

Rt Hon Stephen Timms MP

**Incidental Expenses
Provision**

2005-06

Financial Processing }

Transaction No.

Registration No.



C3

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or



Volunteer W/N

Please check / amend relation

Text

10/4/06

Invoice No.

Account code / Allowance

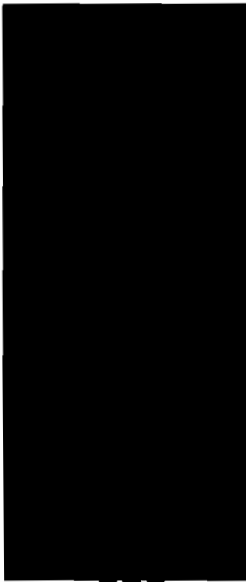
Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



05_06 / 06_07 ✓



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 19.80 ✓

£.....

£.....

£ 19.80

TOTAL

Comments:

* Financial Processing purposes only
Registered by (initials & date)

.....

Posted by (Initials & date)

.....

10 APR 2006



Staffing Allowance/Incidental Expenses Provision

Authority for the payment of one-off salary and/or expenses to staff

SA3

11 APR 2006 11C3

Page 1 of 2

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call [REDACTED]

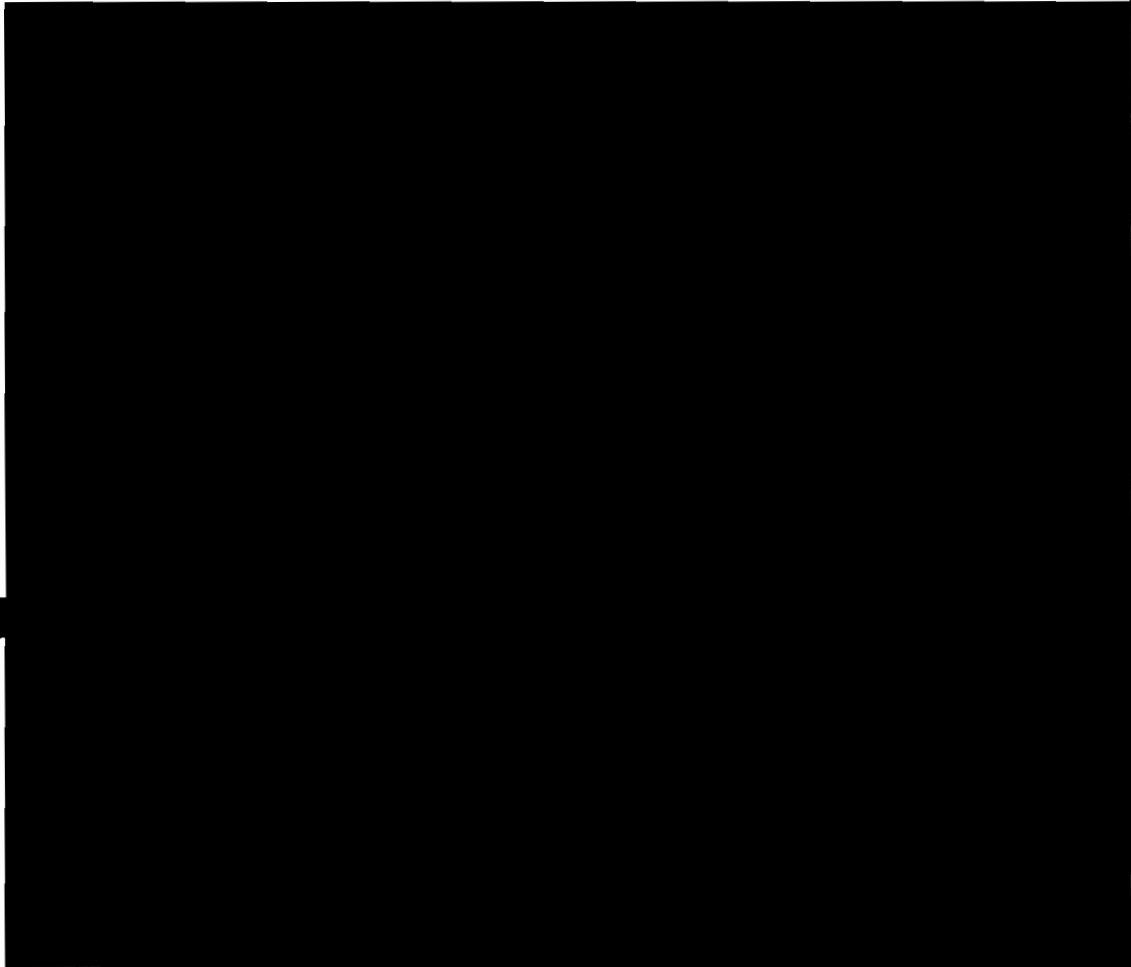
Your details

Name
in CAPITAL LETTERS
Constituency

STEVEN TIMMS
EAST HAM

Details of staff member

First name
Surname
in CAPITAL LETTERS
Employee status
Date of birth
National Insurance number



Payment details

Payslip address
Bank details

continued on page 2

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ 19 : 80 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 19 : 80 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred

Signature

Date

10 April 2006

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.


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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA


Office use only			
	Validation	Initials	Date
Claims received	<input type="checkbox"/>		/ /
Signature check	<input type="checkbox"/>		/ /
Funds check	<input type="checkbox"/>		/ /
Allowable expenditure	<input type="checkbox"/>		/ /
<i>Please use margin for comments</i>			
	Validation	Initials	Date
Member ID added to form	<input type="checkbox"/>		/ /
Payment codes added to form	<input type="checkbox"/>		/ /
Receipts/ documentation present	<input type="checkbox"/>		/ /
Processing input	<input type="checkbox"/>		/ /

Class	Ticket type	Start date	Price
STD	PEAK	TCD [REDACTED]	£7.20X
		Valid until	[REDACTED]
		28·MCH·06	[REDACTED]
Between	[REDACTED]	* & [REDACTED]	ZONES [REDACTED]
Route	ANY PERMITTED		



Class Ticker type Seats date Price
STD OFFPEAK TCD [REDACTED] £5.40X
Valid until
01 APR 06 [REDACTED]
[REDACTED] * [REDACTED] ZONES [REDACTED] Number
Route
ANY PERMITTED


Class	Ticket type	Start date	Price
STD	PEAK TCD	[REDACTED]	£7.20X
	Valid until	31.MCH.06	[REDACTED]
Between	[REDACTED] * & [REDACTED]	ZONES	Number [REDACTED]
Route	ANY PERMITTED		





Direct payment of suppliers

04 APR 2006

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM



Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

27 / 03 / 06

Allowance year

05 / 06

Incidental Expenses Provision claims

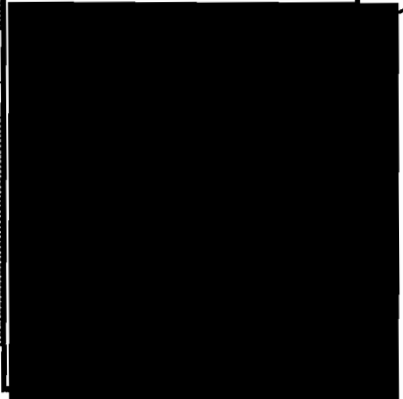
	Suppliers	Amount
Item 1	Banner	£ 21 : 15 . p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total

£ 21 : 15 . p

Office use only

Allow or A/c code	Supplier ID	Exp/ Cat 5
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Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature _____

Date 2 / April / 2006

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
			Validation
			Member ID added to form
			Payment codes added to form
			Receipts/ documentation present
			Processing Input

Please use margin for comments

Invoice

 ** INVOICE NO. *****
 ** *****
 * Invoice To: *

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 Of 1 Date 09/03/2006

Acc.No. Order Date 08/03/2006

Order

C.A.R.



Banner Business Supplies Ltd

PAYMENT SLIP
 Please see reverse
 for terms of business
 and how to pay

Acc. No. :

Inv. No. :

Inv. Date: 09/03/2006

Amt. Due : 21.15

Line No. Line Ref. Product Code Product Description Quantity J.O.M. Unit Price Tax Date Line excl VAT Total VAT Line Rate

1		9410003	BANNER A4 CUT FLUSH PP FOLDER CLEAR	1	PCK100	6.2900	08/03/06	6.29	17.50	1.10
2		9280009	BANNER LARGE PLAIN PAPERCLIP	1	BXL1000	0.4900	08/03/06	0.49	17.50	0.09
3		9095013	BANNER BRILL STICKY NOTES 125x75 AS	1	PACK12	2.4100	08/03/06	2.41	17.50	0.42
4		9373001	BANNER BRASS PLATED DRAWING PIN 11	1	BOX100	0.1900	08/03/06	0.19	17.50	0.03
5		9250007	SHORDFISH MET WEDGE SNGL SHARPENER	2	EACH	0.0600	08/03/06	0.12	17.50	0.02
6		7900480	CLIPPER FAIRTRADE TEA	1	PCK440	9.9900	08/03/06	9.99	0.00	0.00

10 APR 2006

11 APR 2006

BANNER LARGE PLAIN PAPERCLIP

BANNER BRILL STICKY NOTES 125x75 AS

BANNER BRASS PLATED DRAWING PIN 11

SHORDFISH MET WEDGE SNGL SHARPENER

CLIPPER FAIRTRADE TEA

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	9.50	1.66
0.00	9.99	0.00

Sales Order Total (VAT excl)

19.49	INVOICE GOODS
1.66	INVOICE V.A.T.
21.15	INVOICE TOTAL

Settlement : None
 Discount Terms :

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

Banner
 world-class office products

06/04/2006

BBSInvoice07/03

Financial Processing }

Transaction No. [redacted]

Registration No. [redacted]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

C3
[redacted]

Volunteer ~~YN~~

Please check / amend relation

Text

3/4/06

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Who code? (Cat3)

or

[redacted]

Expenditure type (Cat5) :

[redacted]

£.....
£..... 29.96
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....

TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)

[redacted]



Authority for the payment of one-off salary and/or expenses to staff

SA3

04 APR 2002

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ : p
Car travel	£ : p
Air travel	£ : p
Tax†	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ 29: 99 p
Total	£ 29: 99 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

Date

3 April 2006

Data protection

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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/	/
Signature check		/	/
Funds check		/	/
Allowable expenditure		/	/
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/	/
Payment codes added to form		/	/
Receipts/ documentation present		/	/
Processing Input		/	/



This is your receipt. Please print a copy of this page for your records. A printout of this page will be considered an official receipt and proof-of-purchase.

[Print](#)

Customer

27 March 2006

Billing Address

[Redacted Billing Address]

[Redacted Billing Address]

Qty	Item	Delivery	Price (GBP)	Total (GBP)
1	McAfee VirusScan (1-year subscription) £10.00 Instant Discount Install from My Account	Online Installation	39.99 - 10.00	29.99
			Sub Total (£):	29.99
			Tax (£):	—
			Grand Total (£):	29.99

[Redacted Receipt Content]

[Redacted Receipt Content]

[Redacted Receipt Content]

Financial Processing }

Transaction No [redacted]

Registration No [redacted]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or [redacted]

Volunteer ~~Y~~/N

Please check / amend relation

Text

3/4/06

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Who code? (Cat3)

or [redacted]

Expenditure type (Cat5) :

[redacted]

£.....

£.....

£.....

£.....

£.....

£ 16.20

£.....

£.....

£.....

£.....

TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

[redacted]

Posted by (initials & date)



Authority for the payment of one-off salary and/or expenses to staff

SA3

04 APR 2006

C2

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call [REDACTED]

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS MP

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ 16 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 16 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature] MP

Date

3 April 2006

Data protection

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Office use only			
Validation	Initials	Date	
Claims received		/	/
Signature check		/	/
Funds check		/	/
Allowable expenditure		/	/
Validation	Initials	Date	
Member ID added to form		/	/
Payment codes added to form		/	/
Receipts/ documentation present		/	/
Processing input		/	/

Please use margin for comments

[REDACTED]			
Class	Ticker type	Start date	Price
STD	OFFPEAK TCD	[REDACTED]	£5.40X
	Valid until	[REDACTED]	
	13·MCH·06	[REDACTED]	
Return	[REDACTED]	[REDACTED]	Number
		ZONES	[REDACTED]
Route	ANY PERMITTED		
[REDACTED]			



 Day Travelcard

No photocard required
except for children
aged 14 and 15 and
New Deal participants

Start date

Starts

Class

STU

Expiry date


20MCH06

Not for resale

Price
£5.40

Issued subject to conditions - see over

Class	Ticker type	Start date	Price
STD	OFFPEAK TCD	[REDACTED]	£5.40X
	Valid until		
	23·MCH·06	[REDACTED]	
Route	ZONES		[REDACTED]
ANY PERMITTED			



Financial Processing }

Transaction No.

Registration No.

[Redacted] C3 [Redacted]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

[Redacted] ✓

Volunteer *M/N*

Please check / amend relation

Text

27/03/06 ✓

Invoice No.

[Redacted] ✓

Account code / Allowance

[Redacted] ✓

Members cost centre (Cat1)

[Redacted] ✓

Financial Year/PIRO (Cat2)

04_05 / 05_06 ✓

Who code? (Cat3)

or

[Redacted]

Expenditure type (Cat5) :

[Redacted]

E.....

E.....

E.....

E.....

E.....

E.....

E.....

E.....

E.....

E.....

12=60 ✓

12=60 ✓

TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

.....

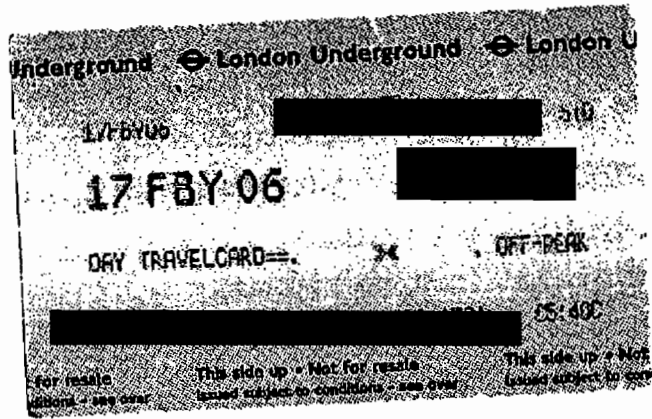
Posted by (initials & date)

.....

[Redacted]

[REDACTED]			
Class	Ticket type		Price
STD	PEAK	TCD [REDACTED]	£7.20X
		valid until	[REDACTED]
		10-MCH-06	[REDACTED]
Number	[REDACTED]	* [REDACTED] * ZONES	Number [REDACTED]
Route			
ANY PERMITTED			
[REDACTED]			







SA3
C3

Authority for the payment of one-off salary and/or expenses to staff

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

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- If you have any questions about this form, please call [REDACTED]

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ 12 : 60 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 12 : 60 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature] MP

Date

27 March 2006

Data protection

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Validation Team, Operations Directorate,
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Office use only	
Validation	Initials Date
Claims received	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature check	<input type="text"/> / <input type="text"/> / <input type="text"/>
Funds check	<input type="text"/> / <input type="text"/> / <input type="text"/>
Allowable expenditure	<input type="text"/> / <input type="text"/> / <input type="text"/>
<i>Please use margin for comments</i>	
Validation	Initials Date
Member ID added to form	<input type="text"/> / <input type="text"/> / <input type="text"/>
Payment codes added to form	<input type="text"/> / <input type="text"/> / <input type="text"/>
Receipts/ documentation present	<input type="text"/> / <input type="text"/> / <input type="text"/>
Processing input	<input type="text"/> / <input type="text"/> / <input type="text"/>

Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer Y/N

Please check / amend relation

Text

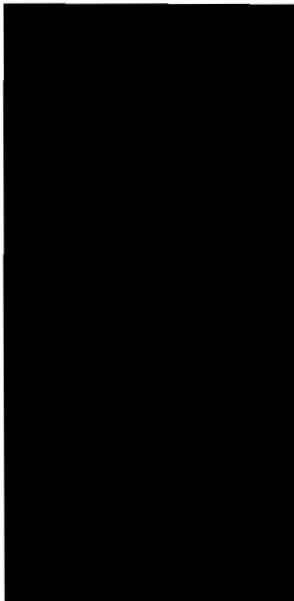
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

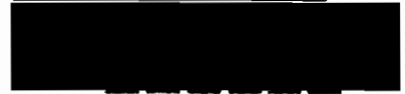
Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



C3

1313106



04_05 / 05_06

E.....

E.....

E.....

E.....

E.....

E.....

E.....

E 5.40

E.....

E.....

E 5.40

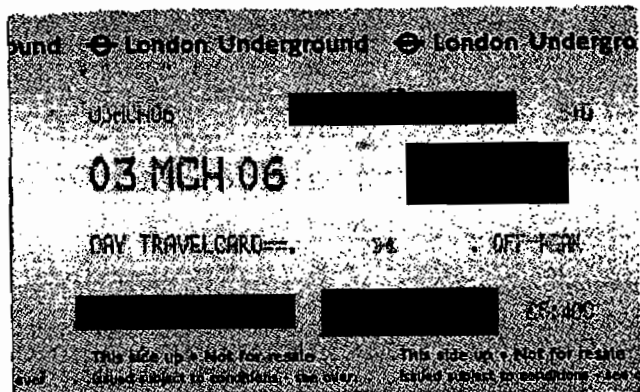
TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)







SA3
C3

Authority for the payment of one-off salary and/or expenses to staff

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call [REDACTED]

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

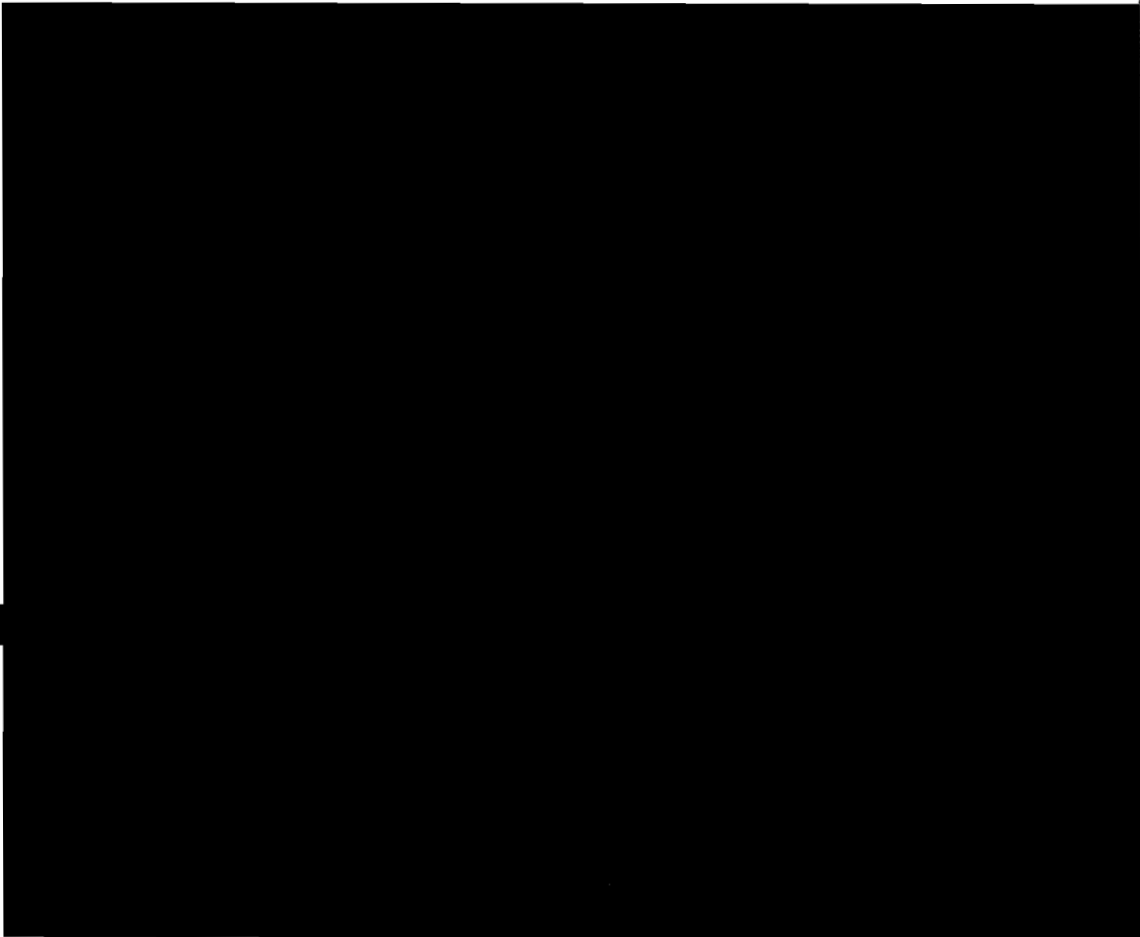
First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number



Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount		
One-off salary	£	:	p
Season ticket loan	£	:	p
Travel - home to work	£	:	p
Rail travel	£	5 : 40	p
Car travel	£	:	p
Air travel	£	:	p
Taxi	£	:	p
Meals and subsistence	£	:	p
Healthcare	£	:	p
Childcare	£	:	p
Home as office/telephone	£	:	p
Office requisites	£	:	p
Total	£	5 : 40	p

Taxable		Allow & exp type	Initials
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature [Redacted] MP
 Date 13 March 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

Send your completed form to

Validation Team, Operations Directorate,
 Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
	Validation	Initials	Date
Claims received	<input type="checkbox"/>		/ /
Signature check	<input type="checkbox"/>		/ /
Funds check	<input type="checkbox"/>		/ /
Allowable expenditure	<input type="checkbox"/>		/ /
	Validation	Initials	Date
	Member ID added to form		/ /
	Payment codes added to form		/ /
	Receipts/ documentation present		/ /
	Processing Input		/ /

Please use margin for comments

Financial Processing }

Transaction No [redacted]

Registration No [redacted]

Validation Claim Summary Sheet

C3

Please write or print clearly & attach to claim

Supplier ID

or

[redacted]

Volunteer Y/N

Please check / amend relation

Text

13/3/06

[redacted]

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04-05 / 05-06

Expenditure type (Cat5) :

[redacted]

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 5.40

£.....

£.....

£ 5.40

TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

[redacted]

Posted by (initials & date)



C3

Authority for the payment of one-off salary and/or expenses to staff

14 MAR 2006

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call [REDACTED]

Your details

Name
in CAPITAL LETTERS

Constituency

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ 5 : 40 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 5 : 40 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
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<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

13 March 2006

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.


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Send your completed form to

Validation Team, Operations Directorate,
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Office use only			
Validation	Initials	Date	
Claims received		/	/
Signature check		/	/
Funds check		/	/
Allowable expenditure		/	/
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/	/
Payment codes added to form		/	/
Receipts/documentation present		/	/
Processing input		/	/

Class	Ticket Type	Price
STD	OFFPEAK TCD	£5-40X
Valid until		
27.FBY.06		
Number	& ZONES	Number
Route	ANY PERMITTED	



Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer Y/N

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

[REDACTED]

£.....

£ 393.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 393.....

TOTAL

Comments:

** Financial Processing purposes only*

Registered by (initials & date)

Posted by (initials & date)



SA3

08 MAR 2006

Authority for the payment of one-off salary and/or expenses to staff

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

Constituency

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ _____ : _____ p
Season ticket loan	£ _____ : _____ p
Travel – home to work	£ _____ : _____ p
Rail travel	£ _____ : _____ p
Car travel	£ _____ : _____ p
Air travel	£ _____ : _____ p
Taxi	£ _____ : _____ p
Meals and subsistence	£ _____ : _____ p
Healthcare	£ _____ : _____ p
Childcare	£ _____ : _____ p
Home as office/telephone	£ _____ : _____ p
Office requisites	£ 03 : 93 p
Total	£ 3 : 93 p

Taxable	Allow & exp type	Initials
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<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature _____ MP

Date 6 March 2006

Data protection

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Office use only			
Validation	Initials	Date	
Claims received		/	/
Signature check		/	/
Funds check		/	/
Allowable expenditure		/	/
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/	/
Payment codes added to form		/	/
Receipts/ documentation present		/	/
Processing Input		/	/

Royal Mail® recorded

Standard postal service with signature and barcode scanning on delivery. Ideal for items you might need to prove were received, like job applications or legal documents

Use **Special Delivery** for guaranteed next morning delivery with the security of barcode tracking throughout and compensation for loss or damage details of where your item is going

Reference

barcode label to top left of package

recorded

signed for

We do not pay compensation for money or jewellery or other items of value sent Recorded, use Special Delivery instead.

Value of item
£
Initials



☎ For **Special Delivery**...

Visit our website www.royalmail.com or call 08459 272100 from 2pm two working days after posting First class, or four working days after posting Second class, and quote reference number.

To see proof of delivery...

Call 08459 272100 and ask for Proof of Delivery to get a copy of the recipient's signature. There will be an extra charge for this service. Remember, the person who signs for your package may not be the person you sent it to.

If your item is lost or damaged...

