

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:	Sheriden Tate	Date: 31.10.2023
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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: MUX	Make: Isuzu	Engine Size: 3200
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Date	Council function or business purpose for travel*	Km
09.10.2023	Opening Weeroona Island Playground	34 ✓
17.10.2023	Community Question Time Ordinary Council Meeting - Melrose	90 ✓
11.10.2023	Port Germein Op Shop Meeting	
11.10.2023	Port Germein Heritage, Arts & Tourism Meeting re Rppp	
11.10.2023	Port Germein Village Project General Meeting	
20.10.2023	Audit & Risk Committee Briefing Session -Melrose	90 ✓
25.10.2023	LGA Welcome Reception - Adelaide	58 ✓
26.10.2023	LGA AGM - Adelaide	
29.10.2023	Official Opening Epic Trail - Melrose	90 ✓
31.10.2023	CEO Quarterly Catch-up – Port Germein	
	Total kilometres claimed:	362
Office Use Only: _____ Kilometres @ _____ ¢/km = \$ _____		

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**	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	31.10.2023

Office Use Only:

	Signature	Date
Approved by CEO:		10/11/2023
Processed by Finance Officer		

Council Member Expense Reimbursement Claim Form

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Name: Sheriden Tate	Date: 06/10/2023
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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.

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Personal Vehicle:

Model: MUX	Make: Isuzu	Engine Size: 3200
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Date	Council function or business purpose for travel*	Km
15/09/2023	Briefing Session - Melrose	90
18/09/2023	Appila Improvement Association AGM	158 156
19/09/2023	Community Question Time & Ordinary Council Meeting - Booleroo Centre	86
20/09/2023	Wilmington Progress Association General Meeting	134
26/09/2023	CEO Review Panel meeting via Zoom	
Total kilometres claimed:		466 174

Add to Nov payment
S.

Office Use Only: _____ Kilometres @ _____ ¢/km = \$

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**	Hours of care provided	Cost \$	Receipt attached
Total Reimbursement Claimed:				

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Telephone/Other Telecommunication Expenses

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

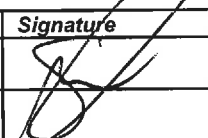
Conference/Seminar/Training Course Expenses

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

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Signature	Dan
Date	30/10/23

Office Use Only:

	Signature	Date
Approved by CEO:		10/11/2023
Processed by Finance Officer		

Care Expenses (where applicable):

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

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Telephone/Other Telecommunication Expenses

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

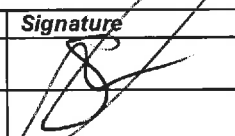
Conference/Seminar/Training Course Expenses

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

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Signature	IBK
Date	31/10/23

Office Use Only:

	Signature	Date
Approved by CEO:		10/11/2023
Processed by Finance Officer		

Care Expenses (where applicable):

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

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Telephone/Other Telecommunication Expenses

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

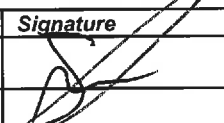
Conference/Seminar/Training Course Expenses

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

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Signature	<i>Lesley Till</i>
Date	1 November 2023

Office Use Only:

	Signature	Date
Approved by CEO:		10/11/2023
Processed by Finance Officer		

Council Member Expense Reimbursement Claim Form

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Name: Mayor McCarthy	Date: 27 October 2023
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Travel Expenses and Travel time Payment (if applicable)

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Personal Vehicle:

Model: Wildtrak	Make: Ford	Engine Size: 3.2
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Date	Council function or business purpose for travel*	Km
3/10/23	Discussion with CEO RE KPIs and CEO Performance Review Process	144 ✓
9/10/23	Official Opening of the Weeroona Island Playground	79 ✓
16/10/23	Discussion re DCMR Drafting of Youth Action Plan with Wilmington Primary School Principal LEGATUS review and strategic planning	0 0
17/10/23	Discussion re DCMR Drafting of Youth Action Plan with Melrose Primary School Principal Community Question Time & Ordinary Meeting of Council held in Melrose	144 ✓
20/10/23	Audit & Risk Committee Meeting Briefing Session	144 ✓
26/10/23	LGA Conference & AGM Baroota Solar Farm Kelledy Jones VOI	267 ✓
27/10/23	Norman Waterhouse Lawyers Local Government Conference (travel included 26/10/23)	0
29/10/23	Official Opening of the Epic Trail	168 ✓
31/10/23	Quarterly Catch Up with the CEO	0
	Total kilometres claimed:	946 ✓
Office Use Only: _____ Kilometres @ _____ \$/km = \$		

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**	Hours of care provided	Cost \$	Receipt attached
		Total Reimbursement Claimed:		

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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
26/10/23	Parking Kelledy Jones meeting	10.20	Photo
		Total Reimbursement Claimed:	10.20

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	<i>Via email SR McCarthy</i>
Date	31/10/23

Office Use Only:

	Signature	Date
Approved by CEO:		10/11/2023
Processed by Finance Officer		

Council Member Expense Reimbursement Claim Form

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Name: Nottle	Date: 3/11/23
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Personal Vehicle:

Model: Triton	Make: Mitsubishi	Engine Size: 3.2
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Date	Council function or business purpose for travel*	Km
October	Men's shed 4. [voted on board]	
9/10/23	WEROONA island playground opening	125 ✓
9/10/23	Wirrabara progress agm	64 ✓
16/10/23	Brian mccallum funeral	
17/10/23	Ceo catchup	12 ✓
17/10/23	Council monthly meeting	48 ✓
18/10/23	CFS meeting melrose [refer to mayor]	48 ✓
20/10/23	Audit and risk meeting/briefing	48 ✓
24/10/23	Mt view agm	
29/10/23	Epic bike trails opening melrose	48 ✓
	Total kilometres claimed:	343

per Sam 5/11/23
←

329
34

Office Use Only: _____ Kilometres @ _____ ¢/km = \$

Bus and/or Taxi Costs (where applicable):

Date	Council function or business purpose for travel	Cost \$	Receipts attached
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Care Expenses (where applicable):

Date	Prescribed meeting attending requiring care**	Hours of care provided	Cost \$	Receipt attached
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Signature	<i>Cr Nottle via email</i>
Date	

Office Use Only:

	Signature	Date
Approved by CEO:		<i>10/11/2023</i>
Processed by Finance Officer		