

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:	Stephen McCarthy	Date:	3/2/24
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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: Wildtrack	Make: Ford	Engine Size: 3.2
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Date	Council function or business purpose for travel*	Km
8/1/24	Meeting with Peterborough Mayor re shared services	88 ✓
11/2/24	ECSA Briefing (not successful)	0
12/1/24	CEO meeting and ABP & B briefing session 1	144 ✓
16/1/24	Ordinary council meeting and community question time	144 ✓
19/1/24	ABP & B briefing session 2	144 ✓
24/1/24	Melrose community development association meeting	144 ✓
26/1/24	Australia Day Citizen of the year presentation Wirrabara	110 ✓
30/1/24	Community Listening Post Melrose	144 ✓
	918 x .85 = 780.30	Total kilometres claimed: 918
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	

Office Use Only:

	Signature	Date
Approved by CEO:		13/02/2024
Processed by Finance Officer		

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Name:	Danny Keller	Date: 02/02/2024
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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
4 Jan 2024	CEO Catch up and drive around	
	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

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	
Date	

Office Use Only:

	Signature	Date
Approved by CEO:		13/02/2024
Processed by Finance Officer		

Council Member Expense Reimbursement Claim Form

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Name: Nottle	Date: Feb 24
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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
4/1/24	Men's shed	
9/1/24	Inspected willowie floodway with nigel	
11/1/24	Meals on wheels	
11/1/24	Men's shed	
12/1/24	Council briefings-melrose	48 ✓
16/1/24	Council monthly meeting	48 ✓
18/1/24	Men's shed	
19/1/24	Council briefings - melrose	48 ✓
25/1/24	Men's shed	
26/1/24	Attended Australia Day Melrose and wirrabara	85
28/1/24	Attended wipa agm	
	$144 \times .85 = 122.40$	
	Total kilometres claimed:	189 10/5
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	<i>Lenottle</i>
Date	<i>5/2/24</i>

Office Use Only:

	Signature	Date
Approved by CEO:		<i>13/02/2024</i>
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:	Sheriden Tate	Date: 31.01.2024
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Travel Expenses and Travel time Payment (if applicable)

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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
12.01.2024	Briefing Session – Council Chambers Melrose	90 ✓
16.01.2024	Port Germein Playground Info Session Community Question Time Ordinary Council Meeting – Council Chambers Melrose	90 ✓
19.01.2024	Briefing Session ABP & B – Council Chambers Melrose	90 ✓
26.01.2024	Port Germein Australia Day Breakfast	
28.01.2023	Weeroona Island Progress Association AGM	34
30.01.2024	Community Listening Post - Melrose	90 ✓
	$394 \times .85 = 334.90$	Total kilometres claimed: 394
Office Use Only: _____ Kilometres @ _____ ϕ /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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Total Reimbursement Claimed:				

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

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Signature	
Date	31.01.2024

Office Use Only:

	Signature	Date
Approved by CEO:		05/02/2024
Processed by Finance Officer		