We'll pay you compensation for the value of your item up to 100 times the price of a basic weight First Class stamp. We do not pay compensation for money, jewellery or other items of value sent Recorded. For a claim form, call 08457 740740 calls charged at local rates, or pick one up at a Post Office™ branch.

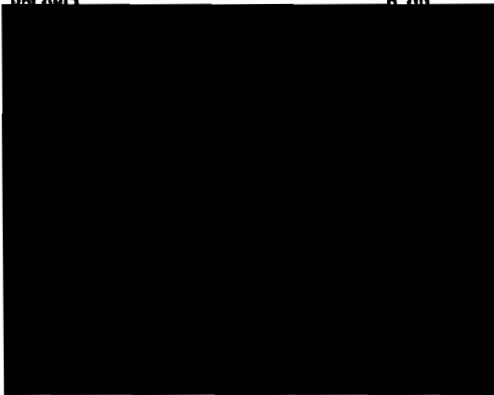
Post Office Ltd.
Your Receipt



NPS1st Class		
1 @	3.27	3.27
Rec 1st Class		
1 @	0.66	0.66
NBAl Item RM		
1- @	3.93	3.93-
Post Label 1		
1 @	3.93	3.93

TOTAL DUE TO POST OFFICE 3.93

Cash	FROM CUSTOMER	3.93
BALANCE		0.00



Thank You

Financial Processing }

Transaction No

Registration No

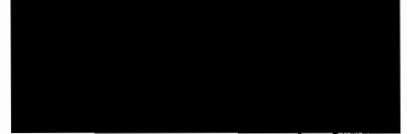


Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or



Volunteer N
Please check / amend relation

Text

26/2/06

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

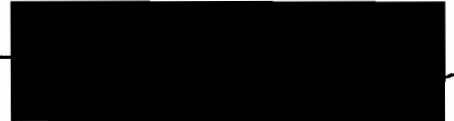
Financial Year/PIRO (Cat2)

Who code? (Cat3)

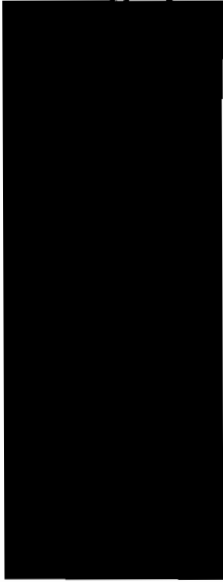
~~04_05~~ 05_06

or

R



Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£ 5.40

£.....

£.....

£.....

TOTAL

Comments:

** Financial Processing purposes only*
Registered by (Initials & date)

.....

Posted by (initials & date)

.....





C3

Authority for the payment of one-off salary and/or expenses to staff

28 FEB 2006

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

Constituency

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ 5 : 40 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 5 : 40 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature] MP

Date

26 February 2006

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.


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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/	/
Signature check		/	/
Funds check		/	/
Allowable expenditure		/	/
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/	/
Payment codes added to form		/	/
Receipts/documentation present		/	/
Processing Input		/	/

Class	Ticket type	Start date	Price
STD	OFFPEAK TCD	[REDACTED]	£5.40X
	Valid until	13.FBY.06	[REDACTED]
Return	[REDACTED]	& [REDACTED] ZONES	Number [REDACTED]
Route	ANY PERMITTED		





Direct payment of suppliers

14 FEB 2006

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

08 / 02 / 06

Allowance year

05 / 06

Incidental Expenses Provision claims

Suppliers	Amount
Item 1 London Borough Newham of Newham	£ 33 : 00 p
Item 2	£ : p
Item 3	£ : p
Item 4	£ : p
Item 5	£ : p

Total £ 33 : 00 p

Office use only

Allow or A/c code	Supplier ID	Exp/ Cat 5
-------------------	-------------	------------

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

_____ MP

Date

12 FEB 2006

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research.

For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act.

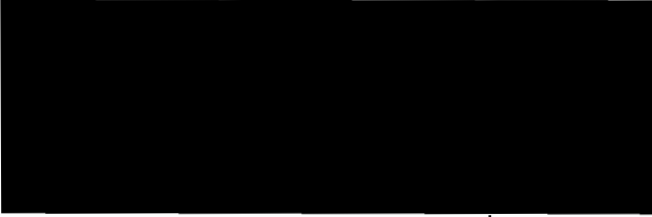
Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
	Validation	Initials	Date
Claims received	<input type="checkbox"/>		/ /
Signature check	<input type="checkbox"/>		/ /
Funds check	<input type="checkbox"/>		/ /
Allowable expenditure	<input type="checkbox"/>		/ /
	Validation	Initials	Date
	Member ID added to form		/ /
	Payment codes added to form		/ /
	Receipts/ documentation present		/ /
	Processing Input		/ /

Please use margin for comments



INVOICE

My Ref

08/Feb/2006

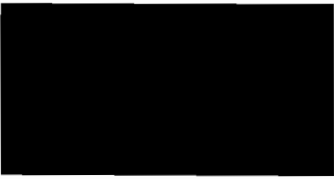
Dear Sir/Madam

Kindly remit by return the sum of £33.00 the amount/balance due in respect of the hire of accomodation as set forth below

Yours faithfully,

Event Date	From	To	Hire Charge	Catering Charge	
24/Feb/2006 Committee Room 3		07:01	09:00	£33.00	£0.00
			£33.00	£0.00	
		TOTAL DUE :		£33.00	

STEPHEN TIMMS CLLR





Direct payment of suppliers

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call [redacted]

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

26 1 01 06

Allowance year

05 06

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

National Leaflet Company £1,840 : 40 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£1,840 : 40 p

Office use only

Allow or A/c code

Supplier ID

Exp/ Cat 5



The National Leaflet Company

Invoice To
Stephen Timms MP
[REDACTED]

VAT Registration No.	Tax Date	Invoice No.
[REDACTED]	23/01/2006	[REDACTED]

Invoice

P.O. Number	Terms
[REDACTED]	[REDACTED]

Qty £'000	Description	Price	Amount	VAT %
34.05	Leaflet Distribution (Solus)	46.00	1,566.30	17.50%



SUBTOTAL	£1,566.30
VAT TOTAL	£274.10
Total	£1,840.40



Staffing Allowance/Incidental Expenses Provision

CS
SA3

Authority for the payment of one-off salary and/or expenses to staff

01 FEB 2006

Page 1 of 2

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call **020 7219 1340**.

Your details

Name
in CAPITAL LETTERS

Constituency

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Payment details

Payslip address

Bank details

continued on page 2

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ 5 : 40 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 5 : 40 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature [Redacted] MP

Date 30 JANUARY 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

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Office use only			
	Validation	Initials	Date
Claims received	<input type="checkbox"/>		/ /
Signature check	<input type="checkbox"/>		/ /
Funds check	<input type="checkbox"/>		/ /
Allowable expenditure	<input type="checkbox"/>		/ /
	Validation	Initials	Date
	Member ID added to form		/ /
	Payment codes added to form		/ /
	Receipts/ documentation present		/ /
	Processing input		/ /

Please use margin for comments

Financial Processing }

Transaction No

Registration No



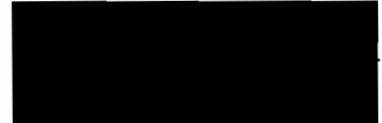
Validation Claim Summary Sheet

C3

Please write or print clearly & attach to claim

Supplier ID

or



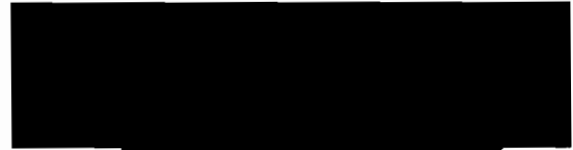
Volunteer /N

Please check / amend relation

Text

29/1/06 ✓ ✓

Invoice No.



Account code / Allowance

Members cost centre (Cat1)

M

Financial Year/PIRO (Cat2)

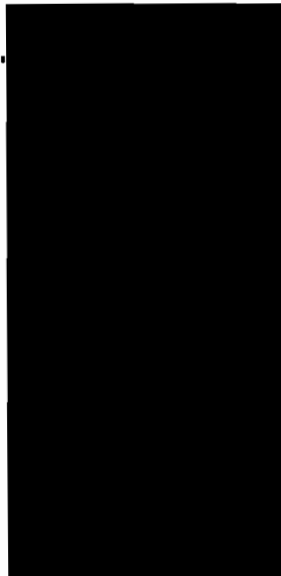
04-05 / 05-06 ✓

Who code? (Cat3)

or



Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

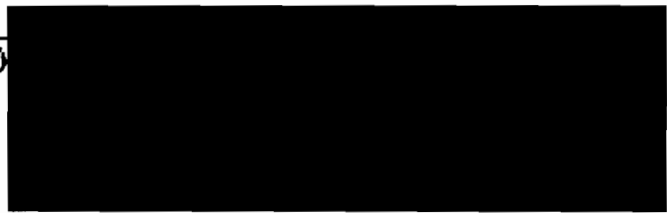
£ 7.20 ✓

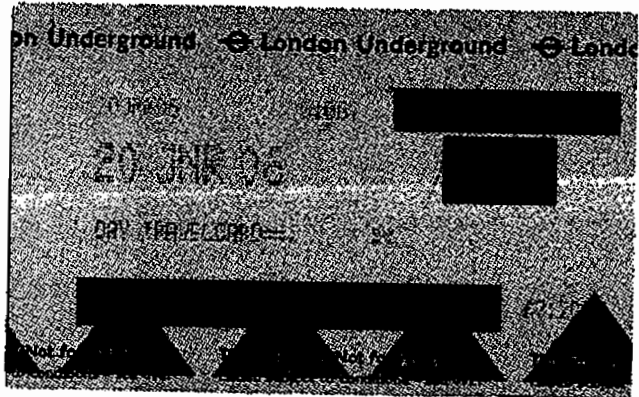
TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)







Staffing Allowance/Incidental Expenses Provision

Authority for the payment of one-off salary and/or expenses to staff

31 JAN 2006

SA3

Page 1 of 2

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

continued on page 2

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount		
	£	:	p
One-off salary			
Season ticket loan			
Travel - home to work			
Rail travel	£	7	20 p
Car travel			
Air travel			
Taxi			
Meals and subsistence			
Healthcare			
Childcare			
Home as office/telephone			
Office requisites			
Total	£	7	20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred in the performance of my duties.

Signature

Date

29 JANUARY 2006

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/	/
Signature check		/	/
Funds check		/	/
Allowable expenditure		/	/
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/	/
Payment codes added to form		/	/
Receipts/documentation present		/	/
Processing input		/	/

Financial Processing }

Transaction No.

Registration No.

①



C3

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or



Volunteer Y/N

Please check / amend relation

Text

22/1/06

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)



04_05 / 05_06

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 14-20 ✓

£.....

£.....

£ 14-20

TOTAL
Comments:

** Financial Processing purposes only*
Registered by (initials & date)

Posted by (initials & date)





Authority for the payment of one-off salary and/or expenses to staff

23 JAN 2006

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ 14 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 14 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

22 January 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.


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Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing Input		/ /	

Class	Ticket type	From date	Price
STD PEAK	TCD	[REDACTED]	£7.00X
	Valid until		
	16 DMR 05	[REDACTED]	
Between	* &	ZONES	Number
Route	ANY PERMITTED		



Class	Ticket type	Start date	Price
STD	PEAK TCD	[REDACTED]	E7-20X
		Valid until	[REDACTED]
		13 JNR 06	[REDACTED]
Between	[REDACTED]	* [REDACTED] ZONES	Number [REDACTED]
Route	ANY PERMITTED		





Direct payment of suppliers

23 Jan 2006

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call [redacted]

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Office use only

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

23/1/06

Allowance year

05/06

Incidental Expenses Provision claims

Office use only

Allow or A/c code Supplier ID Exp/ Cat 5

Item 1

Suppliers

Amount

Langford Printers

£ 82 : 25 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 82 : 25 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
Total		£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature [REDACTED] MP

Date 23 Jan 2005

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
Validation			Initials Date
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing Input		/ /	

Please use margin for comments



LANGFORD PRINTERS



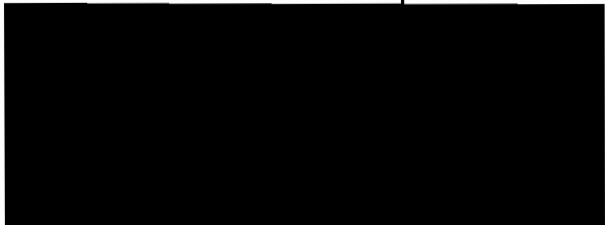

EMAIL: L


Invoice

Stephen Timms MP


INVOICE NUMBER	
DATE / TAX POINT	17/01/2006

ACCOUNT NUMBER	
----------------	---

DETAILS	NET PRICE	VAT
2500 x A4 Green House of Commons Letterheads 	70.00	12.25
		

DELIVERY ADDRESS:




TOTAL NET	70.00
TOTAL VAT	12.25
INVOICE TOTAL £	82.25



Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

23 JAN 2006

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

17 / 01 / 06

Allowance year

05 / 06

Incidental Expenses Provision claims

Office use only

Allow or Supplier Exp/



Item 1

London Borough of Newham £ 700 : 75 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 700 : 75 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 17 / 01 / 2006

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
Validation			Initials Date
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing Input		/ /	

Please use margin for comments

CENTRAL SERVICES,

INVOICE

16/Jan/2006

Dear Sir/Madam

Kindly remit by return the sum of £700.75 the amount/balance due in respect of the hire of accomodation as set forth below.

Yours faithfully,

Event Date			From	To	Hire Charge	Catering Charge
17/Sep/2005	Committee Room 2	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
22/Sep/2005	Committee Room 3	STEPHEN TIMMS SU	06:00	09:00	£49.50	£0.00
07/Oct/2005	Committee Room 3	STEPHEN TIMMS SU	07:00	09:00	£33.00	£0.00
21/Oct/2005	Council Chamber	STEPHEN TIMMS SU	03:30	07:00	£57.25	£0.00
22/Oct/2005	Committee Room 3	STEPHEN TIMMS SU	11:00	02:00	£49.50	£0.00
05/Nov/2005	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
03/Dec/2005	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
16/Dec/2005	Committee Room 2	STEPHEN TIMMS SU	04:00	07:00	£49.50	£0.00
22/Dec/2005	Committee Room 2	STEPHEN TIMMS SU	02:00	05:00	£49.50	£0.00
20/Jan/2006	Committee Room 2	STEPHEN TIMMS SU	04:00	07:00	£49.50	£0.00
28/Jan/2006	Committee Room 1	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
04/Feb/2006	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£0.00	£0.00
17/Feb/2006	Committee Room 2	STEPHEN TIMMS SU	04:00	07:00	£49.50	£0.00
04/Mar/2006	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£49.50	£0.00
17/Mar/2006	Committee Room 2	STEPHEN TIMMS SU	04:00	07:00	£0.00	£0.00

<u>Event Date</u>	<u>From</u>	<u>To</u>	<u>Hire Charge</u>	<u>Catering Charge</u>
			£700.75	£0.00
			TOTAL DUE :	£700.75



Direct payment of suppliers

23 JAN 2006

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Office use only

Claim details

Please ensure

- your claim totals more than £100 - this will enable us to process your claim more promptly
any claims for petty cash do not exceed £250 per month
you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

18 / 01 / 06

Allowance year

05 / 06

Incidental Expenses Provision claims

Office use only

Allow or A/c code Supplier ID Exp/ Cat 5

Item 1

Suppliers

Amount

Public Impact

£ 3,078 : 71 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 3,078 : 71 p

Invoice

Page 1

Stephen Timms MP

Invoice No.**Invoice/Tax Date**

30/12/2005

Cust. Order No.**Account Ref.****Quantity Details**

	Unit Price	Net	VAT Rate	VAT
1.00 Printing of Parliamentary Report, 4pp A4 colour 45K off	2,985.00	2,985.00	0.00	0.00
1.00 Delivery	79.75	79.75	17.50	13.96

Total Net Amount 3,064.75**Total VAT Amount** 13.96**Invoice Terms: 30 Days****Invoice Total** 3,078.71

Financial Processing }

Transaction No.

Registration No.



Validation Claim Summary Sheet

C3

Please write or print clearly & attach to claim

Supplier ID

or



Volunteer Y/N

Please check / amend relation

Text

10/1/06

Invoice No.



Account code / Allowance



Members cost centre (Cat1)



Financial Year/PIRO (Cat2)

04/05 / 05_06

Expenditure type (Cat5) :



£.....

£..... 68 p.

£.....

£.....

£.....

£.....

£.....

£.....

£.....

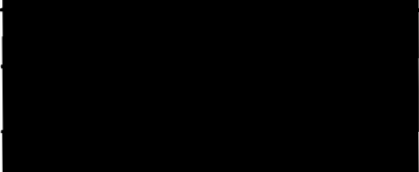
£.....

£..... 68 p.

TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*



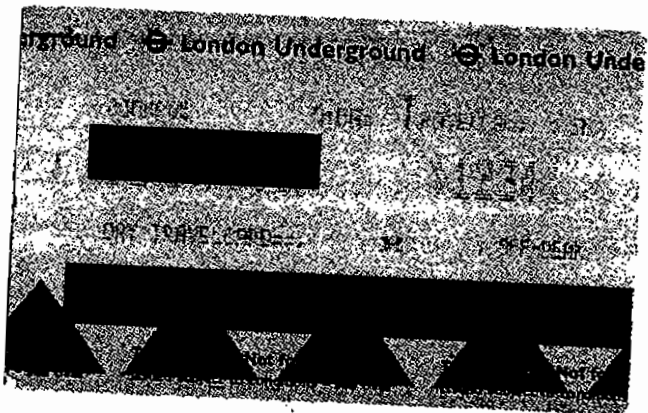
Posted by (initials & date)

Post Office Ltd.
Your Receipt



Postage stamp			
1	@	0.68	0.68
TOTAL DUE TO POST OFFICE			0.68
Cash	FROM CUSTOMER		0.68
BALANCE			0.00







Authority for the payment of one-off salary and/or expenses to staff

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call [REDACTED]

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ 00 : 68 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel - home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p			
Office requisites	£ : 68 p			
Total	£ 00 : 68 p			

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

10 January 2006

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimates, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

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Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/	/
Signature check		/	/
Funds check		/	/
Allowable expenditure		/	/
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/	/
Payment codes added to form		/	/
Receipts/documentation present		/	/
Processing input		/	/



Staffing Allowance/Incidental Expenses Provision

Authority for the payment of one-off salary and/or expenses to staff

Q3

SA3

13 DEC 2005

Page 1 of 2

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 13

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

continued on page 2

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel - home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ 5 : 20 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Office requisites	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total	£ 5 : 20 p			

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature] MP

Date

7/12/05.

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	

Please use margin for comments



Incidental Expenses Provision

Member's reimbursement form

C1

20 DEC 2005

When to use this form

- Use this form to ask us to reimburse you for costs you have incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.
If you have any doubt about whether you can claim for a cost, please call [redacted]

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM.

Claim details

Please ensure

- your claim totals more than £100
you provide journey details of all taxi journeys
you attach all receipts or invoices for items of £250 and above
any claims for petty cash do not exceed £250 per month.

You can only claim for

- costs you have actually paid
office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

Period of claim

from 1 1

to 1 1

Allowance year

05/06

Office use only

Allow or Exp/ A/c code Cat 5

Description of service or goods

Amount

Item 1

CHITS software

£ 2187: 50 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Item 6

£ : p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 2187: 50 p

continued on page 2

Authorisation and declaration

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature 

Date 19 DECEMBER 2005

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act.

Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only

Validation	Initials	Date
Claims received	<input checked="" type="checkbox"/>	/ /
Signature check	<input checked="" type="checkbox"/>	/ /
Funds check	<input checked="" type="checkbox"/>	/ /
Allowable expenditure	<input checked="" type="checkbox"/>	/ /
Member Res ID & Costc	<input checked="" type="checkbox"/>	/ /
Ext type/Cat 5 & subtotals added to form	<input checked="" type="checkbox"/>	/ /
Receipts/ documentation present	<input checked="" type="checkbox"/>	/ /
Processing		
Input		/ /

Input subtotals per Cat 5

<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£2187.50
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£2187.50

Comments

Jill McSweeney
Consultancy Services

INVOICE

Stephen Timms MP

Date 09 December 2005

Invoice No

Date	Description	Amount
09/12/05	CMITS Case Management Software (license, install and configuration)	£ 2,000.00
09/12/05	Year One Support Fee (Support to run from date of installation)	£ 500.00
	Less 12.5% discount for direct payment	£ 312.50
	Balance Due	£ 2187.50
Total Payable		£ 2187.50

Please make all cheques payable to

THANK YOU FOR YOUR BUSINESS



Member's reimbursement form

20 DEC 2005

When to use this form

- Use this form to ask us to reimburse you for costs you have incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see *Green Book* section 5.
- If you have any doubt about whether you can claim for a cost, please call [redacted]

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM.

Claim details

Please ensure

- your claim totals more than £100
- you provide journey details of all taxi journeys
- you attach all receipts or invoices for items of £250 and above
- any claims for petty cash do not exceed £250 per month.

You can only claim for

- costs you have actually paid
- office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

Period of claim

from 01 / 09 / 2005

to 01 / 10 / 2005

Allowance year

2005/06

Office use only

Allow or Exp/
A/c code Cat 5

Description of service or goods

Amount

Item	Description of service or goods	Amount
Item 1	[redacted] Photographic	£ 160 : 00 p
Item 2	"	£ 100 : 00 p
Item 3	"	£ 30 : 00 p
Item 4	"	£ 13 : 00 p
Item 5	"	£ 9 : 50 p
Item 6	London Borough of [redacted] - Room Hire	£ 50 : 00 p
Item 7	Ryman Stationers	£ 10 : 94 p
Item 8	"	£ 33 : 28 p
Item 9	Post Office Ltd	£ 57 : 75 p
Item 10	"	£ 168 : 00 p

Total

£ 632 : 47 p

continued on page 2

Authorisation and declaration

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 19 DEC 2005

Data protection

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Send your completed form to

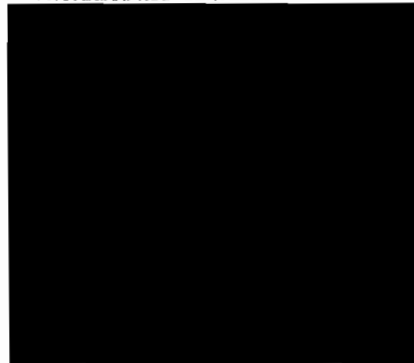
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only		
Validation	Initials	Date
Claims received	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Signature check	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Funds check	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Allowable expenditure	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Member Res ID & Costc	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Ext type/Cat 5 & subtotals added to form	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Receipts/ documentation present	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Processing		
Input		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>

Input subtotals per Cat 5	
	£50.00
	£582.47
	£
	£
	£
	£
	£
	£
	£632.47

Comments

MEMORIES
PHOTOGRAPHIC SERVICES



1 PC SALES	-9.50
TAXABLE1	-8.09
UAT	-1.41
TOTAL	-9.50
CREDIT CARD	-9.50

TA

LONDON BOROUGH OF NEWHAM

Date 30th Sept 2005

RECEIVED from [redacted]
the sum of Fifty Pounds
for [redacted] pence £ 50:00

Signature

for Director of Finance

CASH CHEQUE

RYMAN LIMITED

SALE

COL. CARD 470x700 IVORY MT -1.49

REFUND REASON: EXCHANGE
COLOURED CARD 300MIC BLK

3 X £1.49 £4.47

SCOTCH TAPE
0605055090

4 X £1.99 £7.96

TOTAL (8 items) £10.94

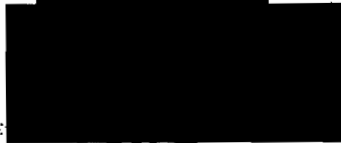
EVAT CONTENT £1.64

PAID BY

Amount: £10.94

YOUR ACCOUNT WILL BE DEBITED WITH THE
ABOVE AMOUNT
TRANSACTION CONFIRMED

RYMAN LIMITED



SALE

SCOTCH TAPE		£1.99
0605055090		
COL. CARD 470x700 IVORY NT		£1.49
0230305026		
COLOURED CARD 300MIC, BLK		
0230305001		
20 X £1.49		£29.80
TOTAL (22 items)		£33.28
VAT CONTENT		£4.963
PAID BY		



