

|                        |           |
|------------------------|-----------|
| <b>Follow Up Flag:</b> | Follow up |
| <b>Flag Status:</b>    | Completed |

*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.*

|            |                  |                |
|------------|------------------|----------------|
| Signature: | Stephen McCarthy | Date: 2/1/2025 |
|------------|------------------|----------------|

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.

|                  |            |                  |
|------------------|------------|------------------|
| Model: Wildtrack | Make: Ford | Engine Size: 3.2 |
|------------------|------------|------------------|

| Date   | Council function or business purpose for travel* | Council Business /<br>Community<br>Engagement<br>(CB/CE) | Km  |
|--------|--------------------------------------------------|----------------------------------------------------------|-----|
| 4 Dec  | Port Germein Progress Association                | CB                                                       | 159 |
| 23 Dec | CEO and Deputy Mayor meeting                     |                                                          | 144 |
|        |                                                  |                                                          |     |
|        |                                                  |                                                          |     |
|        |                                                  |                                                          |     |
|        |                                                  |                                                          |     |
|        |                                                  |                                                          |     |
|        |                                                  |                                                          |     |
|        |                                                  |                                                          |     |
|        |                                                  |                                                          |     |
|        |                                                  |                                                          |     |
|        |                                                  |                                                          |     |
|        |                                                  |                                                          |     |
|        |                                                  |                                                          |     |
|        | Total kilometres claimed:                        |                                                          | 303 |

Office Use Only: 303 Kilometres @ 88¢ ¢/km = \$ 266.64

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

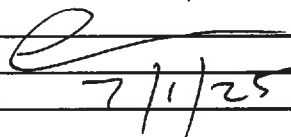
#### Telephone/Other Telecommunication Expenses

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

#### 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 |  | - ACTING CEO - MARTIN BORGAS |
| Date      | 7/1/25                                                                              |                              |

Office Use Only:

|                              | Signature                                                                           | Date   |
|------------------------------|-------------------------------------------------------------------------------------|--------|
| Review/approved by CEO:      |                                                                                     |        |
| Processed by Finance Officer |  | 8/1/25 |



## 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.

|                     |              |
|---------------------|--------------|
| Council Member Name | Colin nottle |
| Claim Period        | Month Year   |

### 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: Triton | Make: Mitsubishi | Engine Size: 3.2 |
|---------------|------------------|------------------|

| Date                      | Council function or business purpose for travel*   | Council Business / Community Engagement (CB/CE) | Km  |
|---------------------------|----------------------------------------------------|-------------------------------------------------|-----|
| 12/12/24                  | Mow[volunteer]                                     |                                                 |     |
| 16/12/24                  | Flinders mobile library[gladstone]                 | Cb                                              | 110 |
| 17/10/24                  | Mayors listening post/briefings/qt/council meeting | Cb                                              | 100 |
| 19/12/24                  | Men's shed                                         | Ce                                              |     |
| 5/12/24                   | Men's shed                                         | Ce                                              |     |
| 12/12                     | Men's shed                                         | Ce                                              |     |
|                           |                                                    |                                                 |     |
|                           |                                                    |                                                 |     |
|                           |                                                    |                                                 |     |
|                           |                                                    |                                                 |     |
|                           |                                                    |                                                 |     |
|                           |                                                    |                                                 |     |
|                           |                                                    |                                                 |     |
|                           |                                                    |                                                 |     |
| Total kilometres claimed: |                                                    |                                                 | 210 |

Office Use Only:

210

Kilometres @

88c

¢/km = \$

184.80



## 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 |
|------|-------------------------------------------------|---------|---------------------------|
|      |                                                 |         |                           |
|      | 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 \$ | Receipts must be attached |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|---------------------------|
|      |                                                                                                                                                                                                                                                                                                                                               |                        |         |                           |
|      | Total Reimbursement Claimed:                                                                                                                                                                                                                                                                                                                  |                        |         |                           |

### Telephone/Other Telecommunication Expenses

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

### Conference/Seminar/Training Course Expenses

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

### 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: 6/1/25 |
|---------------------|--------------|

Office Use Only:

| Signature                                      | Date   |
|------------------------------------------------|--------|
| Review/approved by CEO:                        | 7/1/25 |
| Processed by Admin Support Officer (Creditors) | 8/1/25 |

\_\_\_\_\_

**From:** Ros Dunn  
**Sent:** Thursday, 2 January 2025 10:16 AM  
**To:** Lindy Modystach  
**Subject:** FW: Council Member Expense Reimbursement Claim Form for December

|                        |           |
|------------------------|-----------|
| <b>Follow Up Flag:</b> | Follow up |
| <b>Flag Status:</b>    | Flagged   |

## **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.*

|     |            |              |
|-----|------------|--------------|
| to: | Jane Evans | Date: 1/1/25 |
|-----|------------|--------------|

