

**Lindy Modystach**

**Subject:**

FW: Council Member Expense Reimbursement Claim Form for November

**Council Member Expense Reimbursement Claim Form**

*This form must be completed by Council Members when claiming the reimbursement of expenses. Receipts must be presented where marked to verify each item claimed for. Approved payments will be made into the Member's nominated bank account.*

|    |                  |               |
|----|------------------|---------------|
| e: | Stephen McCarthy | Date: 2/12/24 |
|----|------------------|---------------|

**Travel Expenses and Travel time Payment** (if applicable)

*Travel claims must relate to expenses actually and necessarily incurred by the Member in travelling to or from a prescribed meeting provided the journey is an eligible journey and is by the shortest or most practicable route. For the purposes of this form the term "eligible journey" means a journey between the principal place of residence, or a place of work, of a Member of the Council, and the place of a prescribed meeting (in either direction), in accordance with the Local Government (Members Allowances and Benefits) Regulations 2010. Travel Time Payment shall be payable to Council Members (excluding Principal Members) of non-metropolitan Councils in accordance with the Remuneration Tribunal SA Determination – Allowances for Members of Local Government Councils whose usual place of residence is within the relevant Council area and is located at least 30km but less than 50km, 75km, or 100km or more distance from the Council's principal office via the nearest route by road.*

**Personal Vehicle:**

|                             |                     |                                       |
|-----------------------------|---------------------|---------------------------------------|
| Model: wildtrack / colorado | Make: ford / holden | Engine Size: 3.2 and 2.8 respectively |
|-----------------------------|---------------------|---------------------------------------|

| Date                                                   | Council function or business purpose for travel*                                                                                            | Council Business / Community Engagement (CB/CE) | Km  |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----|
| 1 Nov                                                  | Dry season Roundtable PIRSA @ Jamestown                                                                                                     | CB                                              | 162 |
| 8 Nov                                                  | DCMR Audit and Risk meeting<br>Willowie rural aid event                                                                                     | CB<br>CE                                        | 159 |
| 11 Nov                                                 | Remembrance Day Port Germein                                                                                                                | CE                                              | 0   |
| 13 Nov                                                 | Meetings @ Parliament House<br>• MP Geoff Brock<br>• MP Sam Telfer                                                                          | CB                                              | 54  |
| 18 Nov                                                 | Special meeting A&R C                                                                                                                       | CB                                              | 0   |
| 19 Nov                                                 | N&YLGA-A&R committee meeting. Community Listening Post Melrose. Council briefing session. Community Question time. Ordinary Council meeting | CB                                              | 163 |
| 21/22 Nov                                              | Drought response meeting PIRSA and Minister Scriven<br>LGA AGM                                                                              | CB                                              | 0   |
| 29 Nov                                                 | N&Y LGA Board meeting Kadina                                                                                                                | CB                                              | 98  |
|                                                        | Total kilometres claimed:                                                                                                                   |                                                 | 636 |
| Office Use Only: 636 Kilometres @ .88¢ /km = \$ 559.68 |                                                                                                                                             |                                                 |     |

**Bus and/or Taxi Costs** (where applicable):

| Date   | Council function or business purpose for travel            | Cost \$ | Receipts attached |
|--------|------------------------------------------------------------|---------|-------------------|
| 21 Nov | Parking Adelaide (receipts sent in separate email to Ros ) | 30.38   | yes               |
| 22 Nov | Parking Adelaide                                           | 15.00   | yes               |

|  |                              |       |
|--|------------------------------|-------|
|  | Total Reimbursement Claimed: | 45.38 |
|--|------------------------------|-------|