Amount: £33.28

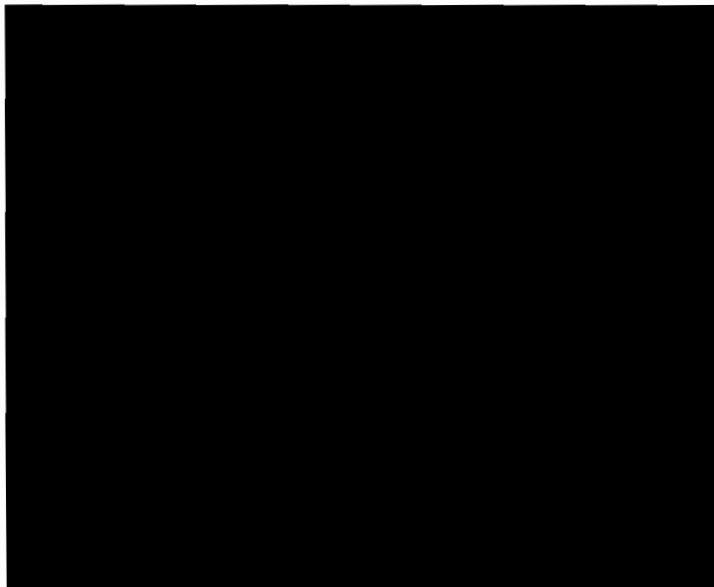
YOUR ACCOUNT WILL BE DEBITED WITH THE
ABOVE AMOUNT
TRANSACTION CONFIRMED



Post Office Ltd.
Your Receipt



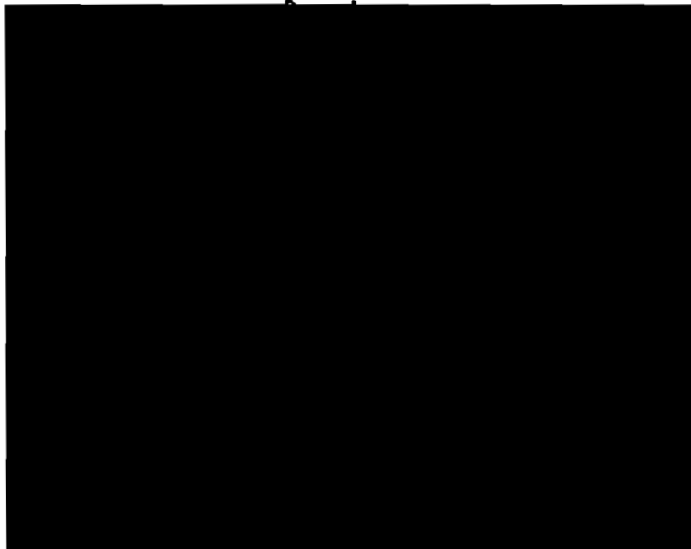
S/a 2ndx100		
2	@ 21.00	42.00
2nd class stamp	@ 0.21	15.75
75		
TOTAL DUE TO POST OFFICE		57.75
Maestro	FROM CUSTOMER	57.75
BALANCE		0.00

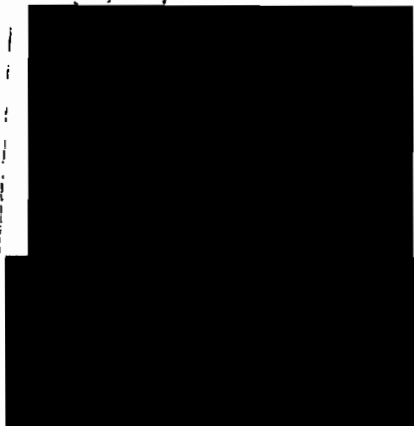


Post Office Ltd.
Your Receipt



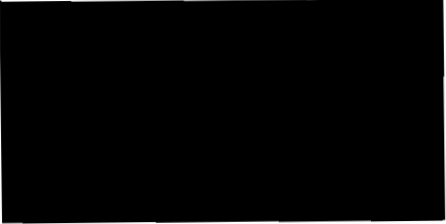
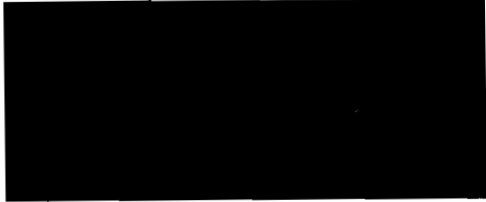
S/a 2ndx100		
£	21.00	168.00
TOTAL DUE TO POST OFFICE		168.00
Maestro	FROM CUSTOMER	168.00
BALANCE		0.00



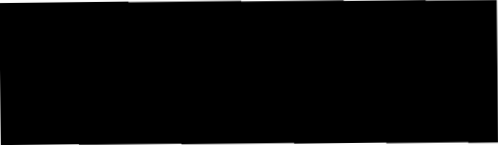


CUSTOMER COPY
AMOUNT
VERIFIED BY PIN
THANK YOU
PLEASE KEEP THIS RECEIPT
FOR YOUR RECORDS





CUSTOMER COPY
AMOUNT £30.00
VERIFIED BY PIN
THANK YOU
PLEASE KEEP THIS RECEIPT

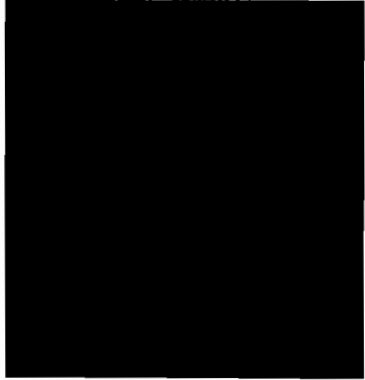


MEMORIES
PHOTOGRAPHIC SERVICES



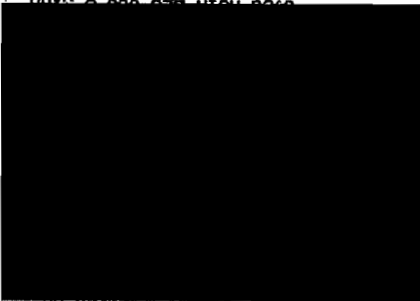
1 PC SALES	-30.00
TAXABLE1	-25.53
TAX	-4.47
TOTAL	-30.00
CREDIT CARD	-30.00

MEMORIES
PHOTODUPLICATION SERVICES



1 PC SALES	-160.00
TAXABLE1	-136.17
SALE	-23.83
TOTAL	-320.00
CREDIT CARD	-160.00

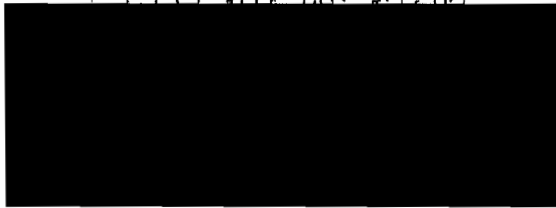
MEMORIES
PHOTOGRAPHIC SERVICES



1 PC SALES -100.00
TAXABLE1 -85.11
NET -14.69
TOTAL -100.00
CREDIT CARD -100.00

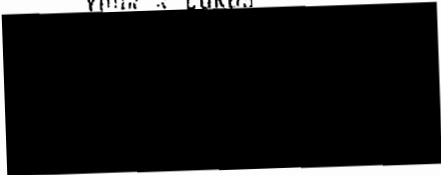


1. MAKE COPY
SALES 100.00
VERIFIED BY PIN
THANK YOU
11/11/11 11:11:11





... COPY ... 213.00
...
VERIFIED BY PIN
...
... KEEP THIS RECEIPT ...
... LUKUS ...



Financial Processing }

Transaction No. [Redacted]

Registration No. [Redacted]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or

Volunteer Y/N

Please check / amend relation

Text

19/12/05

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04_05 / 05_06

Who code? (Cat3)

or

R _____

72 _____

Expenditure type (Cat5) :

[Redacted]

E.....

E..... 106.48

E.....

E.....

E.....

E.....

E.....

E.....

E.....

E..... 106.48

TOTAL

Comments:

** Financial Processing purposes only*

Registered by (initials & date)

Posted by (initials & date)



Authority for the payment of one-off salary and/or expenses to staff

20 DEC 2005

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel - home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p			
Office requisites	£ 106 : 48 p			
Total	£ 106 : 48 p			

(5 receipts)

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

19 DECEMBER 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
	Initials	Date	
Validation			
Claims received		/	/
Signature check		/	/
Funds check		/	/
Allowable expenditure		/	/
<i>Please use margin for comments</i>			
Validation			
Member ID added to form		/	/
Payment codes added to form		/	/
Receipts/documentation present		/	/
Processing Input		/	/

NEWHAM RECORDER
Photo Order Department

[Redacted]

Customer: [Redacted] **Date:** 8/12/05

Address: [Redacted]

Telephone: [Redacted]

Photo Description: [Redacted]

Edition date & page no.: [Redacted] page 21

Size and quantity: 1 @ 7x5 £ 6-00







VAT Receipt/Invoice

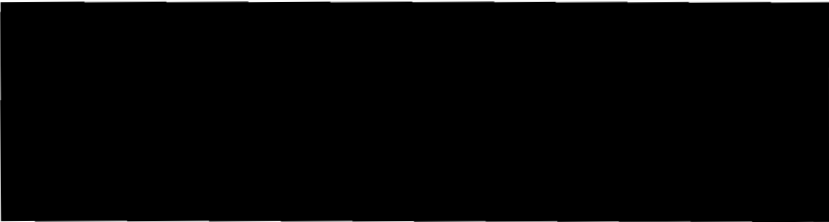

Stephen Timms MP



13/12/2005

This is a VAT invoice for the charges made to your account for the period shown below and online charges incurred.

Invoice no: 
Transaction Date: 
Subscription Period: 13/12/2005 - 12/12/2006
Domain Name: 
Package: 
Amount Ex. VAT: £59.99
VAT Amount @17.50% £10.50
Total Amount (Inc VAT) £70.49
Payment Method: Credit Card





VAT Receipt/Invoice


Stephen Timms MP



13/12/2005

This is a VAT invoice for the charges made to your account for the period shown below and online charges incurred.

=====

Invoice no:

Transaction Date:



Subscription Period:

Domain Name:

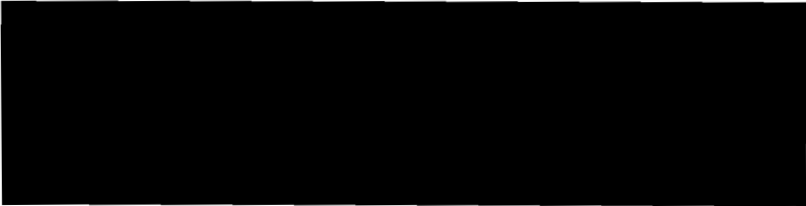
Package:

Amount Ex. VAT: £25.52

VAT Amount @17.50% £4.47

Total Amount (Inc VAT) £29.99

Payment Method: Credit Card



Financial Processing }

Transaction No. [Redacted]

Registration No. [Redacted]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or

Volunteer Y/N

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Who code? (Cat3)

or

Expenditure type (Cat5) :

[Redacted Expenditure Type List]

£.....

£ 19.99.....

£.....

£.....

£.....

£.....

£ 14.00.....

£.....

£.....

£ 33.99.....

TOTAL

Comments:

** Financial Processing purposes only*

Registered by (initials & date)

Posted by (initials & date)



Authority for the payment of one-off salary and/or expenses to staff

20 DEC 2007

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call [REDACTED]

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount		
	£	:	p
One-off salary			
Season ticket loan			
Travel – home to work			
Rail travel	£ 14	:	00 p
Car travel			
Air travel			
Taxi			
Meals and subsistence			
Healthcare			
Childcare			
Home as office/telephone			
Office requisites	£ 19	:	99 p
Total	£ 33	:	99 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

Date

18 DEC 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
	Validation	Initials	Date
Claims received			/ /
Signature check			/ /
Funds check			/ /
Allowable expenditure			/ /
	Validation	Initials	Date
	Member ID added to form		/ /
	Payment codes added to form		/ /
	Receipts/ documentation present		/ /
	Processing input		/ /

Please use margin for comments

RYMAN LIMITED

SALE


RYMAN LABELS P14 PK100 #19.99
0220023361

TOTAL (1 item) #19.99


EVAT CONTENT #2.98

PAID BY #20.00
CASH -#0.01
CHANGE

Class	Ticket type	Start date	Price
STD PEAK	TCD	[REDACTED]	£7.00X
	Valid until	[REDACTED]	[REDACTED]
Person	[REDACTED]	* & [REDACTED]	ZONES [REDACTED]
Route	ANY PERMITTED		



Class	Ticket type	Start date	Price
STD PEAK	TCD	[REDACTED]	£7.00X
		Valid until	[REDACTED]
Between	[REDACTED]	[REDACTED]	Number [REDACTED]
		ZONES	[REDACTED]
Route ANY PERMITTED			





Direct payment of suppliers

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM



Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

30 / 11 / 05

Allowance year

05 / 06

Incidental Expenses Provision claims

1

Suppliers

Amount

Item	Suppliers	Amount
Item 1	[Redacted]	£ 1,366 : 49 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 1,366 : 49 p

Office use only

Allow or A/c code Supplier ID Exp/ Cat 5



Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 30 / 11 / 05.

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
Validation			
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing Input		/ /	

Please use margin for comments

Invoice

Page 1

Stephen Timms MP

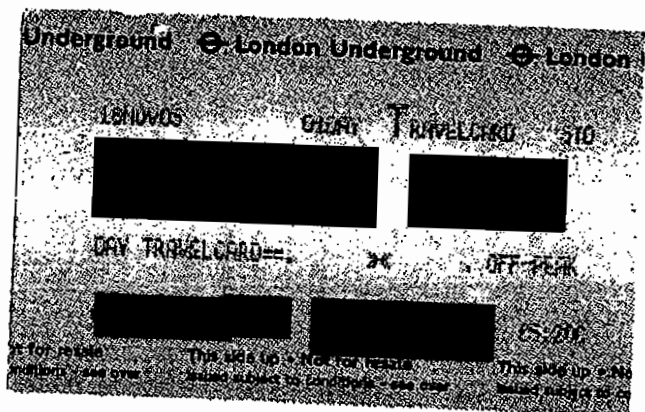
Invoice No.**Invoice/Tax Date**

28/11/2005

Cust. Order No.**Account Ref.****Quantity Details**

	Unit Price	Net	VAT Rate	VAT
1.00 Printing of 45,000 DL Colour 2006 Surgeries	1,140.00	1,140.00	0.00	0.00
1.00 5000 Wallet Cards at special offer price	95.00	95.00	17.50	16.63
1.00 Delivery	97.75	97.75	17.50	17.11

Total Net Amount 1,332.75**Total VAT Amount 33.74****Invoice Terms: 30 Days****Invoice Total 1,366.49**





Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

06 DEC 2005

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call [redacted]

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Office use only

Cost/Cat 2

Supp/Res ID

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

29 / 11 / 05

Allowance year

05 / 06

Incidental Expenses Provision claims

2

	Suppliers	Amount
Item 1	Banner	£ 103 : 47 p
Item 2	Banner	£ 3 : 10 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 106 : 57 p

Office use only

Allow or A/c code Supplier ID Exp/ Cat 5

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature [Redacted] MP

Date 29 / 11 / 05

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to



Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
			Validation
			Member ID added to form
			Payment codes added to form
			Receipts/ documentation present
			Processing Input
Please use margin for comments			

Invoice

*** **
 ** INVOICE NO: [REDACTED]
 **
 ** Invoice To: [REDACTED]

Stephen Timms MP
 [REDACTED]

Page 1 of 1 Date 11/11/2005
 Acc.No [REDACTED] Order Date 10/11/2005
 Order [REDACTED]
 C.A.R. [REDACTED]

Charge to:
 Stephen Timms MP
 [REDACTED]

Banner Business Supplies Ltd



PAYMENT SLIP
 Please see reverse
 for terms of business
 and how to pay

Acc. No.: [REDACTED]
 Inv. No.: [REDACTED]
 Inv. Date: 11/11/2005
 Amt. Due: 103.47

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Rate	Line VAT excl	Total VAT	Line VAT
1		0340298	FELLOWES C650 CONVERT MONO HEADSET	1	EACH	88.0600	10/11/05	88.06	17.50	15.41



Rate	Taxable Sum	V.A.T. Amount	Sales Order Total (VAT excl)
17.50	88.06	15.41	88.06
			INVOICE GOODS
			INVOICE V.A.T.
			INVOICE TOTAL
			103.47

Settlement : None
 Discount terms :

Please return the slip
 from final page
 of invoice with
 your payment
 by

Invoice

*** **
** INVOICE NO. [REDACTED] **
*** **

Invoice To :

Stephen Timms MP

[REDACTED]

Page 1 of 1 Date 09/11/2005

Acc.No. [REDACTED] Order Date 08/11/2005

Ord. [REDACTED]

C.A.R.

Charge To :

Stephen Timms MP

[REDACTED]

Banner Business Supplies Ltd

Line No. Line Ref. Product Code Product Description Quantity U.O.M. Unit Price Tax Date Line excl VAT Total VAT Line VAT Rate

1 9240015 BANNER NYLONWRITER PEN BLACK 3 PACK10 0.8800 08/11/05 2.64 17.50 0.46

[REDACTED]

V.A.T. Summary

Rate Taxable Sum V.A.T. Amount
17.50 2.64 0.46

Sales Order Total (VAT exc1) 2.64

INVOICE GOODS 2.64
INVOICE V.A.T. 0.46
INVOICE TOTAL 3.10

Settlement : None
Discount Terms :

Banner
world-class office products

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 09/11/2005

Am't. Due : 3.10

Please return the slip

from final page of invoice with your payment by

07/12/2005

BBSInvoice07/03

117



Authority for the payment of one-off salary and/or expenses to staff

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN JAMES MP

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ 5 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 5 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

7 - DEC 2005

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature  MP

Date 28 Nov 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/	/
Signature check		/	/
Funds check		/	/
Allowable expenditure		/	/
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/	/
Payment codes added to form		/	/
Receipts/ documentation present		/	/
Processing input		/	/

Class Ticket type Adult Child
STD OFF-PEAK TCOST ONE NIL

Date Number
From Valid Price
ON DATE SHOWN £5.20M

To Route
ZONES





C3
SA3

Authority for the payment of one-off salary and/or expenses to staff

①

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

Constituency

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ 5 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 5 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

7 - DEC 2005

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

23 NOV 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/	/
Signature check		/	/
Funds check		/	/
Allowable expenditure		/	/
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/	/
Payment codes added to form		/	/
Receipts/documentation present		/	/
Processing input		/	/



Direct payment of suppliers

16 NOV 2005

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Office use only

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You *must* specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

7 / 11 / 05

Allowance year

05 / 06

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	Banner	£ 50 : 02 p
		235.33
Item 2	Banner	£ 19 : 61 p
Item 3		£ 215 : 72 p
Item 4		£ : p
Item 5		£ : p
	Total	£ 69 : 63 p

Office use only

Allow or A/c code	Supplier ID	Exp/ Cat 5
[Redacted]		

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 14 / 11 / 2005

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	Validation
Signature check		/ /	Member ID added to form
Funds check		/ /	Payment codes added to form
Allowable expenditure		/ /	Receipts/ documentation present
			Processing input

Please use margin for comments

Invoice

*** **
** INVOICE NO. [REDACTED] **
*** **

Invoice To :

Stephen Timms MD

Charge To :

Stephen Timms MP

Page 1 of 1 Date 04/11/2005

Acc.No [REDACTED] Order Date 03/11/2005

Order [REDACTED]

C.A.R.

Line No.	Line Ref.	Product Code	Product Description	Quantit	U.O.M.	Unit Price	Tax Date	Line Price exci VAT	VAT Rate	Line VAT
1		9360024	INASTR LASER TONER FOR HP C4127X		CRTRDG	42.5700	03/11/05	42.57	17.50	7.45

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	42.57	7.45

Sales Order Total (VAT exci) 42.57

INVOICE GOODS 42.57
INVOICE V.A.T. 7.45
INVOICE TOTAL 50.02

Settlement : None
Discount Terms :

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 04/11/2005

Amt. Due : 50.02

Please return the slip

from final page of invoice with your payment by

02/12/2005

Invoice

 ** INVOICE NO. [REDACTED] **
 ** * * * * * **

Invoice To :

Stephen Timms MP

[REDACTED]

Page 1 of 1 Date 20/10/2005

Acc.No [REDACTED] Order Date 18/10/2005

Order [REDACTED]

C.A.R.

Charge To :

Stephen Timms MP

[REDACTED]



office2office

Banner Business Supplies Ltd

PAYMENT SLIP
 Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 20/10/2005

Amt. Due : 235.33

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line excl VAT	Total VAT Rate	Line VAT
1		039807	CROSS BLACK ROLLING BALL REFILL	12	REFILL	16.6900	19/10/05	200.28	17.50	35.05
							19/10/05			

V.A.T. Summary		Sales Order Total (VAT exc1)	200.28
Rate	Taxable Sum	V.A.T. Amount	
17.50	200.28	35.05	
		INVOICE GOODS	200.28
		INVOICE V.A.T.	35.05
		INVOICE TOTAL	235.33

Settlement : None
 Discount Terms :

Banner
 world-class office products

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

17/11/2005

BBSInvoices07/03

Credit Note

 ** CREDIT NOTE **
 ** ***** **
 Credit To : [REDACTED]

Stephen Timms MP

[REDACTED]

Page 1 of 1 Date 26/10/2005
 Acc.No [REDACTED] Order Date 25/10/2005
 Order [REDACTED]
 C.A.R.



office2office

Banner Business Supplies Limited

Credit To :
 Stephen Timms MP

[REDACTED]

Acc. No. : [REDACTED]

Credit Note [REDACTED]

Credit Note Date: 26/10/2005

Credit Due : -215.72

Please see reverse
 for how to use this
 credit note

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line excl VAT	Total VAT	Line VAT
1		039807	CROSS BLACK ROLLING BALL REFILL	-1	REFILL	183.5900	26/10/05	-183.59	17.50	-32.13
2		0000014	This Credit is raised against	-1	ORDER	0.0000	26/10/05	0.00	17.50	0.00
			02086041				26/10/05			
			15405054				26/10/05			

This credit can only be used as
 payment for invoices from:

Banner Business Supplies Limited

V.A.T. Summary		Sales Order Total (VAT exc1)
Rate	Taxable Sum	-183.59
	V.A.T. Amount	-32.13
		-183.59
		-32.13
		-215.72

Settlement : None
 Discount Terms :

Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text

Invoice No. [REDACTED]

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

[REDACTED]

[REDACTED]

[REDACTED]

~~04_05~~ / 05_06

£ 363.00

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 363.00

TOTAL

Comments:

* Financial Processing purposes only
Registered by (initials & date)

[REDACTED]

07106 -

Posted by (initials & date)

- 7 JUN 2005

[REDACTED]



Direct payment of suppliers

26 MAY 2005

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100 - this will enable us to process your claim more promptly
any claims for petty cash do not exceed £250 per month
you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

23 105 12005

Allowance year

2004 / 2005

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Row 1: London Borough of Newham, £363 : 00 p. Rows 2-5 are empty.

Total £363 : 00 p

Office use only

Table with 3 columns: Allow or A/c code, Supplier ID, Exp/Cat 5. Multiple empty rows for data entry.

Claim details continued on page 2

Claim details continued


Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total:		£ _____ : _____ p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature:  MP

Date: 25 / MAY / 2005

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research.

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Send your completed form to Validation Team, Operations Directorate, Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
Validation			
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing Input		/ /	

Please use margin for comments

CENTRAL SERVICES,

INVOICE

My Ref: [REDACTED]

23/May/2005

Dear Sir/Madam

Kindly remit by return the sum of £363.00 the amount/balance due in respect of the hire of accomodation as set forth below. [REDACTED]

Yours faithfully,

Event Date			From	To	Hire Charge	Catering Charge
15/Jan/2005	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
21/Jan/2005	Committee Room 3	STEPHEN TIMMS SU	04:00	07:00	£49.50	£0.00
05/Feb/2005	Committee Room 3	STEPHEN TIMMS SU	11:00	03:00	£66.00	£0.00
14/Feb/2005	Committee Room 3	STEPHEN TIMMS SU	04:00	07:00	£49.50	£0.00
25/Feb/2005	Committee Room 1	STEPHEN TIMMS SU	05:00	08:00	£66.00	£0.00
05/Mar/2005	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
					£363.00	£0.00
TOTAL DUE :						£363.00

Financial Processing }

Transaction No. [redacted]

Registration No. [redacted]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



7/9

C2



~~04_05~~ / 05_06

£ 264.00

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

[redacted] 28 SEP 2005

Posted by (initials & date)

29 SEP 2005 [redacted]



Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

21 SEP 2005

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call [redacted]

Your details

Name in CAPITAL LETTERS

STEPHEN TINNIS MP

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

07 10 2005

Allowance year

2005/2006

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	LS Newtonham	£ 264 : 00 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total

£ 264 : 00 p

Office use only

Allow or A/c code	Supplier ID	Exp/ Cat 5

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature [REDACTED] MP

Date 19 / SEP / 2005

Data protection

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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	Validation
Signature check		/ /	Member ID added to form
Funds check		/ /	Payment codes added to form
Allowable expenditure		/ /	Receipts/ documentation present
			Processing Input

Please use margin for comments

CENTRAL SERVICES,

INVOICE

My Ref: [REDACTED]

07/Sep/2005

Dear Sir/Madam

Kindly remit by return the sum of £264.00 the amount/balance due in respect of the hire of accomodation as set forth below. [REDACTED]

Yours faithfully,

[REDACTED]

Event Date		From	To	Hire Charge	Catering Charge	
02/Jul/2005	Chief Execs	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
27/Jul/2005	Committee Room 3	STEPHEN TIMMS SU	06:00	08:00	£33.00	£0.00
06/Aug/2005	Lister Room	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
25/Aug/2005	Committee Room 1	STEPHEN TIMMS SU	06:00	09:00	£49.50	£0.00
26/Aug/2005	Committee Room 1	STEPHEN TIMMS SU	03:00	06:00	£49.50	£0.00
				<u>£264.00</u>	<u>£0.00</u>	
				TOTAL DUE :	£264.00	

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

■ I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 25 / 10 / 05

Data protection

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Office use only			
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Funds check		/ /	
Allowable expenditure		/ /	
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing input		/ /	

Please use margin for comments

MADISON BELL MEDIA LTD

ADDRESS

Stephen Timms

INVOICE NO/RECEIPT NO:

DATE / TAX POINT:

17/10/2005

PURCHASE ORDER NO:

ACCOUNT NO:

VAT REG NO

Newham Magazine

Net Amount VAT Rate

VAT

One 1/4 page colour advertisement to appear in - The Newham Magazine.

