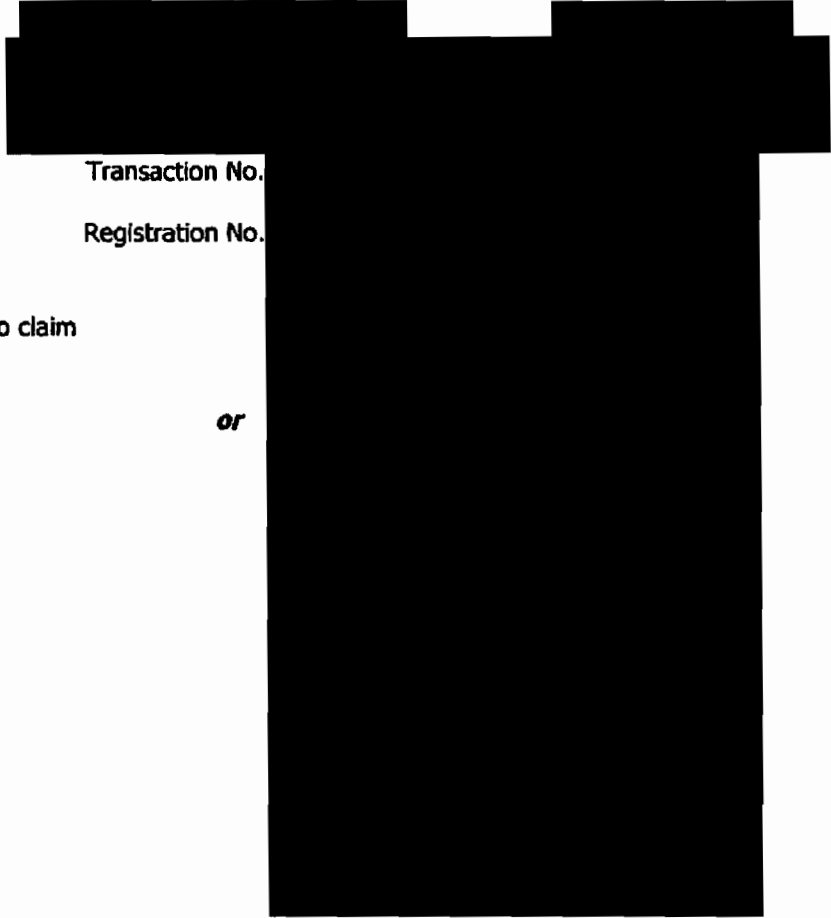


Rt Hon Stephen Timms MP

**Incidental Expenses
Provision**

2007-08



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

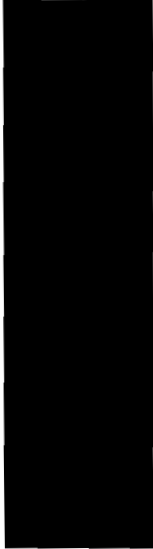
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....
£.....
£.....
£.....
£.....
£.....
£ 8.00
£.....
£.....
£ 8.00

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

Office use only

Cost/Cat 2

Payment details

Payslip address

Postcode

Bank details

Sort code

Account number

Account name

Claim details

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

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ 8:00 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	£ 8:00 p

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

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred
staff from the House of Commons for the performance of their Parliamentary duties.

Signature

[Redacted Signature] MP

Date

19 MARCH 2008

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		/	/



Incidental Expenses Provision/Staffing Allowance

32

Direct payment of suppliers

When to use this form

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

About filling in this form

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

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Office use only

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

25 103 108

Allowance year

07 108

Incidental Expenses Provision claims

Office use only

Table with 5 columns: Item, Suppliers, Amount, Allow or A/c code, Supplier ID, Exp/Cat 5. Row 1: Item 1, BANNER, £ 84 : 55 p.