### Care Expenses (where applicable):

| Date | Prescribed meeting attending requiring care<br><i>A "prescribed meeting" means a meeting of the Council or Council committee, or an information or briefing session, discussion, workshop, training course or similar activity which is directly or closely related to the performance or discharge of the roles or duties of the Member.</i> | Hours of care provided | Cost \$ | Receipt attached |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|------------------|
|      |                                                                                                                                                                                                                                                                                                                                               |                        |         |                  |
|      |                                                                                                                                                                                                                                                                                                                                               |                        |         |                  |
|      | Total Reimbursement Claimed:                                                                                                                                                                                                                                                                                                                  |                        |         |                  |

### Telephone/Other Telecommunication Expenses

| Claim period start | Claim period end | Details of expense being claimed | Cost \$ | Receipts attached |
|--------------------|------------------|----------------------------------|---------|-------------------|
|                    |                  |                                  |         |                   |
|                    |                  |                                  |         |                   |
|                    |                  | Total Reimbursement Claimed:     |         |                   |

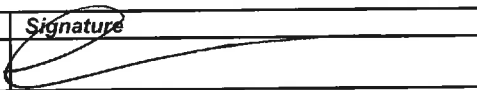
### Conference/Seminar/Training Course Expenses

| Date | Conference/Seminar/Training Course/Incidentals details | Cost \$ | Receipts attached |
|------|--------------------------------------------------------|---------|-------------------|
|      |                                                        |         |                   |
|      |                                                        |         |                   |
|      | Total Reimbursement Claimed:                           |         |                   |

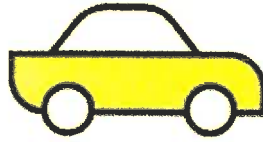
I confirm that the above claims for reimbursement are true and accurate, have been actually and necessarily incurred in the performance of my official duties as a Council Member with the District Council of Mount Remarkable and are made in accordance with section 77(1)(a) of the *Local Government Act 1999* and Regulation 5 of the *Local Government (Members Allowances and Benefits) Regulations 2010*.

|           |  |
|-----------|--|
| Signature |  |
| Date      |  |

Office Use Only:

|                              | Signature                                                                            | Date     |
|------------------------------|--------------------------------------------------------------------------------------|----------|
| Review/approved by CEO:      |  | 16/12/24 |
| Processed by Finance Officer |   | 16/12/24 |





Vehicle & transport

**-\$15.00**

Board of the Botanic Adelaide





*This form must be completed by Council Members when claiming the reimbursement of expenses. Receipts must be presented where marked to verify each item claimed for. Approved payments will be made into the Member's nominated bank account.*

| Date     | Council function or business purpose for travel* | Council Business / Community Engagement (CB/CE) | Km |
|----------|--------------------------------------------------|-------------------------------------------------|----|
| 7/11/24  | Meals on wheels [volunteer]                      | Ce                                              |    |
| 7/11/24  | Men's shed                                       | Ce                                              |    |
| 8/11/24  | Willowie drought mental health event             | Cb                                              |    |
| 11/11/24 | Reading at remembrance day [melrose]             | Cb                                              |    |
| 13/11/24 | BCCD@TA meeting                                  | Cb                                              |    |
| 14/11/24 | Meals on wheels[volunteer]                       | Ce                                              |    |
| 17/11/24 | Wirrabara markets                                | Ce                                              |    |
| 19/11/24 | Listening post/briefing/qt/meeting. [melrose]    | Cb                                              | 48 |
| 21/11/24 | Men's shed                                       | Ce                                              |    |
|          |                                                  |                                                 |    |
|          |                                                  |                                                 |    |
|          |                                                  |                                                 |    |
|          |                                                  |                                                 |    |
|          | Total kilometres claimed:                        |                                                 | 48 |

Office Use Only:      48 Kilometres @      \$88¢      \$/km = \$      42.24



## Council Member Expense Reimbursement Claim Form

This form must be completed by Council Members when claiming the reimbursement of expenses. Receipts must be presented where marked to verify each item claimed for. Approved payments will be made into the Member's nominated bank account.