Creation Charges - £45

Publication Date - 08.10.05

Issue Number - 82

470.00

17.50

82.25

Total Net Amount

470.00

Total VAT Amount

82.25

Invoice Total

552.25



Direct payment of suppliers

26 OCT 2005

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Office use only

Cost/Cat 2

Supp/Res ID

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

18 / 10 / 05

Allowance year

05 / 06

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

Banner

£ 32 : 90 P

Item 2

Banner

£ 124 : 86 P

Item 3

Banner

£ 35 : 88 P

Item 4

£ : P

Item 5

£ : P

Total

£ 195 : 64 P

Office use only

Allow or A/c code

Supplier ID

Exp/ Cat 5

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 18 / 10 / 05

Data protection

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Signature check		/ /	Member ID added to form
Funds check		/ /	Payment codes added to form
Allowable expenditure		/ /	Receipts/ documentation present
			Processing input

Please use margin for comments

Invoice

INVOICE NO. [REDACTED]
Invoice To: [REDACTED]

Stephen Tilmes MP

Page 1 of 1 Date 26/07/2005
Acc.No HCC06423 Order Date 25/07/2005
Order CN104961

C.P.N.

Line No. 1
Line Ref. 9361095
Product Code
MASTER LJ CRAY 42ml FOR HP 51645A

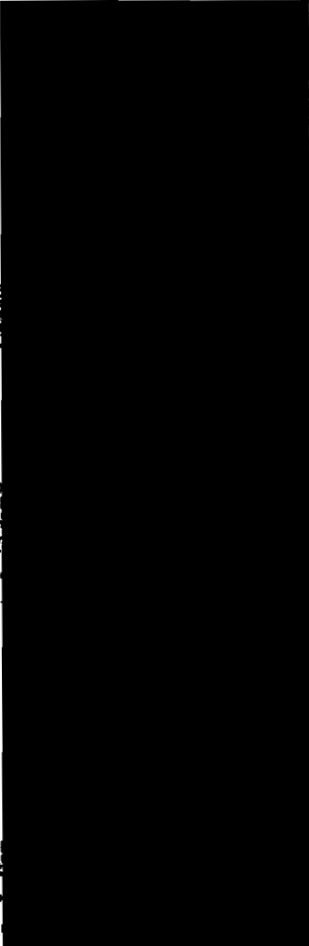
Quantity	U.O.M.	Unit Price	Net Price	Price Total	Unit Price	Net Price	Price Total
4	EA	7.0000	25/07/05	28.00	17.50	4.90	17.50



Banner Business Supplies Ltd

Cashier

Charge To:
Stephen Tilmes MP



PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. [REDACTED]
Inv. No. [REDACTED]
Inv. Date: 26/07/2005
Amt. Due: 32.90

Please return the slip

from final page of invoice with your payment by

23/08/2005

Sales Order Total (NET excl) 28.00
INVOICE GOODS 28.00
INVOICE V.A.T. 4.90
INVOICE TOTAL 32.90

Settlement : None
Discount Terms :

V.A.T. Summary
Rate 17.50 Taxable Sum 28.00 V.A.T. Amount 4.90

FB8Invoice07/03



Invoice
 INVOICE NO. [REDACTED]
 Invoice To :



PAYMENT SLIP
 Please see reverse
 for terms of business
 and how to pay

Charge To :
 Steven James MP
 Banner Business Supplies Ltd

Acc. No. : [REDACTED]
 Inv. No. : A- [REDACTED]
 Inv. Date: 30/07/2005
 Amt. Due : 126.86

Page 1 Of 1 Date 30/07/2005
 Acc.No H000642G Order Date 25/07/2005
 Order 00104961
 C.A.R.

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total	Line V.A.T.	Line V.A.T. Rate
1	6004390	ICM02A 250MB USB MINI DRIVE	ICM02A 250MB USB MINI DRIVE	3	EACH	35.9900	29/07/05	107.97	17.50	18.89



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	107.97	18.89

Sales Order Total (VAT excl) 107.97

INVOICE EXIGES
 INVOICE V.A.T.
 INVOICE TOTAL 126.86

Settlement : None
 Discount Terms :

Please return the slip

from final page
 of invoice with
 your payment
 by

27/08/2005

Banner
 we create office products

BBS\invoice07\40

Invoice

INVOICE NO. [REDACTED]
 INVOICE TO: [REDACTED]

Stephen Thomas MP

Page 1 of 1 Date 27/07/2005
 Acc. No HCC0642G Order Date 26/07/2005
 Order: G0104962

C.P. 0

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Rate	Line Total excl. VAT	VAT Rate	Line Total
1		0986365	INJECTION CD-R 80mins 700Mb SPINDLE	1	BOXES	30.5400	26/07/05	30.54	17.50	5.34

V.A.T. Summary	
Rate	Taxable Sum
17.50	30.54
	V.A.T. Amount
	5.34

Sales Order Total (VAT excl) 30.54

INVOICE GOODS 30.54
 INVOICE V.A.T. 5.34
 INVOICE TOTAL 35.88

Settlement : None
 Discount Terms :



BBSInvoice07/05



Banner Business Supplies Ltd

Charge To :
 Stephen Thomas MP

PAYMENT SLIP
 Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 27/07/2005

Net. D.E. : 35.88

Please return the slip
 from final page
 of invoice with
 your payment
 by

24/08/2005



Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Office use only

Cost/Cat 2

Supp/Res ID

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

17 / 10 / 05

Allowance year

05 / 06

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

Banner

£ 39 : 17p

Item 2

Banner

£ 23 : 61p

Item 3

Langford Printers

£ 131 : 60p

Item 4

£ : p

Item 5

£ : p

Total

£ 194 : 38p

Office use only

Allow or A/c code

Supplier ID

Exp/ Cat 5

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
Total		£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 17 / 10 / 05.

Data protection

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Office use only			
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Funds check		/ /	
Allowable expenditure		/ /	
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing Input		/ /	

Please use margin for comments

Invoice

 ** INVOICE NO [REDACTED]
 **
 Invoice To [REDACTED]

Stephen Timms MP

Charge To :
 Stephen Timms MP

Banner Business Supplies Ltd

office2office

Page 1 Of 1 Date 12/10/2005
 Acc.No [REDACTED] Order Date 11/10/2005
 Order [REDACTED]
 C.A.R. [REDACTED]

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line exci	Total VAT	Line VAT
1		9100017	BANNER A5 SPIRAL S/HAND W/BOOK 200P	8	EACH	0.3100	11/10/05	2.48	17.50	0.43
3		9090025	BANNER CUBE 75X75mm YELLOW	1	EACH	0.7500	11/10/05	0.75	17.50	1.05
4		9095001	BANNER A5 TELEPHONE MESSAGE PAD 80S	1	PACK10	2.4500	11/10/05	2.45	17.50	0.43
5		9330011	BANNER ABS 2H PERFORATOR 35SHT BK	1	PUNCH	2.7300	11/10/05	2.73	17.50	0.48
6		0500374	BIC CRISTAL GEL PEN BLACK	2	BOX12	3.4900	11/10/05	6.98	17.50	1.22
7		0500375	BIC CRISTAL GEL PEN BLUE	2	BOX12	3.4900	11/10/05	6.98	17.50	1.22
		0885173	BANNER CLARITY GEL MOUSE MAT PURPLE	1	EACH	5.7200	11/10/05	5.72	17.50	1.00

V.A.T. Summary

Rate Taxable Sum V.A.T. Amount
 17.50 33.34 5.83

Series Order Total (VAT excl) 33.34

INVOICE BOOKS 33.34
 INVOICE V.A.T. 5.83
 INVOICE TOTAL 39.17

Settlement : None
 Discount Terms :

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 12/10/2005
 Amt. Due : 39.17

Please return the slip
 from final page of invoice with your payment by

09/11/2005

Invoice

 ** INVOICE NO. [REDACTED]
 **

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 of 1 Date 12/10/2005

Acc.No. [REDACTED] Order Date 11/10/2005

Order [REDACTED]

C.A.R.

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line excl VAT	Total VAT Rate	Line VAT
1		0440086	DEFLECTO EYES MAGAZINE FILE BLACK	1	FILE	3.1700	11/10/05	3.17	17.50	0.55
2		0440703	DEFLECTO MET KADDI MSTR PEN TIDY BK	1	EACH	1.2200	11/10/05	1.22	17.50	0.21
3		0980288	FELLOWES GEL WRIST REST GREY	1	REST	7.9400	11/10/05	7.94	17.50	1.39
4		0980287	FELLOWES GEL REST/MOUSE PAD GR/PL	1	PAD	7.7700	11/10/05	7.77	17.50	1.36

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	20.10	3.51

Sales Order Total (VAT excl) 20.10

INVOICE GOODS
 INVOICE V.A.T.
 INVOICE TOTAL

20.10
 3.51
 23.61

Settlement : None
 Discount Terms :

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 12/10/2005

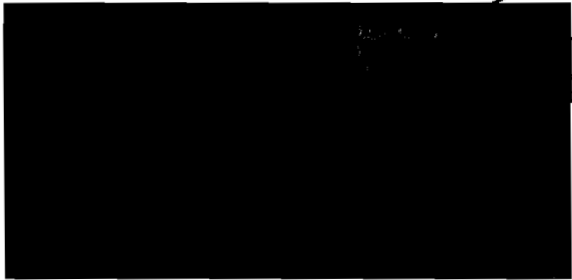
Amt. Due : 23.61

Please return the slip
 from final page of invoice with your payment by

09/11/2005




LANGFORD PRINTERS



Invoice

EMAIL:

Stephen Timms MP


INVOICE NUMBER	
DATE / TAX POINT	14/10/2005

ACCOUNT NUMBER	
----------------	---

DETAILS	NET PRICE	VAT
2500 x A4 Green House of Commons Letterheads	70.00	12.25
1000 x A6 Green House of Commons Comp Slips	42.00	7.35



DELIVERY ADDRESS:




TOTAL NET	112.00
TOTAL VAT	19.60
INVOICE TOTAL £	131.60



Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text

Invoice No.

Account code / Allowance

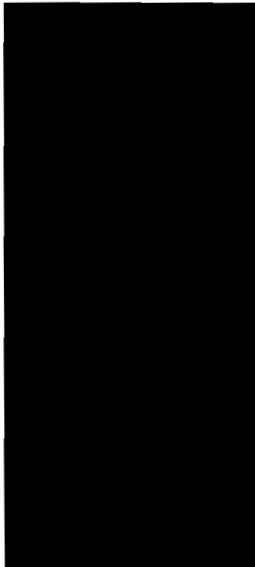
Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



~~04_05~~ / 05_06



TOTAL

£.....

£..... 21.86

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)



Financial Processing }

Transaction No. .

Registration No. .



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text

Invoice No.

Account code / Allowance

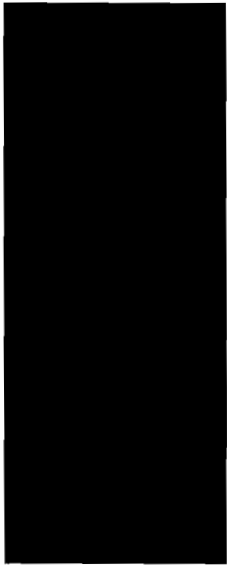
Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



~~04_05 / 05_06~~



TOTAL

£.....
 ✓ £ 43.78
 £.....
 £.....
 £.....
 £.....
 £.....
 £.....
 £.....
 £.....

Comments:

* Financial Processing purposes only
Registered by (initials & date)

Posted by (initials & date)





Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

C2

12 OCT 2005

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

Stephen Timms

Constituency

East Ham

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

11/10/05

Allowance year

05/06

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	Banner	£ 21 : 86 p
Item 2	Banner	£ 43 : 78 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 65 : 64 p

Office use only

Allow or A/c code	Supplier ID	Exp/ Cat 5

Claim details continued on page 2

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
Total		£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 12 / Oct / 2005

Data protection

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Receipts/ documentation present		/ /	
Processing Input		/ /	

Please use margin for comments

Invoice

** INVOICE NO
**

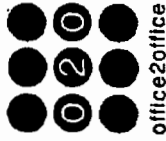
Invoice To :

Stephen Timms MP

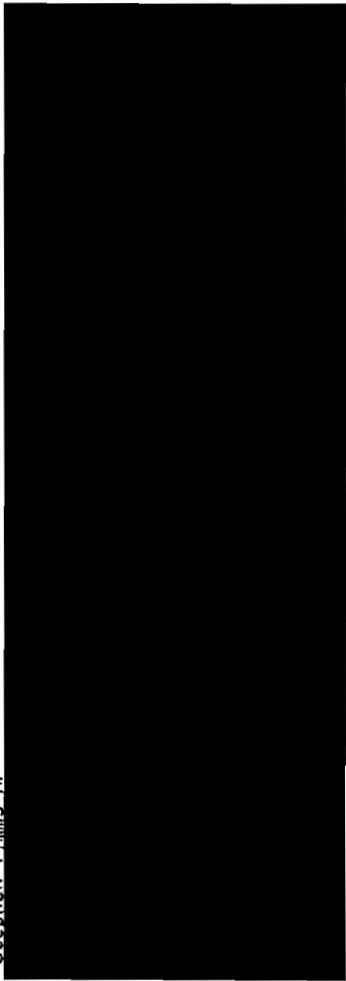
Charge To :

Stephen Timms MP

Page 1 of 1 Date 08/09/2005
Acc.No. Order Date 07/09/2005
Order
C.A.R.



Banner Business Supplies Ltd



Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line VAT excl	Total VAT	Line VAT Rate
1		2040310	EVOLVE OFFICE PAPER A4 80gsm WHITE	2	BX2500	9.3000	07/09/05	18.60	17.50	3.26

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	18.60	3.26

Sales Order Total (VAT excl)

18.60
INVOICE 50965
INVOICE V.A.T.
INVOICE TOTAL

Settlement : None
Discount Terms :

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. :

Inv. No. :

Inv. Date: 08/09/2005

Amt. Due : 21.86

Please return the slip

from final page of invoice with your payment by

06/10/2005

Invoice

*** **
 ** INVOICE NO. [REDACTED] **
 ** **

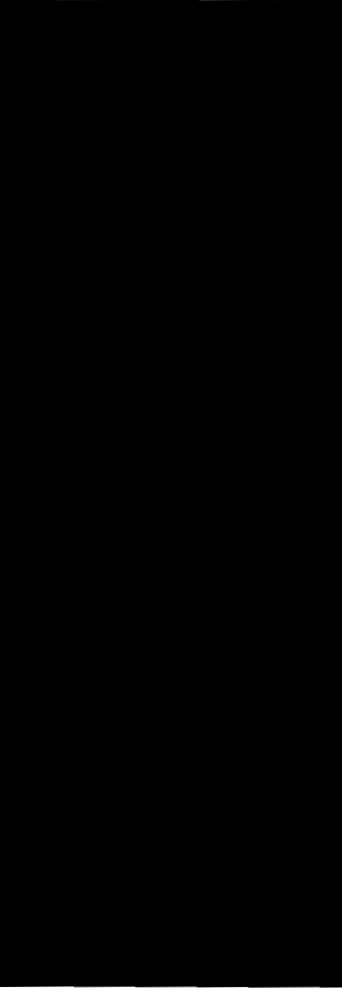
Invoice To :

Stephen Timms NP



Page 1 of 1 Date 13/09/2005
 Acc.No. [REDACTED] Order Date 09/09/2005
 Order [REDACTED]
 C.A.R. [REDACTED]

Charge To :
 Stephen Timms MP



Banner Business Supplies Ltd



office2office

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 13/09/2005

Amt. Due : 43.78

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line exc. VAT	Total VAT Rate	Line VAT
1	0981302	BROTHER PC201 FAX1020/1030 RIBBON CARTRIDGE + 1 RIBBON (PAGE LIFE 400) PC201	5	CRTRDG	12.4200	09/09/05	37.26	17.50	6.52	

V.A.T. Summary

Rate Taxable Sum V.A.T. Amount
 17.50 37.26 6.52

VAT Registration : GB 731 8604 39

Settlement Discount Terms : None

Sales Under Total (VAT excl)

37.26
 INVOICE GROSS
 6.52
 INVOICE TOTAL
 43.78

Please return the slip

from final page of invoice with your payment by

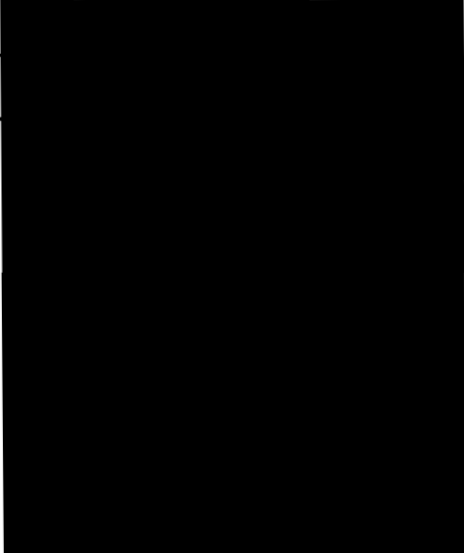
11/10/2005



Financial Processing }

Transaction No. .

Registration No. .



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

Invoice No.

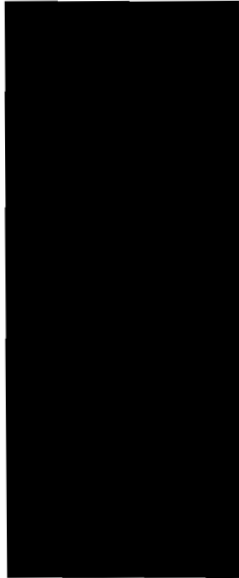
Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04_05 / 05_06

Expenditure type (Cat5) :



£ 351.00

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

TOTAL

Comments:



** Financial Processing purposes only
Registered by (initials & date)*

19 OCT 2005

Posted by (initials & date)

20 OCT 2005





Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

13 OCT 2005

Page 1 of 2

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

East Ham

Claim details

Please ensure

- your claim totals more than £100 - this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

12 / 10 / 05

Allowance year

05 / 06

Incidental Expenses Provision claims

Item	Suppliers	Amount
Item 1	Information Commissioner	£ 35 : 00 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 35 : 00 p

Office use only

Allow or A/c code	Supplier ID	Exp/ Cat 5

Claim data is continued on page 2

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature [REDACTED] MP

Date 12 / 10 / 05.

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research.

For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act.

Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing Input		/ /	

Please use margin for comments



Form for Amendment or Removal of Registry Entry
(only return if you wish to amend or remove your register entry)

Register Entry: [REDACTED]
Expiry Date: 11-Nov-2005

Below are the Data Controller and contact details that are currently held.

Data Controller Name:	STEPHEN TIMMS MP	
Company Reg No:	[REDACTED]	
Contact Name:	[REDACTED]	
Current Addresses:	Contact Address:	STEPHEN TIMMS MP
	[REDACTED]	[REDACTED]
Tel No:	[REDACTED]	Fax No: [REDACTED]

IF YOU WISH TO MAKE ANY AMENDMENTS TO THE ABOVE DETAILS PLEASE COMPLETE THE FORM BELOW.

Amended Details		
Data Controller Name:	<i>Please refer to the note overleaf</i>	
Company Reg No: (Optional)	<i>Please refer to the note overleaf</i>	
Contact Name:		
Amended Addresses: <small>(The contact details will be used by us for all correspondence in connection with your Notification. The contact details will not appear on the public register.)</small>	Data Controller Address:	Contact Address:
Tel No:		Fax No:



Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Member Supplier ID

Pay recipient

(NB Financial Processing to check whether a dedicated a/c exists)

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

[REDACTED]

TOTAL

Comments:

*** Financial Processing purposes only
Registered by (initials & date)**

Posted by (Initials & date)

[REDACTED]

C1

[REDACTED]

27/6/05

[REDACTED]

~~04_05~~ / 05_06

£.....262.20
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....



Member's reimbursement form

27 JUL 2005

When to use this form

- Use this form to ask us to reimburse you for costs you have incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see *Green Book* section 5.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS
Constituency

STEPHEN TIMMS
EAST HAM

Claim details

Please ensure

- your claim totals more than £100.
- you provide journey details of all taxi journeys
- you attach all receipts or invoices for items of £250 and above
- any claims for petty cash do not exceed £250 per month.

You can only claim for

- costs you have actually paid
- office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

Period of claim

from 27/06/05

to N/A

Allowance year

2005/2006

	Description of service or goods	Amount
Item 1	MARKED UP ELECTORAL REGISTER	£ 262 : 20 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Total

£ 262 : 20 p

Office use only
Allow or Exp/
A/c code Cat 5

continued on page 2

Authorisation and declaration

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

26 JULY 2005

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research.

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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only

Validation	Initials	Date
Claims received		/ /
Signature check		/ /
Funds check		/ /
Allowable expenditure		/ /
Member Res ID & Costc		/ /
Ext type/Cat 5 & subtotals added to form		/ /
Receipts/ documentation present		/ /
Processing		
Input		/ /

Input subtotals per Cat 5

£
£
£
£
£
£
£
£
£

Comments

[Large empty box for comments]

[REDACTED]
C/o Stephen Timms MP
[REDACTED]

27th June 2005

[REDACTED]
Re: Requesting Copies of the Marked Register

Further to our letter of the 21st June 2005 the Marked Register for the East Ham constituency is now in our possession.

The cost of purchasing copies of the register is as follows:-

Photocopy 574 pages @ 35p per sheet	£ 200.90
Handling Charge 50p per request	£ 0.50
Administration Charges	£ 10.00
Postage Charge	£ 11.75
Total Charge Including VAT	£ 262.20

Financial Processing }

Transaction No. [REDACTED] ..

Registration No. [REDACTED] ..

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



C2



04_05 / 05_06

£.....
 £ 131.60
 £.....
 £.....
 £.....
 £.....
 £.....
 £.....
 £.....
 £.....

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)





Direct payment of suppliers

02 AUG 2005

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

25 10 2005

Allowance year

2005 / 2006

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	Langford Printers	£ 131 : 60p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 131 : 60p

Office use only

Allow or A/c code	Supplier ID	Exp/ Cat 5

Claim details continued

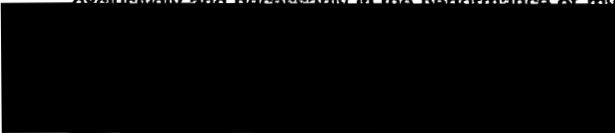
Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 1 Aug 2005

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
	Validation	Initials	Date
Claims received	<input type="checkbox"/>		/ /
Signature check	<input type="checkbox"/>		/ /
Funds check	<input type="checkbox"/>		/ /
Allowable expenditure	<input type="checkbox"/>		/ /
	Validation		Initials Date
	Member ID added to form	<input type="checkbox"/>	/ /
	Payment codes added to form	<input type="checkbox"/>	/ /
	Receipts/ documentation present	<input type="checkbox"/>	/ /
	Processing Input	<input type="checkbox"/>	/ /

Please use margin for comments

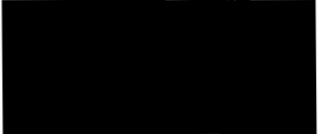


LANGFORD PRINTERS



Invoice

Stephen Timms MP



INVOICE NUMBER




DATE / TAX POINT

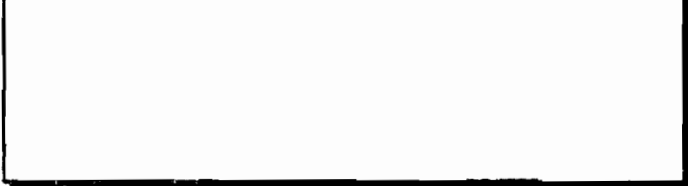
ACCOUNT NUMBER



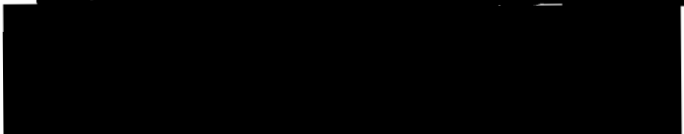
DETAILS	NET PRICE	VAT
2500 x A4 Green House of Commons Letterheads	70.00	12.25
1000 x A6 Green House of Commons Comp Slips	42.00	7.35



DELIVERY ADDRESS:



TOTAL NET	112.00
TOTAL VAT	19.60
INVOICE TOTAL £	131.60



Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer N
Please check / amend relation

Text

28/8/05

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04_05 / 05_06

Who code? (Cat3)

or

Expenditure type (Cat5) :

[Redacted Expenditure Type List]

£.....