**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: Eclipse Cross | Make: Mitsubishi | Engine Size: 4 cyl |
|----------------------|------------------|--------------------|

| Date                                                          | Council function or business purpose for travel*   | Council Business / Community Engagement (CB/CE) | Km   |
|---------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------|------|
| 9/12                                                          | Wirrabara Progress meeting                         | C/E                                             |      |
| 11/12                                                         | Helped put up Xmas tree in park                    | C/E                                             |      |
| 12/12                                                         | Snity night Wirrabara Bowling club                 | C/E                                             |      |
| 15/12                                                         | Wirrabara ProduceMarket                            | C/E                                             |      |
| 16/12                                                         | Flinders Mobile Library Meeting Gladstone          | C/B                                             | 58km |
|                                                               |                                                    |                                                 |      |
| 17/12                                                         | Council meeting Port Germein picked up by Cr Danny | C/B                                             | 0km  |
| 19/12                                                         | Snity night Wirrabara Bowling club                 | C/E                                             |      |
|                                                               |                                                    |                                                 |      |
|                                                               |                                                    |                                                 |      |
|                                                               |                                                    |                                                 |      |
|                                                               |                                                    |                                                 |      |
|                                                               |                                                    |                                                 |      |
|                                                               |                                                    |                                                 |      |
|                                                               |                                                    |                                                 |      |
|                                                               |                                                    |                                                 |      |
|                                                               |                                                    |                                                 |      |
|                                                               | Total kilometres claimed:                          |                                                 | 58km |
| Office Use Only:      58 Kilometres @      .88¢/km = \$ 51.04 |                                                    |                                                 |      |

**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      | 1/1/25     |

Office Use Only:

|                              | Signature                                                                           | Date   |
|------------------------------|-------------------------------------------------------------------------------------|--------|
| Review/approved by CEO:      |  | 7/1/25 |
| Processed by Finance Officer |  | 8/1/25 |

Lindy Modystach

From: Ros Dunn  
Sent: Tuesday, 7 January 2025 2:01 PM  
To: Lindy Modystach  
Subject: FW: EM2024-43046 - DCMR0482 - Council Member Expense Reimbursement Claim Form for December

Follow Up Flag: Follow up  
Flag Status: Completed

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.

|       |            |       |        |
|-------|------------|-------|--------|
| Name: | Ian Keller | Date: | 7/1/25 |
|-------|------------|-------|--------|

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  |
|----------|---------------------------------------------------------------------|-------------------------------------------------|-----|
| 11/12/24 | Booleroo Centre primary school awards night                         | CB                                              |     |
| 15/12/24 | Wirrabara producers market                                          | CE                                              |     |
| 16/12/24 | Grain producers SA bbq breakfast Booleroo Centre                    | CE                                              |     |
| 17/12/24 | Community listening post Port Germain / Workshop briefing session / | CB                                              | 114 |

|  |                                                 |                                      |     |
|--|-------------------------------------------------|--------------------------------------|-----|
|  | Community question time / DCMR Ordinary meeting |                                      |     |
|  |                                                 |                                      |     |
|  |                                                 |                                      |     |
|  |                                                 |                                      |     |
|  |                                                 |                                      |     |
|  |                                                 |                                      |     |
|  |                                                 |                                      |     |
|  |                                                 |                                      |     |
|  |                                                 |                                      |     |
|  |                                                 | Total kilometres claimed:            | 114 |
|  | Office Use Only:                                | 114 Kilometres @ .88¢/km = \$ 100.32 |     |

#### 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 |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|------------------|
|      |                                                                                                                                                                                                                                                                                                                                                       |                        |         |                  |
|      |                                                                                                                                                                                                                                                                                                                                                       |                        |         |                  |
|      | Total Reimbursement Claimed:                                                                                                                                                                                                                                                                                                                          |                        |         |                  |

#### Telephone/Other Telecommunication Expenses

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

|         |          |             |                              |        |     |
|---------|----------|-------------|------------------------------|--------|-----|
| 1/12/24 | 30/12/24 | IT Services |                              | \$50   | FWD |
|         |          |             |                              |        |     |
|         |          |             | Total Reimbursement Claimed: | \$ 50. |     |

### 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 | IGK      |
| Date      | 7/1/2025 |

Office Use Only:

| Signature                    | Date   |
|------------------------------|--------|
| Review/approved by CEO:      | 7/1/25 |
| Processed by Finance Officer | 8/1/25 |

## Lindy Modystach

**From:** Ros Dunn  
**Sent:** Wednesday, 11 December 2024 4:19 PM  
**To:** Lindy Modystach  
**Subject:** RE: Starlink Billing update  
**Attachments:** img121.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Approved