Total £ 84 : 55 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

[Redacted Signature]

MP

Date

25 / 03 / 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		/ /

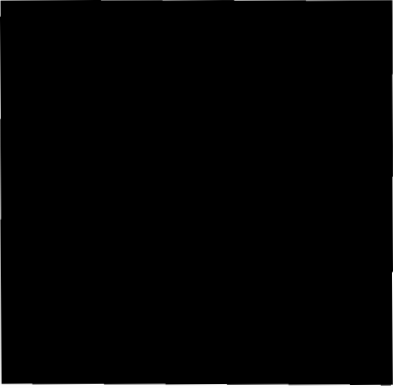
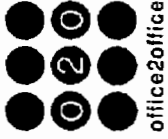
Please use margin for comments

Invoice

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

Stephen Timms MD

Page 1 of 1 Date 19/03/2008
 Acc. No. [REDACTED] Order Date 18/03/2008
 Order [REDACTED]
 C.A.R.



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		0340573	PLANTRONICS MONAURAL HEADSET	1	EACH	71.9600	18/03/08	71.96	17.5	12.59

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	71.96	12.59

Sales Order Total (VAT excl)

71.96
 INVOICE GOODS
 INVOICE V.A.T.
 INVOICE TOTAL

Settlement : None
 Discount Terms :

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 19/03/2008
 Amt. Due : 84.55

Please return the slip

from final page of invoice with your payment by

16/04/2008

Financial Processing }

Transaction f

Registration f

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Volunteer Yes/No
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



----	£ 16.99
----	£
----	£
----	£
----	£
----	£
----	£
----	£
----	£
----	£
----	£
----	£
----	£ 16.99

07_08

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

SA3
04 APR 2008
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

Office use
Costs/Cat 2

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	£ 16	: 99	p
Total	£ 16	: 99	p

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

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

28 / 03 / 08

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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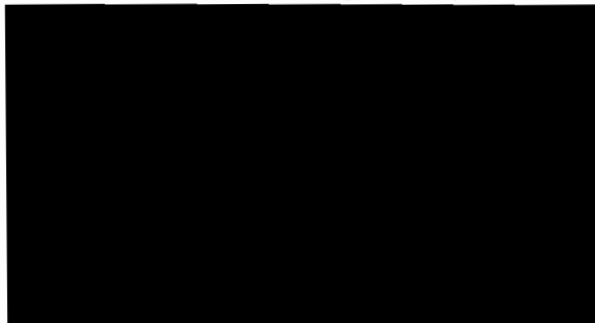
Send your completed form to

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		/	/

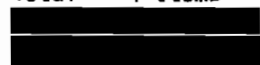
Ryman

the stationer

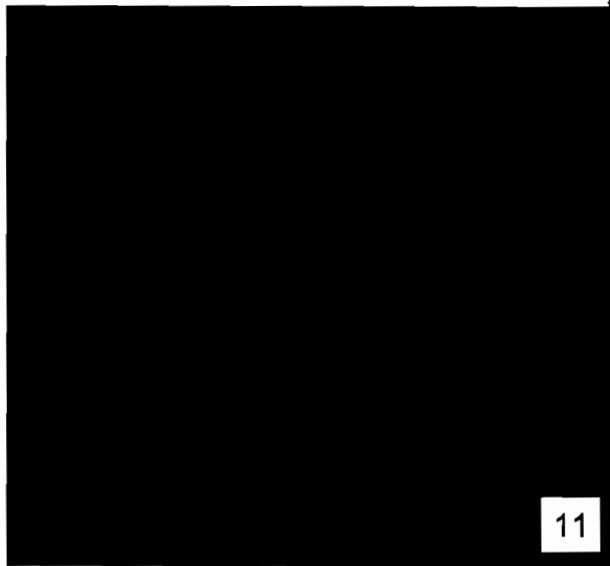


RYMAN LABELS P14 BX100	£
0220023361	16.99

Total	1 Items	£16.99
		£16.99



VAT Code	Trans Amount	VAT
1 17.5%	14.46	2.53





Incidental Expenses Provision/Staffing Allowance

02

Direct payment of suppliers

03 JUN 2008

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

30 10 08

Allowance year

08 109 07 - 08

Incidental Expenses Provision claims

Office use only

Item 1

Suppliers

Amount

Allow or A/c code

Supplier ID

Exp/ Cat 5

Aston-Mansfield £ 52 : 50 p

£ : p

£ : p

£ : p

£ : p

Total

£ 52 : 50 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 28 / 05 / 08

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

Sales Invoice



Aston-Mansfield

Invoice No: [REDACTED]
Date: 29/2/2008

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

[REDACTED]

