per Diem: 9200 536040 Less: # of meals provided Breakfast 4 (50.05)(281.52)4 (75.07)Lunch 5 (156.40)Dinner Other: 9200 536040 Other: 9200 536040 -_ Other: 9200 536040 -536040 Registration Fee: (Please attach original and a copy of registration form) 9200 **Total Expenses** 168.91 199.31 30.40 0.00 Less: Pd by Pcard/Ghost/Advanced 30.40 Check here if separate cheque required Net Amt Owing To/(From) Traveller 168,91 Pay to: Address: For 3rd Party Reimbursements to the City, attach a copy of the City's AR invoice. 0.00 Post - Travel Certification Net Travel Costs Paid by City: \$199.31 Notes: I hereby certify that the above stated travel and/or training expenses are in accordance with the City's travel policy

(1) Fatil WPhWSm / Are I Flight and hotel booked and paid for directly by organizers. Signature **Employee Name** Pre-Travel Authorization I concur with the 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. expenses claimed Signature Manager/Supervisor Name Date PAUL MOCHRIÉ Aug 1, 2017 $(3)_{-}$ General Manager or designate General Manager or designate Date Signature Signature (Print Name)

TCV Prepared by:

TCV CMO / No. 17 16 /							Vendor# SAP Doc	7.06	P Department Use O	nly 067667
Name Katie McPherson		0. 2.4 (190.700)		I	Date		5/4/2017		$\Delta \Delta /$	37.
Title Chief Resilience Officer	·		20	I	Departmer	nt	City Mana	ger's Office	YV	
Phone 604-871-6939	_Employee No. S.2	22(1)	-	I	Division					
Purpose of Travel:	100 Resilient Cities	Global Summit				×			. `	(use drop down)
Destination:	New York City				Save recent to the first severe				•	North America
Type of Travel:						1				
✓ Conference	Travel Time:	Start Date/Tin	ne:	Sat, July 22	2, 2017		☐ AM	✓ PM	Number of Days:	6.0
Business		End Date/Tin	ie:	Fri, July 28	, 2017 ·		☐ AM	✓ PM	(1/2 day before or after no	on) -
Training	2			51-11/5//	72 1977		on He		**	
27.1		(If travel time exte	nds beyo	nd 1 day before	and / or after	conference or meeting	dates please	explain)	-	
Travel Expenses		W. 80 11-2-W		Account Co	ode		To	otal	Pcard/Ghost/	3rd Party
All expenses to be shown in \$CDN (use 0	Conversion Worksheet)		Bus Area	CC/Order/WBS	Cost Element	Estimate		tual	Advanced	Reimbursement
Airfare: (include: baggage/sea	at fee(s) / travel insura	ince)	9200	LEDER SER	536040		111	-		
Ground Transportation (includ	le taxi, car rental)		9200	11001	536040			/ 30.40	/ 30.40	9.5
Parking:			9200		536040			-	(-)	
Internet / WiFi:	1		9200		536040			-	7*3	
Accommodation: # of nights	\$ - X	0	9200		536040	To the second	,		-	
Per Diem:	\$ 75.07 X		9200	11001	536040	450.43		450.43		
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	Dinner	5		Salar manyle Gallagest		(156.40)			- The state of the	Statement of the Control of the Control
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Other:			9200	CONTRACTOR	536040			-		***
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Registration Fee. (Please attac	ch original and a copy of registr	ation form)	9200	Total Exper		168.91		199.31	30.40	0.00
	302000000								30.40	1
Check here if separate cheque	required				25	host/Advanced	are massifile	30.40	X	
Pay to:				Net Amt Ow	ing 10/(Fr	om) Traveller		168.91	, ·	V
Address.	3			For 3rd Part	ty Reimbur	sements to the City	, attach a	copy of the	City's AR invoice.	0.00
Notes: Net Travel Costs Paid	by City :	\$199.31	1	Post - Trav	el Certifica	ation		**************************************		
Flight and hotel booked and p	aid for directly by orga	anizers.		I hereby certify	that the above		raining exper	ises are in acc	ordance with the City's trav	el policy.
	17:00		1			(1)			Warharson / /	pre 1/11
Pre-Travel Authorization			1			Signat	ure	Employe	ee Name Dat	, ,
Travel on City business is hereby authorized		I concur with th	ne	(2)		1	I	VA		
subject to the estimated cost and the provis		expenses clair	ned	Signat	ure	Manager/	Supervisor Name Da	te		
7				6				1.Pai	MOCHRIE IA	NG 1, 2017
Signature General Manager or	designate Date	<u> </u>				(3) Signat			nager or designate Da	
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(ver)						W	7.000		\mathcal{U}	

TCV No.	CMO 17 17 /		Trave	of Vanc I Claim)		Vendor# SAP Doc	20654	AP Departme	california partir	7666
Name	Katie McPherson	/				Date		5/25/2017	3			
Title	Chief Resilience Officer		17.00	2		Departmen	nt	City Manag	ger's Office			
Phone	604.871.6939	Employee No. 5.	22(1)	₹. 20	1	Division		240000000000000000000000000000000000000		\		
Purpose Destination		Building Resilience Calgary, AB	Conference									(use drop down) CDN
Type of T	ravel:											
v	Conference	Travel Time:	Start Date/Tir	ne:	19-Jun	/		✓ AM	☐ PM	Number of	Days:	3.0
B	usiness		End Date/Tin	ne:	21-Jun			П АМ	☑ PM	(1/2 day before	or after noc	(חכ
Пт	raining	-					-111-39-30-31		_			
<u></u>	ion mig		(If travel time exte	nds beyor	nd 1 day before	and / or after	conference or meeting	dates please	explain)			
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Airfa	re: (include: baggage/sea	t fee(s) / travel insura	ance)	9200		536040	56-516-315-35- 4 -3		-			E0878-17-550-18-87-8
1	and Transportation (includ	72.00	63	9200	11001	536040	100.00	//	81.90	/	81.90	
Park	ing:			9200		536040		5.2 %	-			
	net / WiFi:	8 <u>11 2922 D</u> I		9200		536040			-		14	1 7 St. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	mmodation: # of nights	\$ 249.00 X	- The Analysis of the Annual Control of the	9200	11001	536040	249.00		212.19	/	212.19	
Per l	Diem:	\$ 60.00 X	3.0 ′	9200	11001	536040	180.00	/	180.00			<u> </u>
į a	Less: # of meals provid			ļ			0.00	-	(40.00)			
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Otho		Dinner	1	0000	ida i dalacetad	F20040	(25.00)					_
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			39		Total Expen	ises	489.00		434.09		294.09	0.00
	Check here if separate cheque	required			I III		host/Advanced		294.09	←		
-	Pay to:						om) Traveller	4.017.74.54.54.54	140.00	20000		
191	Address:		100000000000000000000000000000000000000			•	aval madadatan			_ ×		Ψ
]	For 3rd Part	ty Reimbur	sements to the Cit	y, attach a c	copy of the	City's AR inv	oice.	0.00
Notes: Conf	Net Travel Costs Paid ference is paying for flight		\$434.09 modation.		Post - Trave I hereby certify		re stated travel and/or (1) Signa		11-11	cordance with the	e City's trave シいソハ()	1000
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.			I concur with the expenses claimed (2) Signature Manager/Supervisor Name Date (3) Date						My 25, 2017			
Signature General Manager or designate Date (Print Name)				Signature General Manager or designate Date , TCV Prepared by: Katie Swain Control Revised :						Revised : Jan 2017		

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