### Bus and/or Taxi Costs (where applicable):

| Date | Council function or business purpose for travel | Cost \$ | Receipts must be attached |
|------|-------------------------------------------------|---------|---------------------------|
|      |                                                 |         |                           |
|      |                                                 |         |                           |
|      | <b>Total Reimbursement Claimed:</b>             |         |                           |

### Care Expenses (where applicable):

| Date | Prescribed meeting attending requiring care<br><i>A "prescribed meeting" means a meeting of the Council or Council committee, or an information or briefing session, discussion, workshop, training course or similar activity which is directly or closely related to the performance or discharge of the roles or duties of the Member.</i> | Hours of care provided | Cost \$ | Receipts must be attached |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|---------------------------|
|      |                                                                                                                                                                                                                                                                                                                                               |                        |         |                           |
|      |                                                                                                                                                                                                                                                                                                                                               |                        |         |                           |
|      | <b>Total Reimbursement Claimed:</b>                                                                                                                                                                                                                                                                                                           |                        |         |                           |

### Telephone/Other Telecommunication Expenses

| Claim period start | Claim period end | Details of expense being claimed    | Cost \$ | Receipts must be attached |
|--------------------|------------------|-------------------------------------|---------|---------------------------|
|                    |                  |                                     |         |                           |
|                    |                  |                                     |         |                           |
|                    |                  | <b>Total Reimbursement Claimed:</b> |         |                           |

### Conference/Seminar/Training Course Expenses

| Date | Conference/Seminar/Training Course/Incidentals details | Cost \$ | Receipts must be attached |
|------|--------------------------------------------------------|---------|---------------------------|
|      |                                                        |         |                           |
|      |                                                        |         |                           |
|      | <b>Total Reimbursement Claimed:</b>                    |         |                           |

### Council Member's Declaration:

I confirm that the above claims for reimbursement are true and accurate, have been actually and necessarily incurred in the performance of my official duties as a Council Member with the District Council of Mount Remarkable and are made in accordance with section 77(1)(a) of the *Local Government Act 1999* and Regulation 5 of the *Local Government (Members Allowances and Benefits) Regulations 2010*.

|                     |               |
|---------------------|---------------|
| Signature: cenottle | Date: 4/12/24 |
|---------------------|---------------|

Office Use Only:

|                                                | Signature                                                                           | Date     |
|------------------------------------------------|-------------------------------------------------------------------------------------|----------|
| Review/approved by CEO:                        |  | 16/12/24 |
| Processed by Admin Support Officer (Creditors) |  | 16/12/24 |

## Council Member Expense Reimbursement Claim Form

This form must be completed by Council Members when claiming the reimbursement of expenses. Receipts must be presented where marked to verify each item claimed for. Approved payments will be made into the Member's nominated bank account.

|    |            |               |
|----|------------|---------------|
| e: | Ian Keller | Date: 4/12/24 |
|----|------------|---------------|

### Travel Expenses and Travel time Payment (if applicable)

Travel claims must relate to expenses actually and necessarily incurred by the Member in travelling to or from a prescribed meeting provided the journey is an eligible journey and is by the shortest or most practicable route. For the purposes of this form the term "eligible journey" means a journey between the principal place of residence, or a place of work, of a Member of the Council, and the place of a prescribed meeting (in either direction), in accordance with the Local Government (Members Allowances and Benefits) Regulations 2010. Travel Time Payment shall be payable to Council Members (excluding Principal Members) of non-metropolitan Councils in accordance with the Remuneration Tribunal SA Determination – Allowances for Members of Local Government Councils whose usual place of residence is within the relevant Council area and is located at least 30km but less than 50km, 75km, or 100km or more distance from the Council's principal office via the nearest route by road.