[REDACTED]

Payment is due by: 15/3/2008

Item	Qty	Description	Rate	Amount
Room Hire Political Groups	3.5	09/02/2008 Coffee Bar Hire for 3 and a half hours 10am-1.30pm @ £15 per hour	15.00	52.50
		[REDACTED]		
		[REDACTED]		
		[REDACTED]		
		[REDACTED]		
		[REDACTED]		

[REDACTED] **Total** £52.50

[REDACTED]



Incidental Expenses Provision/Staffing Allowance

62

Direct payment of suppliers

?

When to use this form

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

About filling in this form

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

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Office use only

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

22 10 08

Allowance year

07 08

Incidental Expenses Provision claims

Office use only

Suppliers

Amount

Allow or A/c code

Supplier ID

Exp/ Cat 5

Item 1

London Borough of Newham £1,903:00 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£1,903:00 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

22 10 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

INVOICE

My Ref: [REDACTED]

22/May/2008

Dear Sir/Madam

Kindly remit by return the sum of £1,903.00 the amount/balance due in respect of the hire of accomodation as set forth below. (Cheques should be payable to "London Borough of Newham").

Yours faithfully,

Event Date		From	To	Hire Charge	Catering Charge	
20/Apr/2007	Council Chamber	STEPHEN TIMMS SU	02:00	03:00	£22.00	£0.00
20/Apr/2007	Committee Room 3	STEPHEN TIMMS SU	04:00	07:00	£49.50	£0.00
28/Apr/2007	Committee Room 3	STEPHEN TIMMS SU	09:30	01:30	£66.00	£0.00
18/May/2007	Committee Room 3	STEPHEN TIMMS SU	04:00	07:00	£49.50	£0.00
02/Jun/2007	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
15/Jun/2007	Committee Room 3	STEPHEN TIMMS SU	04:00	07:00	£49.50	£0.00
30/Jun/2007	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
27/Jul/2007	Committee Room 3	STEPHEN TIMMS SU	02:30	04:30	£49.50	£0.00
02/Aug/2007	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
04/Aug/2007	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
01/Sep/2007	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
19/Sep/2007	Committee Room 3	STEPHEN TIMMS SU	07:00	09:00	£49.50	£0.00
06/Oct/2007	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
19/Oct/2007	Committee Room 3	STEPHEN TIMMS SU	04:00	07:00	£49.50	£0.00
26/Oct/2007	Committee Room 3	STEPHEN TIMMS SU	04:00	06:00	£49.50	£0.00
03/Nov/2007	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
16/Nov/2007	Committee Room 3	STEPHEN TIMMS SU	04:00	07:00	£49.50	£0.00
24/Nov/2007	Committee Room 3	STEPHEN TIMMS SU	09:30	11:30	£33.00	£0.00

Event Date			From	To	Hire Charge	Catering Charge
07/Dec/2007	Committee Room 3	STEPHEN TIMMS SU	06:00	08:00	£49.50	£0.00
15/Dec/2007	Committee Room 3	STEPHEN TIMMS SU	10:00	12:00	£49.50	£0.00
21/Dec/2007	Committee Room 3	STEPHEN TIMMS SU	02:00	07:00	£82.50	£0.00
02/Jan/2008	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
15/Mar/2008	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
05/Apr/2008	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
25/Apr/2008	Committee Room 2	STEPHEN TIMMS SU	04:30	07:00	£49.50	£0.00
26/Apr/2008	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
03/May/2008	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
16/May/2008	Committee Room 3	STEPHEN TIMMS SU	04:30	07:00	£49.50	£0.00
30/May/2008	Committee Room 2	STEPHEN TIMMS SU	04:00	06:00	£49.50	£0.00
07/Jun/2008	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
20/Jun/2008	Committee Room 3	STEPHEN TIMMS SU	04:00	07:00	£66.00	£0.00
05/Jul/2008	Committee Room 3	STEPHEN TIMMS SU	10:00	02:00	£66.00	£0.00
18/Jul/2008	Committee Room 3	STEPHEN TIMMS SU	04:00	07:00	£66.00	£0.00
					£1,903.00	£0.00
					TOTAL DUE :	£1,903.00



