

Rt Hon Stephen Timms MP

**Incidental Expenses
Provision**

2006-07



Direct payment of suppliers

17 APR 2007

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

31 / 03 / 07

Allowance year

06 / 07

Incidental Expenses Provision claims



Table with 3 columns: Item, Suppliers, Amount. Contains handwritten entries for Langford Printers and Aston-Mansfield.

Total £ 184 : 10 p

Claim details continued

| Staffing Allowance claims | | Office use only | | | |
|---------------------------|-----------|-----------------|-------------------|-------------|------------|
| | Suppliers | Amount | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ : p | _____ | _____ | _____ |
| Item 7 | _____ | £ : p | _____ | _____ | _____ |
| Item 8 | _____ | £ : p | _____ | _____ | _____ |
| Item 9 | _____ | £ : p | _____ | _____ | _____ |
| Total | | £ : p | | | |

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

15 APR / 2007

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 |
|-----------------------|----------|----------------|---------------------------------|----------|----------------|
| 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



LANGFORD PRINTERS



Invoice

The Rt Hon Stephen Timms MP

| | |
|------------------|------------|
| Invoice Number | |
| Date / Tax Point | 29/03/2007 |

| | |
|----------------|--|
| 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 |
| | | |

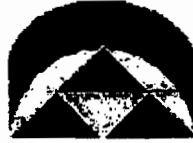


Delivery Address:



| | |
|------------------------|---------------|
| Total Net | 112.00 |
| Total VAT | 19.60 |
| INVOICE TOTAL £ | 131.60 |

Sales Invoice



Aston-Mansfield

Generating community wealth for social change

Invoice No: [REDACTED]
Date: 30/3/2007

Invoice To:
[REDACTED]
c/o Stephen Trimms MP

Terms:
Payment is due by: 14/4/2007

| Item | Qty | Description | Rate | Amount |
|----------------------------|-----|---|-------|--------|
| Room Hire Political Groups | 3.5 | 10/3/07/Coffee bar hire 10am-1.30pm 3.5hrs @ rate of £15 per hour | 15.00 | 52.50 |

[REDACTED] **Total** £52.50

[REDACTED]

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

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 13.50:

£.....

£.....

£ 13.50 ✓

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

C3

1 APR 2007

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 1348.

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

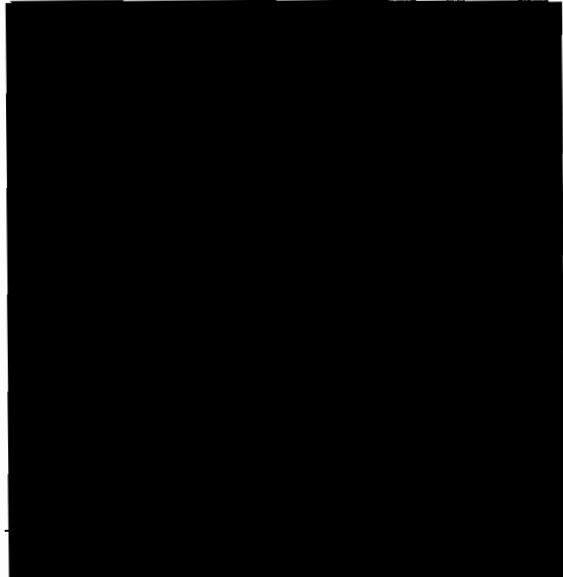
Payslip address

Bank details

Claim details

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

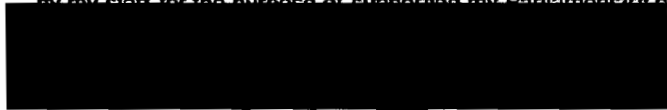
| | Amount |
|--------------------------|------------------|
| One-off salary | £ : p |
| Season ticket loan | £ : p |
| Travel – home to work | £ : p |
| Rail travel | £ 7:80 5:70 p |
| Car travel | £ : p |
| Air travel | £ : p |
| Taxi | £ : p |
| Meals and subsistence | £ : p |
| Healthcare | £ : p |
| Childcare | £ : p |
| Home as office/telephone | £ : p |
| Office requisites | £ : p |
| Total | £ 13:50 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



Date

15 APR 2001

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 | <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

ground London Underground London Unde

NOT FOR TRAVEL 09/15 25.70



Underground London Underground London

STATION T RAVENHURST ST



Not for con Not for con

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

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£ 20.40 ✓

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

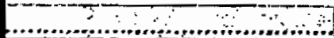
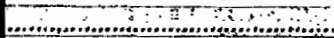
£ 20.40 ✓

TOTAL

Comments:

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

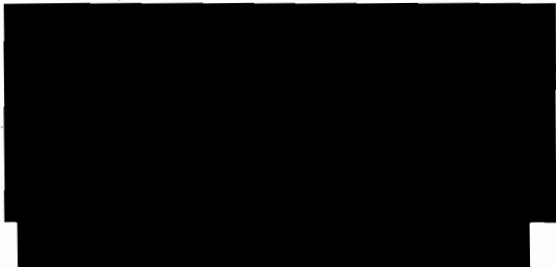
Posted by (initials & date)



Whittard
OF CHELSEA



TOTAL AMOUNT: GBP20.40 Sale





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

05 APR 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 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 |
| Taxi | £ : p |
| Meals and subsistence | £ : p |
| Healthcare | £ : p |
| Childcare | £ : p |
| Home as office/telephone | £ : p |
| Office requisites | £ 20 : 40 p |
| Total | £ 20 : 40 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



Date

2 APR 2007

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 | | / | / |



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

62

2003 2007 to 3

05 APR 2007

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

Costs

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 / 03 / 07

Allowance year

06 / 07

Incidental Expenses Provision claims



Suppliers

Amount

Item 1

Banner

£ 55 : 06 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 55 : 06 p

Claim details continued on page 2

Claim details continued

| Staffing Allowance claims | | Office use only | | | |
|---------------------------|-----------|-------------------|-------------------|-------------|------------|
| | Suppliers | Amount | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Item 7 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Item 8 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Item 9 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Total | | £ _____ : _____ p | | | |

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 2 APR 2007

Data protection

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Office use only

| 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

Invoice

 ** INVOICE NO. *****

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 Of 1 Date 27/03/2007

Acc.No. Order Date 26/03/2007

Order

C.A.R.

Delivered To :

Stephen Timms MP

Customer Services

Telephone No :

Fax No :

Sales Order No



Banner Business Supplies Ltd

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

Acc. No. :

Inv. No. :

Inv. Date: 27/03/2007

Amt. Due : 55.06

| 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 | 2040310 | | EVOLVE OFFICE PAPER A4 80gsm WHITE | 3 | BX2500 | 9.3000 | 26/03/07 | 27.90 | 17.5 | 4.88 |
| 2 | 5000212 | | BLACK N RED RECYC A5 W/BOUND BOOK | 6 | EACH | 3.1600 | 26/03/07 | 18.96 | 17.5 | 3.32 |

V.A.T. Summary

Rate Taxable Sum V.A.T. Amount
 17.50 46.86 8.20

46.86

INVOICE GOODS 46.86

INVOICE V.A.T. 8.20

INVOICE TOTAL 55.06

Settlement : None
 Discount Terms :

Banner
 world-class office products

Please return the slip

from final page
 of invoice with
 your payment
 by

24/04/2007



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

32

1002 844 5 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

Office use only

Costc

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

23 1 03 106

Allowance year

06 1 07

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Rows include Item 1 (Black and White Multimedia, £ 528:75 p), Item 2 (Banner, £ 21:86 p), and a Total row (£ 550:61 p).

Claim details continued on page 2

Claim details continued

| Staffing Allowance claims | | Office use only | | | |
|---------------------------|-----------|-----------------|-------------------|-------------|------------|
| | Suppliers | Amount | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ : p | _____ | _____ | _____ |
| Item 7 | _____ | £ : p | _____ | _____ | _____ |
| Item 8 | _____ | £ : p | _____ | _____ | _____ |
| Item 9 | _____ | £ : p | _____ | _____ | _____ |
| Total | | £ : p | | | |

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 / MAR / 2007

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 |
|-----------------------|----------|----------------|---------------------------------|----------|----------------|
| 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

INVOICE

BLACK AND WHITE MULTIMEDIA LTD

To:
Rt Hon Stephen Timms MP,

| Account code | Date | Payment Due Date | Reference | Invoice No |
|-----------------|------------|------------------|-----------|--------------|
| | 22/03/07 ✓ | 29/03/07 | | ✓ |
| Invoice Details | | | | Net Value(£) |
| Website Design | | | | |
| Advance | | | | 450.00 |
| Vat (17.5%) | | | | 78.75 |
| Total Amount | | | | 528.75 ✓ |



Direct payment of suppliers

When to use this form

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About filling in this form

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- 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

Costc

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

21 / 03 / 07

Allowance year

06 / 07

Incidental Expenses Provision claims

| | Suppliers | Amount |
|--------|-------------------|-------------|
| Item 1 | Aston - Mansfield | £ 30 : 00 p |
| Item 2 | | £ : p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |
| Total | | £ 30 : 00 p |

Claim details continued on page 2

Claim details continued

| | Staffing Allowance claims | | Office use only | | |
|--------------|---------------------------|--------------|-------------------|-------------|------------|
| | Suppliers | Amount | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ : p | _____ | _____ | _____ |
| Item 7 | _____ | £ : p | _____ | _____ | _____ |
| Item 8 | _____ | £ : p | _____ | _____ | _____ |
| Item 9 | _____ | £ : p | _____ | _____ | _____ |
| Total | | £ : p | | | |

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 25 MAR 2007

Data protection

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

Office use only

| 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

Sales Invoice



Aston-Mansfield

Generating community wealth for social change

Invoice No: [REDACTED] ✓
Date: 19/3/2007 ✓

Invoice To:
[REDACTED]
c/o Stephen Trimms MP

| Item | Qty | Description | Rate | Amount |
|---------------------------------|-----|--|-------|--------|
| Room Hire Political Groups 7 | 2 | 17/2/07 Coffee bar hire 11am-1pm 2hrs @ rate of £15 per hour | 15.00 | 30.00 |
| [REDACTED] | | | | |

[REDACTED]

£30.00 ✓

[REDACTED]

Financial Processing }

Transaction No.

Registration No.



Validation Claim Summary Sheet

C3

Please write or print clearly & attach to claim

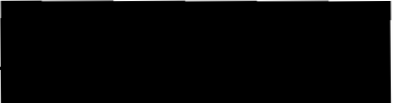
Supplier ID

or



Volunteer /N
Please check / amend relation

Text



Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£ 1.12.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 1.12.....

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 MAR 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 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

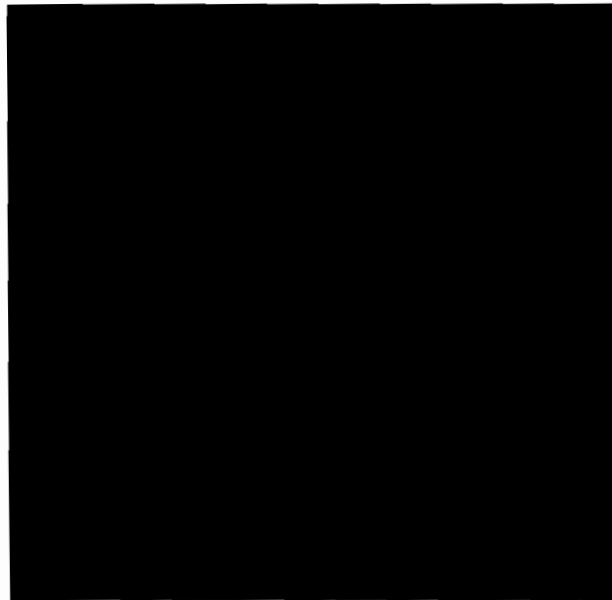
Payslip address

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 |
| Taxi | £ : p |
| Meals and subsistence | £ : p |
| Healthcare | £ : p |
| Childcare | £ : p |
| Home as office/telephone | £ : p |
| Office requisites | £ 01 : 12 p |
| Total | £ 1 : 12 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

19 MAR 2007

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 | | / / | |

Post Office Ltd.
Your Receipt



| | | |
|--------------------------|---------------|------|
| Post Label 1 | | |
| 1 | £ 1.12 | 1.12 |
| TOTAL DUE TO POST OFFICE | | 1.12 |
| Cash | FROM CUSTOMER | 1.12 |
| 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 Y/N

Please check / amend relation

Text

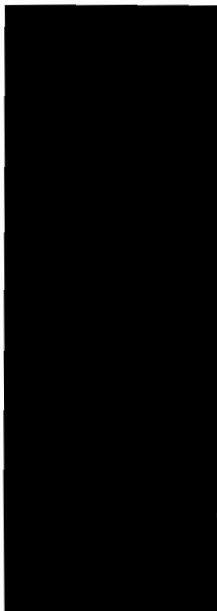
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£ 0.72

£

£

£

£

£

£

£ 7.80

£

£

£ ~~7.80~~

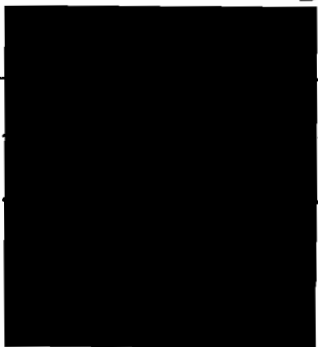
6.52

TOTAL

Comments:

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

Posted by (initials & date)





08 MAR 2007

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 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

Underground London Underground London

NOT FOR TRAVEL SALE £7.60



Post Office Ltd.
Your Receipt



| | | |
|--------------------------|---------------|------|
| Postage stamp | | |
| 1 | € 0.72 | 0.72 |
| TOTAL DUE TO POST OFFICE | | 0.72 |
| Cash | FROM CUSTOMER | 0.72 |
| BALANCE | | 0.00 |

Thank You



Incidental Expenses Provision/Staffing Allowance

G2

Direct payment of suppliers

13 MAR 2007

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

Costs

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

28 / 02 / 07

Allowance year

06 / 07

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Rows include Item 1 (Banner, £ 12:27 p), Item 2 (Banner, £ 7:78 p), Item 3, Item 4, Item 5, and Total (£ 20:05 p).

Claim details continued on page 2

Claim details *continued*

| Staffing Allowance claims | | Office use only | | | |
|---------------------------|-----------|-----------------|-------------------|-------------|------------|
| | Suppliers | Amount | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ : p | _____ | _____ | _____ |
| Item 7 | _____ | £ : p | _____ | _____ | _____ |
| Item 8 | _____ | £ : p | _____ | _____ | _____ |
| Item 9 | _____ | £ : p | _____ | _____ | _____ |
| Total | | £ : p | | | |

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 4 MAR 2007

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 | 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

Invoice

** INVOICE NO. *****

Invoice To :

Stephen Timms MP



Charge To :

Stephen Timms MP



office2office

Banner Business Supplies Ltd



Delivered To :

Stephen Timms MP



Customer Services

Telephone No :

Fax No :

[Redacted]

Sales Order No :

[Redacted]

Acc. No. : [Redacted]
Inv. No. : [Redacted]
Inv. Date: 13/02/2007

Amt. Due : 12.27

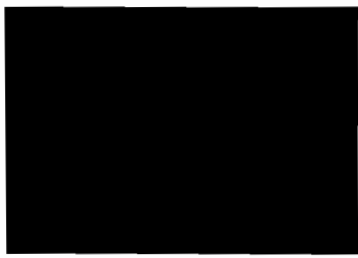
Page 1 Of 1 Date 13/02/2007

Acc.No. [Redacted] Order Date 12/02/2007

Order

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 Rate |
|----------|-----------|--------------|------------------------------------|----------|---------|------------|----------|------|---------------|-----------|-----------|
| 1 | | 2040310 | EVOLVE OFFICE PAPER A4 80gsm WHITE | 1 | BOX2500 | 9.3000 | 12/02/07 | | 9.30 | 17.50 | 1.63 |
| 2 | | 9240009 | BANNER ROLLERBALL PEN 0.6mm BLACK | 1 | BOX10 | 1.1400 | 12/02/07 | | 1.14 | 17.50 | 0.20 |



V.A.T. Summary

| | | |
|-------|-------------|---------------|
| Rate | Taxable Sum | V.A.T. Amount |
| 17.50 | 10.44 | 1.83 |

Sales Order Total (VAT excl) 10.44

| | |
|----------------|-------|
| INVOICE GOODS | 19.44 |
| INVOICE V.A.T. | 1.83 |
| INVOICE TOTAL | 12.27 |

Settlement : None
Discount Terms :

Please return the slip

from final page of invoice with your payment by

Invoice

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

Stephen Timms MP
 [Redacted]

Charge To :
 Stephen Timms MP
 [Redacted]

Banner Business Supplies Ltd
 [Redacted]

Page 1 of 1 Date 23/02/2007
 Acc.No. [Redacted] Order Date 22/02/2007
 Order [Redacted]
 C.A.R. [Redacted]

Delivered To :
 Stephen Timms MP
 [Redacted]

Customer Services
 Telephone No : [Redacted]
 Fax No : [Redacted]

Sales Order No : [Redacted]

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.D.M. | Unit Price | Tax Date | Line Total excl VAT | Line VAT |
|----------|-----------|--------------|-------------------------------------|----------|--------|------------|----------|---------------------|----------|
| 1 | | 5000303 | BLACK N RED A5 RULED WIREBOUND BOOK | 2 | EACH | 3.3100 | 22/02/07 | 6.62 | 1.16 |



V.A.T. Summary

| Rate | Taxable Sum | V.A.T. Amount |
|-------|-------------|---------------|
| 17.50 | 6.62 | 1.16 |

Sales Order Total (VAT excl) 6.62

INVOICE GOODS 6.62
 INVOICE V.A.T. 1.16
 INVOICE TOTAL 7.78

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: 23/02/2007
 Amt. Due : 7.78

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



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

02

27 FEB 2007

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

13 / 02 / 07

Allowance year

06 / 07

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

Banner

£ 169 : 17 p

Item 2

Banner

£ 23 : 38 p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 192 : 49 p

Claim details continued on page 2

Claim details continued

| | Staffing Allowance claims | | Office use only | | |
|--------------|---------------------------|--------------------------|-------------------|-------------|------------|
| | Suppliers | Amount | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Item 7 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Item 8 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Item 9 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Total | | £ _____ : _____ p | | | |

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

19 FEB / 2007

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 | 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

Invoice

INVOICE NO. *****

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 Of 1 Date 08/02/2007

Acc.No. Order Date 07/02/2007

Order

C.A.R.

Delivered To :

Stephen Timms MP

Customer Services

Telephone No :

Fax No :

Sales Order No



Banner Business Supplies Ltd

PAYMENT SLIP

Please see reverse
for terms of business
and how to pay

Acc. No. :

Inv. No. :

Inv. Date: 08/02/2007

Amt. Due : 169.11

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line Total | VAT Rate | Line VAT |
|----------|-----------|--------------|------------------------------|----------|--------|------------|----------|------------|----------|----------|
| 1 | | 0340573 | PLANTRONICS MONAURAL HEADSET | 2 | EACH | 71.9600 | 07/02/07 | 143.92 | 17.50 | 25.19 |

| V.A.T. Summary | | Sales Order Total (VAT excl) |
|----------------|---------------|------------------------------|
| Rate | Taxable Sum | 143.92 |
| | V.A.T. Amount | INVOICE GOODS 143.92 |
| 17.50 | 143.92 | INVOICE V.A.T. 25.19 |
| | | INVOICE TOTAL 169.11 |

Settlement : None
Discount Terms :

Banner
world-class office products

Please return the slip

from final page
of invoice with
your payment
by

08/03/2007

Invoice

** INVOICE NO. [REDACTED]

Invoice To :
Stephen Timms MP

Stephen Timms MP

Charge To :

Stephen Timms MP

Banner Business Supplies Ltd



office2office

Page 1 Of 1 Date 11/02/2007

Acc.No. [REDACTED] Order Date 08/02/2007

Order

C.A.R.

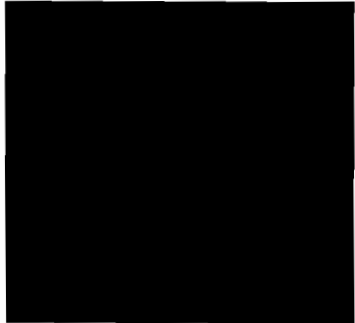
Delivered To :

Stephen Timms MP

Customer Services
Telephone No : [REDACTED]
Fax No : [REDACTED]

Sales Order No : [REDACTED]

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line Total exc1 | VAT Rate | Line VAT |
|----------|-----------|--------------|---------------------------------|----------|--------|------------|----------|-----------------|----------|----------|
| 1 | | 542247 | P/ironjcs H/set Link Cable U10P | 2 | EACH | 9.9500 | 09/02/07 | 19.90 | 17.50 | 3.48 |
| | | | | | | | 09/02/07 | | | |



V.A.T. Summary

| | | |
|-------|-------------|---------------|
| Rate | Taxable Sum | V.A.T. Amount |
| 17.50 | 19.90 | 3.48 |

Sales Order Total (VAT exc1) 19.90

| | |
|----------------------|--------------|
| INVOICE GOODS | 19.90 |
| INVOICE V.A.T. | 3.48 |
| INVOICE TOTAL | 23.38 |

Settlement : None
Discount Terms :

Banner
world-class office products

11/03/2007

45

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

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 11/02/2007

Amt. Due : 23.38

**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

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) :



E.....