Ros Dunn  
Corporate Services Manager  
**District Council of Mount Remarkable**  
PO Box 94, Melrose SA 5483  
3 Stuart Street, Melrose SA 5483  
p: 08 8666 2014  
e: [ros@mtr.sa.gov.au](mailto:ros@mtr.sa.gov.au)  
w: [www.mtr.sa.gov.au](http://www.mtr.sa.gov.au)

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**Wishing you a Merry Christmas from the team at**

**District Council of Mount Remarkable!**

**Our holiday closing period is as follows:**

**Tuesday 24 December open 9:00am to 12:00pm**

**Wednesday 25 December to Friday 27 December CLOSED**

**Tuesday 31 December open 9:00am to 12:00pm**

**Wednesday 1 January CLOSED**



**From:** Lindy Modystach <[lindy@mtr.sa.gov.au](mailto:lindy@mtr.sa.gov.au)>  
**Sent:** Wednesday, 11 December 2024 4:17 PM  
**To:** Ros Dunn <[ros@mtr.sa.gov.au](mailto:ros@mtr.sa.gov.au)>  
**Subject:** FW: Starlink Billing update

Hi Ros,

Can you please confirm that you are happy to accepted the attached document for payments of IT Services of \$50.00 per month for reimbursement to Councillor Danny Keller.

Regards



Lindy Modystach  
Administration Support Officer  
**District Council of Mount Remarkable**  
PO Box 94, Melrose SA 5483  
3 Stuart Street, Melrose SA 5483



p: 08 8666 2014  
e: [lindy@mtr.sa.gov.au](mailto:lindy@mtr.sa.gov.au)  
w: [www.mtr.sa.gov.au](http://www.mtr.sa.gov.au)

**Remarkable Places Remarkable People Remarkable Lifestyles... a Remarkable Experience**

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**District Council of Mount Remarkable!**

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**Tuesday 24 December open 9:00am to 12:00pm**

**Wednesday 25 December to Friday 27 December CLOSED**

**Tuesday 31 December open 9:00am to 12:00pm**

**Wednesday 1 January CLOSED**



From: Ros Dunn <[ros@mtr.sa.gov.au](mailto:ros@mtr.sa.gov.au)>

Sent: Wednesday, 11 December 2024 3:25 PM

To: Lindy Modystach <[lindy@mtr.sa.gov.au](mailto:lindy@mtr.sa.gov.au)>

Subject: FW: Starlink Billing update

Hi Lindy

Danny has forwarded through the attachment to be used to evidence his monthly internet reimbursement – its not very detailed but it confirms a monthly billing cycle as per an automatic payment.

Regards



Ros Dunn  
Corporate Services Manager  
**District Council of Mount Remarkable**  
PO Box 94, Melrose SA 5483  
3 Stuart Street, Melrose SA 5483  
p: 08 8666 2014  
e: [ros@mtr.sa.gov.au](mailto:ros@mtr.sa.gov.au)  
w: [www.mtr.sa.gov.au](http://www.mtr.sa.gov.au)



**Remarkable Places Remarkable People Remarkable Lifestyles... a Remarkable Experience**

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**District Council of Mount Remarkable!**

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**Tuesday 24 December open 9:00am to 12:00pm**

**Wednesday 25 December to Friday 27 December CLOSED**

**Tuesday 31 December open 9:00am to 12:00pm**

**Wednesday 1 January CLOSED**



From: [kelbro@westnet.com.au](mailto:kelbro@westnet.com.au) <[kelbro@westnet.com.au](mailto:kelbro@westnet.com.au)>

Sent: Wednesday, 11 December 2024 12:03 PM

**To:** Ros Dunn <[ros@mtr.sa.gov.au](mailto:ros@mtr.sa.gov.au)>

**Subject:** Starlink Billing update

Hi Ros,

please find attached email confirming Upcoming Billing Update related to my automatic payments for my starlink internet account which is invoiced to me monthly.

Regards Danny

# Upcoming Billing Update

1 email in thread.

---

Email 1 of 1

**Date:** May 29, 2024 12:55 AM +09:30

**From:** Starlink <no-reply@starlink.com>

**To:** kelbro@westnet.com.au

STARLINK

To improve clarity around your monthly bill, starting 1 month from today, your automatic payment date will be moved to the first day of your billing cycle, rather than 7 days into your billing cycle. We will also release a new way for you to preview your next monthly service invoice from your account at any time instead of receiving an emailed invoice each month. The invoice preview will update each day of the month and will reflect all charges due as of that day, including any overage data usage from your current cycle or recent changes to your service plan, if applicable.

No action is required from you at this time. For more information about the invoice preview change, learn more [here](#).

Thank you for being a Starlink customer!

Space Exploration Technologies Corp | 1 Rocket Road, Hawthorne, CA 90250

Questions? See Starlink FAQs

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