

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: 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.

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
15/09/2023	Briefing Session - Melrose	90
18/09/2023	Appila Improvement Association AGM	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:	466 774
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	Sheriden Tate
Date	06/10/2023

Office Use Only:

	Signature	Date
Approved by CEO:		06/10/2023
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:				

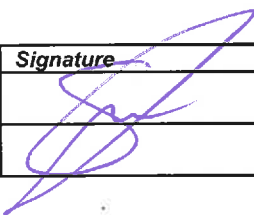
Conference/Seminar/Training Course Expenses

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

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>Phil Heaslip</i> via phone
Date	10/10/2023

Office Use Only:

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

Council Member Expense Reimbursement Claim Form

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Name:	Mayor McCarthy	Date: 29 September 2023
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Travel Expenses and Travel time Payment (if applicable)

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Personal Vehicle:

Model:	Make:	Engine Size:
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Date	Council function or business purpose for travel*	Km
5/9/23	Port Germein Progress Association	42
6/9/23	Public Consultation 23-24 Annual Business Plan & Budget; Long Term Financial Plan & Infrastructure and Asset Management Plan meeting with Toni-Louise & Peter Cockburn and Di Becker	144
15/9/23	Briefing Session - 2021-2031 Community Plan; Community Bus; Requests for Service (CSR's) and Briefing Session (Closed to Public) - CEO's KPIs 2023-2024	144
19/9/23	Community Question Time & Ordinary Meeting of Council held in Booleroo Centre, Melrose office	171
23/9/23	Mambray Creek CFS function for members 21 years of service	0
24/9/23	Port Germein hub markets and Port Germein bowls club	0
26/9/23	CEO Review Panel Meeting	0
27/9/23	Childcare Services meeting with Director, Early Childhood Services and Strategy and Staff & Elected Member catch up at the Melrose Depot	144
30/9/23	Melrose show	0
	Total kilometres claimed:	645

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	<i>Stephen McCarthy via email</i>
Date	28/09/2023

Office Use Only:

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

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:	Colin Nottle	Date: 4/10/23
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Travel Expenses and Travel time Payment (if applicable)

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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
6/9/23	Met with mayor/Booleroo progress AGM	12
7/9/23	Booleroo Men's Shed	
11/9/23	Library meeting (gladstone)	48
14/9/23	Booleroo Men's Shed	
14/9/23	Attended council significant land sale melrose	
15/9/23	Council briefing/training	48
16/9/23	Attended football grand finals at Gladstone	
17/9/23	Attended Wirrabara markets & Wilmington show	
18/9/23	Attended Appila Progress AGM	50
19/9/23	Council Meeting at Booleroo Centre	12
21/9/23	Booleroo Men's Shed	
28/9/23	Dementia info session at hospital [speaker from Wallaroo]	
	Total kilometres claimed:	170
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	Ce Nottle
Date	4/10/23

Office Use Only:

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

Council Member Expense Reimbursement Claim Form

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Name: Ian Keller	Date: 10/10/2023
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Travel Expenses and Travel time Payment (if applicable)

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Personal Vehicle:

Model:	Make:	Engine Size:
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Date	Council function or business purpose for travel*	Km
13/9/2023	Caltowie Corridors of Green education day at Appila Springs	
15/9/2023	Briefing session / Community plan / Community Bus / Customer service requests	64
18/9/ 2023	Appila Improvement. AGM	
19/9/2023	Community Question time / . DCMR Ordinary meeting	38
26/9/2023	CEO. Review Panel meeting. Via zoom	
	Total kilometres claimed:	
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

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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	IGK
Date	10/10/2023

Office Use Only:

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

Council Member Expense Reimbursement Claim Form

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Name:	DAN VAN HOLST PELLEKAAN	Date: 10/10/23
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Travel Expenses and Travel time Payment (if applicable)

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Personal Vehicle:

Model:	Make:	Engine Size:
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Date	Council function or business purpose for travel*	Km
15/9	CNCL BRIEFING SESSION - MELROSE	
17/9	WIRRABARA MARKET	
18/9	APPILA IMPROVEMENT ASSOCIATION AGM - APPILA	
19/9	COMMUNITY QT + CNCL MEETING - BOOLEROO	
27/9	CNCL ALL STAFF MTG - MELROSE	
30/9	MOUNT REMARKABLE SHOW - MELROSE	
	Total kilometres claimed:	
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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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	10/10/23

Office Use Only:

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