E.....

E.....

E.....

E.....

E.....

E 5.10

E.....

E.....

E.....

E 5.10

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 FEB 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 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

[REDACTED] STEPHEN THOMAS MP

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

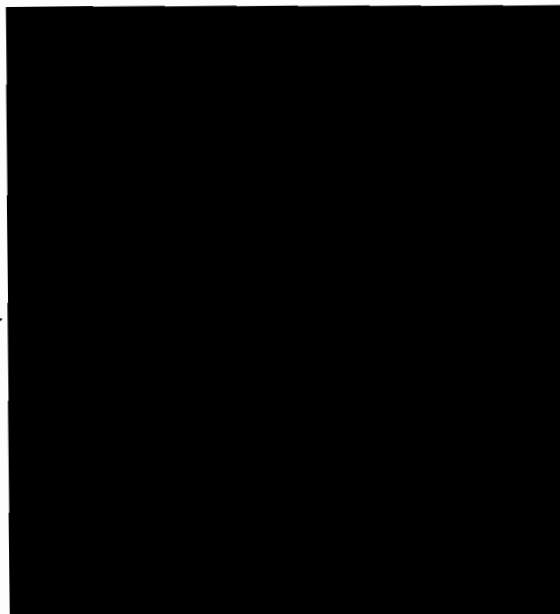
Payslip address

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 | £ <u>5</u> : <u>10</u> 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 | £ <u>5</u> : <u>10</u> 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



Date

19 FEB 2007

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

  **Day Travelcard** No planning required
valid for children 10
and over 16 and
Adults over 16 years

Start date Start End Class

Not for resale

Price **£5.10**

Issued subject to conditions - see over



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

32

13 FEB 2007

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

8 1 01 1 07

Allowance year

06 1 07

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Row 1: Banner, £ 26 : 21 p. Rows 2-5 are blank.

Total £ 26 : 21 p

Claim details continued on page 2

Claim details continued

| Staffing Allowance claims | | | Office use only | | |
|---------------------------|--------|--------------------------|-------------------|-------------|------------|
| Suppliers | Amount | | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Item 7 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Item 8 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Item 9 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Total | | £ _____ : _____ p | | | |

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 / 2007

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 |
|-----------------------|----------|----------------|---------------------------------|----------|----------------|
| 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

Invoice

 INVOICE NO. [REDACTED]

Invoice To :
 Stephen Timms MP

[REDACTED]

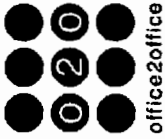
Charge To :
 Stephen Timms MP

[REDACTED]

Delivered To :
 Stephen Timms MP

[REDACTED]

Page 1 of 1 Date 30/01/2007
 Acc.No [REDACTED] Order Date 26/01/2007
 Order [REDACTED]
 C.A.R. [REDACTED]



Banner Business Supplies Ltd

[REDACTED]

Customer Services
 Telephone No : [REDACTED]
 Fax No : [REDACTED]

Sales Order No : [REDACTED]

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 30/01/2007

Amt. Due : 26.21

| Line | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line VAT excl | Total VAT | Line VAT |
|------|-----------|--------------|----------------------------------|----------|--------|------------|----------|---------------|-----------|----------|
| 1 | | 7920020 | PG TIPS PYRAMID TEA BAG | 1 | PK460 | 13.0400 | 29/01/07 | 13.04 | 0.00 | 0.00 |
| 2 | | 1120336 | DURACELL PLUS BATTERY 9V1 MN1604 | 1 | EACH | 4.1900 | 29/01/07 | 4.19 | 17.50 | 0.73 |
| 3 | | 0080090 | POST-IT NOTES 38x51mm YELLOW | 2 | PACK12 | 3.5100 | 29/01/07 | 7.02 | 17.50 | 1.63 |

V.A.T. Summary

| Rate | Taxable Sum | V.A.T. Amount |
|-------|-------------|---------------|
| 0.00 | 13.04 | 0.00 |
| 17.50 | 11.21 | 1.96 |

Sales Order Total (VAT excl) 24.25

| | |
|----------------------|--------------|
| INVOICE GOODS | 24.25 |
| INVOICE V.A.T. | 1.96 |
| INVOICE TOTAL | 26.21 |

Settlement : None
 Discount Terms :

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

Supplier ID

or

Volunteer /N

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



E 20.50

E

E

E

E

E

E

E 4.00

E

E

E 24.50

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

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 | £ 4:00 p |
| Car travel | £ : p |
| Air travel | £ : p |
| Taxi | £ : p |
| Meals and subsistence | £ : p |
| Healthcare | £ : p |
| Childcare | £ : p |
| Home as office/telephone | £ : p |
| Office requisites | £ 20:50 p |
| Total | £ 24:50 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

6 Feb 2007

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 | | / / | |

London Underground London Underground

NOT FOR TRAVEL SALE 04.00



Not for travel

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)

Expenditure type (Cat5) :



£ 5.44

£

£

£

£

£

£

£

£

£

£

£ 5.44

TOTAL

Comments:

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

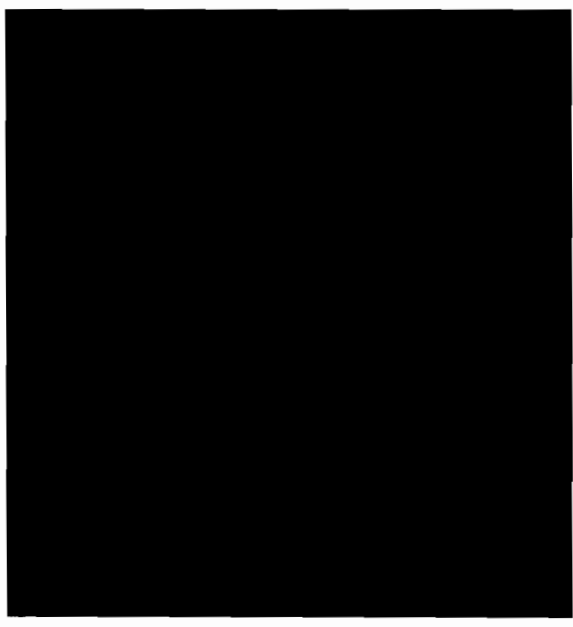
Posted by (initials & date)



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 | £ 05 | : | 44 p |
| Total | £ 05 | : | 44 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

Date 5 Feb 2007

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

Greenford (28)

| | |
|----------------------|--------|
| A1 CAN PPR JEWEL GRN | 1.55 S |
| COL BAS PAP WP1880 | 2.49 S |
| TSS 50X75 5DK GRN | 0.75 S |
| CREPE 50X150 DK GRN | 0.65 S |

| | |
|-----------|-------|
| Sub-Total | 5.44 |
| CASH | 20.00 |
| Change | 14.56 |

| | |
|--------------|------|
| 17.50%-VAT S | 0.81 |
| NET | 4.63 |
| TOTAL | 5.44 |

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

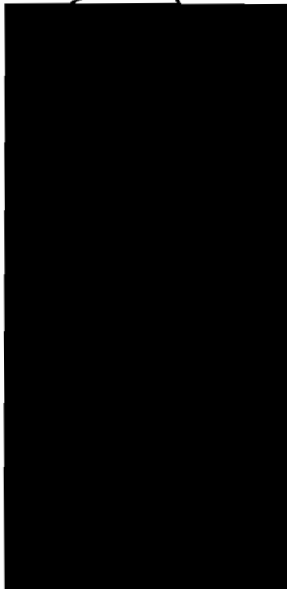
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



✓ 2-98.

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

TOTAL

Comments:

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





Staffing Allowance/Incidental Expenses Provision

CB
SAS

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

31 JAN 2007

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

Ryman

the stationer



| | | |
|---------------------------|------|---|
| | | £ |
| PRITT IN A TUBE PVA CLEAR | 1.99 | |
| 0625236060 | | |
| FOAM PADS PK440 | 0.99 | |
| 0630048060 | | |

| | | |
|--------|---------|--------|
| Total | 2 Items | £2.98 |
| Cash | | £10.00 |
| Change | | £7.02 |





Incidental Expenses Provision/Staffing Allowance

Direct payment of supplier

32

31 JAN 2007 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

22 10 07

Allowance year

06 07

Incidental Expenses Provision claims

Table with columns: Item, Suppliers, Amount. Row 1: Item 1, Banner, £ 11 : 96 p. Total: £ 11 : 96 p


Claim details continued on page 2

Claim details continued

| | Staffing Allowance claims | | Office use only | | |
|--------------|---------------------------|--------------|-------------------|-------------|------------|
| | Suppliers | Amount | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ : p | _____ | _____ | _____ |
| Item 7 | _____ | £ : p | _____ | _____ | _____ |
| Item 8 | _____ | £ : p | _____ | _____ | _____ |
| Item 9 | _____ | £ : p | _____ | _____ | _____ |
| Total | | £ : p | | | |

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 29 JAN 2007

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 | 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

Invoice

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

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 Of 1 Date 16/01/2007

Acc.No. Order Date 15/01/2007

Order

C.A.R.

Delivered To :
Stephen Timms MP

Customer Services
Telephone No :
Fax No :

Sales Order No :

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

1 9420096 BANNER 1-31 NYLAR EXPANDING FILE 1 EACH 10.1800 15/01/07 10.18 17.50 1.78

V.A.T. Summary

Rate Taxable Sum V.A.T. Amount
17.50 10.18 1.78

Sales Order Total (VAT exc1) 10.18

INVOICE GOODS 10.18
INVOICE V.A.T. 1.78
INVOICE TOTAL 11.96

Settlement : None
Discount Terms :

Banner
world-class office products

13/02/2007

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

Acc. No. :

Inv. No. :

Inv. Date: 16/01/2007

Amt. Due : 11.96

**Please
return
the slip**

from final page
of invoice with
your payment
by



office2office

Banner Business Supplies Ltd



Incidental Expenses Provision/Staffing Allowance

62

Direct payment of suppliers

23 JAN 2007

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 / 07

Allowance year

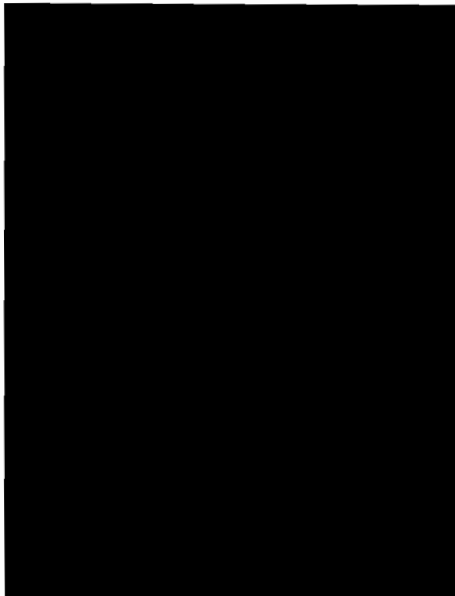
06 / 07

Incidental Expenses Provision claims



Table with 2 columns: Suppliers, Amount. Row 1: Banner, £ 10 : 16 p. Rows 2-5 are empty.

Total £ 10 : 16 p



Claim details continued on page 2

Claim details continued

| | Staffing Allowance claims | | Office use only | | |
|--------------|---------------------------|--------------|-------------------|-------------|------------|
| | Suppliers | Amount | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ : p | _____ | _____ | _____ |
| Item 7 | _____ | £ : p | _____ | _____ | _____ |
| Item 8 | _____ | £ : p | _____ | _____ | _____ |
| Item 9 | _____ | £ : p | _____ | _____ | _____ |
| Total | | £ : p | | | |

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

22 / JAN / 2007

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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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 | 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

Invoice

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

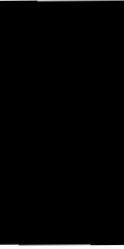
Stephen Timms MP

Stephen Timms MP

Charge To :

Stephen Timms MP

Banner Business Supplies Ltd



Delivered To :

Stephen Timms MP

Customer Services
Telephone No :
Fax No :



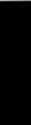
Page 1 Of 1 Date 11/01/2007

Acc.No Order Date 10/01/2007

Order

C.A.R.

Sales Order No



Inv. Date: 11/01/2007

Amt. Due : 10.16

ACC. No. :



Inv. No. :

Line Ref. Product Code Product Description Quantity U.O.M. Unit Price Tax Date Line exc| Total VAT Line VAT

1 9060755 BANNER UNMNT YEAR PLANNER 2007 1 EACH 4.82 10/01/07 4.82 17.50 0.84

2 0560010 MOTIF COPY PRE-INKED STAMP BLUE 1 STAMP 3.83 10/01/07 3.83 17.50 0.67



V.A.T. Summary

Rate Taxable Sum V.A.T. Amount
17.50 8.65 1.51

Sales Order Total (VAT excl)

8.65

INVOICE GOODS

8.65

INVOICE V.A.T.

1.51

INVOICE TOTAL

10.16

Settlement : None
Discount Terms :

Please return the slip

from final page of invoice with your payment by

08/02/2007



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

8-2

When to use this form

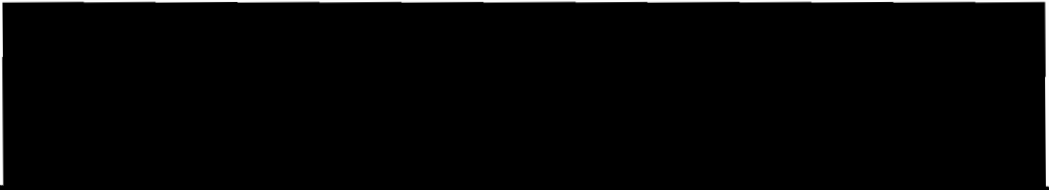
- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

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



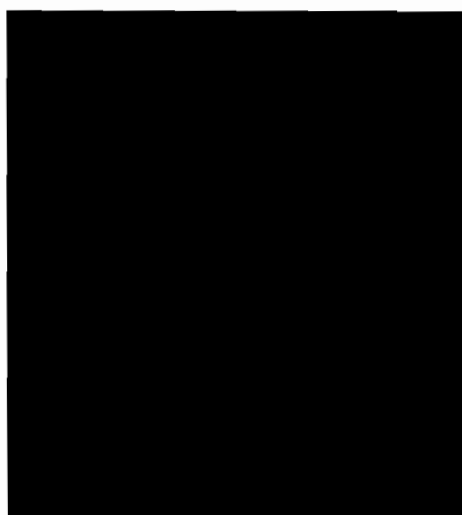
Claim details

- Please ensure: your claim totals more than £100, 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: 15/01/07
Allowance year: 06/07

Incidental Expenses Provision claims

Table with 3 columns: Item, Suppliers, Amount. Contains handwritten entries for 'Banner' with amounts £6:56p and £11:59p, and a total of £18:15p.



Claim details continued on page 2

Claim details continued

| Staffing Allowance claims | | Office use only | | | | |
|---------------------------|-----------|-----------------|----------|-------------------|-------------|------------|
| | Suppliers | Amount | | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ | : | p | _____ | _____ |
| Item 7 | _____ | £ | : | p | _____ | _____ |
| Item 8 | _____ | £ | : | p | _____ | _____ |
| Item 9 | _____ | £ | : | p | _____ | _____ |
| Total | | £ | : | p | | |

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 Signature]

Date

21 JAN 2007

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 | 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

Invoice

* INVOICE NO. *

Invoice To :

Stephen Timms MP



Charge To :

Stephen Timms MP



Banner Business Supplies Ltd



Page 1 of 1 Date 12/01/2007

Acc.No. Order Date 11/01/2007

Order

C.A.R.

Delivered To :

Stephen Timms MP



Customer Services
Telephone No :
Fax No :



Sales Order No



Acc. No. :



Inv. No. :

Inv. Date: 12/01/2007

Amt. Due : 6.56

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line Total excl VAT | Line VAT |
|----------|-----------|--------------|-----------------------------------|----------|--------|------------|----------|---------------------|----------|
| 1 | | 1320083 | DURACELL ULTRA M3 BATT AAA MN2400 | 1 | PACK4 | 5.5800 | 11/01/07 | 5.58 | 0.98 |

| | | | | | | | | | |
|--|--|--|--|--|--|--|------------------------------|------|--|
| | | | | | | | Sales Order Total (VAT excl) | 5.58 | |
| | | | | | | | INVOICE GOODS | 5.50 | |
| | | | | | | | INVOICE V.A.T. | 0.98 | |
| | | | | | | | INVOICE TOTAL | 6.56 | |

V.A.T. Summary

| | | |
|-------|-------------|---------------|
| Rate | Taxable Sum | V.A.T. Amount |
| 17.50 | 5.58 | 0.98 |

Settlement : None
Discount Terms :

Banner
world-class office products

Please return the slip

from final page of invoice with your payment

Invoice

 ** INVOICE NO. [REDACTED] **

 Invoice To :

Stephen Timms MP

Charge To :
 Stephen Timms MP

Page 1 of 1 Date 10/01/2007
 Acc.No. [REDACTED] Order Date 09/01/2007
 Order [REDACTED]
 C.A.R. [REDACTED]

Delivered To :
 Stephen Timms MP

Customer Services
 Telephone No : [REDACTED]
 Fax No : [REDACTED]

Sales Order No : [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: 10/01/2007

Amt. Due : 11.59

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax | Date | Line VAT excl | Total VAT | Line VAT |
|----------|-----------|--------------|------------------------------------|----------|--------|------------|----------|------|---------------|-----------|----------|
| 1 | | 2040310 | EVOLVE OFFICE PAPER A4 80gsm WHITE | 1 | BX2500 | 9.8600 | 09/01/07 | | 9.86 | 17.50 | 1.73 |



V.A.T. Summary

| Rate | Taxable Sum | V.A.T. Amount |
|-------|-------------|---------------|
| 17.50 | 9.86 | 1.73 |

Sales Order Total (VAT excl)

9.86

| | |
|----------------------|--------------|
| INVOICE GOODS | 9.86 |
| INVOICE V.A.T. | 1.73 |
| INVOICE TOTAL | 11.59 |

Settlement Discount Terms : None

Please return the slip

from final page of invoice with your payment



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

16 JAN 2007

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

21011107

Allowance year

06107

Incidental Expenses Provision claims

| | Suppliers | Amount |
|--------|--------------------|--------------|
| Item 1 | Jupiter Associates | £ 241 : 00 p |
| Item 2 | | £ : p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |
| Total | | £ 241 : 00 p |

Claim details continued on page 2

Claim details continued

| Staffing Allowance claims | | | Office use only | | |
|---------------------------|-----------|--------------|-------------------|-------------|------------|
| | Suppliers | Amount | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ : p | _____ | _____ | _____ |
| Item 7 | _____ | £ : p | _____ | _____ | _____ |
| Item 8 | _____ | £ : p | _____ | _____ | _____ |
| Item 9 | _____ | £ : p | _____ | _____ | _____ |
| Total | | £ : p | | | |

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

15 JAN 2007

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

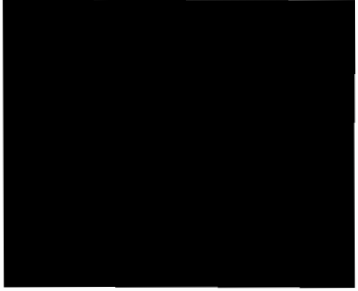
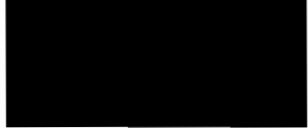
| Validation | Initials | Date | Validation | Initials | Date |
|-----------------------|----------|----------------|---------------------------------|----------|----------------|
| Claims received | _____ | ____/____/____ | Member ID added to form | _____ | ____/____/____ |
| Signature check | _____ | ____/____/____ | Payment codes added to form | _____ | ____/____/____ |
| Funds check | _____ | ____/____/____ | Receipts/ documentation present | _____ | ____/____/____ |
| Allowable expenditure | _____ | ____/____/____ | Processing Input | _____ | ____/____/____ |

Please use margin for comments

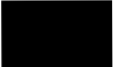
INVOICE



Rt. Hon. Stephen Timms MP



Invoice No.



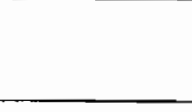
Date

04/01/07

Your Order No.

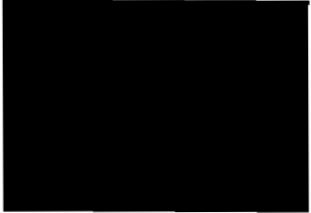


Our Ref No.



PERFORATED A5 CARD

Supply PDF proof. Print in four colour process one side, black reverse onto 400gsm silk board. Perforate, trim, pack and deliver to London
Quantity 1,000



241.00

Total Net Amount

241.00

Total Tax Amount

0.00

Invoice Total

241.00

TERMS: 30 DAYS FROM DATE OF INVOICE



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

02

16 JAN 2007

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 / 01 / 07

Allowance year

06 / 07

Incidental Expenses Provision claims

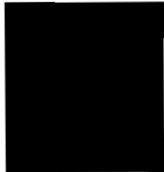
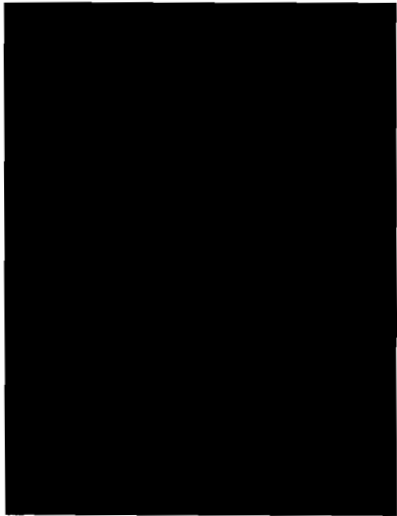


Table with 2 columns: Suppliers, Amount. Row 1: London Borough of Newham, £ 396 : 00 p. Rows 2-5 are empty.