£.....

£.....

£.....

£.....

£.....

£ 12.20

£.....

£.....

£ 12.20

TOTAL

Comments:

* Financial Processing purposes only
Registered by (initials & date)

[Redacted Signature]


Posted by (initials & date)

[Redacted Signature]


[REDACTED]

Class	Ticket type	Start date	Price
STD	OFFPEAK TCD	06-AUG-05	£5.20X
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	* [REDACTED]	*ZONES	Number [REDACTED]
Route	ANY PERMITTED		

[REDACTED]



Class	Ticket type	Start date	Price
STP	PEAK TCD	29-JLY-05	£7.00X
Valid until:			
Between			
	#		ZONES
Route			Number





Authority for the payment of one-off salary and/or expenses to staff

31 AUG 2005

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ 12 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 12 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature 

Date 28 AUGUST 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing Input		/ /	

Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

C3

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or [REDACTED]

Volunteer **Y/N**
Please check / amend relation

Text

28/8/05

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04_05 05_06

Who code? (Cat3)

or [REDACTED]

Expenditure type (Cat5) :

[REDACTED]

£.....

£.....

£.....

£.....

£.....

£.....

£ 8.20

£.....

£.....

£ 8.20

TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

[REDACTED]

Posted by (initials & date)

[REDACTED]

6 - SEP 2005



Staffing Allowance/Incidental Expenses Provision

Authority for the payment of one-off salary and/or expenses to staff

SA3

31 AUG 2005

E3

Page 1 of 2

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS MP

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

continued on page 2

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ 8 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 8 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

Date

28 AUGUST 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.


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Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing Input		/ /	

Description	Total
1 TICKET	£5.20S
[REDACTED]	[REDACTED]
Business Authorized	CARDHOLDER'S COPY



[REDACTED]		
Description	Number	Total
1 TICKET	[REDACTED]	£3.00S
Date	Issued Office	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
VISA	[REDACTED]	CARDHOLDER'S COPY
Expires	Authorized	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		



Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

C3

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or [REDACTED]

Volunteer Y/N
Please check / amend relation

Text

28/8/05

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04_05 / 05_06

Who code? (Cat3)

or

R _____

72 _____

Expenditure type (Cat5) :

[REDACTED]

£.....

£.....

£.....

£.....

£.....

£.....

£ 7.00

£.....

£.....

£ 7.00

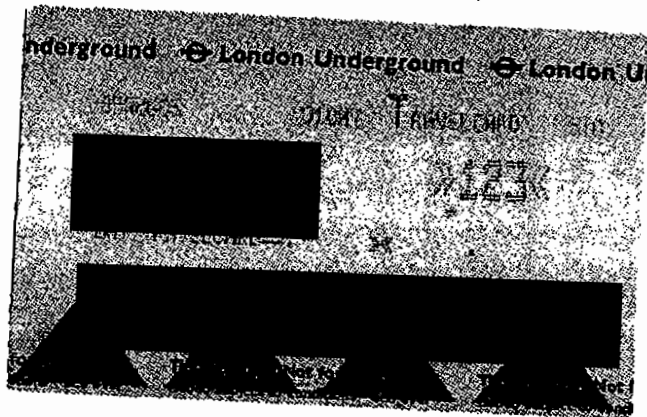
TOTAL

Comments:

* Financial Processing purposes only
Registered by (initials & date)

[REDACTED]

Posted by (initials & date)





Authority for the payment of one-off salary and/or expenses to staff

31 AUG 2005 SA3 C3

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

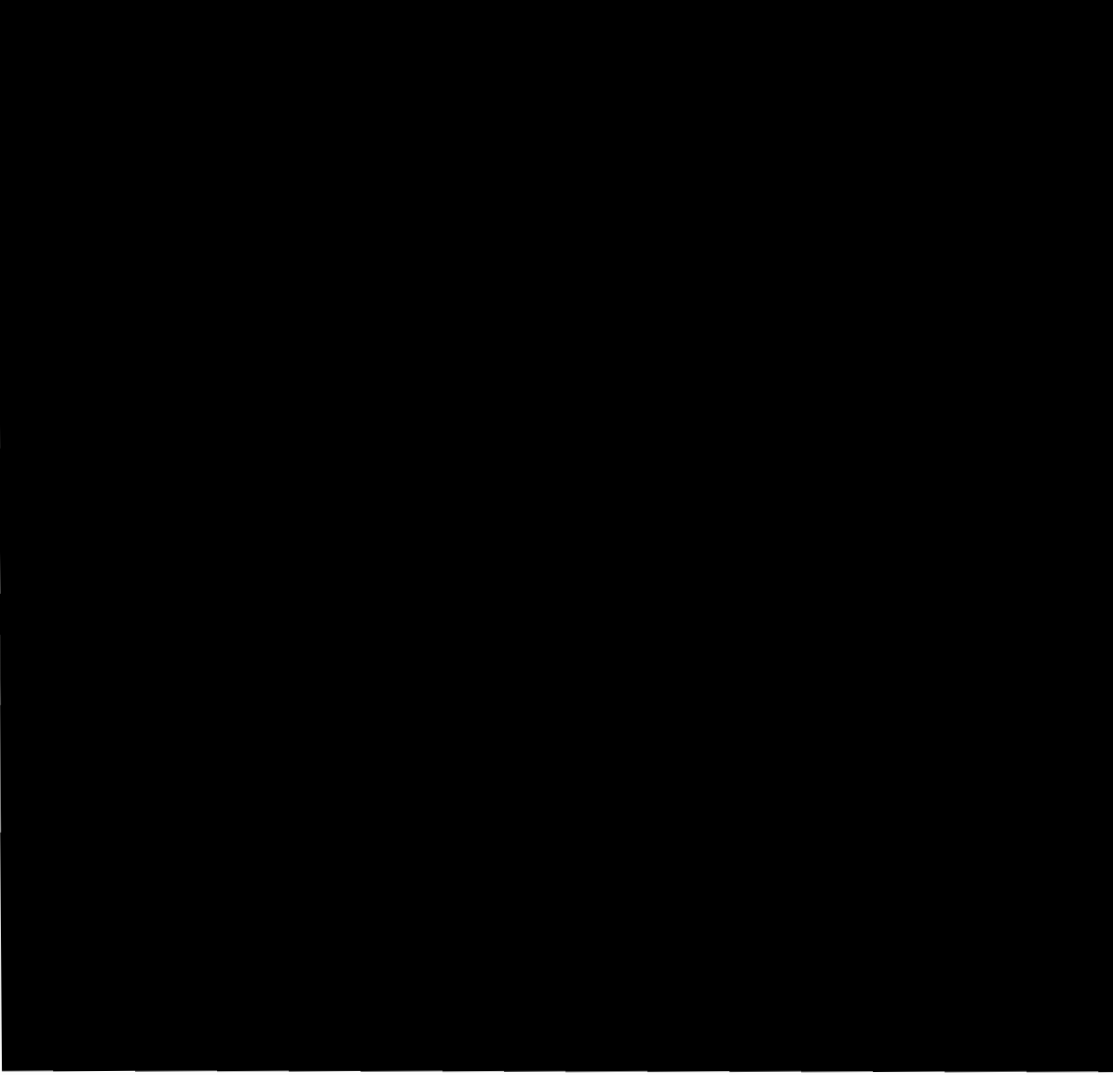
First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number



Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel - home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ 7 : 00 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p			
Office requisites	£ : p			
Total	£ 7 : 00 p			

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred

Signature

Date

28 Aug 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing input		/ /	

Financial Processing }

Transaction No.

Registration No.



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or



Volunteer Y/N

Please check / amend relation

Text

13 SEP 05

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

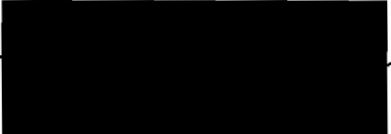
Financial Year/PIRO (Cat2)

Who code? (Cat3)

or



04_05 / 05_06



Expenditure type (Cat5) :



E.....

E.....

E.....

E.....

E.....

E.....

E...15-60..... /

E.....

E.....

E...15-60.....

TOTAL

Comments:

*** Financial Processing purposes only
Registered by (initials & date)**



2109

Posted by (initials & date)



26 SEP 2005





Authority for the payment of one-off salary and/or expenses to staff

13.
SA3

15 SEP 2005

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call [REDACTED]

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS MP

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount		
One-off salary	£	:	p
Season ticket loan	£	:	p
Travel - home to work	£	:	p
Rail travel	£ 15	:	60 p
Car travel	£	:	p
Air travel	£	:	p
Taxi	£	:	p
Meals and subsistence	£	:	p
Healthcare	£	:	p
Childcare	£	:	p
Home as office/telephone	£	:	p
Office requisites	£	:	p
Total	£ 15	:	60 p

Taxable		Allow & exp type	Initials
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

Date

13 SEPTEMBER 2025

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimates, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.


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Send your completed form to


Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation		Initials	Date
Claims received			/ /
Signature check			/ /
Funds check			/ /
Allowable expenditure			/ /
<i>Please use margin for comments</i>			
Validation		Initials	Date
Member ID added to form			/ /
Payment codes added to form			/ /
Receipts/ documentation present			/ /
Processing input			/ /

Class	Ticker type	Start date	Price
STD	OFFPEAK TCD	09-SEP-05	£5-20X
Between			
	&	ZONES	Number
Route	ANY PERMITTED		



Description	Number	Total
1 TICKET	[REDACTED]	£5.20S
[REDACTED]	[REDACTED]	[REDACTED]
VISA	[REDACTED]	CARDHOLDER'S COPY
Expires 04/01/1990	[REDACTED]	



London Underground London Underground

TRAVELCARD STD



»1234«

DAY TRAVELCARD OFF-PEAK



25:20

Not for

Not for

①

Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

17/8

Text

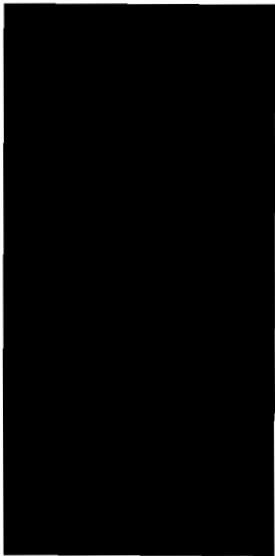
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

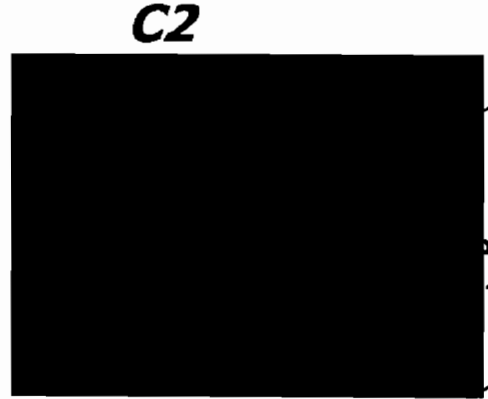
Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

Comments:



C2

~~04_05~~ / 05_06

£.....

£..... 21.84 ✓

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

* Financial Processing purposes only
Registered by (initials & date)



Posted by (initials & date)



23 SEP 2005

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ p

Office use only		
Allow of A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature [REDACTED] MP

Date 13 SEPT 2005

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	Validation Member ID added to form
Signature check		/ /	Payment codes added to form
Funds check		/ /	Receipts/ documentation present
Allowable expenditure		/ /	Processing Input

Please use margin for comments

Invoice

 ** INVOICE NO. [REDACTED]
 **

Invoice To :

Stephen Timms MP

Charge To :
 Stephen Timms MP



Page 1 of 1 Date 17/08/2005
 Acc.No. [REDACTED] Order Date 15/08/2005
 Order [REDACTED]
 C.A.R. [REDACTED]



Banner Business Supplies Ltd

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 17/08/2005
 Amt. Due : 21.89

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line excl VAT	Total VAT Rate	Line VAT
1		9100017	BANNER A5 SPIRAL S/HAND N/BOOK 200P	5	BOOK	0.3100	16/08/05	1.55	17.50	0.27
2		0070078	XEROX MP LABEL 99.1x38.1 14/SHT WH	1	BOX100	17.0800	16/08/05	17.08	17.50	2.99

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	18.63	3.26
		21.89

Sales Order Total (VAT excl) 18.63

INVOICE GOODS 18.63
 INVOICE V.A.T. 3.26
 INVOICE TOTAL 21.89

Settlement : None
 Discount Terms :

Please return the slip
 from final page
 of invoice with
 your payment
 by

14/09/2005



Financial Processing }

Transaction No. ..

Registration No. ..



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C1

Member Supplier ID



Pay recipient

(NB Financial Processing to check whether a dedicated a/c exists)

Text

Invoice No.

13/9

Account code / Allowance

Members cost centre (Cat1)

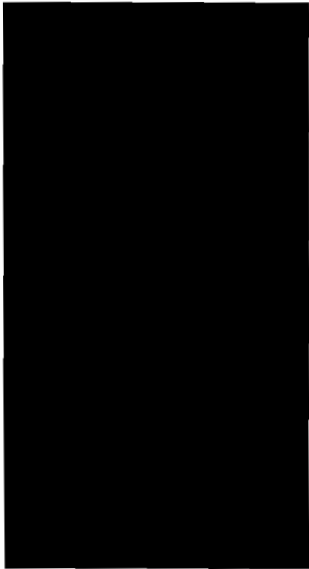
Financial Year/PIRO (Cat2)

5 SEP 05



04_05 / 05_06

Expenditure type (Cat5) :



£.....-

£ 70 - 00 ✓

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

£ 70 - 00

TOTAL

Comments:

* Financial Processing purposes only
Registered by (initials & date)

2-2 SEP 2005



Posted by (initials & date)



2-3 SEP 2005



Incidental Expenses Provision

C1

Member's reimbursement form

15 SEP 2005

Page 1 of 2

When to use this form

- Use this form to ask us to reimburse you for costs you have incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.
If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100
you provide journey details of all taxi journeys
you attach all receipts or invoices for items of £250 and above
any claims for petty cash do not exceed £250 per month.

You can only claim for

- costs you have actually paid
office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

Period of claim

from 05/09/05

to 05/09/05

Allowance year

2005/2006

Table with 3 columns: Item, Description of service or goods, Amount. Item 1: SUBSCRIPTION, £ 70 : 00 p.

Office use only
Allow or Exp/
A/c code Cat 5

Total

£ 70 : 00 p

Continued on page 2

Authorisation and declaration

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

13 SEPTEMBER 2005

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act.

Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on

[Redacted] who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

[Redacted Address]

Office use only

Validation	Initials	Date
Claims received		/ /
Signature check		/ /
Funds check		/ /
Allowable expenditure		/ /
Member Res ID & Costc		/ /
Ext type/Cat 5 & subtotals added to form		/ /
Receipts/ documentation present		/ /
Processing		
Input		/ /

Input subtotals per Cat 5

[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£

Comments

[Redacted Comments]

Date... 5th Sep 05

Received from



STEPHEN THOMAS M.F.

FOR SOUTH ESSEX RECORDERS



With thanks £70

years subscription to
Newham Recorder

210

Financial Processing }

Transaction No:

Registration No:



Validation Claim Summary Sheet

C1

Please write or print clearly & attach to claim

Member Supplier ID



Pay recipient

(NB Financial Processing to check whether a dedicated a/c exists)

Text

SEP 05

Invoice No.

Account code / Allowance

13/9

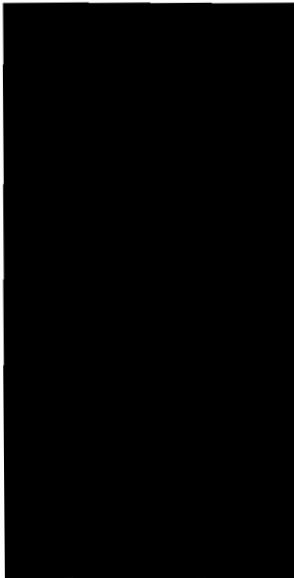


Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04-05 / 05-06

Expenditure type (Cat5) :



£ 53.50 ✓

£

£

£

£

£

£

£

£

£ 53.50

TOTAL

Comments:

* Financial Processing purposes only
Registered by (initials & date)

22 SEP 2005

Posted by (initials & date)

23 SEP 2005



Incidental Expenses Provision

Member's reimbursement form

C1

When to use this form

- Use this form to ask us to reimburse you for costs you have incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see *Green Book* section 5.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100
- you provide journey details of all taxi journeys
- you attach all receipts or invoices for items of £250 and above
- any claims for petty cash do not exceed £250 per month.

You can only claim for

- costs you have actually paid
- office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

Period of claim

from / /

to / /

Allowance year

05 06

Description of service or goods

Amount

Item	Description of service or goods	Amount
Item 1	JCW1 Handbook	£ 53 : 50 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Total

£ 53 : 50 p

Office use only

Allow or Exp/
A/c code Cat 5

continued on page 2

Authorisation and declaration

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature



Date

13 SEPT 2005

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act.

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Send your completed form to

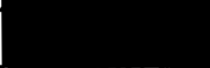


Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			Input subtotals per Cat 5	
Validation	Initials	Date		£
Claims received		/ /		<input type="text"/>
Signature check		/ /		<input type="text"/>
Funds check		/ /		<input type="text"/>
Allowable expenditure		/ /		<input type="text"/>
Member Res ID & Costc		/ /		<input type="text"/>
Ext type/Cat 5 & subtotals added to form		/ /		<input type="text"/>
Receipts/ documentation present		/ /		<input type="text"/>
Processing				
Input		/ /		
			Comments	
			<input type="text"/>	

Joint Council for the Welfare of Immigrants



INVOICE TO	SHIP TO
Steven Timms MP	Steven Timms MP
	

VAT REG NO	P.O. NO.	TERMS	TAX DATE	INVOICE NO	
		Prepaid	05/09/2005		
DESCRIPTION	QTY	RATE	VAT	VAT AMT	AMOUNT
Immigration, Nationality & Refugee Law Handbook, Duran Seddon, 1-874010-06-4		48.00			48.00
Postage & Packing for Handbook		5.50			5.50
VAT SUMMARY				SUBTOTAL	53.50
				VAT TOTAL	0.00
Paid by cheque Payment received with thanks				Total	£53.50



Financial Processing)

Transaction No.

Registration No.



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text

Invoice No.

Account code / Allowance

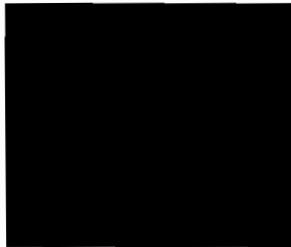
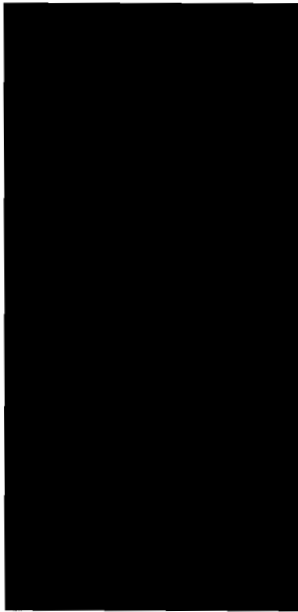
Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



~~04_05~~ / 05_06



£.....
£..... 112.50
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)





Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

31 AUG 2005

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name
In CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You *must* specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

14 10 2005

Allowance year

2005/2006

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	BANNER	£ 112 : 80 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total **£ 112 : 80 p**

Office use only

Allow or A/c code	Supplier ID	Exp/ Cat 5

Invoice

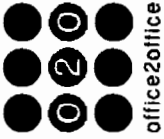
*** **
** INVOICE NO: [REDACTED] **
*** **

Invoice To :

Stephen Timms MP

Charge To :
Stephen Timms MP

Banner Business Supplies Ltd



Page 1 of 1 Date 10/08/2005

Acc.No [REDACTED] Order Date 05/08/2005

Order [REDACTED]

C.A.R. [REDACTED]

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 10/08/2005

Amt. Due : 112.80

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line exc1	Total VAT	Line VAT
1		PNY-001001	PNY 256MB USB FLASH DRIVE	3	EACH	32.0000	09/08/05	96.00	17.50	16.80
2		MIC-001411	DELIVERY	1	EACH	0.0000	09/08/05	0.00	17.50	0.00

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	96.00	16.80

Sales Order Total (VAT exc1) 96.00

INVOICE GOODS	96.00
INVOICE V.A.T.	16.80
INVOICE TOTAL	112.80

Settlement : None
Discount Terms :

Please return the slip

from final page of invoice with your payment by



Staffing Allowance/Incidental Expenses Provision

3
SA3

Authority for the payment of one-off salary and/or expenses to staff



When to use this form

- Use this form to request a one-off payment of salary or casual employee.
- Use this form to reimburse out-of-pocket expenses to a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ 5 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 5 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of executing my Parliamentary duties.

Signature  MP

Date 13 SEPT 2005

Data protection On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes. The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

Send your completed form to Validation Team, Operations Directorate, Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing input		/ /	

Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer Y/N

Please check / amend relation

Text

Invoice No.

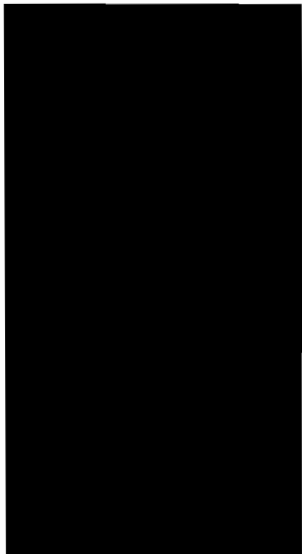
Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Who code? (Cat3)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£ 12.20 /

£.....

£.....

£.....

£.....

TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)



C3

4/10/05

~~04/03~~ / 05_06

or

on Underground London Underground Londo

NOT FOR TRAVEL SALE £ 5.20



01 ITEN

up - Not for resale
to conditions - see over

This side up - Not for resale
issued subject to conditions - see over

This side up
issued subject

erground Ⓞ London Underground Ⓞ London Und

NOT FOR TRAVEL SALE £ 7.00



01 ITEM

or resale
ons - see over

This side up - Not for resale
issued subject to conditions - see over

This side up - Not fi
issued subject to condit



Authority for the payment of one-off salary and/or expenses to staff

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ 12 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 12 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

4 OCT 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimates, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW [Redacted]

Office use only			
	Initials	Date	
Validation			
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
<i>Please use margin for comments</i>			
Validation			
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/documentation present		/ /	
Processing input		/ /	

Financial Processing }

Transaction No

Registration No



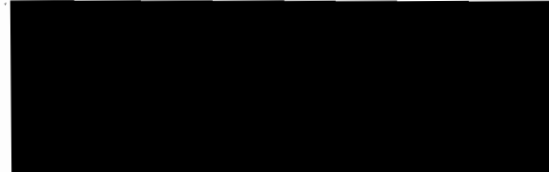
Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or



Volunteer ~~W/N~~
Please check / amend relation

Text

9/10/05 ✓

Invoice No.



Account code / Allowance

Members cost centre (Cat1)



Financial Year/PIRO (Cat2)

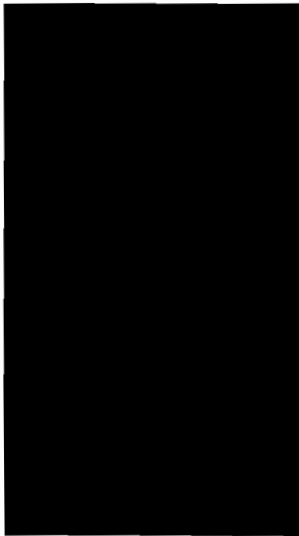
04_05 / 05_06 ✓

Who code? (Cat3)

or



Expenditure type (Cat5) :



- E.....
- E.....
- E.....
- E.....
- E.....
- E..... *5.20 ✓*
- E.....
- E.....
- E.....
- E.....

TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*



Posted by (initials & date)



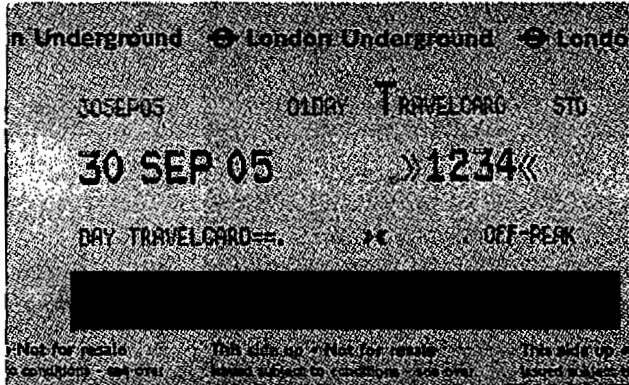
9/10

LONDON UNDERGROUND LIMITED


CUSTOMER COPY
Keep this copy for your records

Sales - see receipt	£5.20
TOTAL	£5.20







C3

Authority for the payment of one-off salary and/or expenses to staff

12 OCT 2005

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

~~STEPHEN~~ STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ 5 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 5 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred in the performance of my duties.