Direct payment of suppliers

09 APR 2008 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

Office use only
Costc: [redacted]
Supp/Res ID: [redacted]

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: 03 104 108
Allowance year: 07 108

Incidental Expenses Provision claims

Office use only

Table with 5 columns: Item, Suppliers, Amount, Allow or A/c code, Supplier ID, Exp/Cat 5. Row 1: Item 1, ASTON-MANSFIELD, £ 52 : 50 p.

Total £ 52 : 50 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

03 / 04 / 08

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

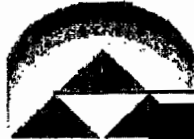
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

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

Invoice No: [REDACTED]
Date: 31/3/2008

Invoice To:
[REDACTED]
Stephen Trimms MP
[REDACTED]

Terms: Net 15 days
Payment is due by: 15/4/2008

Item	Qty	Description	Rate	Amount
Room Hire Political Groups	3.5	08/03/2008 Coffee Bar Hire for three and a half hours. 10am-1.30pm @ £15 per hour.	15.00	52.50
		[REDACTED]		
		[REDACTED]		

[REDACTED] Total £52.50

[REDACTED]

Financial Processing }

Transaction f

Registration f

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Volunteer Yes/No
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 26.15 ✓
----	E.....
----	E.....
----	E.....
----	E.....
----	E 26.15 ✓

TOTAL

Comments:

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



Posted by (initials & date)



n Underground London Underground London

NOT FOR TRAVEL SALE 60/00




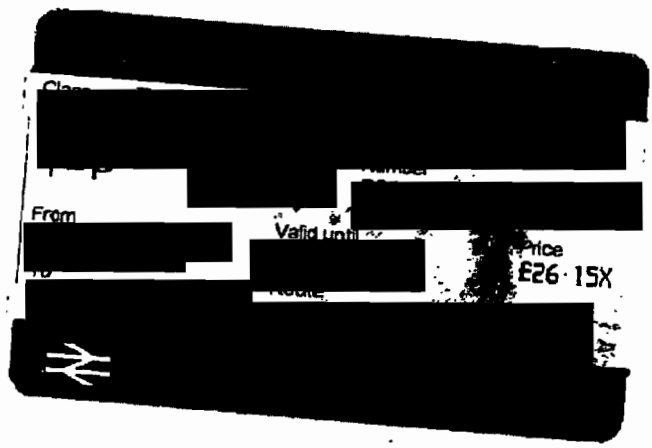
Not for... Not for... Not for... Not for...

[Redacted]

Class	From	Adult	Child	
[Redacted]	[Redacted]	ONE	NIL	RTN
	Start date	[Redacted]	[Redacted]	[Redacted]
From	[Redacted]	Valid until	[Redacted]	Price
[Redacted]	[Redacted]	[Redacted]	[Redacted]	£26.15X
[Redacted]	*	[Redacted]	[Redacted]	[Redacted]

[Redacted]







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

Account name

Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel – home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ 26 : 15 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p			
Office requisites	£ : p			
Total	£ 26 : 15 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

24 MAR 2008

Data protection

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

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Send your completed form to

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

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

Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes/No
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

07_08 ✓

Expenditure type (Cat5) :



---	£.....
---	£.....
---	£.....
---	£.....
---	£.....
---	£.....
---	£.....
---	£.....
---	£.....
---	£ 22.47 ✓
---	£ 22.47 ✓

TOTAL

Comments:

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

3/6

Posted by (initials & date)





29 AUG 2007

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

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

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	£ 22 : 47 p
Total	£ 22 : 47 p

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

Authorisation and declaration

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

Signature

[Redacted Signature]

Date

29 AUGUST 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		/ /	

Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes/No
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£ 24.00 ✓
£
£
£
£
£ 13.50 ✓
£
£
£
£
£ 37.50 ✓

TOTAL

Comments:

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

Posted by (initials & date)