Total £ 396 : 00 P



Claim details continued on page 2

Claim details continued

| Staffing Allowance claims | | Office use only | | |
|---------------------------|--------|-------------------|-------------|------------|
| Suppliers | Amount | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | £ : p | | | |
| Item 7 | £ : p | | | |
| Item 8 | £ : p | | | |
| Item 9 | £ : p | | | |
| Total | | £ : p | | |

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 Signature]

MP

Date

15 JAN 2007

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 |
|-----------------------|----------|------|---------------------------------|----------|------|
| 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

CENTRAL SERVICES,



INVOICE



My Ref: [redacted]

04/Jan/2007

Dear Sir/Madam



| Event Date | | From | To | Hire Charge | Catering Charge | |
|-------------|------------------|-----------------|-------|----------------|-----------------|-------|
| 06/Jan/2007 | Committee Room 3 | STEPHEN TIMMS S | 10:00 | 02:00 | £66.00 | £0.00 |
| 12/Jan/2007 | Committee Room 3 | STEPHEN TIMMS S | 03:00 | 06:00 | £49.50 | £0.00 |
| 03/Feb/2007 | Committee Room 3 | STEPHEN TIMMS S | 10:00 | 02:00 | £66.00 | £0.00 |
| 16/Feb/2007 | Committee Room 3 | STEPHEN TIMMS S | 03:00 | 06:00 | £49.50 | £0.00 |
| 03/Mar/2007 | Committee Room 3 | STEPHEN TIMMS S | 10:00 | 02:00 | £66.00 | £0.00 |
| 16/Mar/2007 | Committee Room 3 | STEPHEN TIMMS S | 03:00 | 06:00 | £49.50 | £0.00 |
| | | | | <u>£346.50</u> | <u>£0.00</u> | |

STEPEHN TIMMS

TOTAL DUE :

~~£346.50~~

3 hours outstanding

49.50
£ 396.00

Financial Processing }

Transaction No. .

Registration No. .

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer ~~A~~/N

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

£ 94.70

£

£

£

£

£

£

£

£

£

** 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

09 JAN 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 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

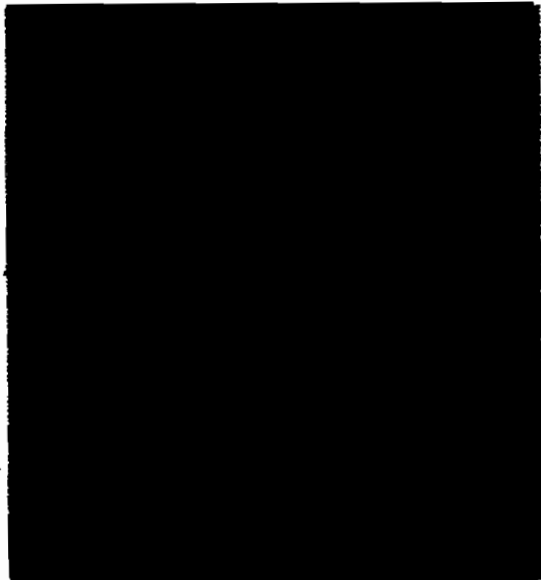
Payslip address

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 |
| Taxi | £ _____ : _____ p |
| Meals and subsistence | £ _____ : _____ p |
| Healthcare | £ _____ : _____ p |
| Childcare | £ _____ : _____ p |
| Home as office/telephone | £ _____ : _____ p |
| Office requisites | £ 94 : 70 p |
| Total | £ 94 : 70 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



Date

8 JANUARY 2007

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.

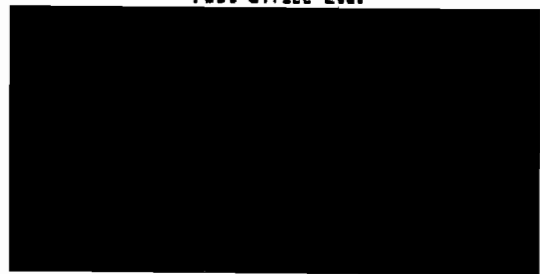
The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any 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 |
| Claims received | <input type="text"/> / <input type="text"/> / <input type="text"/> | Member ID added to form | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Signature check | <input type="text"/> / <input type="text"/> / <input type="text"/> | Payment codes added to form | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Funds check | <input type="text"/> / <input type="text"/> / <input type="text"/> | Receipts/ documentation present | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Allowable expenditure | <input type="text"/> / <input type="text"/> / <input type="text"/> | Processing input | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <i>Please use margin for comments</i> | | | |

Post Office Ltd.



| | | |
|--------------------------|---------------|------|
| Postage stamp | | |
| 1 | @ 0.72 | 0.72 |
| TOTAL DUE TO POST OFFICE | | 0.72 |
| Cash | FROM CUSTOMER | 0.72 |
| 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 \checkmark /N

Please check / amend relation

Text

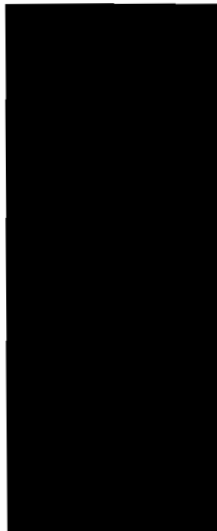
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

E..... 209.19

E.....

E.....

E.....

E.....

E.....

E.....

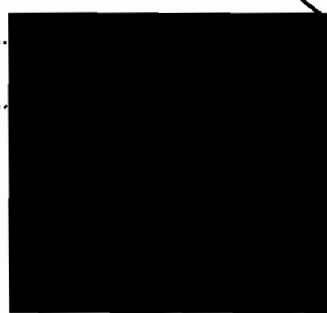
E.....

E.....

E..... 209=19

** 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

09 JAN 2007 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

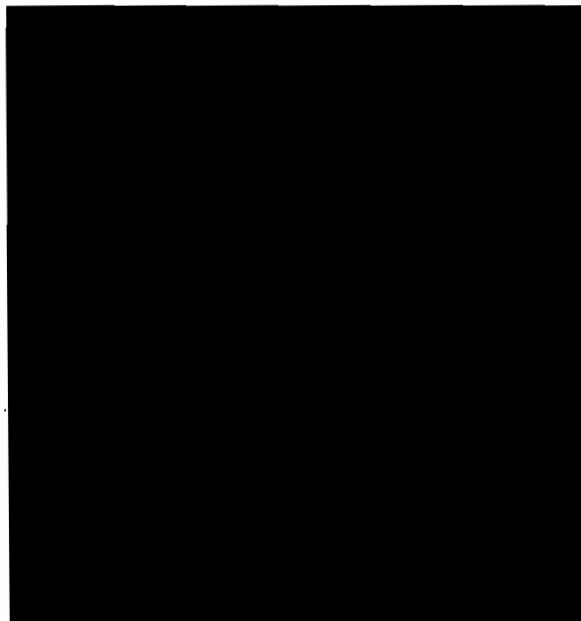
Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round suras
- 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 | £ <u>29</u> : <u>19</u> p <u>14</u> : <u>22</u> p |
| Total | £ 209 : 19 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



Date

2 JANUARY 2007

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 | | 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

Supplier ID

or

Volunteer #/N

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

£ 38.78

£

£

£

£

£ 6.20

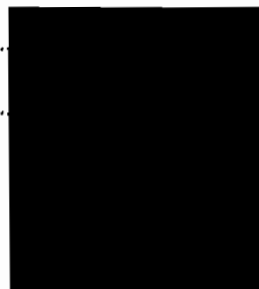
£

£

£ 44.98

** 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

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

[REDACTED] MR 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

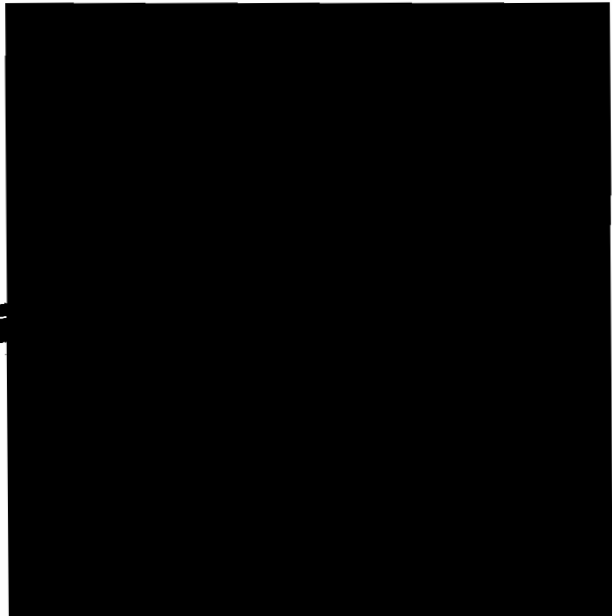
Bank details



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 | £ <u>6</u> : <u>20</u> p |
| Car travel | £ _____ : _____ p |
| Air travel | £ _____ : _____ p |
| Taxi | £ _____ : <u>21</u> p |
| Meals and subsistence | £ _____ : _____ p |
| Healthcare | £ _____ : _____ p |
| Childcare | £ _____ : _____ p |
| Home as office/telephone | £ _____ : _____ p |
| Office requisites | £ <u>38</u> : <u>78</u> p |
| Total | £ <u>44</u> : <u>98</u> p |



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

8 JAN 2007

Data protection

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

Customer No: [REDACTED]
 Ref: [REDACTED]
 Date: 19/12/2008

Order [REDACTED]

**CHILD
 POVERTY
 ACTION
 GROUP** [REDACTED]

Invoice to: [REDACTED]

Deliver to: [REDACTED]

| ORDER REF | QTY | TITLE | UNIT PRICE | TOTAL | TAX |
|-----------|-----|------------------------------|------------|--------|-----|
| | 1 | WELFARE BENEFITS HDBK 8TH ED | [REDACTED] | £33.00 | |
| | 1 | POSTAGE & PACKING | P&P1 | £3.40 | |

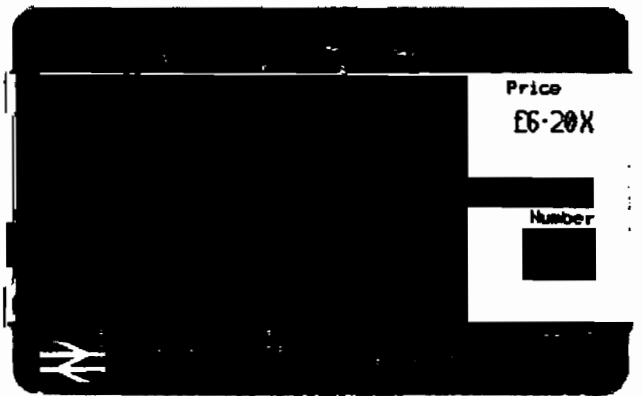
Total Units: 2
 Total Kilos: 1.10

Total goods
 Carriage/low value surcharge
 Total VAT

E. & O. E.

Memo: [REDACTED]

Notes: [REDACTED]

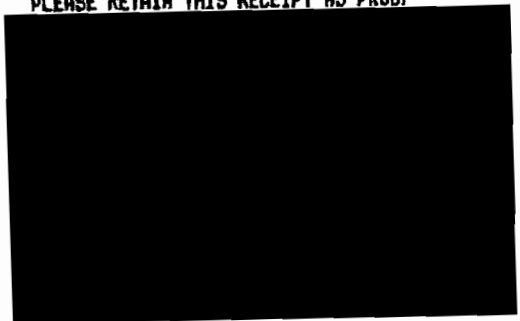


Post Office Ltd.
Your Receipt



| | | |
|--------------------------|---------------|------|
| Post Label 1 | | |
| 1 | 2.38 | 2.38 |
| TOTAL DUE TO POST OFFICE | | 2.38 |
| Cash | FROM CUSTOMER | 2.38 |
| BALANCE | | 0.00 |

PLEASE RETAIN THIS RECEIPT AS PROOF



Thank You



Direct payment of suppliers

19 DEC 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

14 / 12 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Rows include Regal Distribution (£2,643:75 p) and Banner (£1:50 p).

Total £ 2,643: 25 p

Claim details continued

| Staffing Allowance claims | | Office use only | | | |
|---------------------------|-----------|-----------------|-------------------|-------------|------------|
| | Suppliers | Amount | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ : p | _____ | _____ | _____ |
| Item 7 | _____ | £ : p | _____ | _____ | _____ |
| Item 8 | _____ | £ : p | _____ | _____ | _____ |
| Item 9 | _____ | £ : p | _____ | _____ | _____ |
| Total | | £ : p | | | |

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 Dec 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 | 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

stephen timms mp

invoice number

date

11.12.06

invoice

| | | | |
|-----------|--------|--------|-----------|
| A4 report | 45,000 | £50.00 | £2,250.00 |
| ref: | | | |

sub total £2,250.00

vat £393.75

total £2,643.75

Invoice

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

Stephen Timms MP

Stephen Timms MP

Page 1 Of 1 Date 22/11/2006
 Acc.No. Order Date 21/11/2006
 Order
 C.A.R.

Charge To :
 Stephen Timms MP

Delivered To :
 Stephen Timms MP

Customer Services
 Telephone No :
 Fax No :

Sales Order No



office2office

Banner Business Supplies Ltd

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line exc | Total VAT | Line VAT |
|----------|-----------|------------------------------------|---------------------|----------|--------|------------|----------|----------|-----------|----------|
| 1 | 0500189 | STAEDTLER 430 STICK B/POINT MED BL | 1 BOX10 | 1 | BOX10 | 1.2800 | 21/11/06 | 1.28 | 17.50 | 0.22 |

V.A.T. Summary

| | | |
|-------|-------------|---------------|
| Rate | Taxable Sum | V.A.T. Amount |
| 17.50 | 1.28 | 0.22 |

Sales Order Total (VAT exc|) 1.28

| | |
|----------------|------|
| INVOICE GOODS | 1.28 |
| INVOICE V.A.T. | 0.22 |
| INVOICE TOTAL | 1.50 |

Settlement : None
 Discount Terms :

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. :

Inv. No. :

Inv. Date: 22/11/2006

Amt. Due : 1.50

Please return the slip

from final page of invoice with your payment by

20/12/2006



Incidental Expenses Provision/Staffing Allowance Direct payment of suppliers

R2

09 JAN 2007

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

21 / 12 / 06

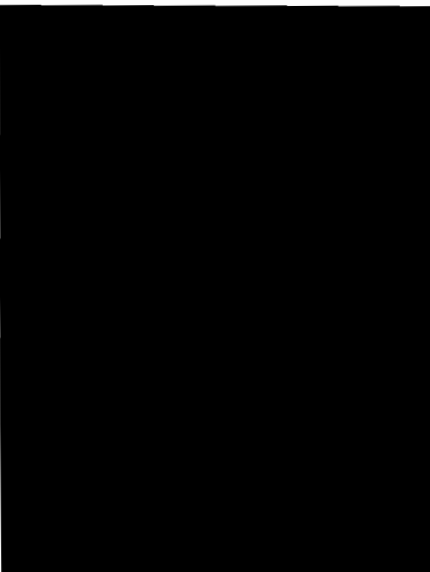
Allowance year

06 / 07

Incidental Expenses Provision claims



| | Suppliers | Amount |
|--------|-----------------|--------------|
| Item 1 | Aston-Mansfield | £ 105 : 00 p |
| Item 2 | | £ : p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |
| Total | | £ 105 : 00 p |



Claim details continued on page 2

Claim details continued

| Staffing Allowance claims | | Office use only | | | | |
|---------------------------|-----------|-----------------|------------|-------------------|-------------|------------|
| | Suppliers | Amount | | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ | : p | _____ | _____ | _____ |
| Item 7 | _____ | £ | : p | _____ | _____ | _____ |
| Item 8 | _____ | £ | : p | _____ | _____ | _____ |
| Item 9 | _____ | £ | : p | _____ | _____ | _____ |
| Total | | £ | : p | | | |

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

7 JAN 2007

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 |
|-----------------------|----------|----------------|---------------------------------|----------|----------------|
| 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

Sales Invoice



Aston-Mansfield

Generating community wealth for social change

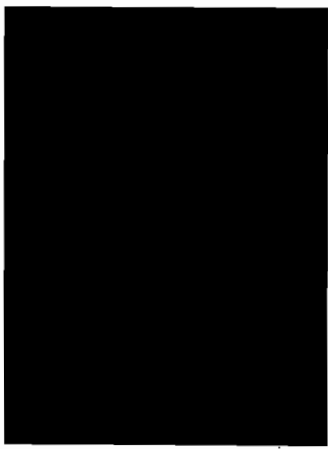
Invoice No: [REDACTED]
Date: 18/12/2006

Invoice To:
[REDACTED]
c/o Stephen Timms MP
[REDACTED]



Terms: Net 30 days
Payment is due by: 17/1/2007

| Item | Qty | Description | Rate | Amount |
|----------------------------|-----|--|-------|--------|
| Room Hire Political Groups | 3.5 | 11/11/06 Coffee bar hire 10am-1.30pm 3.5hrs @ rate of £15 per hour | 15.00 | 52.50 |
| Room Hire Political Groups | 3.5 | 09/12/06 Coffee bar hire 10am-1.30pm 3.5hrs @ rate of £15 per hour | 15.00 | 52.50 |



[REDACTED] **Total** £105.00





Direct payment of suppliers

3 DEC 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 filing 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

6 1 12 106

Allowance year

06 1 07

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Row 1: Jill McSweeney, £ 500 : 00 p. Rows 2-5 are empty.

Total £ 500 : 00 .p

Claim details continued on page 2

Claim details continued

| Staffing Allowance claims | | | Office use only | | |
|---------------------------|-----------|--------------------------|-------------------|-------------|------------|
| | Suppliers | Amount | Allow or A/c code | Supplier ID | Exp/ Cat 5 |
| Item 6 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Item 7 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Item 8 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Item 9 | _____ | £ _____ : _____ p | _____ | _____ | _____ |
| Total | | £ _____ : _____ p | | | |

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 / Dec / 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 | 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

Jill McSweeney

INVOICE

Stephen Timms MP

Date 6 December 2006

Invoice No

| Date | Description | Amount |
|----------------------|-------------------------------|-----------------|
| 06/12/06 | Support Fee (CMITS 2006/2007) | £ 500.00 |
| Total Payable | | £ 500.00 |

Financial Processing }

Transaction N

Registration N

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer /N

Please check / amend relation

Text

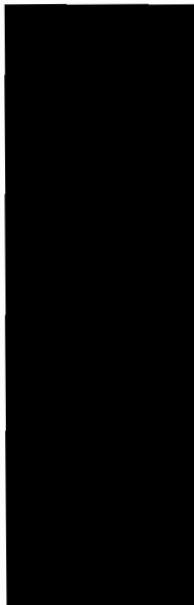
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£ 7-20

£.....

£.....

£.....

£ 7-20

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

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

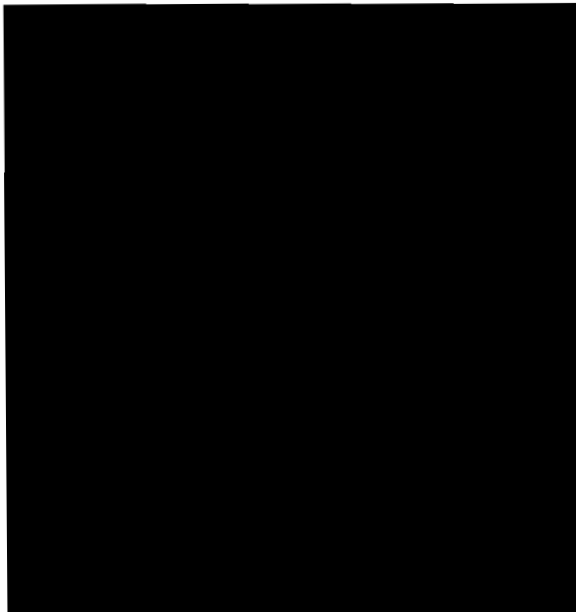
Payslip address

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 | £ <u>7</u> : <u>20</u> 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 | £ <u>7</u> : <u>20</u> 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



Date

21 NOV 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' Estates, 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 | | | |
| Validation | Initials | Date | |
| Member ID added to form | | / / | |
| Payment codes added to form | | / / | |
| Receipts/documentation present | | / / | |
| Processing input | | / / | |

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 21 / Nov / 2006

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 | | 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



LANGFORD PRINTERS



Invoice

The Rt Hon Stephen Timms MP

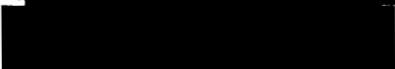
| | |
|------------------|------------|
| Invoice Number | |
| Date / Tax Point | 16/11/2006 |

| | |
|----------------|--|
| 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 Skips | 42.00 | 7.35 |
| | | |



Delivery Address:



| | |
|------------------------|---------------|
| Total Net | 112.00 |
| Total VAT | 19.60 |
| INVOICE TOTAL £ | 131.60 |

Invoice

Page 1

Stephen Timms MP
Invoice No. 