Signature

[Redacted Signature]

Date

9 OCT 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only		Validation	
	Initials	Initials	Date
Claims received		Member ID added to form	
Signature check		Payment codes added to form	
Funds check		Receipts/ documentation present	
Allowable expenditure		Processing Input	

Please use margin for comments



03 NOV 2005

09 NOV 2005

Staffing Allowance/Incidental Expenses Provision

SA3

CB

Authority for the payment of one-off salary and expenses to staff

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call [redacted]

Your details

Name in CAPITAL LETTERS

~~NAME~~ STEPHEN TIMMS MP

Constituency

EAST HAM

Details of staff member

First name

Surname in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Payment details

Payslip address

Bank details

Claim details

■ Please claim actual amounts incurred, not round sums

■ Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ 3 : 00 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 3 : 00 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature] MP

Date

6 NOVEMBER 2003

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.


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Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/documentation present		/ /	
Processing input		/ /	

Description	Number	Total
1 TICKET	[REDACTED]	£3.00S
[REDACTED] issue office	[REDACTED]	[REDACTED]
VISA	[REDACTED]	CARDHOLDER'S COPY
Expires	Authorised	[REDACTED]





Authority for the payment of one-off salary and/or expenses to staff

EB

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

Constituency

Details of staff

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ 13 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 13 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature] MP

Date

7 Nov 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

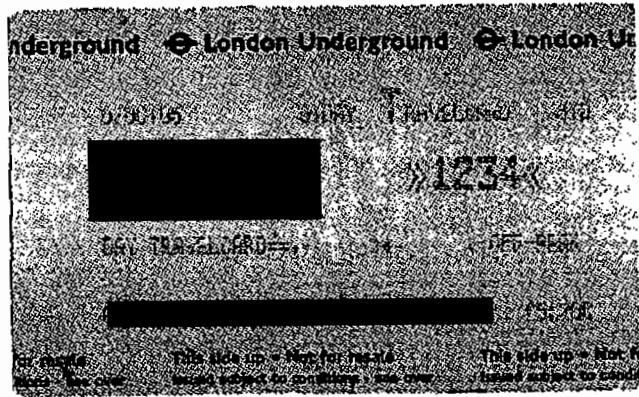
The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

Send your completed form to


Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only		Validation	
	Initials	Date	
Claims received		/ /	Member ID added to form
Signature check		/ /	Payment codes added to form
Funds check		/ /	Receipts/ documentation present
Allowable expenditure		/ /	Processing input

Please use margin for comments



Class	Ticket type	Start date	Price
STD	PEAK TCD	14-OCT-05	£7.00X
Holidays			
Between	#	ZONES	Number
Route			
ANY PERMITTED			





Staffing Allowance/Incidental Expenses Provision

Authority for the payment of one-off salary and/or expenses to staff

16 NOV 2005
15 OCT 2005

SA3
C3

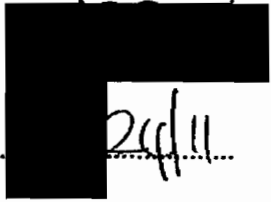
Page 1 of 2

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.



Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

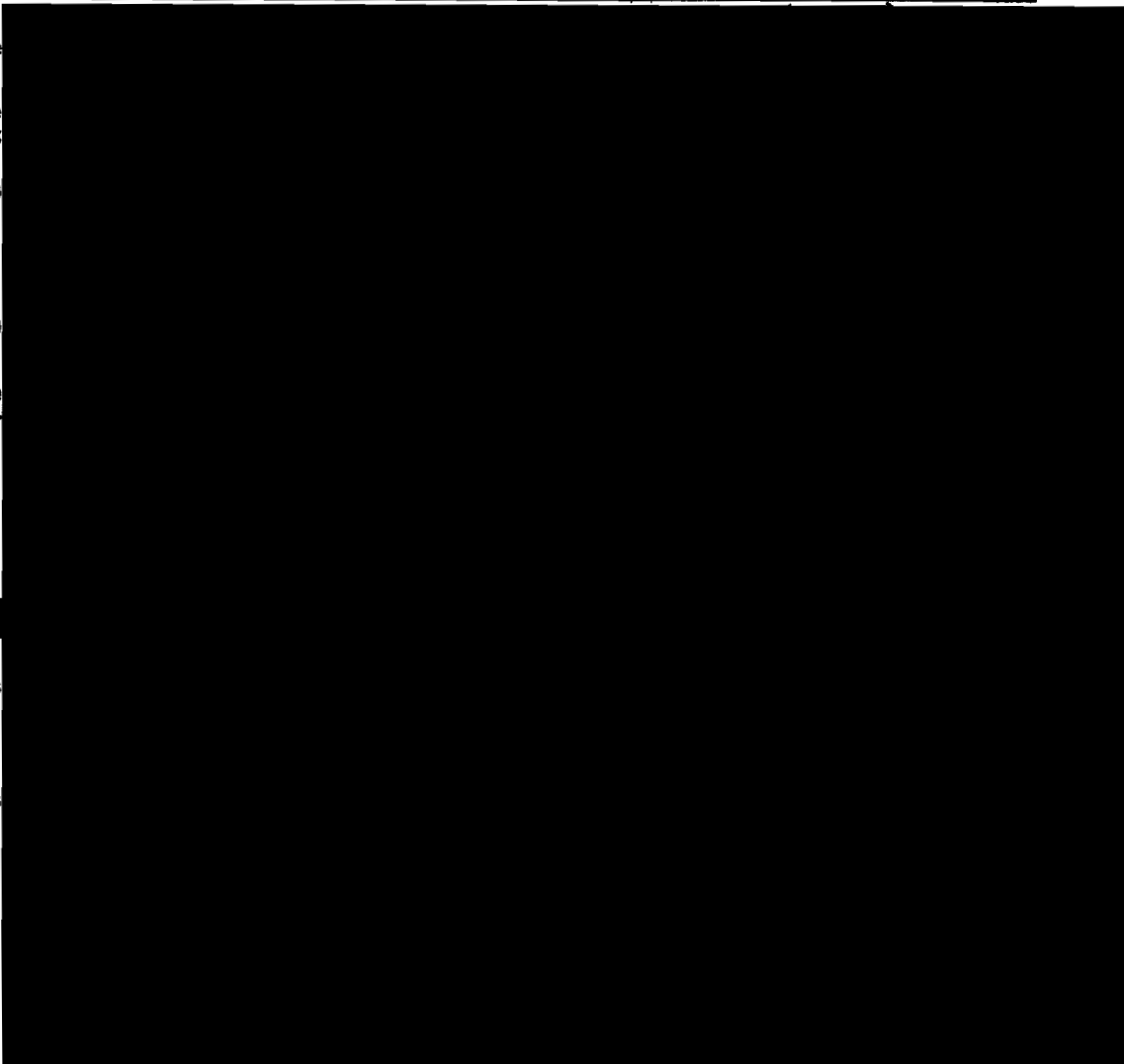
First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number



Payment details

Payslip address

Bank details

1

continued on page 2

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ 5 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 5 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

14 NOV 2005

Data protection

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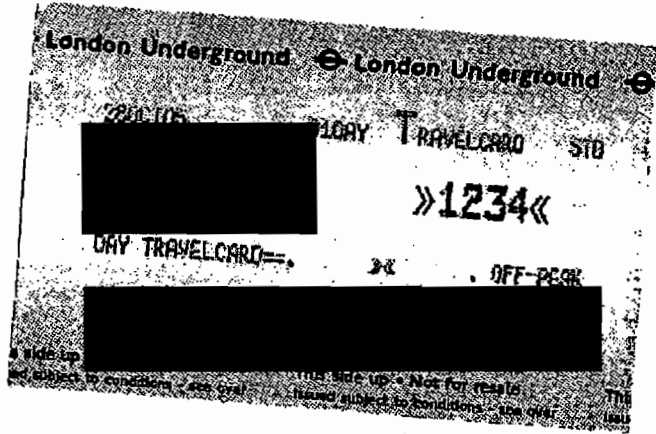
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Office use only		Validation	
	Initials	Initials	Date
Claims received		Member ID added to form	
Signature check		Payment codes added to form	
Funds check		Receipts/ documentation present	
Allowable expenditure		Processing Input	

Please use margin for comments





Staffing Allowance/Incidental Expenses Provision

Authority for the payment of one-off salary and/or expenses to staff

22 NOV 2005

SA3
C3

Page 1 of 2

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS MP

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Continued on page 2

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ 10 : 40 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 10 : 40 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

20 Nov 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

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Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only		Validation	
Validation	Initials Date	Initials Date	
Claims received		Member ID added to form	
Signature check		Payment codes added to form	
Funds check		Receipts/ documentation present	
Allowable expenditure		Processing Input	

Please use margin for comments

Financial Processing }

Transaction No. [redacted]

Registration No. [redacted]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or [redacted] ✓

Volunteer ~~W~~/N

Please check / amend relation

Text

7/10/05 ✓

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Who code? (Cat3)

Expenditure type (Cat5) :

[redacted]

[redacted]

04/05 / 05_06 ✓

or [redacted]

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

12.20 ✓

TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)

[redacted]



C3

Authority for the payment of one-off salary and/or expenses to staff

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not rounded sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ 12 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 12 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred in the performance of my parliamentary duties.

Signature

[Redacted Signature]

MP

Date

7 OCT 2005

Data protection

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Send your completed form to

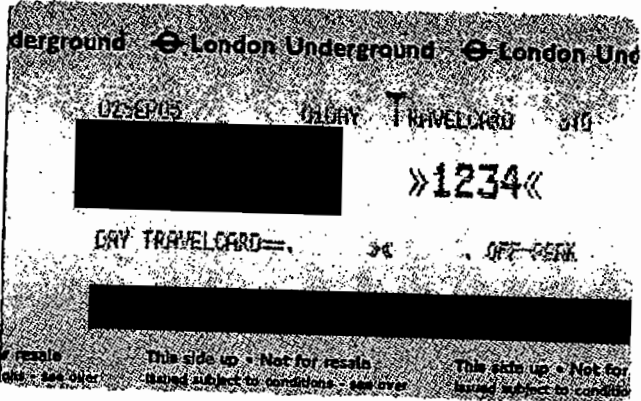
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only		Validation		Initials Date	
Validation	Initials Date	Validation	Initials Date		
Claims received		Member ID added to form			
Signature check		Payment codes added to form			
Funds check		Receipts/documentation present			
Allowable expenditure		Processing Input			

Please use margin for comments

Class	Ticket type	Start date	Price
STD	PEAK .TCD	16-SEP-05	£7.00K
Reference	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	* 8 [REDACTED]	ZONES	Number [REDACTED]
Route	ANY PERMITTED		







Financial Processing }

Transaction No.



Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or



Volunteer Y / N
Please check / amend relation

Text

17.6.05

Invoice No.

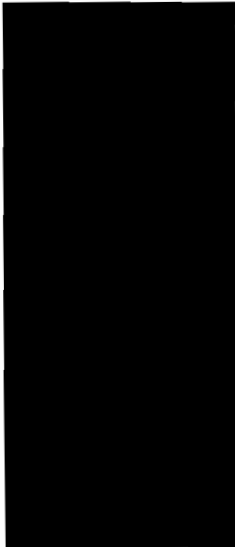


Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

~~04_05~~ / 05_06



£.....

£.....

£.....

£.....

£ 12/20

£.....

£.....

£.....

TOTAL

£ 12.30

Comments:

* Financial Processing purposes only
Registered by (initials & date)



Posted by (initials & date)

Underground - London Underground - London

04JUN05

01DAY TRAVELCARD STO



»1234«

DAY TRAVELCARD==.

><

. OFF-PEAK



£5:200

Not for resale
conditions - see over

This side up - Not for resale
issued subject to conditions - see over

This side up -
issued subject to



Staffing Allowance/Incidental Expenses Provision

Authority for the payment of one-off salary and/or expenses to staff

SA3

28 JUN 2005

C3

Page 1 of 2

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call [REDACTED]

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ 12 : 20 p
Rail travel	£ : p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 12 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

17/6/05

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only		Validation		Initials Date	
Validation	Initials Date	Validation	Initials Date		
Claims received		Member ID added to form			
Signature check		Payment codes added to form			
Funds check		Receipts/documentation present			
Allowable expenditure		Processing input			
Please use margin for comments					



Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text

Invoice No.

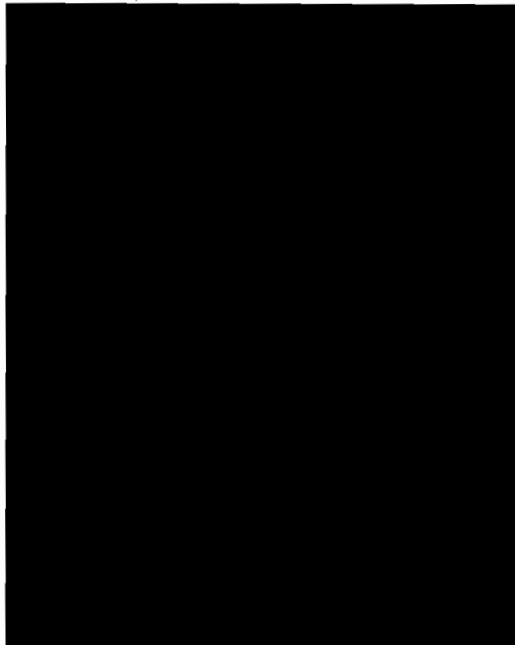
Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

~~04_05~~ / 05_06

Expenditure type (Cat5) :



£.....-.....

£ 1.45

£.....-.....

£.....-.....

£.....-.....

£.....-.....

£.....-.....

£.....-.....

£.....-.....

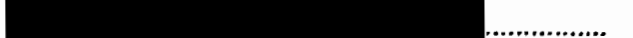
£ (1.45)

Comments:

* Financial Processing purposes only
Registered by (initials & date)



Posted by (initials & date)





Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

C2

06 JUL 2005

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
If you have any doubt about whether you can claim for a cost, please call [redacted]

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100 - this will enable us to process your claim more promptly
any claims for petty cash do not exceed £250 per month
you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

17 10 05

Allowance year

2005/2006

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Row 1: Banner, £ 1 : 45 p. Rows 2-5 are empty.

Total £ 1 : 45 p

Office use only

Table with 3 columns: Allow or A/c code, Supplier ID, Exp/Cat 5. Multiple empty rows.

Claim details continued


Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
Total		£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 4 JUL 2005

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research.

For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act.

Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
	Validation	Initials	Date
Claims received	<input type="checkbox"/>		/ /
Signature check	<input type="checkbox"/>		/ /
Funds check	<input type="checkbox"/>		/ /
Allowable expenditure	<input type="checkbox"/>		/ /
	Validation	Initials	Date
	Member ID added to form	<input type="checkbox"/>	/ /
	Payment codes added to form	<input type="checkbox"/>	/ /
	Receipts/ documentation present	<input type="checkbox"/>	/ /
	Processing Input	<input type="checkbox"/>	/ /

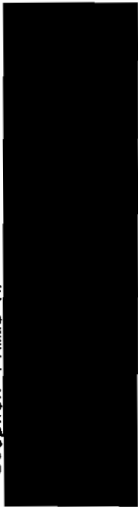
Please use margin for comments

Invoice

*** **
** INVOICE NO. ***
** **

Invoice To :

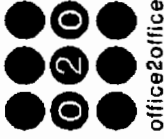
Stephen Timms MP



Page 1 of 1 Date 17/06/2005

Acc. No. [Redacted] Order Date 16/06/2005

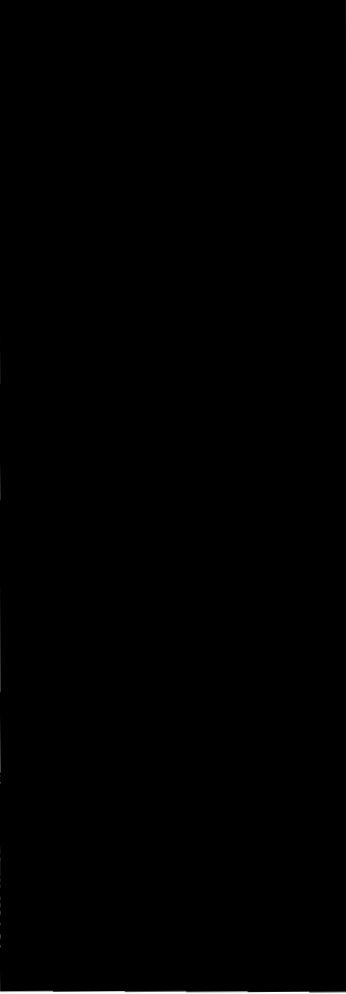
Order [Redacted]
C.A.R.



office2office

Banner Business Supplies Ltd

Charge To :
Stephen Timms MP



Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total excl VAT	Line VAT Rate
2	0500190	STAEDTLER 430 STICK B/POINT MED RD	1 BOX10	1.2300	16/06/05	1.23	17.50	0.22	

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	1.23	0.22

Sales Order Total (VAT excl) 1.23

INVOICE GOODS
INVOICE V.A.T.
INVOICE TOTAL 1.45

Settlement : None
Discount Terms :

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [Redacted]

Inv. No. : [Redacted]

Inv. Date: 17/06/2005

Amt. Due : 1.45

Please return the slip

from final page of invoice with your payment by

15/07/2005

Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C1

Member Supplier ID

[REDACTED]

Pay recipient

(NB Financial Processing to check whether a dedicated a/c exists)

Text

14/6/05
[REDACTED]

Invoice No.

Account code / Allowance

[REDACTED]

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

~~04_05~~ / 05_06

Expenditure type (Cat5) :

[REDACTED]

£.....
£ 58.10
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£ 58.10

TOTAL

Comments:

* Financial Processing purposes only
Registered by (initials & date)

[REDACTED]

Posted by (initials & date)



Member's reimbursement form

When to use this form

- Use this form to ask us to reimburse you for costs you have incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see *Green Book* section 5.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS MP

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100
- you provide journey details of all taxi journeys
- you attach all receipts or invoices for items of £250 and above
- any claims for petty cash do not exceed £250 per month.

You can only claim for

- costs you have actually paid
- office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

Period of claim

from 14 / 06 / 05

to 14 / 06 / 05

Allowance year

2005 / 2006

Description of service or goods

Amount

Item 1

STRATFORD EXPRESS

£ 58 : 10 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Item 6

£ : p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 58 : 10 p

Office use only

Allow or Exp/
A/c code Cat 5

continued on page 2

Authorisation and declaration

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 4 JULY 2005

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act.

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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only

Validation	Initials	Date
Claims received	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature check	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Funds check	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Allowable expenditure	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Member Res ID & Costc	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Ext type/Cat 5 & subtotals added to form	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Receipts/ documentation present	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Processing		
Input	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Input subtotals per Cat 5

<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>

Comments



ARCHANT } LONDON



STEPHEN TIMMS TTP

DATE
14/6/05

RECEIPT

Item	Description	Date	Price
	STRAIERS / NEW HAM	5/6/05 -	f. 58.10
	EXPRESS	5/6/06	
	Subscription		
PAYMENT METHOD			TOTAL CHARGED

PAYMENT RECEIVED WITH THANKS



Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

Invoice No.

Account code / Allowance

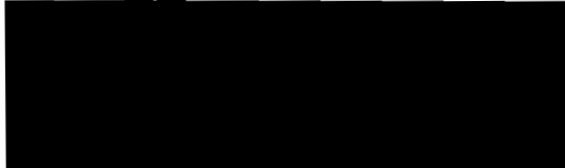
Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

9/6 -

C2



9/6/05 ✓



~~04_05~~ / 05_06 ✓



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

728.00 ✓

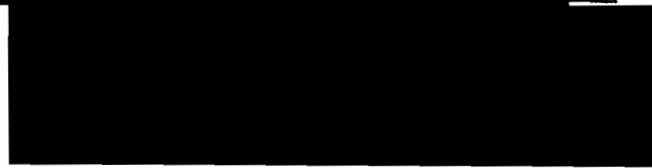
TOTAL

Comments:



** Financial Processing purposes only
Registered by (initials & date)*

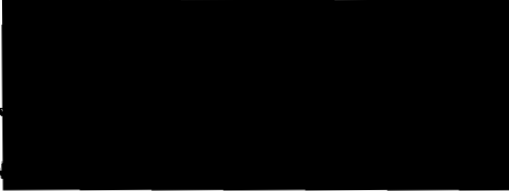
Posted by (initials & date)



Financial Processing }

Transaction N

Registration N



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

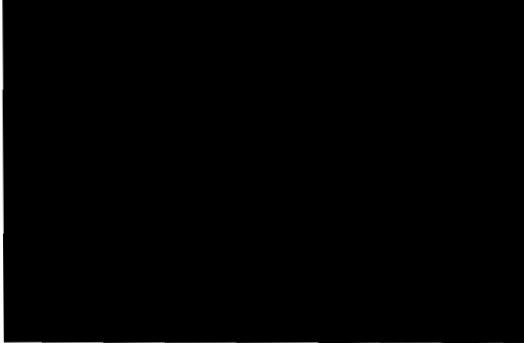
Comments:

** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)



C2



~~04_05~~ / 05_06 ✓

16/6 -

£.....

£ 17.07 ✓

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

0.1 JUN 2005



Direct payment of suppliers

22 JUN 2005

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100 - this will enable us to process your claim more promptly
any claims for petty cash do not exceed £250 per month
you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

20 / 06 / 05

Allowance year

05 / 06

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Rows include Item 1 (East Ham Labour Party, £ 728 : 00 p), Item 2 (Banner, £ 17 : 07 p), and empty rows for Item 3, 4, and 5.

Total £ 745 : 07 p

Office use only

Table with 3 columns: Allow or A/c code, Supplier ID, Exp/ Cat 5. Contains empty rows for data entry.

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature [REDACTED] MP

Date 20 / 06 / 05.

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research.

For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act.

Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
	Validation	Initials	Date
Claims received	<input type="checkbox"/>		/ /
Signature check	<input type="checkbox"/>		/ /
Funds check	<input type="checkbox"/>		/ /
Allowable expenditure	<input type="checkbox"/>		/ /
	Validation	Initials	Date
	Member ID added to form	<input type="checkbox"/>	/ /
	Payment codes added to form	<input type="checkbox"/>	/ /
	Receipts/ documentation present	<input type="checkbox"/>	/ /
	Processing Input	<input type="checkbox"/>	/ /

Please use margin for comments

INVOICE

East Ham Constituency Labour Party

9 June, 2005

To : Stephen Timms, MP

For : Use of Party Rooms, [REDACTED], for regular
Advice Surgeries during March - May 2005

Fee, as agreed	£
(dates EXCLUDING General Election period)	728

Treasurer: [REDACTED]

Chair: [REDACTED]

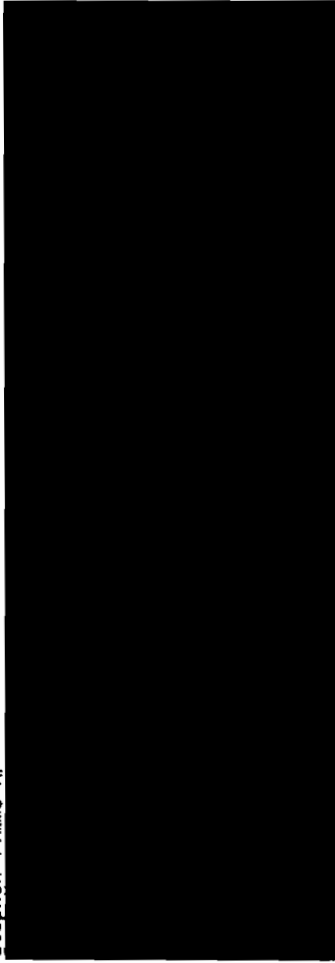
Invoice

 ** INVOICE NO. *****
 ** *****
 * Invoice To: *****

Stephen Timms MP



Charge To :
 Stephen Timms MP



Banner Business Supplies Ltd



office2office

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 16/06/2005

Amt. Due : 17.07

Page 1 of 1 Date 16/06/2005

Acc.No [REDACTED] Order Date 15/06/2005

Order [REDACTED]
 C.A.R.