#### Personal Vehicle:

|        |       |              |
|--------|-------|--------------|
| Model: | Make: | Engine Size: |
|--------|-------|--------------|

| Date                                                   | Council function or business purpose for travel*                             | Council Business / Community Engagement (CB/CE) | Km  |
|--------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------|-----|
| 8/11/24                                                | DCMR Audit & Risk. / Zoom                                                    | CB                                              |     |
| 15/11/24                                               | Airstrip Committee. / Zoom                                                   | CB                                              |     |
| 19/11/24                                               | Risk Strategy presentation / Community question time / DCMR Ordinary meeting | CB                                              | 64  |
| 29/11/24                                               | Weeroona Island progress Christmas lunch                                     | CE                                              | 142 |
|                                                        |                                                                              |                                                 |     |
| 8/11/24                                                | Willowie Rural Aid Event                                                     | CE                                              |     |
|                                                        |                                                                              |                                                 |     |
|                                                        |                                                                              |                                                 |     |
|                                                        | Total kilometres claimed:                                                    |                                                 | 206 |
| Office Use Only: 206 Kilometres @ .88¢ /km = \$ 181.28 |                                                                              |                                                 |     |

#### Bus and/or Taxi Costs (where applicable):

| Date | Council function or business purpose for travel | Cost \$ | Receipts attached |
|------|-------------------------------------------------|---------|-------------------|
|      |                                                 |         |                   |
|      |                                                 |         |                   |
|      | Total Reimbursement Claimed:                    |         |                   |

#### Care Expenses (where applicable):

| Date | Prescribed meeting attending requiring care<br><small>A "prescribed meeting" means a meeting of the Council or Council committee, or an information or briefing session, discussion, workshop, training course or similar activity which is directly or closely related to the performance or discharge of the roles or duties of the Member.</small> | Hours of care provided | Cost \$ | Receipt attached |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|------------------|
|      |                                                                                                                                                                                                                                                                                                                                                       |                        |         |                  |
|      |                                                                                                                                                                                                                                                                                                                                                       |                        |         |                  |

|  |                                     |  |  |
|--|-------------------------------------|--|--|
|  | <b>Total Reimbursement Claimed:</b> |  |  |
|--|-------------------------------------|--|--|

### Telephone/Other Telecommunication Expenses

| Claim period start | Claim period end | Details of expense being claimed    | Cost \$ | Receipts attached |
|--------------------|------------------|-------------------------------------|---------|-------------------|
| 1/11/24            | 30/11/24         | IT Services                         | 50      | FWD               |
|                    |                  |                                     |         |                   |
|                    |                  | <b>Total Reimbursement Claimed:</b> | 50.00   |                   |

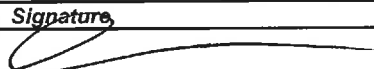
### Conference/Seminar/Training Course Expenses

| Date | Conference/Seminar/Training Course/Incidentals details | Cost \$ | Receipts attached |
|------|--------------------------------------------------------|---------|-------------------|
|      |                                                        |         |                   |
|      |                                                        |         |                   |
|      | <b>Total Reimbursement Claimed:</b>                    |         |                   |

I confirm that the above claims for reimbursement are true and accurate, have been actually and necessarily incurred in the performance of my official duties as a Council Member with the District Council of Mount Remarkable and are made in accordance with section 77(1)(a) of the *Local Government Act 1999* and Regulation 5 of the *Local Government (Members Allowances and Benefits) Regulations 2010*.

|           |         |
|-----------|---------|
| Signature | IGK     |
| Date      | 4/11/24 |

Office Use Only:

|                              | Signature                                                                           | Date     |
|------------------------------|-------------------------------------------------------------------------------------|----------|
| Review/approved by CEO:      |  | 16/12/24 |
| Processed by Finance Officer | CEM                                                                                 | 16/12/24 |

STARLINK

Attn: Ian Keller  
684 Arwakurra Rd  
Booleroo Centre, SA 5482

Tax Invoice

INV-AUS-4685138-77438-45

Invoice Date: Sunday, October 27, 2024  
Transaction Date: Invoice Date  
Payment Due Date: Sunday, October 27, 2024  
Customer Account: ACC-2493386-51862-22

| Product Description                                                                         | Qty | Amount     |
|---------------------------------------------------------------------------------------------|-----|------------|
| Residential Starlink Subscription (Sunday, October 27, 2024 - Wednesday, November 27, 2024) | 1   | AUD 126.36 |
| Total GST                                                                                   |     | AUD 12.64  |

Total ChargesAUD 139.00

PaymentAUD 0.00

Total DueAUD 139.00

Please contact Customer Support if there are issues with your invoice.