Invoice/Tax Date

14/11/2006

Cust. Order No.

Account Ref. **Quantity Details**

| | Unit Price | Net | VAT Rate | VAT |
|--|-------------------|------------|-----------------|------------|
| 1.00 Leaflets - 2007 Surgery Details 2pp DL Colour 5K - LE | 364.50 | 364.50 | 0.00 | 0.00 |
| 1.00 Parliamentary Report Leaflets - 45k A4 4pp - LESS 1C | 2,785.50 | 2,785.50 | 0.00 | 0.00 |
| 1.00 Delivery Scale G | 170.00 | 170.00 | 17.50 | 29.75 |


Total Net Amount 3,320.00**Total VAT Amount** 29.75**Invoice Terms: 30 Days****Invoice Total** 3,349.75




Direct payment of suppliers

28 NOV 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

16 / 11 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

| | Suppliers | Amount |
|--------|-------------------|-------------|
| Item 1 | Aston - Mansfield | £ 52 : 50 p |
| Item 2 | | £ : p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |

Total

£ 52 : 50 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

21 / Nov / 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

____ / ____ / ____

Validation

Initials Date

Member ID added to form

____ / ____ / ____

Payment codes added to form

____ / ____ / ____

Receipts/ documentation present

____ / ____ / ____

Processing

Input

____ / ____ / ____

Please use margin for comments

Sales Invoice

30 NOV 2006

Aston-Mansfield

Generating community wealth for social change

Invoice No: [redacted]
Date: 20/11/2006

Invoice To:
[redacted]
c/o Stephen Trimms MP
[redacted]

Terms: Net 30 days
Payment is due by: 20/12/2006

| Item | Qty | Description | Rate | Amount |
|----------------------------|-----|--|-------|--------|
| Room Hire Political Groups | 1 | 14/10/06 coffer bar rm hire 10-1.30pm for 3.5 hrs @ £15 per hr | 52.50 | 52.50 |

[redacted] Total £52.50

[redacted]



Direct payment of suppliers

28 NOV 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

14 / 11 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

| | Suppliers | Amount |
|--------|-----------|-------------|
| Item 1 | Banner | £ 80 : 34 p |
| Item 2 | | £ : p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |
| Total | | £ 80 : 34 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 / NOV / 2006

Data protection

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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 | | / / | |
| 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: *****
 ** Invoice To: *****

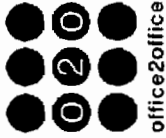
Stephen Timms MP

Charge To :
 Stephen Timms MP

Page 1 Of 1 Date 09/11/2006
 Acc.No. Order Date 01/11/2006
 Order C.A.R.

Delivered To :
 Stephen Timms MP

Sales Order No :



office2office

Banner Business Supplies Ltd

ACC. No. :
 Inv. No. :
 Inv. Date: 09/11/2006
 Amt. Due : 80.34

Customer Services
 Telephone No :
 Fax No :

| Line No | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line exc | Total VAT | Line VAT |
|---------|-----------|--------------|-------------------------------------|----------|--------|------------|----------|----------|-----------|----------|
| 1 | | 5715 | TONER CARTRIDGE DELL 1600N 5K | 1 | EACH | 61.7700 | 08/11/06 | 61.77 | 17.50 | 10.81 |
| 2 | | 0007 | REF: 593-10082 | | | | 08/11/06 | | | |
| 3 | | 0006 | PARKER QUIINK INK CARTRIDGE BLUE/BK | 2 | PACKS | 1.6500 | 01/11/06 | 3.30 | 17.50 | 0.58 |
| | | | PARKER QUIINK INK CARTRIDGE BLUE | 2 | PACKS | 1.6500 | 01/11/06 | 3.30 | 17.50 | 0.58 |

V.A.T. Summary

Rate Taxable Sum V.A.T. Amount
 17.50 68.37 11.97

Sales Order Total (VAT excl) 68.37
 INVOICE GOODS 68.37
 INVOICE V.A.T. 11.97
 INVOICE TOTAL 80.34

Settlement : None
 Discount Terms :

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by



Direct payment of suppliers

14 NOV 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

7 / 11 / 06

Allowance year

06 107

Incidental Expenses Provision claims

| | Suppliers | Amount |
|--------|-----------------------|--------------|
| Item 1 | East Ham Labour Party | £ 290 : 00 p |
| Item 2 | | £ : p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |

Total £ 290 : 00 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

Date

12 / Nov / 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).

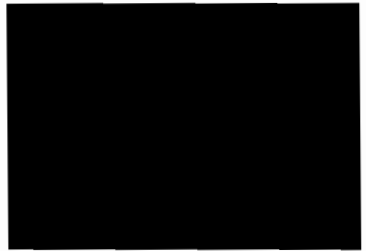
Send your completed form to

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



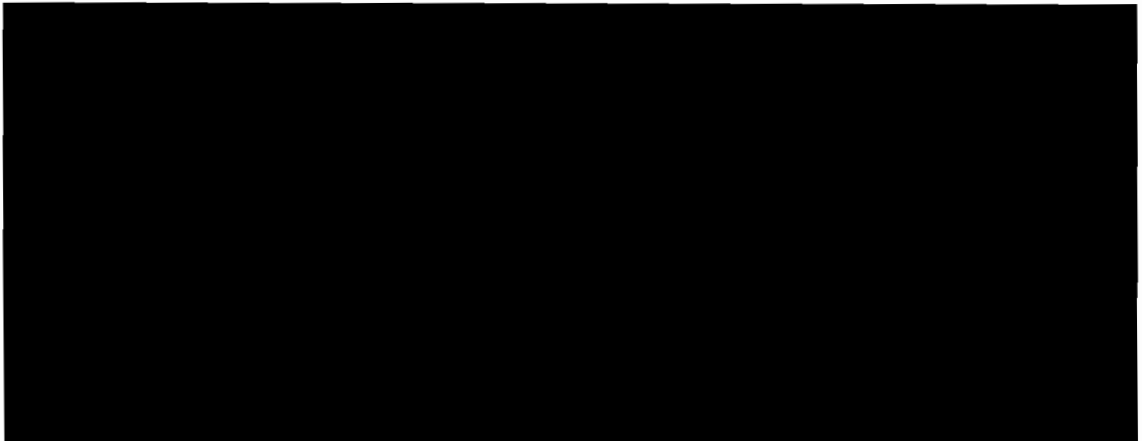
31 October, 2006

To : Stephen Timms, MP



Fee, as agreed (14.5 hours @£20 per hour)

£
290 ✓





Staffing Allowance/Incidental Expenses Provision

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

C3
SA3

08 NOV 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

STEPHEN TIMMS

Constituency

CAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

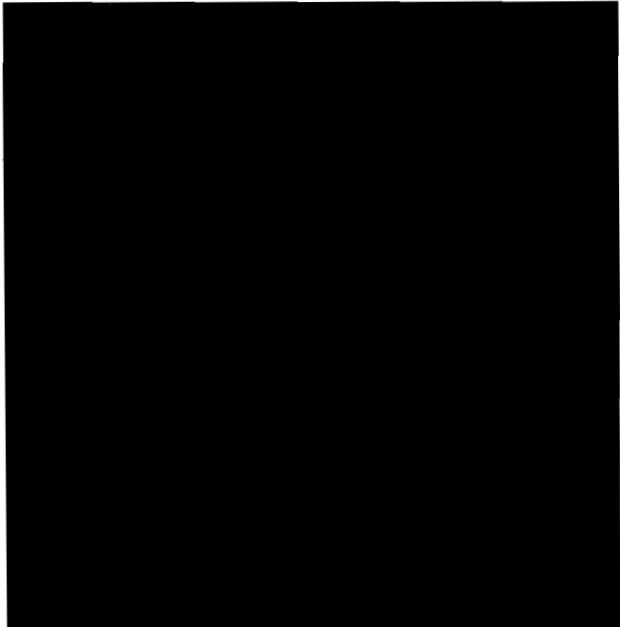
Bank details

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 | £ _____ : _____ p |
| Car travel | £ _____ : _____ p |
| Air travel | £ _____ : _____ p |
| Taxi | £ _____ : _____ p |
| Meals and subsistence | £ _____ : _____ p |
| Healthcare | £ _____ : _____ p |
| Childcare | £ _____ : _____ p |
| Home as office/telephone | £ _____ : _____ p |
| Office requisites | £ 1 : 33 p |
| Total | £ 0 1 : 33 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 5 NOVEMBER 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 | <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"/> |

Post Office Ltd.



| | | |
|--------------------------|---------------|------|
| Post Label 1 | | |
| 1 | £ 1.33 | 1.33 |
| TOTAL DUE TO POST OFFICE | | 1.33 |
| Cash | FROM CUSTOMER | 1.33 |
| BALANCE | | 0.00 |

PLEASE RETAIN THIS RECEIPT AS PROOF
OF POSTING FOR ITEMS LISTED BELOW





Direct payment of suppliers

02 NOV 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

30 / 10 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims



| | Suppliers | Amount |
|--------|-----------|-------------|
| Item 1 | Banner | £ 42 : 17 p |
| Item 2 | | £ : p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |

Total £ 42 : 17 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

5/1 OCT / 2008

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 | 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

Invoice

INVOICE NO: *****

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 Of 1 Date 26/10/2006
Acc.No. Order Date 18/10/2006
Order C.A.R.

Delivered To :
Stephen Timms MP

Customer Service
Telephone No :
Fax No :

Sales Order No :



office2office

Banner Business Supplies Ltd

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

Acc. No. :

Inv. No. :

Inv. Date: 26/10/2006

Amt. Due : 42.17

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line Total | VAT Rate | Line VAT |
|----------|-----------|--------------|--|----------|--------|------------|----------|------------|----------|----------|
| 1 | | 0985677 | TONER 9K BLACK FOR DELL 5100CN REF: 593-10054 | 1 | EACH | 35.8900 | 25/10/06 | 35.89 | 17.50 | 6.28 |

Sales Order Total (VAT excl) 35.89

V.A.T. Summary

| | | |
|-------|-------------|---------------|
| Rate | Taxable Sum | V.A.T. Amount |
| 17.50 | 35.89 | 6.28 |

Sales Order Total (VAT excl) 35.89

| | |
|----------------|-------|
| INVOICE GOODS | 35.89 |
| INVOICE V.A.T. | 6.28 |
| INVOICE TOTAL | 42.17 |

Settlement : None
Discount Terms :

Banner
world-class office products

**Please
return
the slip**

from final page
of invoice with
your payment
by

23/11/2006

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

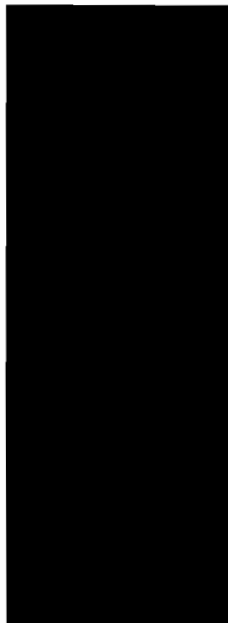
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 5.40.....

£.....

£.....

£ 5.40.....

TOTAL

Comments:

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



Posted by (initials & date)



03
31 OCT 2007 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 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

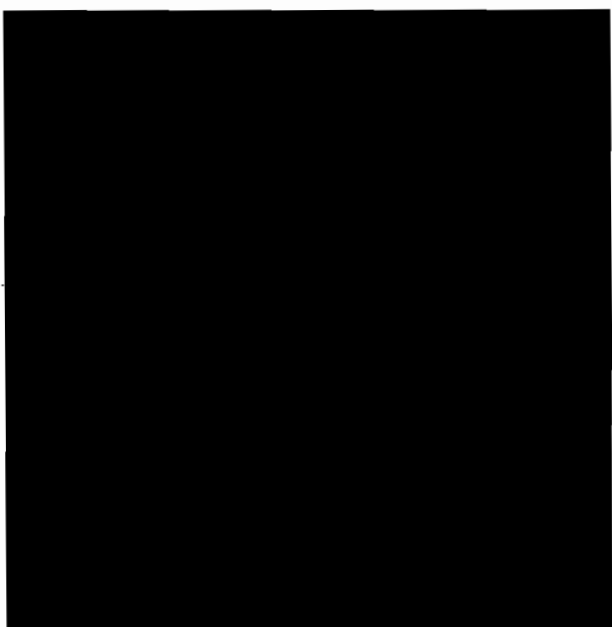
Payslip address

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 | £ 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 |



Authorisation and declaration

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

Signature

Date 29 OCTOBER 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"/> | <input type="text"/> | <input type="text"/> |
| Signature check | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Funds check | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Allowable expenditure | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <i>Please use margin for comments</i> | | | |
| | Validation | Initials | Date |
| Member ID added to form | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Payment codes added to form | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Receipts/ documentation present | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Processing Input | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

London Underground London Underground London Underground

NOT FOR TRAVEL SALE 25.40

[Redacted]

[Redacted]

Not for resale Not for resale Not for resale
subject to conditions - see cover subject to conditions - see cover subject to conditions - see cover



Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

27 OCT 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

23 / 10 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

Banner

£ 81 : 93 p

Item 2

Aston - Mansfield

£ 52 : 50 p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 134 : 43 p

Sales Invoice



Aston-Mansfield

Generating community wealth for social change

Invoice No: [REDACTED]
Date: 19/10/2006

Invoice To:
[REDACTED]
c/o Stephen Trimms MP

Terms: Net 30 days
Payment is due by: 18/11/2006

| Item | Qty | Description | Rate | Amount |
|------------------------------|-----|--|-------|--------|
| Room Hire - Community groups | 1 | 09/9/06 Coffee bar 10am-1.30pm 3hrs30mins @ rate of £15 per hour | 52.50 | 52.50 |

[REDACTED] **Total** £52.50

[REDACTED]

Invoice

 INVOICE NO. [REDACTED]

Invoice To :

Stephen Timms MP

[REDACTED]

Charge To :

Stephen Timms MP

[REDACTED]

Page 1 Of 1 Date 17/10/2006

Acc. No. [REDACTED] Order Date 16/10/2006

Order [REDACTED]

C.A.R. [REDACTED]

Delivered To :

Stephen Timms MP

[REDACTED]

Customer Services

Telephone No : [REDACTED]

Fax No : [REDACTED]

Sales Order No [REDACTED]



office2office

Banner Business Supplies Ltd

[REDACTED]

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]

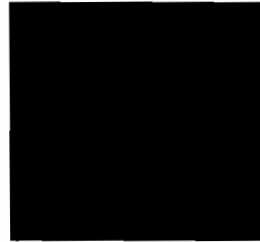
Inv. No. : [REDACTED]

Inv. Date: 17/10/2006

Amt. Due : 81.93

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line exc1 | Total VAT | Line VAT |
|----------|-----------|--------------|---------------------|----------|--------|------------|----------|-----------|-----------|----------|
|----------|-----------|--------------|---------------------|----------|--------|------------|----------|-----------|-----------|----------|

| | | | | | | | | | | |
|---|--|---------|------------------------------------|---|---------|---------|----------|-------|-------|------|
| 1 | | 9240015 | BANNER NYLONWRITER PEN BLACK | 2 | PACK10 | 0.8800 | 16/10/06 | 1.76 | 17.50 | 0.31 |
| 2 | | 2040310 | EVOLVE OFFICE PAPER A4 80gsm WHITE | 2 | BOX2500 | 9.3000 | 16/10/06 | 18.60 | 17.50 | 3.26 |
| 3 | | 7900480 | CLIPPER FAIRTRADE TEA | 1 | PK2440 | 9.9900 | 16/10/06 | 9.99 | 0.00 | 0.00 |
| 4 | | 0985762 | IMATION DVD-R 16X 4.7GB SPINDLE | 1 | PACK25 | 40.8600 | 16/10/06 | 40.86 | 17.50 | 7.15 |



V.A.T. Summary

| | | |
|-------|-------------|---------------|
| Rate | Taxable Sum | V.A.T. Amount |
| 17.50 | 61.22 | 10.72 |
| 0.00 | 9.99 | 0.00 |

71.21

INVOICE GOODS
 INVOICE V.A.T.
 INVOICE TOTAL

71.21
 10.72
 81.93

Settlement : None
 Discount Terms :

Please return the slip

from final page of invoice with your payment by

14/11/2006

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)

Expenditure type (Cat5) :

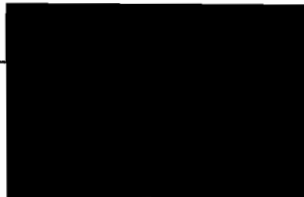


£ 29-00
.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....

TOTAL

Comments:

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





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

SA3
24 OCT 2006
3

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

ADVANCE ELECTRONIC TECH

SALE

AMOUNT 629.00



Direct payment of suppliers

24 OCT 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

16 1 10 1 06

Allowance year

06 1 0 7

Incidental Expenses Provision claims

| | Suppliers | Amount |
|--------|-----------|------------|
| Item 1 | Banner | £ 2 : 04 p |
| Item 2 | Banner | £ 7 : 78 p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |

Total

£ 9 : 82 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 22 Dec 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.

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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"/> | | / / |
| | 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

Page 1 Of 1 Date 12/09/2006

Acc.No [REDACTED] Order Date 11/09/2006

Order

C.A.R.

Delivered To :
Stephen Timms MP

Sales Order No : [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: 12/09/2006

Amt. Due : 2.04

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax | Date | Line excl VAT | Total VAT | Line VAT |
|----------|-----------|--------------|---------------------|----------|--------|------------|-----|----------|---------------|-----------|----------|
| 1 | | 9373036 | LETTER OPENER 230mm | 1 | EACH | 1.7400 | | 11/09/06 | 1.74 | | 1.74 |

1.74 11/09/06 1 EACH 1.7400

V.A.T. Summary

| Rate | Taxable Sum | V.A.T. Amount |
|-------|-------------|---------------|
| 17.50 | 1.74 | 0.30 |

Sales Order Total (VAT excl) 1.74

| | |
|----------------------|-------------|
| INVOICE GOODS | 1.74 |
| INVOICE V.A.T. | 0.30 |
| INVOICE TOTAL | 2.04 |

Settlement : None
Discount Terms :

Banner
world-class office products

**Please
return
the slip**

from final page
of invoice with
your payment
by

10/10/2006

Invoice

 ** INVOICE NO: [REDACTED] **

Invoice To :

Stephen Timms MP

[REDACTED]

Charge To :

Stephen Timms MP

[REDACTED]

Page 1 Of 1

Date 11/10/2006

Order Date 10/10/2006

Order

C.A.R.

Banner Business Supplies Ltd

[REDACTED]

Customer Services
 Telephone No : [REDACTED]
 Fax No : [REDACTED]

Sales Order No : [REDACTED]

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

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 11/10/2006

Amt. Due : 7.78

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line Total exc1 | VAT Rate | Line VAT |
|----------|-----------|--------------|-------------------------------------|----------|--------|------------|----------|-----------------|----------|----------|
| 1 | | 5000303 | BLACK N RED A5 RULED WIREBOUND BOOK | 2 | EACH | 3.3100 | 10/10/06 | 6.62 | 17.50 | 1.16 |

[REDACTED]

Sales Order Total (VAT exc1) 6.62
 INVOICE GOODS 6.62
 INVOICE V.A.T. 1.16
 INVOICE TOTAL 7.78

V.A.T. Summary

| Rate | Taxable Sum | V.A.T. Amount |
|-------|-------------|-----------------------------|
| 17.50 | 6.62 | 1.16 |
| | | VAT Registration [REDACTED] |

Settlement : None
 Discount Terms :

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

08/11/2006

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)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£ 85-00 .

£.....

£.....

£.....

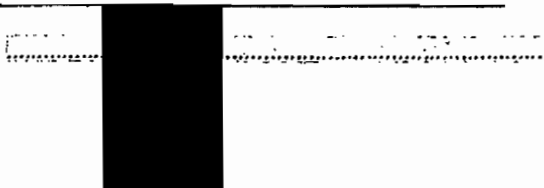
£.....

£.....

£.....