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line excl VAT	Total VAT	Line VAT
1		9372003	BANNER MEDIUM GLUE STICK 20g	2	EACH	0.1900	15/06/05	0.38	17.50	0.07
2		9383005	BANNER P1M MANILLA 10PT A4 COL DIV	1	SET	0.1600	15/06/05	0.16	17.50	0.03
3		9380012	BANNER STAPLE EXTRACTOR ASSORTED	1	EACH	0.1300	15/06/05	0.13	17.50	0.02
4		9373001	BANNER BRASS PLATED DRAWING PIN 11	1	BOX 100	0.1900	15/06/05	0.19	17.50	0.03
5		2040310	EVOLVE OFFICE PAPER A4 80gsm WHITE	1	BOX 2500	9.3000	15/06/05	9.30	17.50	1.63
6		9240310	BANNER NYLONWRITER PEN BLACK	1	PACK 10	0.8800	15/06/05	0.88	17.50	0.15
8		0500374	BIC CRYSTAL GEL PEN BLACK	1	BOX 12	3.4900	15/06/05	3.49	17.50	0.61
9		PROH0500374	PROMO - BIC CRYSTAL PEN BLACK	1	BOX 12	0.0000	15/06/05	0.00	17.50	0.00
10		PROH0500374	PROMOTIONS - BIC SAMPLING CAMPAIGN	1	EACH	0.0000	15/06/05	0.00	17.50	0.00

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	14.53	2.54

Sales Order Total (VAT excl) 14.53

INVOICE GOODS	14.53
INVOICE V.A.T.	2.54
INVOICE TOTAL	17.07

Settlement : None
 Discount Terms :

**Please
 return
 the slip**

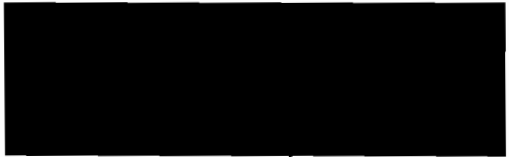
from final page
 of invoice with
 your payment
 by

14/07/2005

Financial Processing }

Transaction No.

Registration No.



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text

Invoice No.

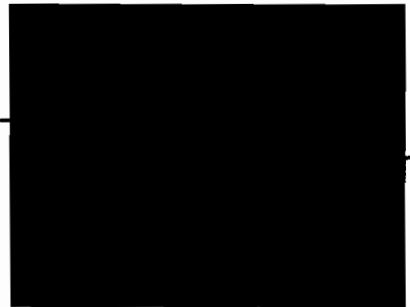
Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

3/6



04_05 05_06



TOTAL

£.....
£ 11.77
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£ 11.77

Comments:

** Financial Processing purposes only
Registered by (Initials & date)*

Posted by (initials & date)





Direct payment of suppliers

21 JUN 2005

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You *must* specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

06 JUN 2005

Allowance year

2005/2006

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	BANNER	£ 11 : 77 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total

£ 11 : 77 p

Office use only

Allow or A/c code	Supplier ID	Exp/ Cat 5

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature _____ MP

Date _____ / _____ / _____

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing Input		/ /	

Please use margin for comments

Invoice

 ** INVOICE NO. [REDACTED] **
 ** * * * * * **

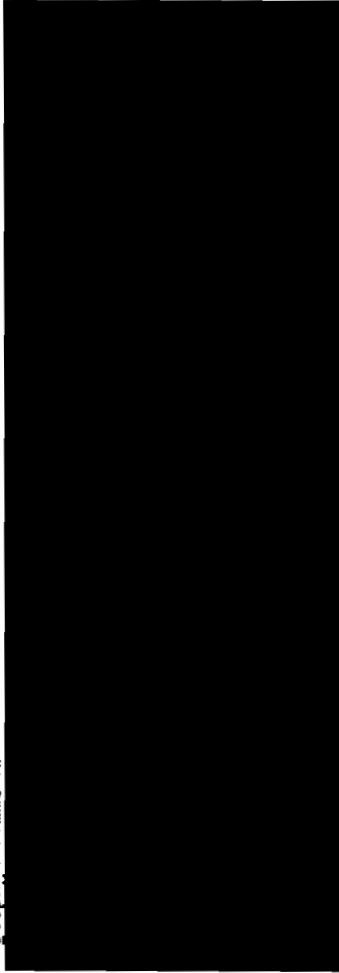
Invoice To :

Stephen Timms MP



Charge To :

Stephen Timms MP



Banner Business Supplies Ltd

Page 1 Of 1 Date 03/06/2005
 Acc.No. [REDACTED] Order Date 02/06/2005
 Order [REDACTED]
 C.A.R. [REDACTED]



office2office

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 03/06/2005

Amt. Due : 11.77

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line exc VAT	Total VAT	Line VAT
1		0070704	PLAST END TREAS TAG+RUB WASHER 51mm	1	PCK100	3.7700	02/06/05	3.77	17.50	0.66
2		0070706	PLAST END TREAS TAG+RUB WASH 101mm	1	PCK100	4.1400	02/06/05	4.14	17.50	0.72
3		5000306	BLACK N RED A5 ELAST PP RULED BOOK	1	EACH	2.1100	02/06/05	2.11	17.50	0.37

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	10.02	1.75

Sales Order Total (VAT excl) 10.02

INVOICE GOODS 10.02
 INVOICE V.A.T. 1.75
 INVOICE TOTAL 11.77

Settlement : None
 Discount Terms :

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

01/07/2005

BBSInvoice07/03

277

Financial Processing }

Transaction No. .. [redacted]

Registration No. .. [redacted]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



24/5

~~04_05~~ / 05_06

£.....-.....
 £ 98.82
 £.....-.....
 £.....-.....
 £.....-.....
 £.....-.....
 £.....-.....
 £.....-.....
 £.....-.....
 £ 98.82

Comments:

** Financial Processing purposes only*
Registered by (initials & date)

..... [redacted] 16/6/05

Posted by (initials & date)

17 JUN 2005 [redacted]



Direct payment of suppliers

08 JUN 2005

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

26 May 2005

Allowance year

2004/2005

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	Banner	£ 98 : 82 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total

£ 98 : 82 p

Office use only

Allow or A/c code, Supplier ID, Exp/ Cat 5

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature:  MP

Date: 6 June 2005

Data protection

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Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
	Validation	Initials	Date
Claims received	<input type="checkbox"/>		/ /
Signature check	<input type="checkbox"/>		/ /
Funds check	<input type="checkbox"/>		/ /
Allowable expenditure	<input type="checkbox"/>		/ /
	Validation	Initials	Date
Member ID added to form	<input type="checkbox"/>		/ /
Payment codes added to form	<input type="checkbox"/>		/ /
Receipts/ documentation present	<input type="checkbox"/>		/ /
Processing Input	<input type="checkbox"/>		/ /

Please use margin for comments

Invoice

 ** INVOICE NO. [REDACTED] **
 ** * * * * *

Invoice To :

Stephen Timms MP

[REDACTED]

Page 1 Of 1 Date 24/05/2005

Acc.No [REDACTED] Order Date 09/05/2005

Order ORDER NO [REDACTED]

C.A.R.



office2office

Charge To :
 Stephen Timms MP

[REDACTED]

Banner Business Supplies Ltd

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line exc1	Total VAT	Line VAT
1			PRMISCELLANEOUS HC84 BUSINESS CARDS WITH PRINTED IN GREEN 2 X BX100 ARTWORK SUPPLIED	2	EACH	42.0500	20/05/05 20/05/05 20/05/05 20/05/05	84.10	17.50	14.72

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	84.10	14.72

Sales Order Total (VAT exc1) 84.10

INVOICE GOODS	84.10
INVOICE V.A.T.	14.72
INVOICE TOTAL	98.82

Settlement : None
 Discount Terms :

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 24/05/2005

Amt. Due : 98.82

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

Financial Processing }

Transaction No.

Registration No.



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID



Text

Invoice No.

Account code / Allowance

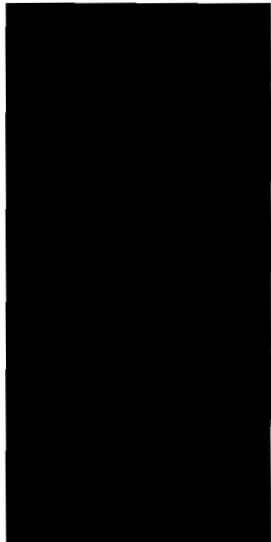


Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

~~04-05~~ / 05_06

Expenditure type (Cat5) :



18/7

£ 80.00

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 80.00

TOTAL

Comments:

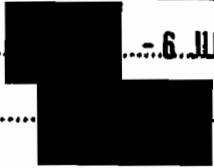


** Financial Processing purposes only
Registered by (initials & date)*

..... - 6 JUN 2005

Posted by (initials & date)

..... 0.7 JUN 2005



Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature [REDACTED] MP

Date 18 / 05 / 05

Data protection

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Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	Validation Member ID added to form
Signature check		/ /	Payment codes added to form
Funds check		/ /	Receipts/ documentation present
Allowable expenditure		/ /	Processing Input

Please use margin for comments

tigerfish webdesign

Invoice



18 May 2005

Repairs to www.stephentimmsmp.org.uk front page.

£80.00



Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

[REDACTED]

10/5

~~04_05~~ / 05_06

£.....-

£ 16.42

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

£ 16.42

TOTAL

Comments:

* Financial Processing purposes only
Registered by (initials & date)

..... 2 5 MAY 2005

Posted by (Initials & date)

..... 2 6 MAY 2005

Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

~~04_05~~ / 05_06



1015

£.....

£ 63.70

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 63.70

TOTAL

Comments:

* Financial Processing purposes only
Registered by (initials & date)

25 MAY 2005

Posted by (initials & date)

26 MAY 2005

Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text

Invoice No.

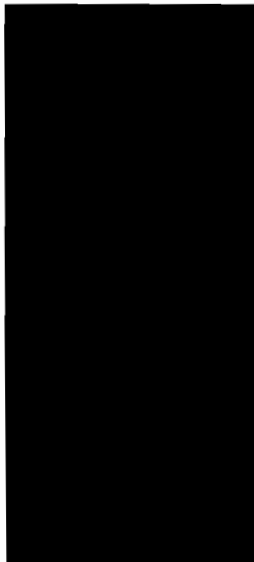
Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

~~04_05~~ / 05_06

Expenditure type (Cat5) :



814

£.....-

£ 17.45

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

£ 17.45

TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

25 MAY 2005 [REDACTED]

Posted by (initials & date)

26 MAY 2005 [REDACTED]

C2. DIRECT PAYMENT 17 MAY 2005

I enclose 3 certified invoices to allow direct payments to be made from my Incidental Expenses Provision

Invoice	Supplier's name	Amount £	<i>Transaction code For Fees office use only</i>
1	Banner	17.45	
2	Banner	16.42	
3	Banner	63.70	
4			
5			
6			
7			
8			
9			
10			
		£ 97.54	

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business

SIGNED... [REDACTED]MP

PRINTED NAME... STEPHEN TIMM

DATE... 11/5/05 ...CONSTITUENCY... EAST HAM

Invoice

** INVOICE NO ***
** * * * * *
* * * * *
Invoice To : [Redacted]

Stephen Timmas MP

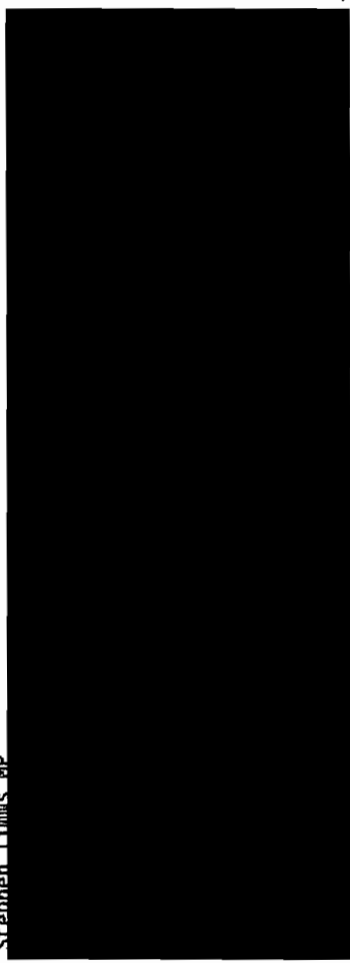
Charge To :
Stephen Timmas MP

Page 1 of 1 Date 10/05/2005
Acc.No [Redacted] Order Date 09/05/2005
C.A.R. [Redacted]



office2office

Banner Business Supplies Ltd



ACC. No. : [Redacted]
Inv. No. : [Redacted]
Inv. Date: 10/05/2005
Amt. Due : 16.42

PAYMENT SLIP
Please see reverse
for terms of business
and how to pay

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line excl VAT	Total VAT	Line VAT
1		9090025	BANNER CUBE 75x75mm YELLOW	5	EACH	0.7500	09/05/05	3.75	17.50	0.66
2		9410003	BANNER A4 CUT FLUSH PP FOLDER CLEAR	1	PKY100	6.2900	09/05/05	6.29	17.50	1.10
3		9240027	BANNER RUBBER GRIP GEL INK PEN BK	1	BOX10	1.5100	09/05/05	1.51	17.50	0.26
4		0500581	STYLO STIK MEDIUM BALLPOINT PEN BK	5	BOX10	0.2100	09/05/05	1.05	17.50	0.18
5		9372006	BANNER ADHESIVE PUTTY 140g	1	PACK	0.3000	09/05/05	0.30	17.50	0.05
6		9100014	BANNER RLD REPORTER W/BOOK 123x205	1	BOOK	1.0800	09/05/05	1.08	17.50	0.19

V.A.T. Summary
 Rate 17.50 Taxable Sum 13.98 V.A.T. Amount 2.44
 Sales Order Total (VAT excl) 13.98
 INVOICE GOODS 13.98
 INVOICE V.A.T. 2.44
 INVOICE TOTAL 16.42

Settlement : None
Discount Terms :

Please return the slip

from final page of invoice with your payment by

07/06/2005

Invoice

 ** INVOICE NO. [REDACTED]
 **
 * Invoice To: [REDACTED]

Stephen Timms MP

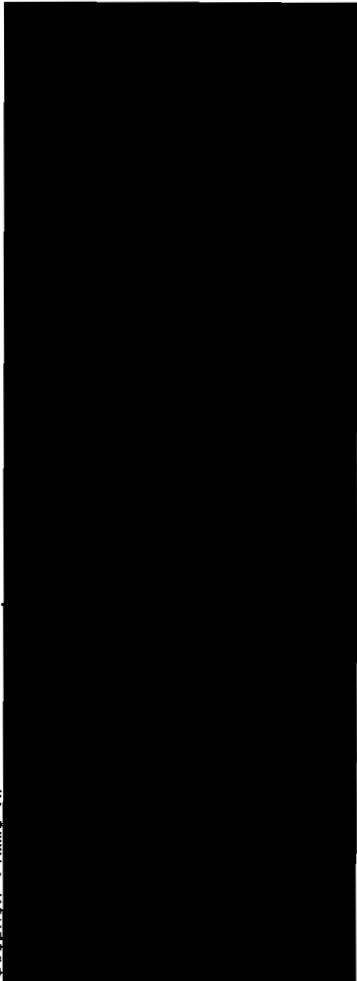
Charge To:
 Stephen Timms MP

Page 1 of 1 Date 10/05/2005
 Acc.No [REDACTED] Order Date 09/05/2005
 Order [REDACTED]
 C.A.R. [REDACTED]



office2office

Banner Business Supplies Ltd



Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 10/05/2005
 Amt. Due : 63.70

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line excl VAT	Total VAT	Line VAT
1		8300011	HIMARK HIGHLIGHTER ASSORTED	2	WALET4	0.5600	09/05/05	1.12	17.50	0.20
2		8290001	NON-MAGNETIC WHITEBOARD 900x600mm	1	BOARD	38.3300	09/05/05	38.33	17.50	6.71
3		7920033	FAIR TRADE TEA DIRECT TEA BAGS	1	PK440	12.5000	09/05/05	12.50	0.00	0.00
4		0130651	FAIRY WASHING UP LIQUID 500ml	1	EACH	1.7900	09/05/05	1.79	17.50	0.31
5		9270017	BANNER PERMANENT BULLET MARKER AS	1	WALET4	2.2500	09/05/05	2.25	17.50	0.39

V.A.T. Summary	
Rate	Taxable Sum V.A.T. Amount
17.50	43.49
0.00	12.60
	7.61
	0.00

Sales Order Total (VAT excl) 56.09

INVOICE GOODS 56.09
 INVOICE V.A.T. 7.61
 INVOICE TOTAL 63.70

Settlement : None
 Discount Terms :

Banner
 world-class office products

Please return the slip

from final page of invoice with your payment by

07/06/2005

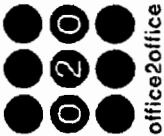
Invoice

 ** INVOICE NO. [REDACTED]
 **
 *** Invoice To: [REDACTED]

Stephen Timms MP

Page 1 Of 1 Date 08/04/2005
 Acc. No. [REDACTED] Order Date 07/04/2005
 Order [REDACTED]
 C.A.R. [REDACTED]

Charge To:
 Stephen Timms MP



office2office

Banner Business Supplies Ltd



Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total excl VAT	VAT Rate	Line VAT
1		7906393	HUMARI J205 CORDLESS FILT KETTLE WH	1	EACH	14.8500	07/04/05	14.85	17.50	2.60

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	14.85	2.60

Sales Order Total (VAT exc1) 14.85

INVOICE GOODS 14.85
 INVOICE V.A.T. 2.60
 INVOICE TOTAL 17.45

Settlement : None
 Discount Terms :

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 08/04/2005
 Amt. Due : 17.45

Please return the slip

from final page of invoice with your payment by

06/05/2005

Financial Processing }

Transaction No

Registration No



C3

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or



Volunteer ~~Y~~/NO

Please check / amend relation

Text

12/5/05

Invoice No.



Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04_05 05_06 ✓

Who code? (Cat3)

or



Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£ 7.00 ✓

£ ~~7.00~~

£.....

£.....

£ 7.00

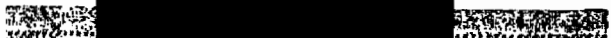
TOTAL

Comments:

*** Financial Processing purposes only
Registered by (initials & date)**



Posted by (initials & date)



17
17 MAY 2005

Transac

C3 DIRECT PAYMENT

Certain expenses to Members' employees and volunteers (To exclude travel between home and normal place of work)

I hereby authorise the Fees Office to pay the undermentioned person the following sums from my Incidental Expenses Provision

Name.....

Address.....

Post code.....

Only complete the bank details if this is the first time of payment or if your details have changed.

Bank name and address.....

Sort code..... Account No.....

Account name.....

Payment for	Amount £	Description - if further clarification required	For Fees Office use only
Travel - (rail/air/taxi) *** Please see below	7.00		
Other travel - (car) *** Please see below			
Telephone			
Home as office			
Office requisites			
TOTAL	£ 7.00	*** These should exclude travel from home to normal place of work and taxable expenses such as non- repayable season tickets. Such items should to be entered on a C4 claim form.	

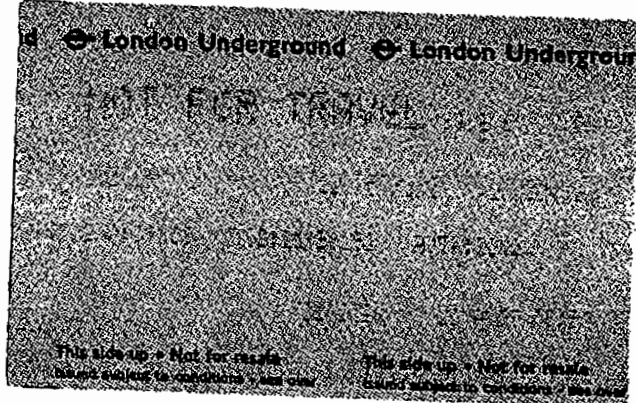
I certify that these expenses have been wholly, exclusively and necessarily incurred on parliamentary duties.

Signed (Member).....

Printed name..... Stephen Timms

Date..... 12/5/05 Constituency..... East Ham

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Financial Processing }

Transaction N

Registration N



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or



Volunteer ~~YES~~ **NO**
Please check / amend relation

Text

7/4/05

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Who code? (Cat3)

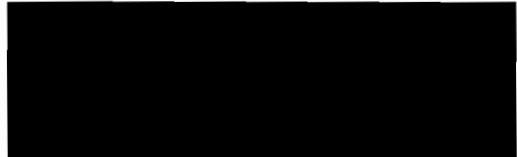


~~04_05~~ / 05_06 ✓

Expenditure type (Cat5) :



or



£.....

£.....

£.....

£.....

£.....

£.....

£ 24,40 -

£.....

£.....

£ 24,40

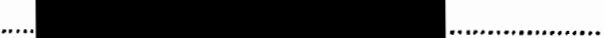
TOTAL

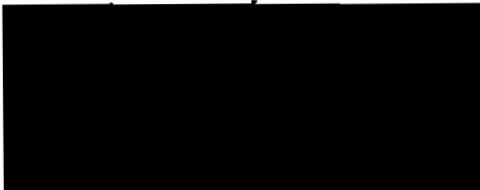
Comments:

* Financial Processing purposes only
Registered by (initials & date)



Posted by (initials & date)





Transaction code.

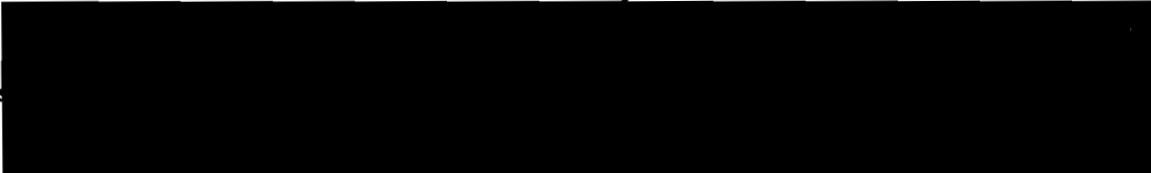
11 APR 2005

C3 DIRECT PAYMENT
Certain expenses to Members' employees and volunteers
(To exclude travel between home and normal place of work)

I hereby authorise the Fees Office to pay the undermentioned person the following sums from my Incidental Expenses Provision.

Name..

Address



Only complete the bank details if this is the first time of payment or if your details have changed.

Bank name and address...



Sort code



Account No.



Account name....



Payment for	Amount £	Description - if further clarification required	For Fees Office
Travel - (rail/air/taxi) *** Please see below	£ 24 = 40		
Other travel - (car) *** Please see below			
Telephone			
Home as office			
Office requisites			
TOTAL	£ 24 = 40	*** These should exclude travel from home to normal place of work and taxable expenses such as non-repayable season tickets. Such items should to be entered on a C4 claim form.	

I certify that these parliamentary duties.

Signed (Member).



Printed name

STEPHEN TIMMS MP

Date


7 APRIL

Constituency

EAST HAM

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Class	Ticket type	Adult	Child
STD	OFF-PEAK	1	0
TO COST ONE NTL			
From	[REDACTED]		
			Price
to	ON DATE SHOWN		£5.2014
	Route		
	20NES		



Financial Processing }

Transaction No.

Registration No.



C2

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID



Text

Invoice No.

Account code / Allowance



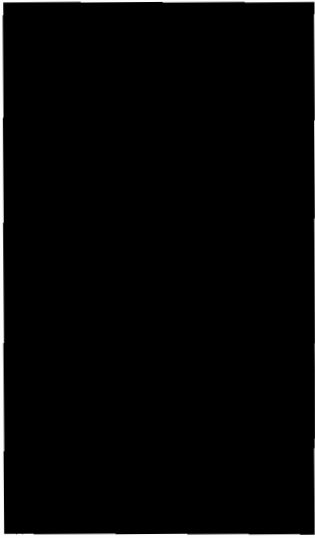
Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

2/4

~~04_05~~ / 05_06 ✓

Expenditure type (Cat5) :



£.....

£ 39.81 ✓

£.....

£.....

£.....

£.....

£.....

£.....

£.....

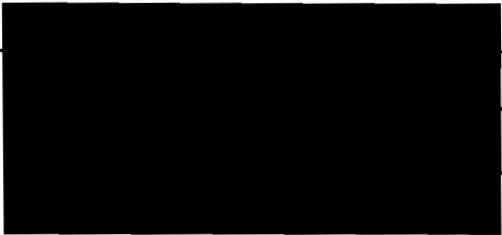
£ 39.81

TOTAL

Comments:

* Financial Processing purposes only
Registered by (initials & date)

Posted by (initials & date)



C2. DIRECT PAYMENT

I enclose¹..... certified invoices to allow direct payments to be made from my
Incidental Expenses Provision

Invoice	Supplier's name	Amount £	<i>Transaction code</i> <i>For Fees office use only</i>
1	Banner	39=81	
2			
3			
4			
5			
6			
7			
8			
9			
10			
		£ 39=81	

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on
parliamentary business by

SIGNED..... [REDACTED]MP

PRINTED NAME...STEPHEN TIMMS.....

DATE 5/4/05.....CONSTITUENCY...EAST HAM.....