If payment for services are not received by Wednesday, November 20, 2024, your service will be suspended until payment is made.

Starlink's Payment Assistance Policy is available [here](#).

STARLINK INTERNET SERVICES PTE LTD  
10 Collyer Quay, #27-00 Ocean Financial Centre  
Singapore, 049315  
ABN: 44 658 489 582

Starlink is a division of SpaceX. Visit us at [spacex.com](#)

Service Lines

| # | Product Description                                                                                                                                | Qty | Unit Price    | Total Tax    | Amount        |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------|--------------|---------------|
| 1 | Residential Starlink Subscription (Sunday, October 27, 2024 12:00 AM - Wednesday, November 27, 2024 12:00 AM)<br>684 Arwakurra Rd, SA KIT301576860 | 1   | AUD<br>126.36 | AUD<br>12.64 | AUD<br>139.00 |

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**Care Expenses** (where applicable):

| Date | Prescribed meeting attending requiring care** | Hours of care provided | Cost \$ | Receipt attached |
|------|-----------------------------------------------|------------------------|---------|------------------|
|      |                                               |                        |         |                  |
|      |                                               |                        |         |                  |
|      | Total Reimbursement Claimed:                  |                        |         |                  |

\*\*A "prescribed meeting" means a meeting of the Council or Council committee, or an information or briefing session, discussion, workshop, training course or similar activity which is directly or closely related to the performance or discharge of the roles or duties of the Member.

### Telephone/Other Telecommunication Expenses

| Claim period start | Claim period end | Details of expense being claimed | Cost \$ | Receipts attached |
|--------------------|------------------|----------------------------------|---------|-------------------|
|                    |                  |                                  |         |                   |
|                    |                  |                                  |         |                   |
|                    |                  | Total Reimbursement Claimed:     |         |                   |

### Conference/Seminar/Training Course Expenses

| Date | Conference/Seminar/Training Course/Incidentals details | Cost \$ | Receipts attached |
|------|--------------------------------------------------------|---------|-------------------|
|      |                                                        |         |                   |
|      |                                                        |         |                   |
|      | Total Reimbursement Claimed:                           |         |                   |

I confirm that the above claims for reimbursement are true and accurate, have been actually and necessarily incurred in the performance of my official duties as a Council Member with the District Council of Mount Remarkable and are made in accordance with section 77(1)(a) of the *Local Government Act 1999* and Regulation 5 of the *Local Government (Members Allowances and Benefits) Regulations 2010*.

|           |                                                                                     |
|-----------|-------------------------------------------------------------------------------------|
| Signature |  |
| Date      | 09.12.2024                                                                          |

Office Use Only:

|                              | Signature                                                                           | Date     |
|------------------------------|-------------------------------------------------------------------------------------|----------|
| Approved by CEO:             |  | 16/12/24 |
| Processed by Finance Officer |  | 16/12/24 |

*This form must be completed by Council Members when claiming the reimbursement of expenses. Receipts must be presented where marked to verify each item claimed for. Approved payments will be made into the Member's nominated bank account.*

|              |            |       |               |
|--------------|------------|-------|---------------|
| Prepared by: | Jane Evans | Date: | November 2024 |
|--------------|------------|-------|---------------|