TOTAL
Comments:

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



n Underground London Underground London

NOT FOR TRAVEL 09.12.00



Not for resale This side up - Not for resale This side up
to conditions of use over please subject to conditions of use over please subject to



c3,
17 OCT 2006
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 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

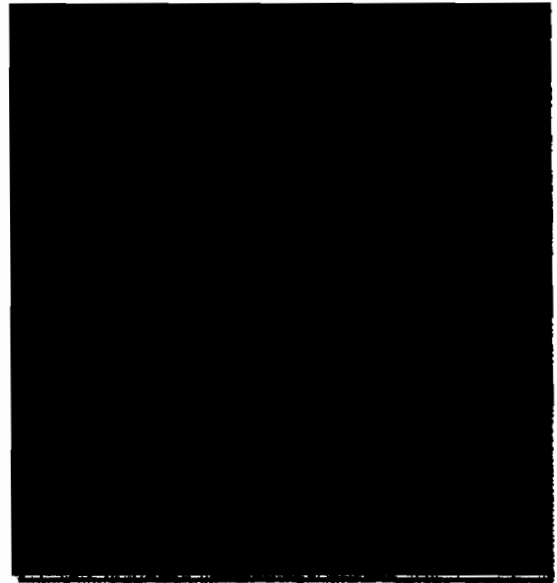
Payslip address

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 | £ 08 : 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 | £ 08 – : 00. 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]

Date 21 15 OCTOBER 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="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 N
Registration N

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) :



£ 5.40

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 5.40

TOTAL

Comments:

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





Staffing Allowance/Incidental Expenses Provision

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

SA3

17 OCT 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

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

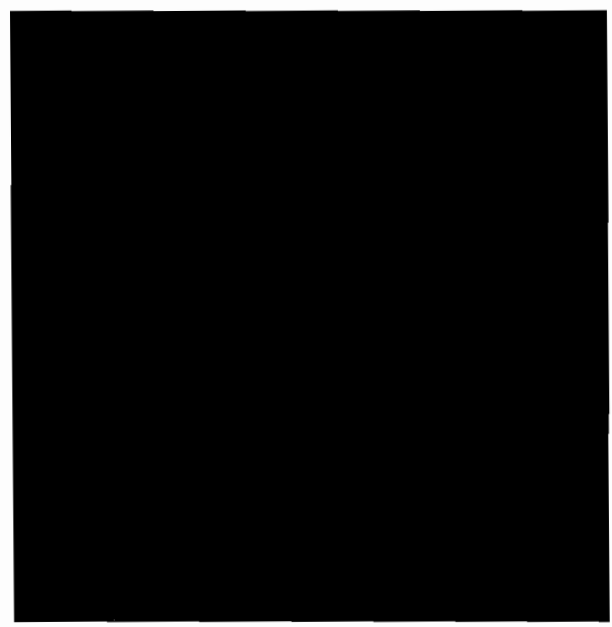
Bank details

continued on page 2

Claim details

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

| | Amount |
|--------------------------|-------------------|
| 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 |



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 15 OCT 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 | |
|--------------------------------|--|--------------------------------|--|---------------|--|
| Validation | Initials Date | Validation | Initials Date | | |
| Claims received | <input type="text"/> / <input type="text"/> / <input type="text"/> | Member ID added to form | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Signature check | <input type="text"/> / <input type="text"/> / <input type="text"/> | Payment codes added to form | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Funds check | <input type="text"/> / <input type="text"/> / <input type="text"/> | Receipts/documentation present | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Allowable expenditure | <input type="text"/> / <input type="text"/> / <input type="text"/> | Processing Input | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Please use margin for comments | | | | | |

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

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



64-91
 £ 64.91
 £
 £
 £
 £
 £
 £
 £
 £ 7.20
 £
 £
 £ 72.11

TOTAL

Comments:

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

Posted by (initials & date)





C3
223

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

10 OCT 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

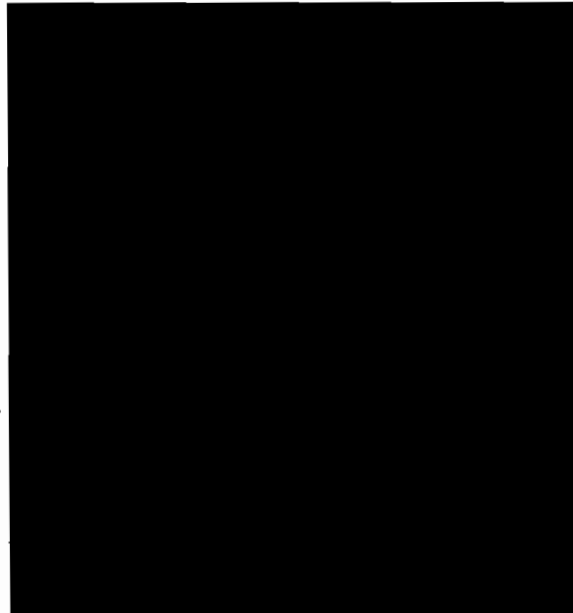
Payslip address

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 | £ 7:20 p |
| Car travel | £ : p |
| Air travel | £ : p |
| Taxi | £ : p |
| Meals and subsistence | £ : p |
| Healthcare | £ : p |
| Childcare | £ : p |
| Home as office/telephone | £ : p |
| Office requisites | £ 64:91 p |
| Total | £ 72:11 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



Date

8 OCT 2006

Data protection

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

London Underground London Underground London Underground

NOT FOR TRAVEL SALE 07/20



Not for resale
see over

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

This side up - Not for
issued subject to conditions



Direct payment of suppliers

10 OCT 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

05 / 10 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Row 1: Information Commissioners, £ 35 : 00 p. Rows 2-5 are empty.

Total £ 35 : 00 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 9 / OCT / 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 | | / / | |
| Validation | | | |
| Member ID added to form | | / / | |
| Payment codes added to form | | / / | |
| Receipts/ documentation present | | / / | |
| Processing | | | |
| Input | | / / | |

Please use margin for comments



[REDACTED]
STEPHEN TIMMS MP
[REDACTED]

02 October 2006

Data Controller Name: **STEPHEN TIMMS MP**
Registration Number [REDACTED]

For the attention of: [REDACTED]

Data Protection Act 1998 – Reminder to Renew

Your register entry [REDACTED] has an expiry date of **11 November 2006**.

The fee for renewal of the entry is £ 35.00 (VAT nil). The payment options are listed below. You may find that the most convenient way of renewing is to pay by direct debit because you would not need to take any action to renew in subsequent years (see over). A direct debit form is enclosed.

Whichever payment method you choose we must receive your payment on or before 11 November 2006.



Direct payment of suppliers

1 0 OCT 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

4 10 06

Allowance year

06 07

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Row 1: Aston - Mansfield, £ 30 : 00 p. Total: £ 30 : 00 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

9 / OCT / 2006

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 | | / / | |
| 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 | | | |

Sales Invoice



Aston-Mansfield

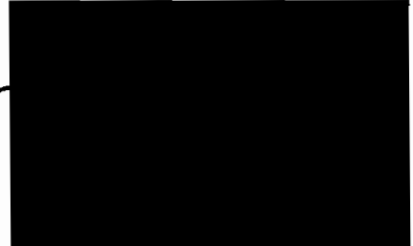
circulating community wealth for social change

Invoice No: [REDACTED]

Date: 18/8/2006

Invoice To:

[REDACTED]
c/o Stephen Trimms MP
[REDACTED]



Terms: Net 30 days

Payment is due by: 17/9/2006

| Item | Qty | Description | Rate | Amount |
|----------------------------|-----|--|-------|--------|
| Room Hire Political Groups | 2 | 08/7/06 Coffee Bar hire 12pm-2pm 2hrs @ rate of £15 per hour [REDACTED] | 15.00 | 30.00 |



Total £30.00



Financial Processing }

Transaction
Registration

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):



4.10
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....

TOTAL

Comments:

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

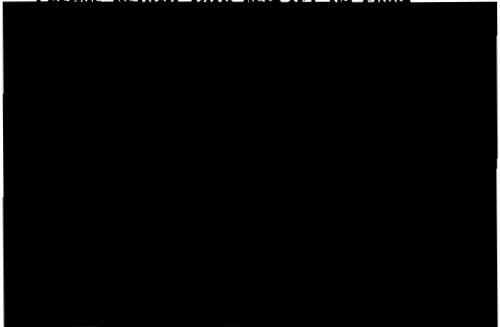


Post Office Ltd.



| | | |
|--------------------------|---------------|------|
| Post Label SD | | |
| 1 | £ 4.10 | 4.10 |
| TOTAL DUE TO POST OFFICE | | 4.10 |
| Cash | FROM CUSTOMER | 4.10 |
| BALANCE | | 0.00 |

PLEASE RETAIN THIS RECEIPT AS PROOF



Thank You



26 SEP 2006 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 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

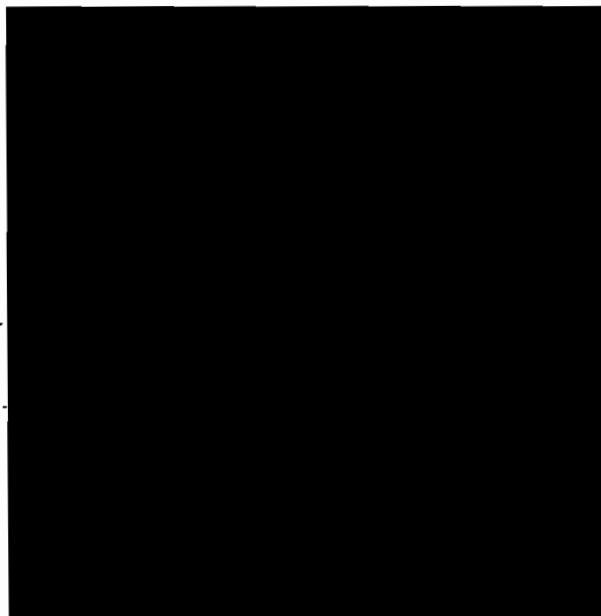
Payslip address

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 |
| Taxi | £ : p |
| Meals and subsistence | £ : p |
| Healthcare | £ : p |
| Childcare | £ : p |
| Home as office/telephone | £ : p |
| Office requisites | £ 4 : 10 p |
| Total | £ 4 : 10 . p |



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

[Redacted Signature]

Date

22 Sept 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 | | / / | |
| Please use margin for comments | | | |
| 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 ~~N~~/Y

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£ 1.00

£

£

£

£

£

£

£

£

£

£ 1.00

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

43
9002 215
~~SAB~~
SAB
CS
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 THAM

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 | £ 16 | : | 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 | £ 1 | : | 00 p |
| Total | £ 17 | : | 60 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

30 AUGUST 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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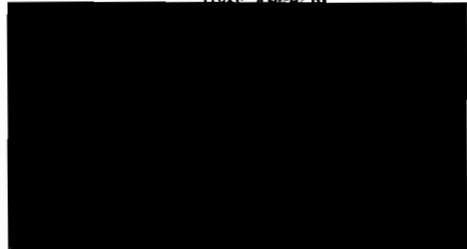
Send your completed form to

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

| Office use only | | Validation | |
|-----------------------|----------|------------|---------------------------------|
| | Initials | Date | |
| Claims received | | / / | 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

Post Office Ltd.
Your Receipt



| | | |
|--------------------------|---------------|------|
| Postage stamp | | |
| 1 | 1.00 | 1.00 |
| TOTAL DUE TO POST OFFICE | | 1.00 |
| Cash | FROM CUSTOMER | 1.00 |
| 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 Y/N

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 5.40

£.....

£.....

£ 5.40

TOTAL

Comments:

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



Posted by (initials & date)



63
SA3

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

9002 ONY 50
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

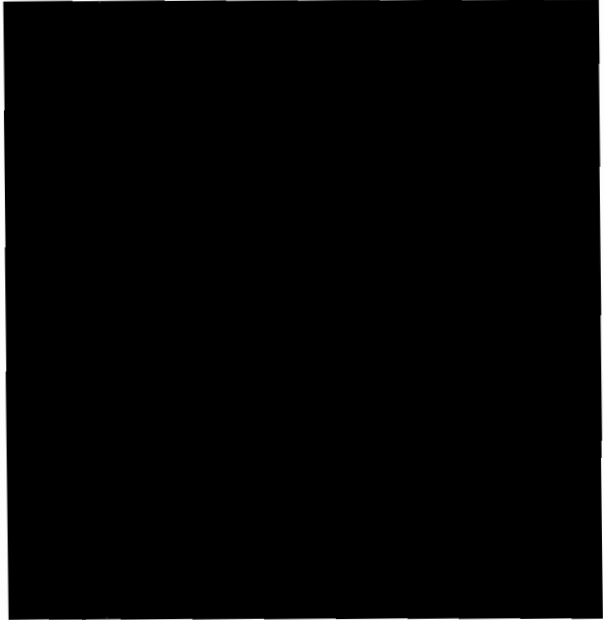
Payslip address

Bank details

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 | £ <u>5</u> : <u>40</u> 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 | £ <u>5</u> : <u>40</u> p |



Authorisation and declaration

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

Signature

[Redacted Signature]

Date

4 SEPT 2006

Data protection

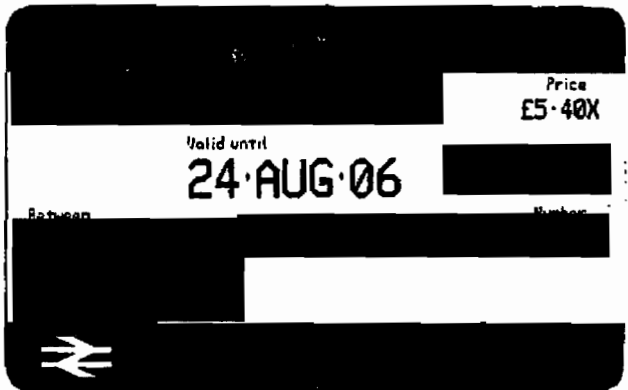
On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance 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 | | / / | |
| Please use margin for comments | | | |
| 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 /N

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£ 50.99

£.....

£.....

£.....

£.....

£.....

£.....

£ 8.40

£.....

£.....

£ 59.39

TOTAL

Comments:

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



Posted by (initials & date)

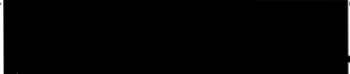


**London
Buses**

Issued subject to conditions, see over



London Underground London Underground



PRICE £4.90



side up NOT for resale This
ed subject to conditions - see over. issued subject to conditions - see over. Issue

Post Office Ltd.
Your Receipt



| | | |
|--------------------------|---------------|------|
| Post Label 1 | | |
| 1 | 1.00 | 1.00 |
| TOTAL DUE TO POST OFFICE | | 1.00 |
| Cash | FROM CUSTOMER | 1.00 |
| BALANCE | | 0.00 |

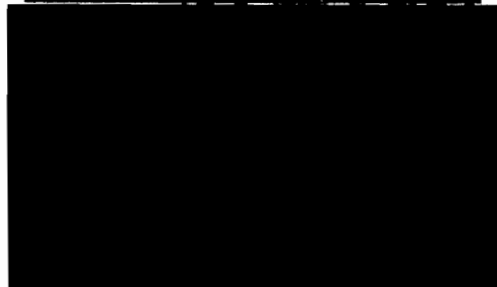
PLEASE RETAIN THIS RECEIPT AS PROOF



Thank You

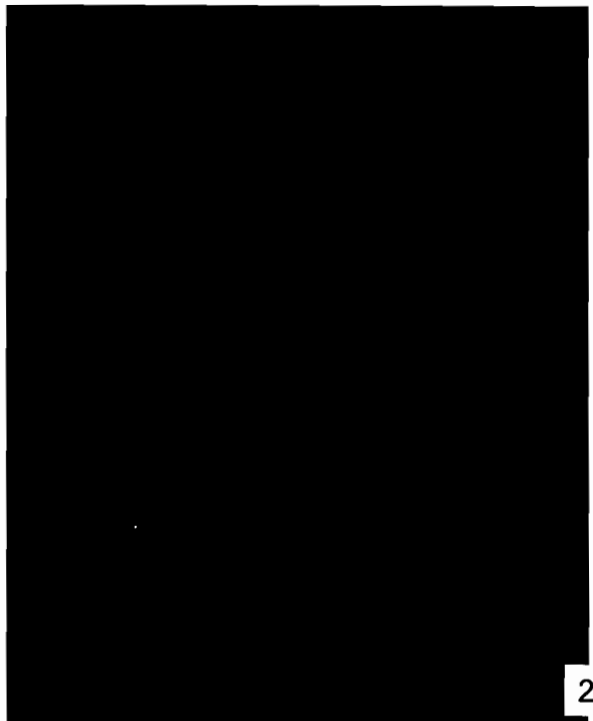
MAPLIN

ELECTRONICS

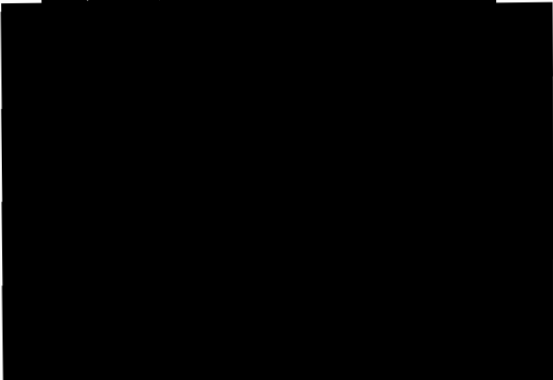


1 A92FA Parallel C/Bus 1Port W046
1 @ 49.99 49.99

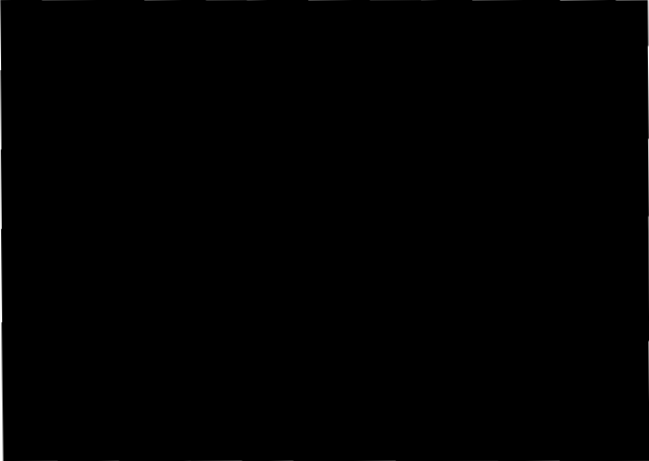
| | |
|--------------|-------|
| Nett Total £ | 42.54 |
| Tax Total £ | 7.45 |
| Total £ | 49.99 |



MAPLIN
ELECTRONICS



TOTAL SALE £49.99
PAYMENT £49.99
Please debit my account with payment
amount shown.





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

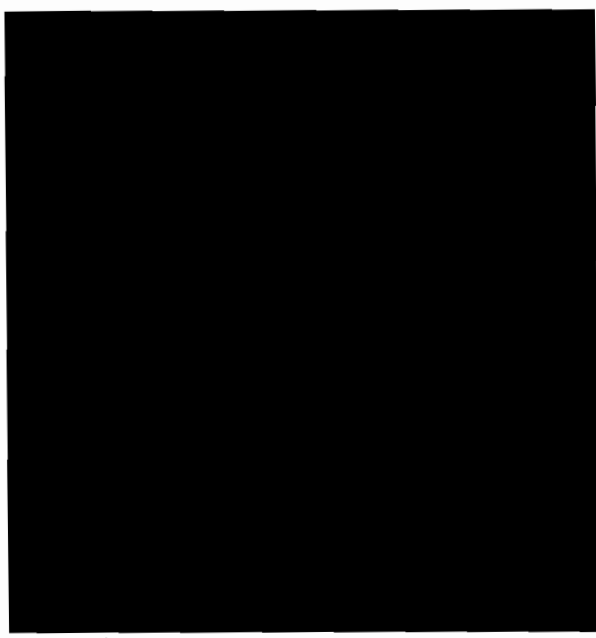
Payslip address

Bank details

Claim details


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

| | Amount | | |
|--------------------------|----------|---------------|----------|
| | £ | : | p |
| One-off salary | | : | p |
| Season ticket loan | | : | p |
| Travel – home to work | £ | 4.90 3.50 | 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 | £ | 49.99 1.00 | p |
| Total | £ | 59:39 | 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 SEPT 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 | | / | / |
| Please use margin for comments | | | |
| 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)

Expenditure type (Cat5) :



£.....
 £.....
 £.....
 £.....
 £.....
 £.....
 £.....
 £ 7.20.....
 £.....
 £.....
 £ 7.20.....