Invoice

 * INVOICE NO. *
 * * * * *
 Invoice To : [REDACTED]

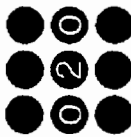
Stephen Timms MP

Page 1 Of 1 Date 02/04/2005
 Acc.No [REDACTED] Order Date 31/03/2005
 Order [REDACTED]
 C.A.R. [REDACTED]

Charge To :
 Stephen Timms MP

Banner Business Supplies Ltd

office2office



PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 02/04/2005
 Amt. Due : 39.81

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line excl VAT	Total VAT	Line VAT
1		9290011	RAPESCO 26/6 STAPLES	1	BX5000	0.2000	01/04/05	0.20	17.50	0.04
2		2040310	EVOLVE OFFICE PAPER A4 80gsm WHITE	2	BX2500	9.3000	01/04/05	18.60	17.50	1.26
3		9000022	BANNER ENV 110x220 MDW 80g S/S WH	1	BX1000	6.1700	01/04/05	6.17	17.50	1.06
4		9000023	BANNER RUBBER GRIP GEL INK PEN BK	1	BX1000	5.5300	01/04/05	5.53	17.50	0.97
5		9240027	BANNER A5 SPIRAL S/HAND N/BOOK 200P	1	BOOK	1.5100	01/04/05	1.51	17.50	0.26
6		9100017	BANNER A5 SPIRAL S/HAND N/BOOK 200P	6	BOOK	0.3100	01/04/05	1.86	17.50	0.33

V.A.T. Summary

Rate 17.50
 Taxable Sum 33.87
 V.A.T. Amount 5.94

33.87

INVOICE GOODS
 INVOICE V.A.T.

33.87
 5.94

INVOICE TOTAL 39.81

Settlement : None
 Discount Terms :



Financial Processing)

Transaction No.

Registration No.



①

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text Box

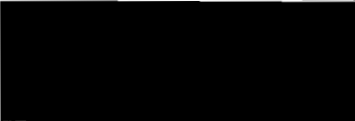
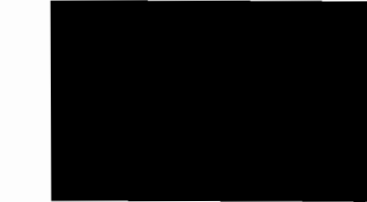
Invoice No.

Account code / Allowance

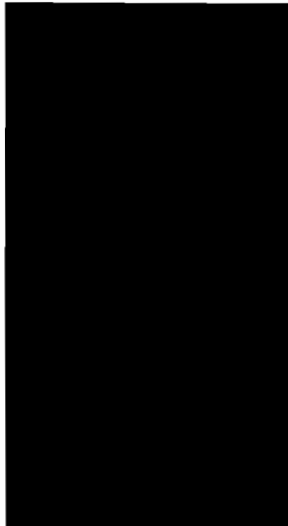
Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



05/0604-05 / 05-06



£.....

£ 82.25

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 82.25

TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)



C2. DIRECT PAYMENT

06 APR 2005

I enclose certified invoices to allow direct payments to be made from my Incidental Expenses Provision

Invoice	Supplier's name	Amount £	Transaction code <i>For Fees office use only</i>
1	Langford Printers	82=25	
2			
3			
4			
5			
6			
7			
8			
9			
10			
		£ 82=25	

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business.

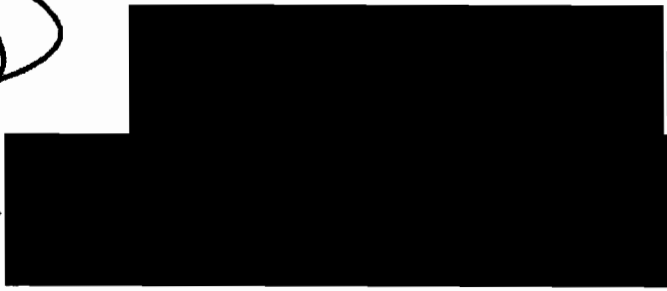
SIGNED..... MP

PRINTED NAME..... STEPHEN TIMMS

DATE... 1 APRIL '05 ... CONSTITUENCY... EAST HAM



LANGFORD PRINTERS



Invoice

Stephen Timms MP
[Redacted]

INVOICE NUMBER




DATE / TAX POINT

24/03/2005

ACCOUNT NUMBER



DETAILS	NET PRICE	VAT
2500 x A4 Green House of Commons Letterheads	70.00	12.25



DELIVERY ADDRESS:
[Redacted]



TOTAL NET	70.00
TOTAL VAT	12.25
INVOICE TOTAL £	82.25

Financial Processing }

Transaction N

Registration N



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or



Volunteer ~~Y/N~~

Please check / amend relation

Text

4/4/05



Invoice No.



Account code / Allowance



Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

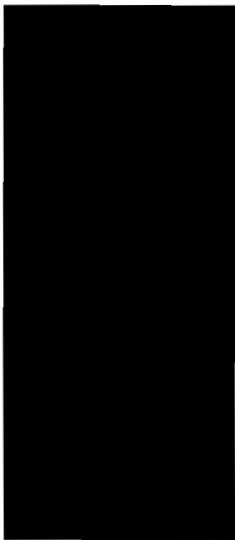
~~04_05~~ / 05_06

Who code? (Cat3)

or



Expenditure type (Cat5) :



£ 18.69 ✓

£.....

£.....

£.....



£ 5.20 ✓

£.....

£.....

£.....

£ 23.89

TOTAL

Comments:

** Financial Processing purposes only
Registered by (initials & date)*



Posted by (initials & date)

11 APR 2005

Transaction code.



C3 DIRECT PAYMENT

Certain expenses to Members' employees and volunteers
(To exclude travel between home and normal place of work)

I hereby authorise the Fees Office to pay the undermentioned person the following sums from my Incidental Expenses Provision.

Name.....

Address.....

Post code.....

Only complete the bank details if this is the first time of payment or if your details have changed.

Bank name and address.....

Sort code..... Account No.....

Account name.....

Payment for	Amount £	Description - if further clarification required	For Fees Office use only
Travel - (rail/air/taxi) *** Please see below	5.20	Travel to constituency	
Other travel - (car) *** Please see below			
Telephone			
Home as office			
Office requisites	18.69	Anti-virus software.	
TOTAL	£ 23.89	*** These should exclude travel from home to normal place of work and taxable expenses such as non-repayable season tickets. Such items should to be entered on a C4 claim form.	

I certify that these expenses have been wholly, exclusively and necessarily incurred on parliamentary duties.

Signed (Member).....

Printed name..... Stephen Timms

Date..... 4/4/05 Constituency..... East Ham



5. 1. 1971

PLEASE RETAIN

LONDON UNDERGROUND

SALE 1 5.20



er
01APRO



[REDACTED]
From:
Sent:
To:
Subject:

02 April 2005 00:52

Importance:

High

CONFIRMATION RECEIPT

Name:
Order
Date:

McAfee VirusScan : \$ 34.99(USD)
Total Tax : -
Total Price : \$34.99

You saved \$4.01 as an auto-renewal customer

If you wish to cancel your McAfee service, we can provide a full refund if cancellation is within 60 days of this renewal notice.

[REDACTED]
Sincerely,
[REDACTED]
[REDACTED]

Financial Processing }

Transaction No. [Redacted]

Registration No. [Redacted]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or [Redacted]

Volunteer *P/N*

Please check / amend relation

Text

Invoice No. [Redacted]

02/06

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

~~04/05~~ / 05 06

Who code? (Cat3)

or [Redacted]

Expenditure type (Cat5) :

514500

£.....

514505

£..... 14.55

514210

£.....

514245

£.....

514260

£.....

514273

£.....

514274

£.....

514275

£.....

514 _ _ _

£.....

TOTAL

£.....

Comments:

* Financial Processing purposes only
Registered by (initials & date)

[Redacted]

24/06

Posted by (initials & date)

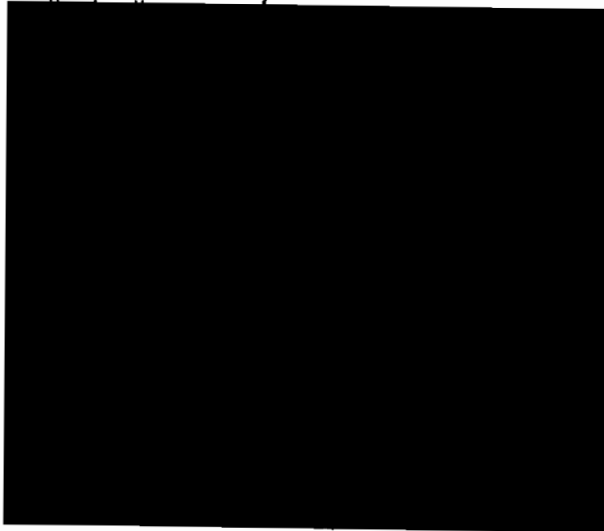
24 JUN 2005

Post Office Ltd.
Your Receipt



Inland Sec 3M		
1 @ 14.55		14.55
TOTAL DUE TO POST OFFICE		14.55
Switch/Maestro FROM CUSTOMER		14.55
BALANCE		0.00

Payment





EB

Authority for the payment of one-off salary and/or expenses to staff

8 JUN 2005

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM.

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount		
	£	:	p
One-off salary		:	p
Season ticket loan		:	p
Travel - home to work		:	p
Rail travel		:	p
Car travel		:	p
Air travel		:	p
Taxi		:	p
Meals and subsistence		:	p
Healthcare		:	p
Childcare		:	p
Home as office/telephone		:	p
Office requisites	£	14 : 55	p
Total	£	14 : 55	p

Taxable		Allow & exp type	Initials
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

Date

2/06/05.

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

Send your completed form to

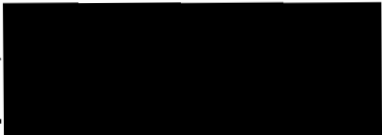
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/	/
Signature check		/	/
Funds check		/	/
Allowable expenditure		/	/
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/	/
Payment codes added to form		/	/
Receipts/ documentation present		/	/
Processing input		/	/



Financial Processing }

Transaction No.



Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or



Volunteer **N**
Please check / amend relation

Text

10 JULY '05

Invoice No.



Account code / Allowance

Members cost centre (Cat1)



Financial Year/PIRO (Cat2)

04_05 / 05_06

Who code? (Cat3)

or



Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£ 10.40 -

£.....

£.....

£ 10.40

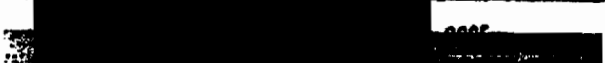
TOTAL

Comments:

* Financial Processing purposes only
Registered by (initials & date)



Posted by (initials & date)





Staffing Allowance/Incidental Expenses Provision

Authority for the payment of one-off salary and/or expenses to staff

SA3

12 JUL 2005 CB

Page 1 of 2

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

continued on page 2

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel - home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ 10 : 40 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Office requisites	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total	£ 10 : 40 p			

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by duties.

Signature _____ MP

Date 10 July 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

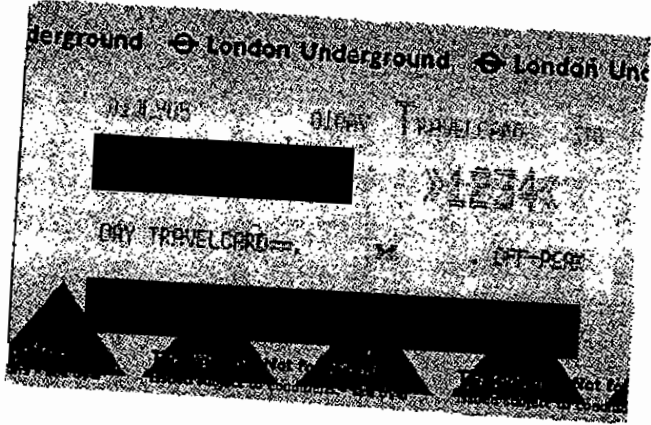
Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only		Validation	
	Initials	Initials	Date
Claims received		Member ID added to form	
Signature check		Payment codes added to form	
Funds check		Receipts/ documentation present	
Allowable expenditure		Processing Input	

Please use margin for comments





Financial Processing }

Transaction No.

Registration No.



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text

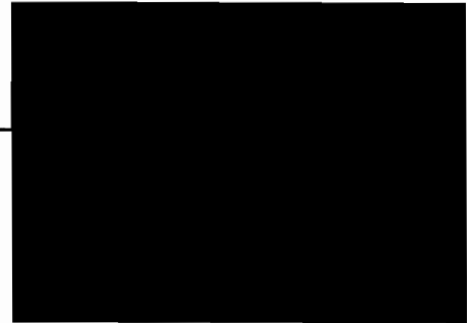
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

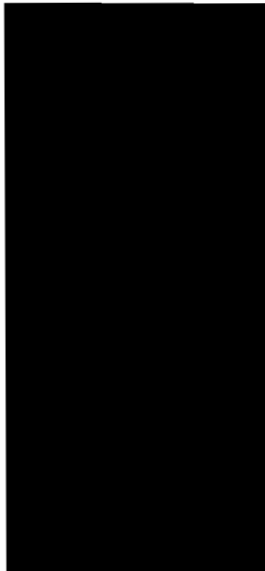
Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



04_05 / 05_06

05/07



TOTAL

£.....
£ 9.98
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....

Comments:

** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)



02/08
3/8/5



Direct payment of suppliers

2 JUL 2002

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

11 / 07 / 05

Allowance year

05 / 06

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	Banner	£ 9 : 98 P
Item 2		£ : P
Item 3		£ : P
Item 4		£ : P
Item 5		£ : P
Total		£ 9 : 98 P

Office use only

Allow or A/c code	Supplier ID	Exp/ Cat 5

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
Total		£ : p

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 11 / 07 / 05

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to Validation Team, Operations Directorate, Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	Validation Member ID added to form
Signature check		/ /	Payment codes added to form
Funds check		/ /	Receipts/ documentation present
Allowable expenditure		/ /	Processing Input

Please use margin for comments

Invoice

* INVOICE NO. [REDACTED] *

Invoice To :

Stephen Timms MP

Charge To :

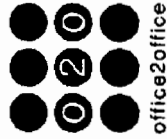
Stephen Timms MP

Page 1 Of 1 Date 05/07/2005

Acc.No. [REDACTED] Order Date 04/07/2005

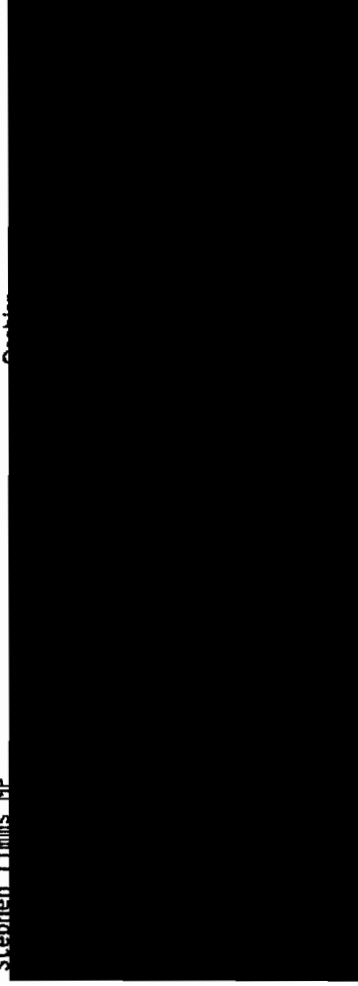
Order [REDACTED]

C.A.R.



office2office

Banner Business Supplies Ltd



Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line excl VAT	Total VAT	Line VAT
1		9095001	BANNER A5 TELEPHONE MESSAGE PAD 80S	1	PACK10	2.4500	04/07/05	2.45	17.50	0.43
2		0430007	PARKER OUTINK INK CARTRIDGE BLUE/BK	2	PACK15	1.5100	04/07/05	3.02	17.50	0.53
3		0430008	PARKER QUIINK INK CARTRIDGE BLACK	2	PACK5	1.5100	04/07/05	3.02	17.50	0.53

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	8.49	1.49

Sales Order Total (VAT excl) 8.49

INVOICE GOODS	8.49
INVOICE V.A.T.	1.49
INVOICE TOTAL	9.98

SETTLEMENT : NONE
Discount Terms :

Banner
world-class office products

BBSInvoice07/03

PAYMENT SLIP
Please see reverse
for terms of business
and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 05/07/2005

Amt. Due : 9.98

**Please
return
the slip**

from final page
of invoice with
your payment
by

02/08/2005

327

Financial Processing }

Transaction [redacted]
Registration [redacted]

C3

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer ~~BYN~~

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Who code? (Cat3)

Expenditure type (Cat5) :

[redacted]

or

~~04_05~~ / 05_06

£.....
£.....
£.....
£.....
£.....
£ 13.20
£.....
£.....
£.....
£.....

TOTAL

Comments:

* Financial Processing purposes only
Registered by (initials & date)

[redacted]

04/05

Posted by (initials & date)

[redacted]

4/8/5



Staffing Allowance/Incidental Expenses Provision

C3

SA3

Authority for the payment of one-off salary and/or expenses to staff

27 JUL 2005

Page 1 of 2

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS MP

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

continued on page 2

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ 13 : 20 p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 13 : 20 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

5

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature  MP

Date 28 JULY 2005

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only		Validation	
	Initials	Initials	Date
Claims received		Member ID added to form	
Signature check		Payment codes added to form	
Funds check		Receipts/ documentation present	
Allowable expenditure		Processing Input	

Please use margin for comments

London Underground London Underground London



DAY TRAVELCARD 50p



DAY TRAVELCARD

7%



[REDACTED]

Description	Number	Total
1 TICKET	[REDACTED]	£5-20S
[REDACTED]	[REDACTED]	[REDACTED]

VISA


[REDACTED]

EXCESS AUTHORIZED

[REDACTED]

CARDHOLDER'S COPY

[REDACTED]



Financial Processing }

Transaction No. ... [redacted]

Registration No. ... [redacted]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Volunteer Y / N

Please check / amend relation

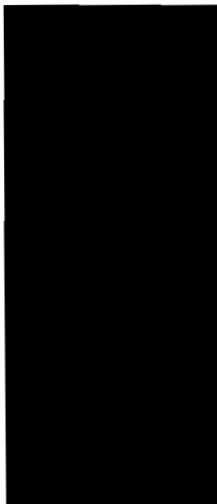
Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)



or

27.06.05



~~05_05~~ / 05_06

£ 35.82

£

£

£

£

£

£

£

TOTAL

£ 35.82

Comments [redacted]

* Financial Processing purposes only
Registered by (Initials & date)

[redacted]

Posted by (initials & date)

[redacted] 19 JUL 2005



Authority for the payment of one-off salary and/or expenses to staff

C3.
06 JUL 2013

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call [REDACTED]

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

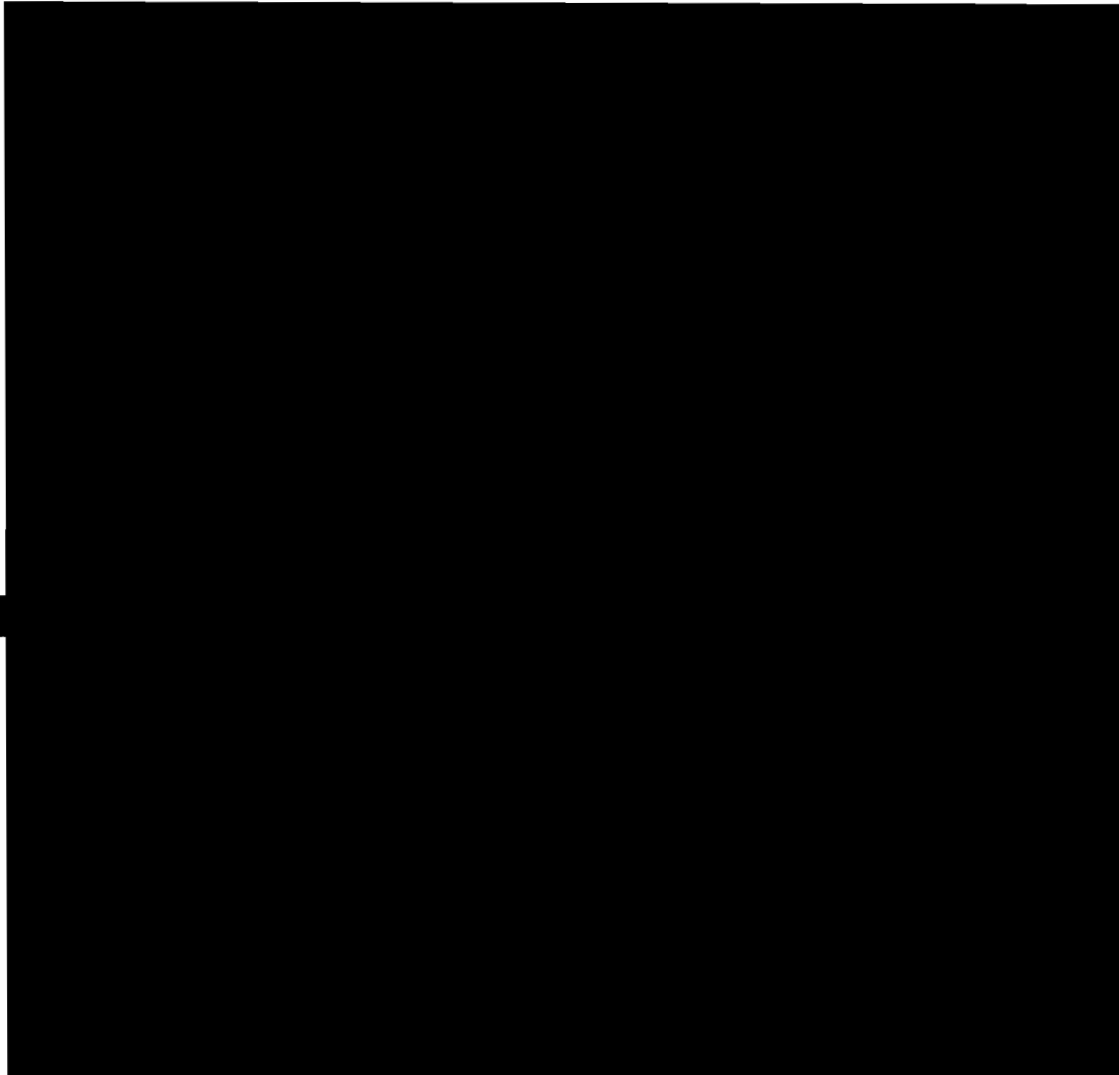
First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number



Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel - home to work	£ : p
Rail travel	£ : p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ 35 : 82 p
Total	£ 35 : 82 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

27/6/05

Data protection

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Send your completed form to

Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing input		/ /	

Financial Processing }

Transaction No. [Redacted]

Registration No. [Redacted]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or [Redacted]

Volunteer Y/N

Please check / amend relation

Text

4/8/05 ✓

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04_05 / 05_06 ✓

Who code? (Cat3)

or [Redacted]

Expenditure type (Cat5) :

[Redacted]

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 6.20 ✓

TOTAL

Comments:

[Redacted]

** Financial Processing purposes only
Registered by (initials & date)*

[Redacted] 11/08

Posted by (initials & date)

[Redacted] 6/08



Authority for the payment of one-off salary and/or expenses to staff

CB
SA3

D 8 AUG 2005

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel - home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ 6 : 20 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p			
Office requisites	£ : p			
Total	£ 6 : 20 p			

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by my staff for the purpose of supporting my Parliamentary duties.

Signature  MP

Date 4 August 2005

Data protection

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Send your completed form to **Validation Team, Operations Directorate, Department of Finance & Administration, House of Commons, London SW1A 0AA**

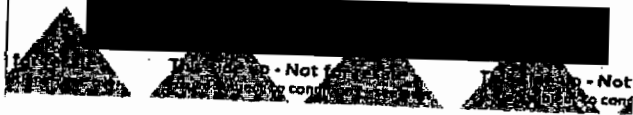
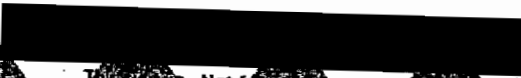
Office use only			
	Initials	Date	
Validation Claims received		/ /	Validation Member ID added to form
Signature check		/ /	Payment codes added to form
Funds check		/ /	Receipts/documentation present
Allowable expenditure		/ /	Processing input

Please use margin for comments

derground ⊖ London Underground ⊖ London Un

COOLIDGE

DRY RETURN \$1.30 ESTD





London
Buses

Route [REDACTED]
[REDACTED] [REDACTED] [REDACTED]

Fare: Adult Single £1.20

Not Transferable

Valid From Stage: [REDACTED]

Valid To Stage: [REDACTED]

At: [REDACTED] 05

Route is Operated By:

Fast Thames Buses
Retail Ticket for
Inspection



London
Buses

[REDACTED]
[REDACTED]
Fare: Adult Single £1.20

Not Transferable

Valid From Stage: [REDACTED]

Valid To Stage: [REDACTED]

At: [REDACTED]

Route is Operated By:

London
S Z H K A S

Retain Ticket for
Inspection



London
Buses

[REDACTED]
Fare: Adult Single £1.20

Not Transferable

Valid From Stage: [REDACTED]

Valid To: [REDACTED]

At: [REDACTED]

Route is Operated By:



Stagecoach

Retain Ticket for
Inspection