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|        |       |              |
|--------|-------|--------------|
| Model: | Make: | Engine Size: |
|--------|-------|--------------|

| Date     | Council function or business purpose for travel*                  | Council Business / Community Engagement (CB/CE) | Km    |
|----------|-------------------------------------------------------------------|-------------------------------------------------|-------|
| 3/11/24  | Melrose Strawberry Fete                                           | CE                                              |       |
| 5/11/24  | Melbourne Cup Function Wirrabara                                  | CE                                              |       |
| 7/11/24  | Snitty night Wirrabara Bowling Club                               | CE                                              |       |
| 8/11/24  | Willowie Farmers get together                                     | CB                                              | 141km |
| 9/11/24  | Worked behind bar at Wirrabara Bowling Club                       | CE                                              |       |
| 11/11/24 | Remembrance Day Memorial Service Melrose                          | CB                                              | 56km  |
| 11/11/24 | Wirrabara Progress Meeting                                        | CE                                              |       |
| 15/11/24 | Met Norella Crossman & Nigel Crisp at Wirrabara Cemetery re Bench | CE                                              |       |
| 17/11/24 | Worked on BBQ at Wirrabara Produce Market                         | CE                                              |       |
| 19/11/24 | Catch up with Martin at Julia's Bakery Wirrabara                  | CB                                              |       |
| 19/11/24 | Council meeting, Listening Post at Melrose                        | CB                                              | 56km  |
| 20/11/24 | Sporting Reserve Meeting                                          | CE                                              |       |
| 22/11/24 | Murray Town Progress Meeting                                      | CB                                              | 20km  |
|          |                                                                   |                                                 |       |
|          |                                                                   |                                                 |       |
|          | Total kilometres claimed:                                         |                                                 | 273km |

Office Use Only:      273 Kilometres @      88¢      ¢/km = \$ 240.24

**Bus and/or Taxi Costs** (where applicable):

| Date | Council function or business purpose for travel | Cost \$ | Receipts attached |
|------|-------------------------------------------------|---------|-------------------|
|      |                                                 |         |                   |
|      |                                                 |         |                   |
|      | Total Reimbursement Claimed:                    |         |                   |

#### Care Expenses (where applicable):

| Date | Prescribed meeting attending requiring care<br><i>A "prescribed meeting" means a meeting of the Council or Council committee, or an information or briefing session, discussion, workshop, training course or similar activity which is directly or closely related to the performance or discharge of the roles or duties of the Member.</i> | Hours of care provided | Cost \$ | Receipt attached |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|------------------|
|      |                                                                                                                                                                                                                                                                                                                                               |                        |         |                  |
|      |                                                                                                                                                                                                                                                                                                                                               |                        |         |                  |
|      | Total Reimbursement Claimed:                                                                                                                                                                                                                                                                                                                  |                        |         |                  |

#### Telephone/Other Telecommunication Expenses

| Claim period start | Claim period end | Details of expense being claimed | Cost \$ | Receipts attached |
|--------------------|------------------|----------------------------------|---------|-------------------|
|                    |                  |                                  |         |                   |
|                    |                  |                                  |         |                   |
|                    |                  | Total Reimbursement Claimed:     |         |                   |

#### Conference/Seminar/Training Course Expenses

| Date | Conference/Seminar/Training Course/Incidentals details | Cost \$ | Receipts attached |
|------|--------------------------------------------------------|---------|-------------------|
|      |                                                        |         |                   |
|      |                                                        |         |                   |
|      | Total Reimbursement Claimed:                           |         |                   |

I confirm that the above claims for reimbursement are true and accurate, have been actually and necessarily incurred in the performance of my official duties as a Council Member with the District Council of Mount Remarkable and are made in accordance with section 77(1)(a) of the *Local Government Act 1999* and Regulation 5 of the *Local Government (Members Allowances and Benefits) Regulations 2010*.

|           |                 |
|-----------|-----------------|
| Signature | Jane Evans      |
| Date      | 6 December 2024 |

#### Office Use Only:

|                              | Signature                                                                           | Date     |
|------------------------------|-------------------------------------------------------------------------------------|----------|
| Review/approved by CEO:      |  | 16/12/24 |
| Processed by Finance Officer |  | 16/12/24 |