TOTAL

Comments:

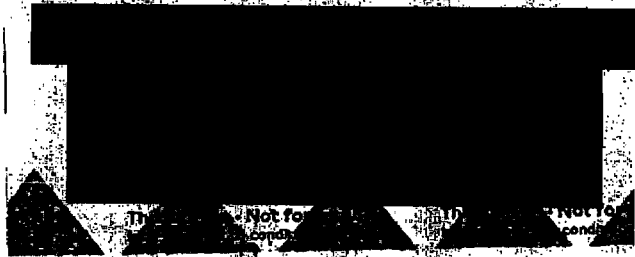
** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)



ground London Underground London Under

NOT FOR TRAVEL FILE 1720





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

SA3

18 AUG 2006

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

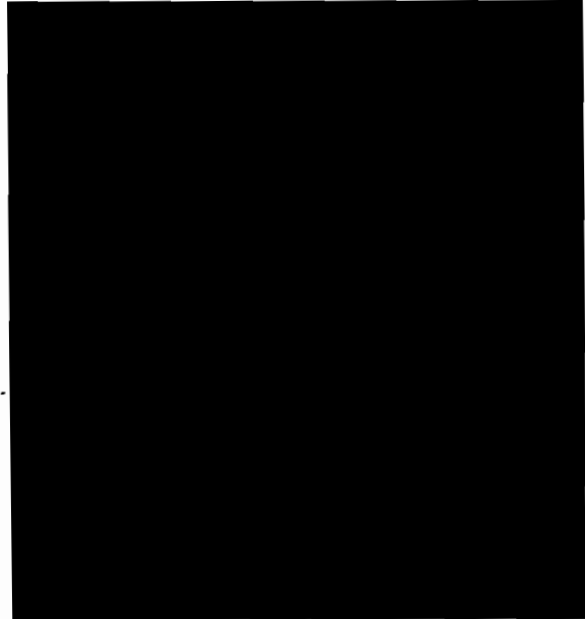
Payship address

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 | £ 7 : 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 | £ 7 : 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]

Date

17 AUGUST 2006

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 | 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 N

Registration N

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer ~~W~~/N

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£ 4.10

£

£

£

£

£

£

£

£

£

£ 4.10

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

18 AUG 2006

C3
SA3

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

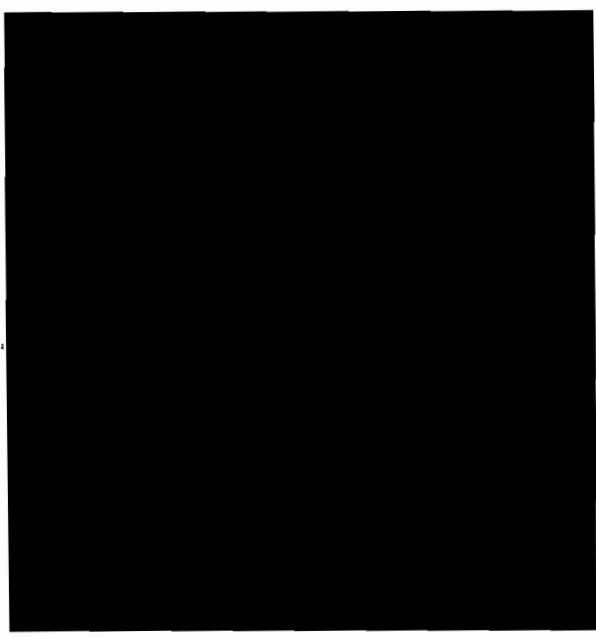
Payslip address

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 |
| Taxi | £ : p |
| Meals and subsistence | £ : p |
| Healthcare | £ : p |
| Childcare | £ : p |
| Home as office/telephone | £ : p |
| Office requisites | £ 4 : 10 p |
| Total | £ 4 : 10 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

Date 17 AUGUST 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 | | / / | 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

Post Office Ltd.
Your Receipt



| | | |
|--------------------------|---------------|------|
| Post Label SD | | |
| 1 | £ 4.10 | 4.10 |
| TOTAL DUE TO POST OFFICE | | 4.10 |
| Cash | FROM CUSTOMER | 4.10 |
| BALANCE | | 0.00 |

PLEASE RETAIN THIS RECEIPT AS PROOF



Thank You



Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

1 8 AUG 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

11 / 08 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

Banner

£ 11 : 99 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 11 : 99 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 

Date 17 AUG / 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

Invoice

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

Invoice To :

Stephen Timms MP

[REDACTED]

Charge To :

Stephen Timms MP

[REDACTED]

Page 1 Of 1 Date 09/08/2006

Acc.No. [REDACTED] Order Date 08/08/2006

Order
 C.A.R.

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line Total excl VAT | Line VAT Rate |
|----------|-----------|--------------|------------------------------------|----------|--------|------------|----------|---------------------|---------------|
| 1 | | 8300032 | CONTRACT HIGHLIGHTER YELLOW | 1 | PACK10 | 0.90 | 08/08/06 | 0.90 | 0.16 |
| 2 | | 2040310 | EVOLVE OFFICE PAPER A4 80gsm WHITE | 1 | BX2500 | 9.30 | 08/08/06 | 9.30 | 1.63 |



V.A.T. Summary

| | | |
|-------|-------------|---------------|
| Rate | Taxable Sum | V.A.T. Amount |
| 17.50 | 10.20 | 1.79 |

Sales Order Total (VAT excl)

| | |
|----------------------|--------------|
| INVOICE GOODS | 10.20 |
| INVOICE V.A.T. | 1.79 |
| INVOICE TOTAL | 11.99 |

Settlement : None
 Discount Terms :



Banner Business Supplies Ltd

[REDACTED]

Customer Services
 Telephone No : [REDACTED]
 Fax No : [REDACTED]

Sales Order No : [REDACTED]

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

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 09/08/2006

Amt. Due : 11.99

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by



Direct payment of suppliers

18 AUG 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

04 / 08 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

| | Suppliers | Amount |
|--------|-------------------|-------------|
| Item 1 | Aston - Mansfield | £ 24 : 00 p |
| Item 2 | | £ : p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |

Total £ 24 : 00 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 

Date 17 AUG / 2008

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 | | 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

Sales Invoice



Aston-Mansfield

Generating community wealth for social change

Invoice No: [REDACTED]
Date: 24/7/2006

Invoice To:
[REDACTED]
c/o Stephen Trimms MP
[REDACTED]

Terms: Net 30 days
Payment is due by: 23/8/2006

| Item | Qty | Description | Rate | Amount |
|------------------------------|-----|--|-------|--------|
| Room Hire - Community groups | 2 | 10/6/06 Coffee Bar hire 12pm-2pm 2hrs @ rate of £15 per hour | 12.00 | 24.00 |

[REDACTED] Total £24.00

[REDACTED]

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

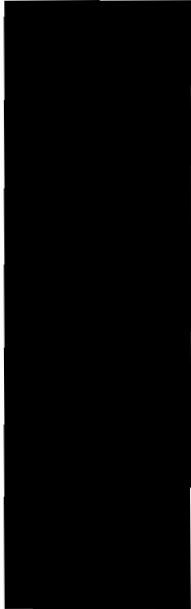
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£..... 19.99

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

TOTAL

Comments:

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

Posted by (initials & date)

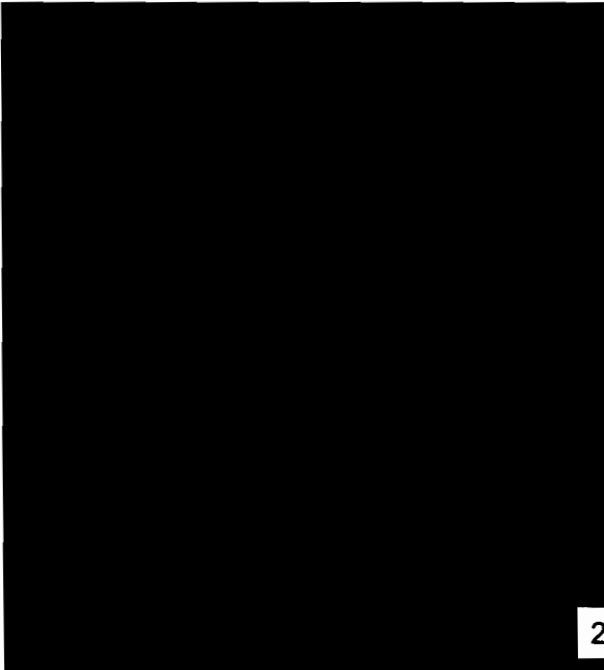


MAPLIN

ELECTRONICS



| | | | |
|--------|--------------------|------|-------|
| 1 UC02 | USB to Parallel 2m | G002 | |
| | 1 @ 19.99 | | 19.99 |
| | | | ----- |
| | Nett Total £ | | 17.01 |
| | Tax Total £ | | 2.98 |
| | Total £ | | 19.99 |





Staffing Allowance/Incidental Expenses Provision

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

9002 701

SA3

3

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

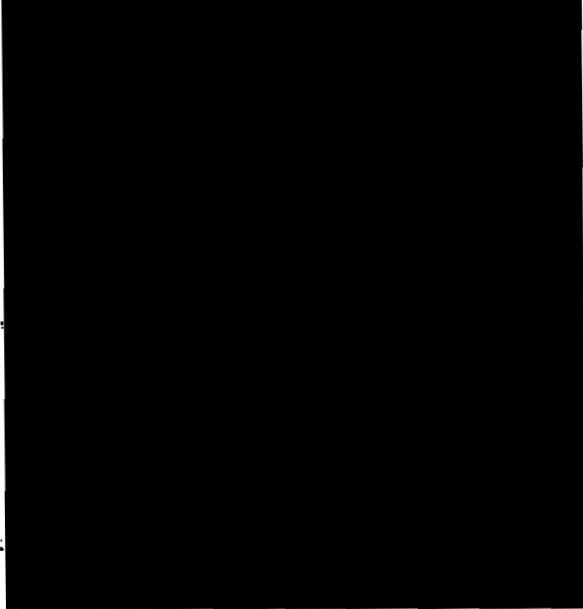
Bank details

continued on page 2

Claim details

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

| | Amount |
|--------------------------|--------------------|
| 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 | £ 19 : 99 p |
| Total | £ 19 : 99 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]

Date

27 July 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 | | 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



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.

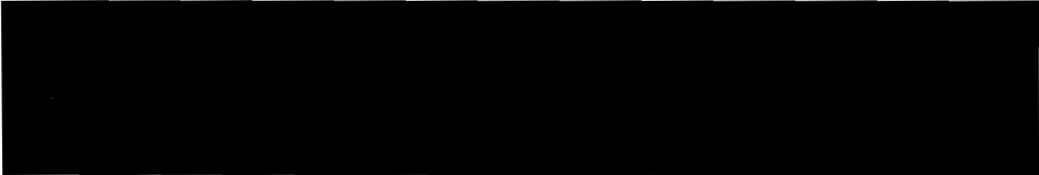
Your details

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

24 / 08 / 06

Allowance year

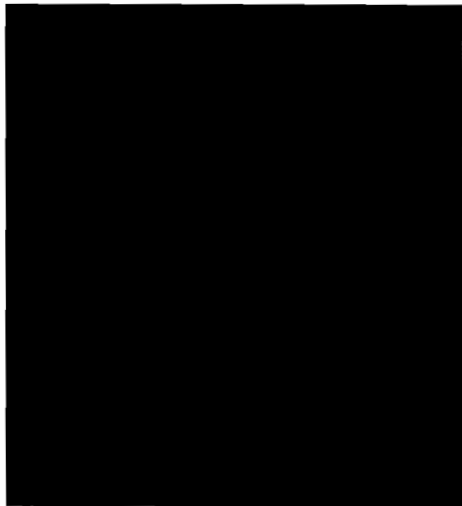
06 / 07

Incidental Expenses Provision claims



| | Suppliers | Amount |
|--------|------------------|--------------|
| Item 1 | Langford Printer | £ 105 : 75 p |
| Item 2 | | £ : p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |

Total £ 105 : 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 

Date 27 / 17 / 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.

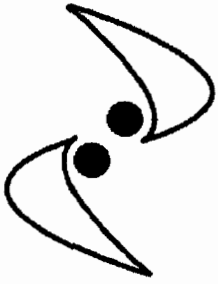
Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act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

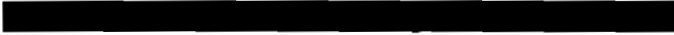
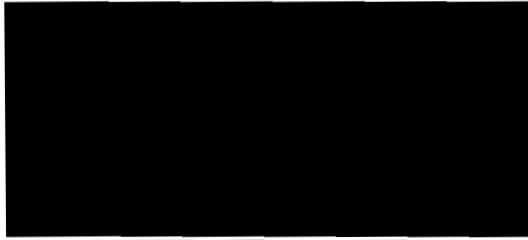
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

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

Please use margin for comments



LANGFORD PRINTERS



Invoice

The Rt Hon Stephen Timms MP



INVOICE NUMBER

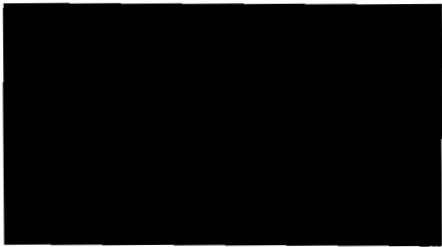
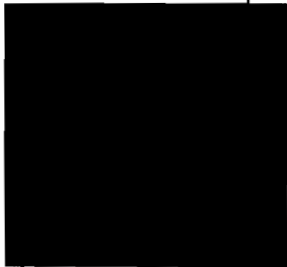



DATE / TAX POINT

21/07/2006

ACCOUNT NUMBER



| DETAILS | NET PRICE | VAT |
|---|--|---|
| 2500 x A4 Green House of Commons Letterheads | 70.00 | 12.25 |
| New Plate and Artwork Charge | 20.00 | 3.50 |
|  |  |  |

DELIVERY ADDRESS:



| | |
|-----------------|--------|
| TOTAL NET | 90.00 |
| TOTAL VAT | 15.75 |
| INVOICE TOTAL £ | 105.75 |



Direct payment of suppliers

25 JUL 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

21 / 07 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

| | Suppliers | Amount |
|--------|-----------|-------------|
| Item 1 | Banner | £ 1 : 46 p |
| Item 2 | Banner | £ 69 : 00 p |
| Item 3 | Banner | £ 3 : 00 p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |
| Total | | £ 73 : 46 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 23 JUL 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

Invoice

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

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 Of 1 Date 12/07/2006

Acc. No. Order Date 11/07/2006

Order

C.A.R.

Delivered To :
Stephen Timms MP

Customer Services
Telephone No :
Fax No :

Sales Order No :

| 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 | 4 | BOOK | 0.3100 | 11/07/06 | 1.24 | 17.50 | 0.22 |

V.A.T. Summary

| Rate | Taxable Sum | V.A.T. Amount |
|-------|-------------|---------------|
| 17.50 | 1.24 | 0.22 |

Sales Order Total (VAT excl) 1.24

| | |
|----------------------|-------------|
| INVOICE GOODS | 1.24 |
| INVOICE V.A.T. | 0.22 |
| INVOICE TOTAL | 1.46 |

Settlement : None
Discount Terms :

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. :

Inv. No. :

Inv. Date: 12/07/2006

Amt. Due : 1.46

Please return the slip

from final page of invoice with your payment by

09/08/2006

Invoice

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

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 of 1 Date 19/07/2006

Acc.No. [REDACTED] Order Date 13/07/2006

Order

C.A.R.

Delivered To :

Stephen Timms MP

Customer Services

Telephone No. : [REDACTED]

Fax No. : [REDACTED]

Sales Order No. : [REDACTED]

| 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 | | 0986871 | TONER CARTRIDGE DELL 1600N 3K CARTRIDGE P/N K4671 | 1 | EACH | 49.4200 | 18/07/06 | 49.42 | 17.50 | 8.65 |
| 2 | | 2040310 | EVOLVE OFFICE PAPER A4 80gsm WHITE | 1 | BX2500 | 9.3000 | 13/07/06 | 9.30 | 17.50 | 1.63 |

V.A.T. Summary

| Rate | Taxable Sum | V.A.T. Amount |
|-------|-------------|---------------|
| 17.50 | 58.72 | 10.28 |

Sales Order Total (VAT excl) 58.72

| | |
|----------------------|--------------|
| INVOICE GOODS | 58.72 |
| INVOICE V.A.T. | 10.28 |
| INVOICE TOTAL | 69.00 |

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: 19/07/2006

Amt. Due : 69.00

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

16/08/2006

Invoice

INVOICE NO. [REDACTED]

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 Of 1 Date 05/07/2006

Acc. No. [REDACTED] Order Date 04/07/2006

Order

C.A.R.

Delivered To :

Stephen Timms MP

Customer Services

Telephone No : [REDACTED]

Fax No : [REDACTED]

Sales Order No : [REDACTED]

Banner Business Supplies Ltd

office2office

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line VAT excl | Total VAT Rate |
|----------|-----------|--------------|------------------------------------|----------|--------|------------|----------|---------------|----------------|
| 1 | | 0500188 | STAEDTLER 430 STICK B/POINT MED BK | 1 | BOX10 | 1.2800 | 04/07/06 | 1.28 | 17.50 |
| 2 | | 0500189 | STAEDTLER 430 STICK B/POINT MED BL | 1 | BOX10 | 1.2800 | 04/07/06 | 1.28 | 17.50 |

V.A.T. Summary

| Rate | Taxable Sum | V.A.T. Amount |
|-------|-------------|---------------|
| 17.50 | 2.56 | 0.44 |

Sales Order Total (VAT excl) 2.56

INVOICE GOODS 2.56
INVOICE V.A.T. 0.44
INVOICE TOTAL 3.00

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: 05/07/2006

Ant. Due : 3.00

Please return the slip

from final page of invoice with your payment by

02/08/2006



Incidental Expenses Provision

C1

Member's reimbursement form

043400

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 06/07/2006

to 1/1

Allowance year

06/07

Table with 3 columns: Item, Description of service or goods, Amount. Includes entries for Laptop (Sony Vaio) and Office 2003.

Total

£ 1055:95 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

16 JULY 2005

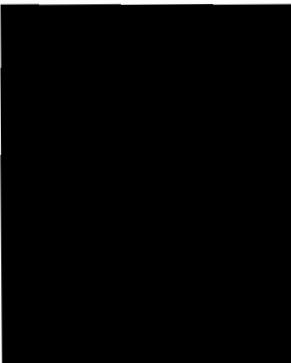
Data protection

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 | | / / |
| 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

| | |
|---|---------------------------|
| £ | 1055.95 238.95 |
| £ | |
| £ | |
| £ | |
| £ | |
| £ | 987.00 |
| £ | |
| £ | |
| £ | 1055.95 |

Comments

[Empty Comments Box]



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.

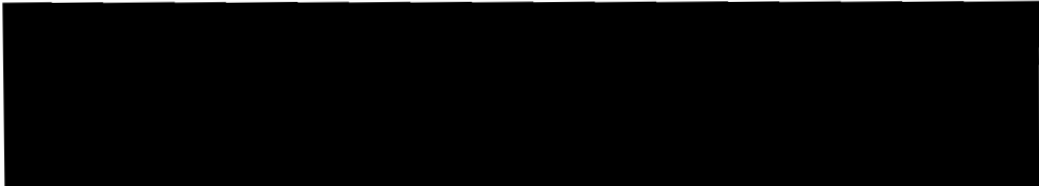
Your details

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

04 / 07 / 06

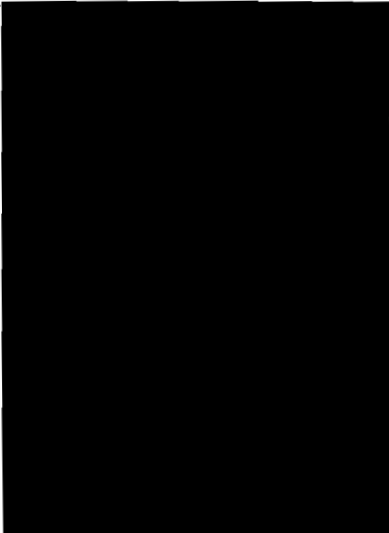
Allowance year

06 / 07

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Row 1: Banner, £ 26 : 91 p. Rows 2-5 are empty.

Total £ 26 : 91 . 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 10 / 17 / 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 | <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

Charge To :

Stephen Timms MP

Page 1 of 1 Date 25/06/2006

Acc.No. [REDACTED] Order Date 23/06/2006

Order

C.A.R.

Delivered To :

Stephen Timms MP

Customer Services

Telephone No : [REDACTED]

Fax No : [REDACTED]

Sales Order No : [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: 25/06/2006

Amt. Due : 26.91

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line Total exci | VAT Rate | Line VAT |
|----------|-----------|-----------------------------------|---------------------|----------|----------|------------|----------|-----------------|----------|----------|
| 1 | 9380102 | BANNER FS SUSPENSION FILE V GREEN | 1 BOX50 | 22.9000 | 23/06/06 | 22.90 | 17.50 | 4.01 | | |

V.A.T. Summary

| Rate | Taxable Sum | V.A.T. Amount |
|-------|-------------|---------------|
| 17.50 | 22.90 | 4.01 |

Sales Order Total (VAT exci) 22.90

INVOICE GOODS 22.90
 INVOICE V.A.T. 4.01
 INVOICE TOTAL 26.91

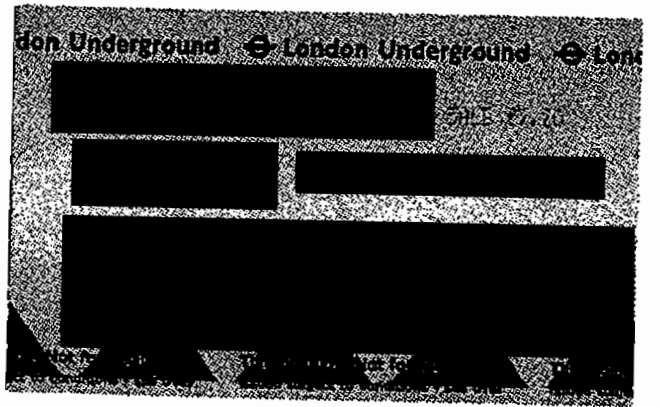
Settlement : None
 Discount Terms :



Please
 return
 the slip

from final page
 of invoice with
 your payment
 by

23/07/2006





Direct payment of suppliers

11 JUL 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

6 / 07 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

| | Suppliers | Amount |
|--------|-----------|--------------|
| Item 1 | Banner | £ 101 : 99 p |
| Item 2 | Banner | £ 28 : 03 p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |

Total

£ 130 : 02 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 10 / 7 / 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.

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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 | | | |

Invoice

** INVOICE NO. [REDACTED] ***

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 Of 1 Date 01/07/2006

Acc.No. [REDACTED] Order Date 22/06/2006

Order ORDER NO [REDACTED]

C.A.R.

Banner Business Supplies Ltd



office2office

ACC. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 01/07/2006

Amt. Due : 101.99

Customer Services
Telephone No : [REDACTED]
Fax No : [REDACTED]

Sales Order No : [REDACTED]

Delivered To :

Stephen Timms MP

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line excl | Total VAT | Line VAT |
|----------|-----------|-----------------|---------------------|----------|--------|------------|----------|-----------|-----------|----------|
| 1 | | PRMISCELLANEOUS | 1 EACH | 86.8000 | | 86.80 | 30/06/06 | 86.80 | 17.50 | 15.19 |

OVERPRINTED WITH DETAILS
PRINTED IN GREEN
1 X BX100
ARTWORK SUPPLIED

V.A.T. Summary

| | | |
|-------|-------------|---------------|
| Rate | Taxable Sum | V.A.T. Amount |
| 17.50 | 86.80 | 15.19 |

Sales Order Total (VAT excl)

86.80

| | |
|----------------|--------|
| INVOICE GOODS | 86.80 |
| INVOICE V.A.T. | 15.19 |
| INVOICE TOTAL | 101.99 |

Settlement : None
Discount Terms :

Please return the slip

from final page of invoice with your payment by

29/07/2006

Invoice

** INVOICE NO. [REDACTED] ***

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 Of 1 Date 30/06/2006
Acc.No. [REDACTED] Order Date 29/06/2006
Order [REDACTED]
C.A.R. [REDACTED]

Delivered To : [REDACTED]
Stephen Timms MP

Customer Services
Telephone No : [REDACTED]
Fax No : [REDACTED]

Sales Order No : [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: 30/06/2006

Amt. Due : 28.03

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax | Date | Line exc | Total VAT | Line VAT |
|----------|-----------|--------------|-----------------------------------|----------|--------|------------|----------|------|----------|-----------|----------|
| 1 | | 9372003 | BANNER MEDIUM GLUE STICK 20g | 5 | EACH | 0.1900 | 29/06/06 | | 0.95 | 17.50 | 0.17 |
| 2 | | 9380102 | BANNER FS SUSPENSION FILE V GREEN | 1 | BOX50 | 22.9000 | 29/06/06 | | 22.90 | 17.50 | 4.01 |



V.A.T. Summary

| | | |
|-------|-------------|---------------|
| Rate | Taxable Sum | V.A.T. Amount |
| 17.50 | 23.85 | 4.18 |

Sales Order Total (VAT excl) 23.85

| | |
|----------------------|--------------|
| INVOICE GOODS | 23.85 |
| INVOICE V.A.T. | 4.18 |
| INVOICE TOTAL | 28.03 |

Settlement : None
Discount terms :



28/07/2006

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

Supplier ID

or

Volunteer Y/N

Please check / amend relation

Text

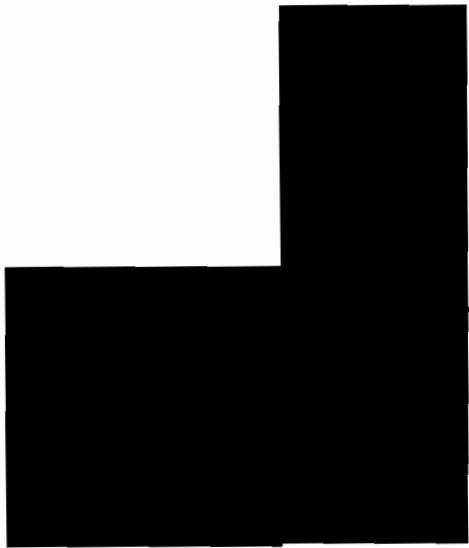
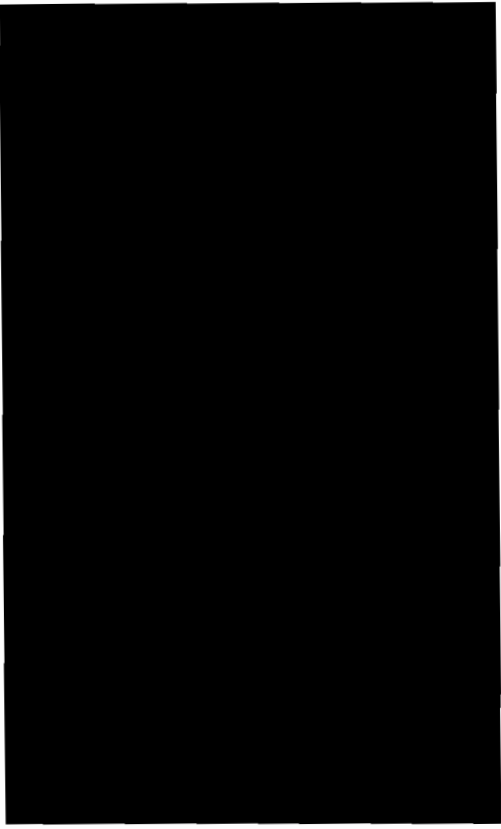
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£..... 7.20 ✓

£.....

£.....

£.....

£..... 7.20

TOTAL

** 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

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

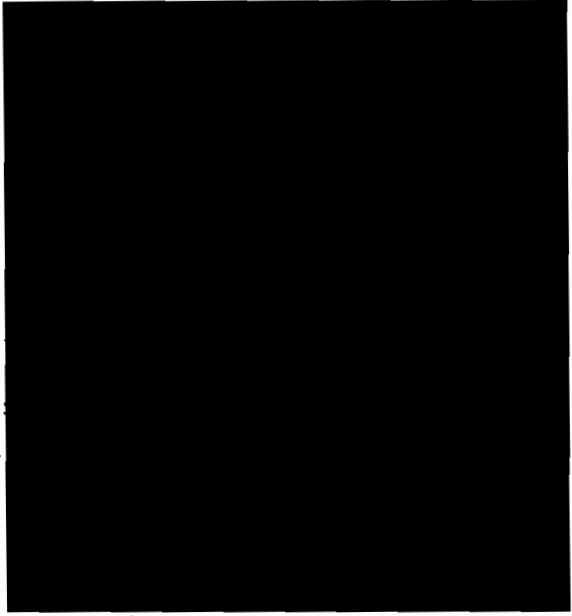
Payslip address

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 | £ 7 : 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 | £ 7 : 20 p |



Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred for my duties.

Signature

Date 6 JULY 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 | | 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



Incidental Expenses Provision

Member's reimbursement form

C1

04 JUL 2006

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 29 / 06 / 06.

to / /

Allowance year

06 / 07

Description of service or goods

Amount

Item 1

Newspaper Subscription

£ 101 : 40 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

£ 101 : 40 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

2 July 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.

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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

| | |
|---|--------|
| £ | 101.40 |
| £ | |
| £ | |
| £ | |
| £ | |
| £ | |
| £ | |
| £ | |

Comments

[Empty Comments Box]

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)

or

Expenditure type (Cat5) :

[Redacted]

[Redacted]

£.....

£ 1.17

[Redacted]

£.....

£.....

£.....

[Redacted]

£.....

£ 5.40

[Redacted]

£.....

£.....

£.....

TOTAL

Comments:

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

[Redacted]

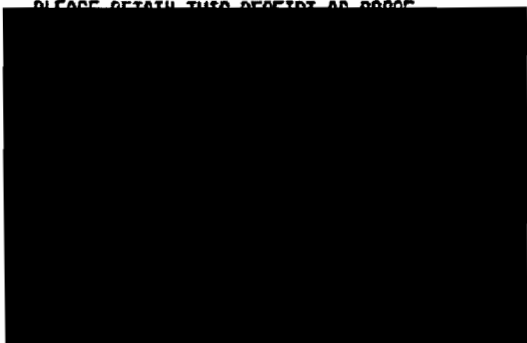
[Redacted]

Post Office Ltd.
Your Receipt



| | | |
|--------------------------|---------------|------|
| Post Label 1 | | |
| 1 | £ 1.17 | 1.17 |
| TOTAL DUE TO POST OFFICE | | 1.17 |
| Cash | FROM CUSTOMER | 1.17 |
| BALANCE | | 0.00 |

PLEASE RETAIN THIS RECEIPT AS PROOF



Thank You



Staffing Allowance/Incidental Expenses Provision

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

9002 NMF 4/07 JUN 2007 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

Constituency

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

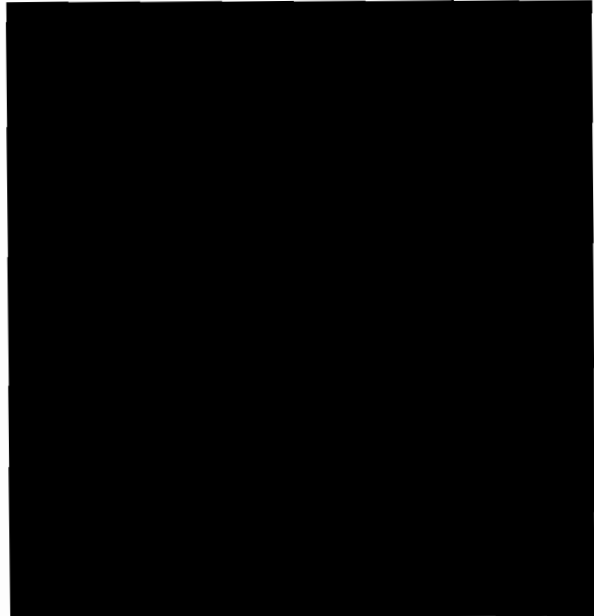
Bank details

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 | £ 1 : 17 p |
| Total | £ 6 : 57 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

20 June 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 | | | / / |



Direct payment of suppliers

20 JUN 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

13 / 06 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

Aston - Mansfield

£ 30 : 00 p

Item 2

Banner

£ 39 : 30 p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 69 : 30 p

Invoice

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

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 Of 1 Date 02/06/2006

Acc.No. [REDACTED] Order Date 01/06/2006

Order

C.A.R.

Delivered To :

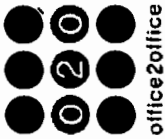
Stephen Timms MP

Customer Services

Telephone No : [REDACTED]

Fax No : [REDACTED]

Sales Order No : [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: 02/06/2006

Amt. Due : 39.30

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax | Date | Line VAT excl | Total VAT Rate |
|----------|-----------|--------------|------------------------------------|----------|--------|------------|-----|----------|---------------|----------------|
| 1 | | 0440703 | DEFLECTO MET KADY MSTR PEN TIOY BK | 1 | EACH | 1.4500 | | 01/06/06 | 1.45 | 17.50 |
| 2 | | 0340190 | BT RESPONSE 75 ANSWER MACHINE SI | 1 | MCHNE | 32.0000 | | 01/06/06 | 32.00 | 17.50 |
| | | | | | | | | | | 0.25 |
| | | | | | | | | | | 5.60 |



V.A.T. Summary

| | | |
|-------|-------------|---------------|
| Rate | Taxable Sum | V.A.T. Amount |
| 17.50 | 33.45 | 5.85 |

Sales Order Total (VAT excl)

33.45

INVOICE GOODS

33.45

INVOICE V.A.T.

5.85

INVOICE TOTAL

39.30

Settlement : None
 Discount Terms :



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

30/06/2006

Sales Invoice



Aston-Mansfield

Generating community wealth for social change

Invoice No: [REDACTED]

Date: 8/6/2006

Invoice To:

[REDACTED]
c/o Stephen Trimms MP

Terms: Net 30
Payment is due by: 8/7/2006

| Item | Quantity | Description | Rate | Amount |
|-----------|----------|--|-------|--------|
| Room hire | 2 | 27/5/06 Coffee Bar hire 12pm-2pm 2hrs @ rate of £15 per hour | 15.00 | 30.00 |

[REDACTED] **Total** £30.00

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)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£ 5.40

£ 2.

£.....

£.....

£ 5.40

TOTAL

** 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

Page 1 of 2

20 JUN 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 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

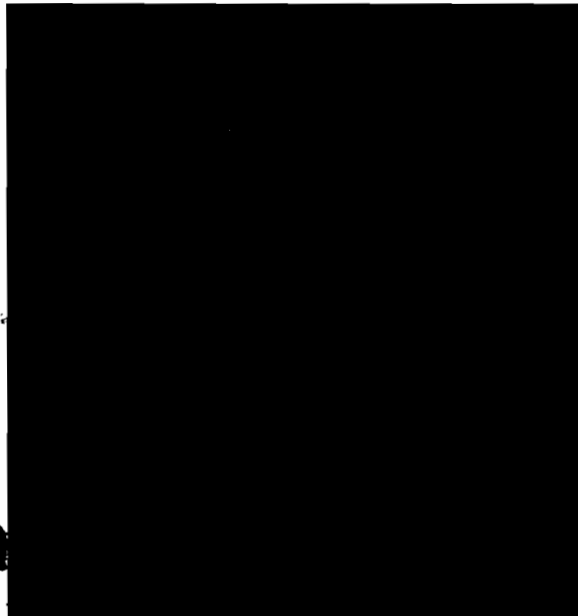
Bank details

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 | £ 5 : 40 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 | £ 5 : 40 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

19 June 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 | |
|-----------------------|--|--------------------------------|--|---------------|--|
| Validation | Initials Date | Validation | Initials Date | | |
| Claims received | <input type="text"/> / <input type="text"/> / <input type="text"/> | Member ID added to form | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Signature check | <input type="text"/> / <input type="text"/> / <input type="text"/> | Payment codes added to form | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Funds check | <input type="text"/> / <input type="text"/> / <input type="text"/> | Receipts/documentation present | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Allowable expenditure | <input type="text"/> / <input type="text"/> / <input type="text"/> | Processing input | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |

Please use margin for comments

Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer Y/

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

£.....
 £ 0.68 ✓
 £.....
 £.....
 £.....
 £.....
 £.....
 £ 5.40 ✓
 £.....
 £.....
 £.....
 £ 6.08

** 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

14 JUN 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

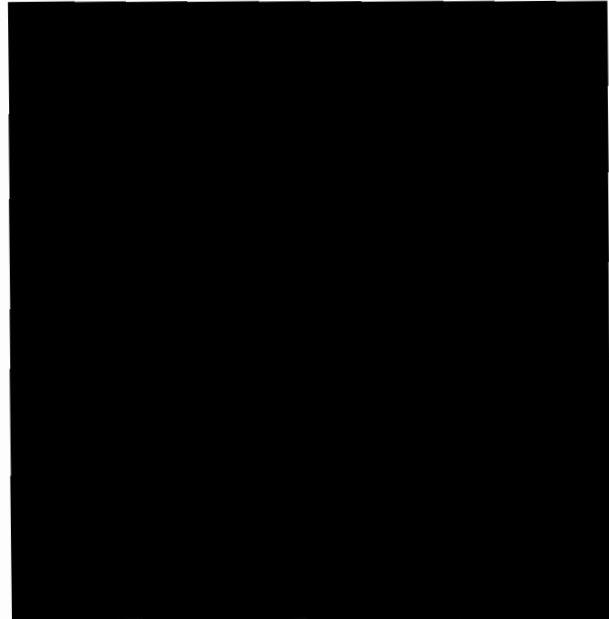
Payslip address

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 | £ 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 | £ 0 : 68 p |
| Total | £ 6 : 08 p |



Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

11 June 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 | | | |
|---------------------------------|----------|------|---|
| | Initials | Date | |
| Validation | | | |
| 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

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 |

Thank You

Price
£5.40X

Valid until
09 JUN 06

Number





Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

C2

06 JUN 2006

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

02 / 06 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

| | Suppliers | Amount |
|--------|-------------------|-------------|
| Item 1 | Langford Printers | £ 72 : 85 p |
| Item 2 | | £ : p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |
| Total | | £ 72 : 85 p |

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 6 June 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 | | / / | 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




LANGFORD PRINTERS






Invoice

Stephen Timms MP


INVOICE NUMBER 
DATE / TAX POINT 01/06/2006

ACCOUNT NUMBER 

| DETAILS | NET PRICE | VAT |
|---|-----------|------|
| 1000 x A6 Green House of Commons Comp Slips | 42.00 | 7.35 |
| New Plate and Artwork Charge | 20.00 | 3.50 |
|  | | |
|  | | |

DELIVERY ADDRESS:




| | |
|-----------------|-------|
| TOTAL NET | 62.00 |
| TOTAL VAT | 10.85 |
| INVOICE TOTAL £ | 72.85 |



Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

06 JUN 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

210606

Allowance year

0607

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Rows include Item 1 (Banner, £ 4:47 p), Item 2 (Banner, £ 1:93 p), Item 3, Item 4, Item 5.

Total £ 6:40 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 

Date 4 JUNE / 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. [REDACTED] **
 ** * * * * * **

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 Of 1 Date 27/05/2006

Acc.No. [REDACTED] Order Date 26/05/2006

Order

C.A.R.

Delivered To :

Stephen Timms MP

Customer Services

Telephone No. : [REDACTED]

Fax No. : [REDACTED]

Sales Order No. : [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: 27/05/2006

Amt. Due : 4.47

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax Date | Line VAT | Total VAT | Line VAT |
|----------|-----------|-----------------------------------|---------------------|----------|--------|------------|----------|----------|-----------|----------|
| 1 | 9420077 | BANNER FS ECON DOC WALLET 32mm AS | 1 | BOX50 | 2.8000 | 26/05/06 | 2.80 | 17.50 | 0.49 | |
| 2 | 9290011 | RAPESCO 26/6 STAPLES | 5 | BX5000 | 0.2000 | 26/05/06 | 1.00 | 17.50 | 0.18 | |

V.A.T. Summary

| | | |
|-------|-------------|---------------|
| Rate | Taxable Sum | V.A.T. Amount |
| 17.50 | 3.80 | 0.67 |

Sales Order Total (VAT exc1)

| | |
|----------------------|-------------|
| INVOICE GOODS | 3.80 |
| INVOICE V.A.T. | 0.67 |
| INVOICE TOTAL | 4.47 |

Settlement : None
 Discount Terms :

Banner
 world-class office products

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

24/06/2006

Invoice

** INVOICE NO. ***

Invoice To :

Stephen Timms MP

Charge To :

Stephen Timms MP

Page 1 Of 1 Date 27/05/2006

Acc.No. Order Date 26/05/2006

Order

C.A.R.

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

1 9410005 BANNER A4 ECON CLR PUNCH PKCT 42mu 2 BAG100 0.8200 26/05/06 1.64 i7.50 0.29

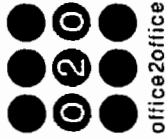
V.A.T. Summary

Rate Taxable Sum V.A.T. Amount
17.50 1.64 0.29

Sales Order Total (VAT exc1) 1.64

INVOICE GOODS 1.64
INVOICE V.A.T. 0.29
INVOICE TOTAL 1.93

Settlement : None
Discount Terms :



Banner Business Supplies Ltd

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

Acc. No. :

Inv. No. :

Inv. Date: 27/05/2006

Amt. Due : 1.93

Customer Services

Telephone No :

Fax No :

Sales Order No :

**Please
return
the slip**

from final page
of invoice with
your payment
by

24/06/2006

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

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

£.....

£.....

£.....

£.....

£.....

£.....

£ 19.80

£.....

£.....

£ 19.80

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



Posted by (initials & date)



06 JUN 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

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

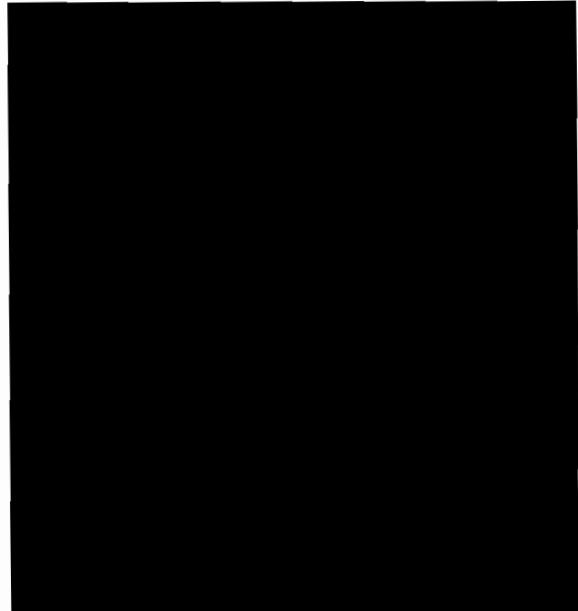
Payslip address

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 | £ 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 |



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

5 JUNE 2005

Data protection

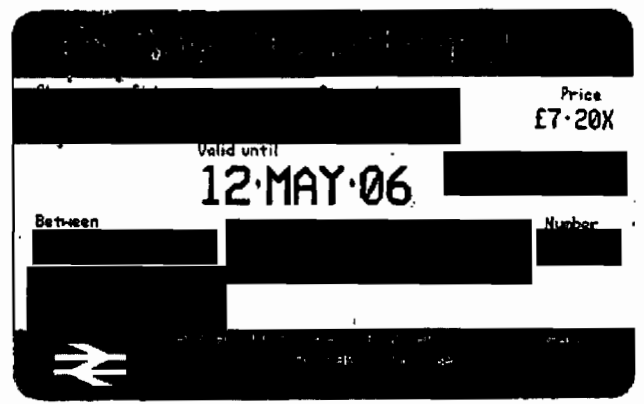
On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance 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 | | / | / |
| Please use margin for comments | | | |
| Validation | Initials | Date | |
| Member ID added to form | | / | / |
| Payment codes added to form | | / | / |
| Receipts/ documentation present | | / | / |
| Processing input | | / | / |




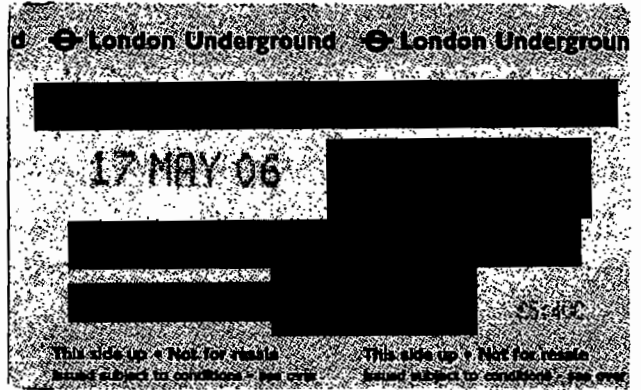
 **DISCOUNT**

Price
£7.20X

Valid until
19 MAY 06

Between  Number 

 **DISCOUNT**



Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer ~~X~~/N

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

£ 0.72

£

£

£

£

£

£

£

£

£ 0.72

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



Posted by (initials & date)



06 JUN 2006

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 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

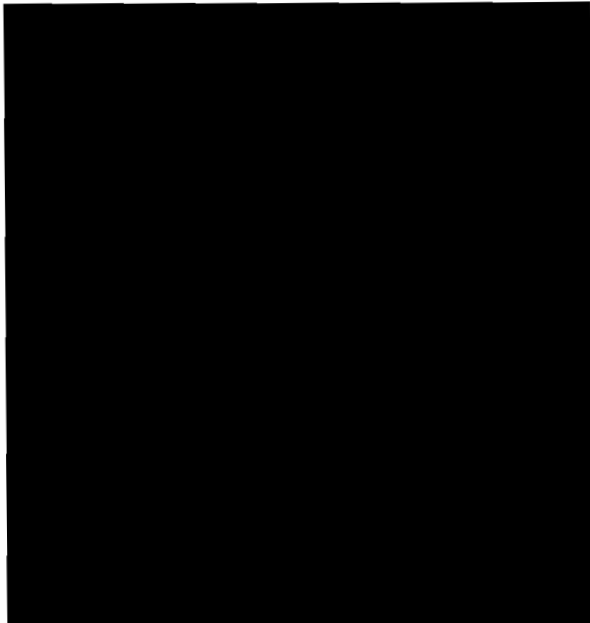
Payslip address

Bank details

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 | £ 00 : 72 p |
| Total | £ 00 : 72 p |



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

[Redacted Signature] MP

Date

5 JUNE 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.

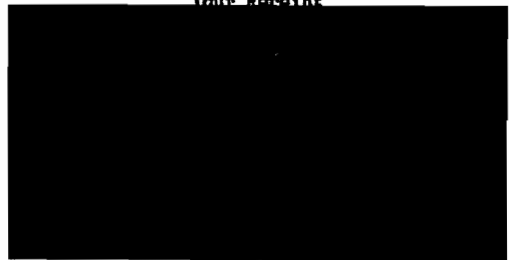
The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any 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 | |
|--------------------------------|--|--------------------------------|--|---------------|--|
| Validation | Initials Date | Validation | Initials Date | | |
| Claims received | <input type="text"/> / <input type="text"/> / <input type="text"/> | Member ID added to form | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Signature check | <input type="text"/> / <input type="text"/> / <input type="text"/> | Payment codes added to form | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Funds check | <input type="text"/> / <input type="text"/> / <input type="text"/> | Receipts/documentation present | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Allowable expenditure | <input type="text"/> / <input type="text"/> / <input type="text"/> | Processing Input | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Please use margin for comments | | | | | |

Post Office Ltd.
Your Receipt



| | | |
|--------------------------|---------------|------|
| Postage stamp | | |
| 1 | @ 0.72 | 0.72 |
| TOTAL DUE TO POST OFFICE | | 0.72 |
| Cash | FROM CUSTOMER | 0.72 |
| BALANCE | | 0.00 |

Thank You



Direct payment of suppliers

01 JUN 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

23 / 05 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Row 1: Banner, £ 10 : 93 p. Rows 2-5 are empty.

Total £ 10 : 93 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 25 / May / 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

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

Stephen Timms MP

Change To:

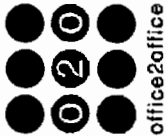
Stephen Timms MP

Page 1 of 1 Date 19/05/2006

Acc.No. Order Date 18/05/2006

C.A.R.

Banner Business Supplies Ltd



Acc. No. :

Inv. No. :

Inv. Date: 19/05/2006

Amt. Due : 10.93

Customer Services
Telephone No :
Fax No :

Sales Order No :

| Line No. | Line Ref. | Product Code | Product Description | Quantity | U.O.M. | Unit Price | Tax | Date | Line VAT excl | Total VAT Rate | Line VAT |
|----------|-----------|--------------|------------------------------------|----------|--------|------------|--------|----------|---------------|----------------|----------|
| 1 | | 2040310 | EVOLVE OFFICE PAPER A4 80gsm WHITE | 1 | BOX | 2500 | 9.3000 | 18/05/06 | 9.30 | 17.50 | 1.63 |

V.A.T. Summary

| | | |
|-------|-------------|---------------|
| Rate | Taxable Sum | V.A.T. Amount |
| 17.50 | 9.30 | 1.63 |

Sales Order Total (VAT excl)

9.30

INVOICE GOODS
INVOICE V.A.T.

9.30
1.63

INVOICE TOTAL

10.93

Settlement : None
Discount Terms :



16/06/2006

298

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

Supplier ID

or

Volunteer W/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) :



£.....

£.....

£.....

£.....

£.....

£ 5.40

£.....

£.....

£.....

£.....

TOTAL

Comments:

** Financial Processing purposes only*

Registered by (initials & date)

Posted by (initials & date)



25 MAY 2006

26 MAY 2008

Staffing Allowance/Incidental Expenses Provision

SA3
C3

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

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

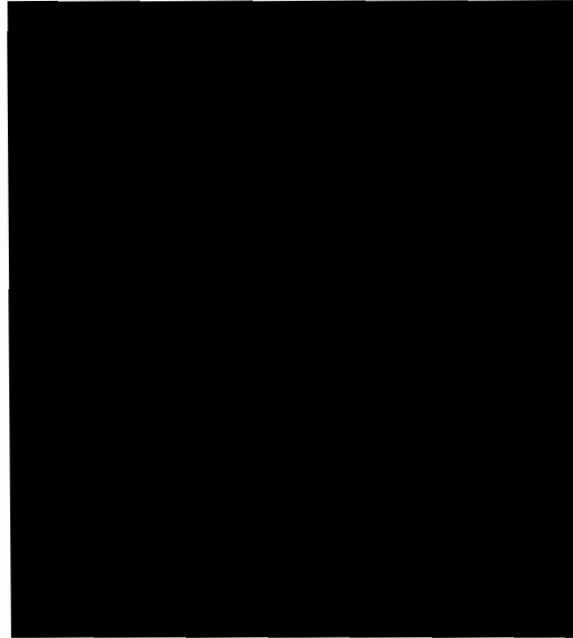
Bank details

continued on page 2

Claim details

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

| | Amount |
|--------------------------|------------------------|
| One-off salary | £ _____ : _____ p |
| Season ticket loan | £ _____ : _____ p |
| Travel – home to work | £ _____ : _____ p |
| Rail travel | £ <u>5:40</u> 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 | £ <u>5:40</u> p |



Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by [redacted] in the performance of their Parliamentary duties.

Signature

[redacted signature]

MP

Date

24 MAY 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 | Validation | Initials Date |
| Claims received | <input type="text"/> / <input type="text"/> / <input type="text"/> | Member ID added to form | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Signature check | <input type="text"/> / <input type="text"/> / <input type="text"/> | Payment codes added to form | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Funds check | <input type="text"/> / <input type="text"/> / <input type="text"/> | Receipts/documentation present | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Allowable expenditure | <input type="text"/> / <input type="text"/> / <input type="text"/> | Processing Input | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Please use margin for comments



Direct payment of suppliers

25 MAY 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

22 / 05 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims



| | Suppliers | Amount |
|--------|-----------------|-------------|
| Item 1 | Aston-Mansfield | £ 90 : 00 p |
| Item 2 | | £ : p |
| Item 3 | | £ : p |
| Item 4 | | £ : p |
| Item 5 | | £ : p |

Total £ 90 : 00 p

SALES INVOICE



Aston-Mansfield

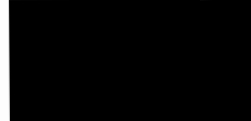
Generating community wealth for social change

Invoice No: [REDACTED]

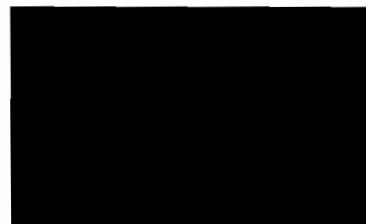
Date: 17/05/2006



c/o Stephen Trimms MP



| Qty | Description | Unit Price | Total |
|-----|--|------------|-------|
| 2.0 | 14/1/06 Coffee bar hire 12pm-2pm 2hrs @ rate of £15 per hour | 15.00 | 30.00 |
| 2.0 | 11/2/06 Coffee bar hire 12pm-2pm 2hrs @ rate of £15 per hr | 15.00 | 30.00 |
| 2.0 | 11/3/06 Coffee bar hire 12pm-2pm 2hrs @ rate of £15 per hr | 15.00 | 30.00 |



PAYMENT IS DUE BY: 22/05/2006

| | |
|------------------|--------------|
| Sub-Total | 90.00 |
| VAT | 0.00 |
| Total £ | 90.00 |



Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer ~~N~~/N

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 5.40.....

£.....

£.....

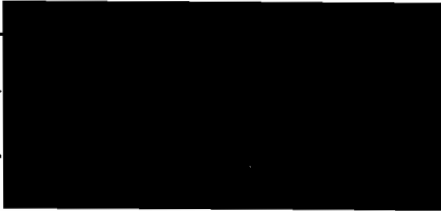
£ 5.40.....

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

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

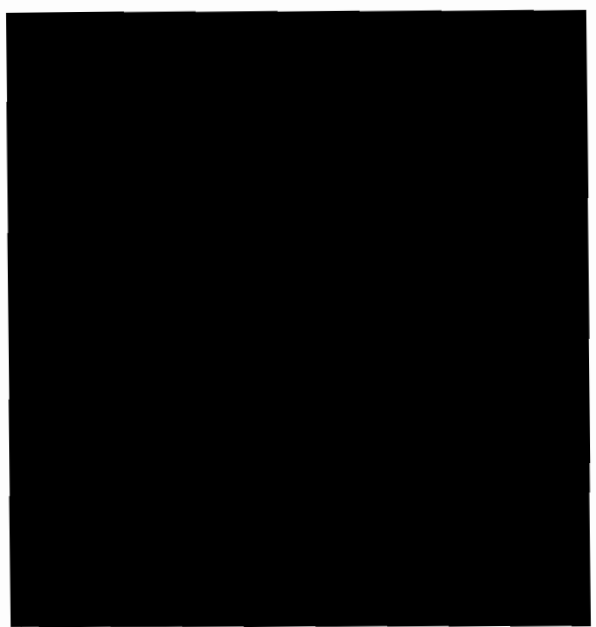
Payslip address

Bank details

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 | £ <u>5</u> : <u>40</u> 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 | £ <u>5</u> : <u>40</u> 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

Date 15 MAY 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 checked="" type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Signature check | <input checked="" type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Funds check | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Allowable expenditure | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <i>Please use margin for comments</i> | | | |
| | | Date | |
| Member ID added to form | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Payment codes added to form | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Receipts/ documentation present | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Processing input | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

Price
£5.40X

Valid until
06 MAY 06

Between [redacted] Number [redacted]





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

9 / 05 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims



Item 2

| Suppliers | Amount |
|--------------------------|--------------|
| London Borough of Newham | £ 891 : 00 P |

Item 3

£ : P

Item 4

£ : P

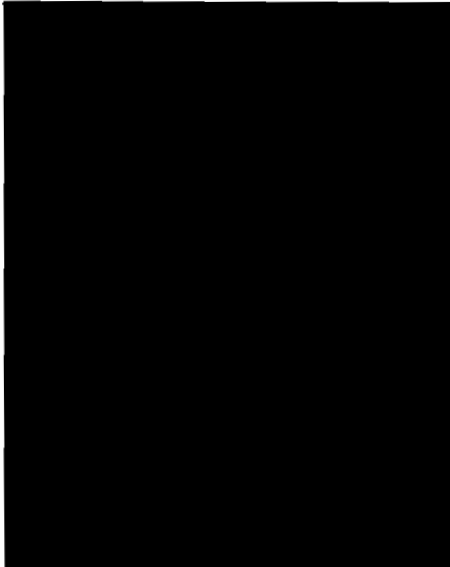
Item 5

£ : P

£ : P

Total

£ 891 : 00 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 14 / MAY / 2005

Data protection

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Send your completed form to

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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 | | / / | |
| Validation | | | Initials Date |
| Member ID added to form | | / / | |
| Payment codes added to form | | / / | |
| Receipts/ documentation present | | / / | |
| Processing Input | | / / | |
| Please use margin for comments | | | |

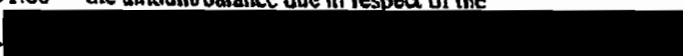
CENTRAL SERVICES, 

INVOICE

My Ref: 

09/May/2006

Dear Sir/Madam

Kindly remit by return the sum of £891.00 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 | |
|-------------|------------------|-------------------|-------|-------------|-----------------|-------|
| 19/May/2006 | Committee Room 3 | STEPHEN TIMMS - S | 04:00 | 07:00 | £49.50 | £0.00 |
| 03/Jun/2006 | Committee Room 3 | STEPHEN TIMMS - S | 10:00 | 02:00 | £66.00 | £0.00 |
| 16/Jun/2006 | Committee Room 3 | STEPHEN TIMMS - S | 04:00 | 07:00 | £49.50 | £0.00 |
| 01/Jul/2006 | Committee Room 3 | STEPHEN TIMMS - S | 10:00 | 02:00 | £66.00 | £0.00 |
| 21/Jul/2006 | Committee Room 3 | STEPHEN TIMMS - S | 04:00 | 07:00 | £49.50 | £0.00 |
| 05/Aug/2006 | Committee Room 3 | STEPHEN TIMMS - S | 10:00 | 02:00 | £66.00 | £0.00 |
| 18/Aug/2006 | Committee Room 3 | STEPHEN TIMMS - S | 04:00 | 07:00 | £66.00 | £0.00 |
| 02/Sep/2006 | Committee Room 3 | STEPHEN TIMMS - S | 10:00 | 02:00 | £66.00 | £0.00 |
| 15/Sep/2006 | Committee Room 3 | STEPHEN TIMMS - S | 04:00 | 07:00 | £66.00 | £0.00 |
| 07/Oct/2006 | Committee Room 3 | STEPHEN TIMMS - S | 10:00 | 02:00 | £49.50 | £0.00 |
| 20/Oct/2006 | Committee Room 3 | STEPHEN TIMMS - S | 04:00 | 07:00 | £49.50 | £0.00 |
| 04/Nov/2006 | Committee Room 3 | STEPHEN TIMMS - S | 10:00 | 02:00 | £66.00 | £0.00 |
| 17/Nov/2006 | Committee Room 3 | STEPHEN TIMMS - S | 04:00 | 07:00 | £66.00 | £0.00 |
| 02/Dec/2006 | Committee Room 3 | STEPHEN TIMMS - S | 10:00 | 02:00 | £66.00 | £0.00 |
| 15/Dec/2006 | Committee Room 3 | STEPHEN TIMMS - S | 04:00 | 07:00 | £49.50 | £0.00 |





Event Date

From

To

Hire
Charge

Catering
Charge

£891.00

£0.00

STEPHEN TIMMS

TOTAL DUE:

£891.00





Direct payment of suppliers

04 MAY 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

24 / 04 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

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 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

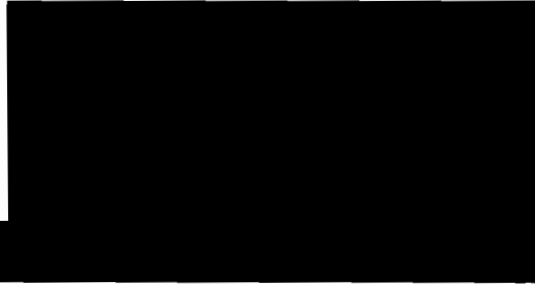
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

| 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



LANGFORD PRINTERS



Invoice

Stephen Timms MP
[Redacted]

| | |
|------------------|------------|
| INVOICE NUMBER | [Redacted] |
| DATE / TAX POINT | 20/04/2006 |

ACCOUNT NUMBER [Redacted]

| DETAILS | NET PRICE | VAT |
|--|------------|------------|
| 2500 x A4 Green House of Commons Letterheads [Redacted] | 70.00 | 12.25 |
| [Redacted] | [Redacted] | [Redacted] |

DELIVERY ADDRESS:
[Redacted]



| | |
|-----------------|-------|
| TOTAL NET | 70.00 |
| TOTAL VAT | 12.25 |
| INVOICE TOTAL £ | 82.25 |



25 APR 2008

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

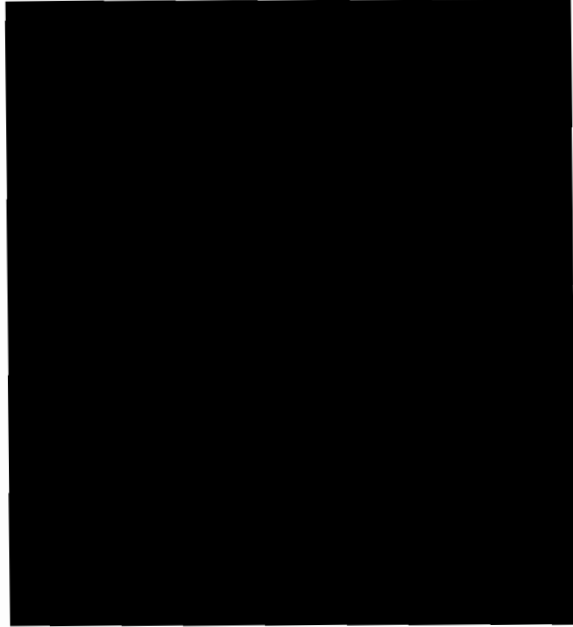
Payslip address

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 | £ : p |
| Car travel | £ : p |
| Air travel | £ : p |
| Taxi | £ : p |
| Meals and subsistence | £ : p |
| Healthcare | £ : p |
| Childcare | £ : p |
| Home as office/telephone | £ : p |
| Office requisites | £ 17 : 63 p |
| Total | £ 17 : 63 p |



Authorisation and declaration

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

Signature



Date

24 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.

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 | | / | / |



Order Confirmation

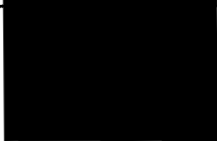
Quote Produced For:

Deliver To:



Customer No: [Redacted] Order Date: 11/04/2006 Dell Order No: [Redacted] Page 1 of 1

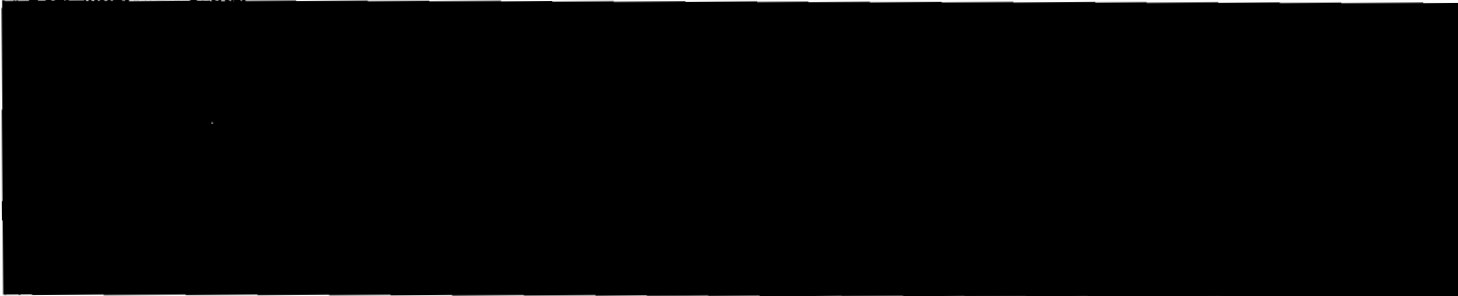
Payment Terms
Estimated Delivery Date:
Delivery Method
Internet Receipt No:
Booking Reference:



Account Manager
Account Manager Tel
Account Manager Fax
Account Manager Email



Dear Mr Stewart Gregg,



| Item No. | Description | Quantity |
|-----------|---|----------|
| 520-10324 | UK/Ireland - Dell A215 Stereo Speakers(KII) | 1 |

VAT Summary

| VAT Rate % | GBP Total Net £ | GBP VAT £ | Subtotal | GBP |
|------------|-----------------|-----------|----------|-------|
| 17.5 | 15.00 | 2.63 | Freight | 8.00 |
| | | | VAT £ | 7.00 |
| | | | Total | 2.63 |
| | | | | 17.63 |