----- 4 SEP 2007

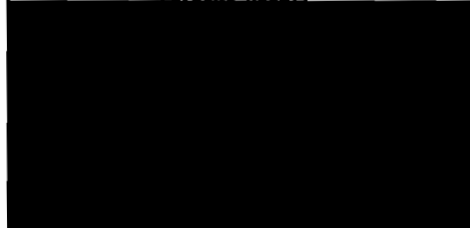


S/a 2ndx100
1 8 24.00 24.00

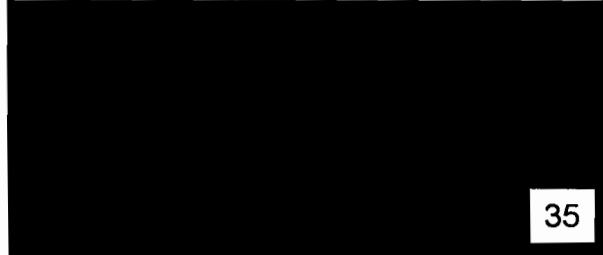
TOTAL DUE TO POST OFFICE 24.00

Maestro FROM CUSTOMER 24.00
BALANCE 0.00

Payment Retail



Amount: £24.00



nderground London Underground London U
NOT FOR TRAVEL SALE £7.60
i for.
ditions
conditions-see over This side up • No
issued subject to col



29 AUG 2007

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

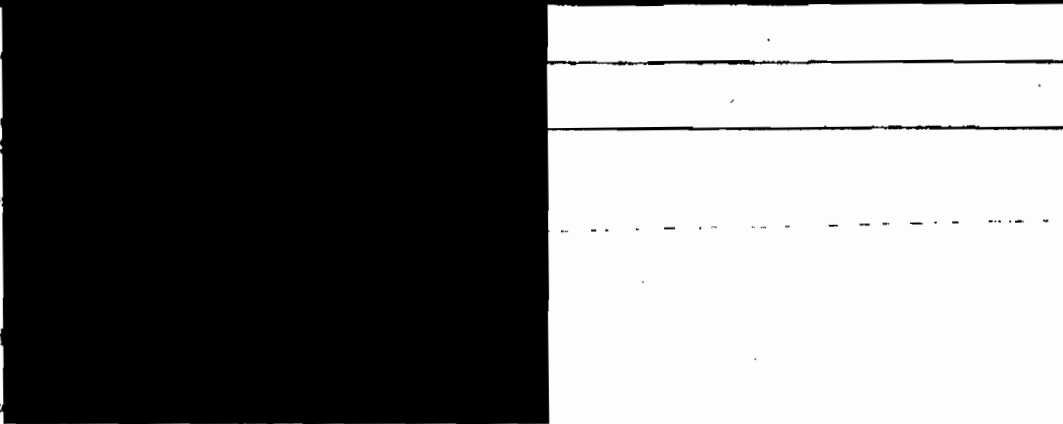
First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number



Office use
Cost/Cat 2



Payment details

Payslip address

Postcode _____

Bank details

Sort code Account number

Account name _____

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

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	£ 7.80 5.70 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	£ 24.00 p
Total	£ 37.50 p

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

Authorisation and declaration

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

Signature

[Redacted Signature]

Date

23 August 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		/ /	
Please use margin for comments			
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

3-00

69

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

28 / 09 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only



Item 1

Suppliers

Amount

Langford Printers

£ 131 : 60 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

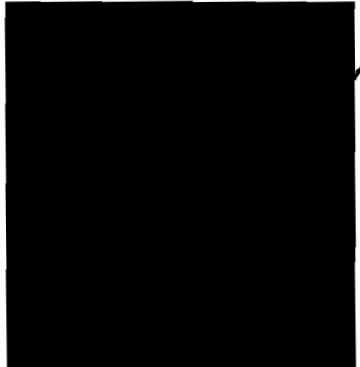
Item 5

£ : p

Total

£ 131 : 60 p

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



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

1 OCT 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



LANGFORD PRINTERS



Invoice

The Rt Hon Stephen Timms MP


Invoice Number





Date / Tax Point

26/09/2007

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:



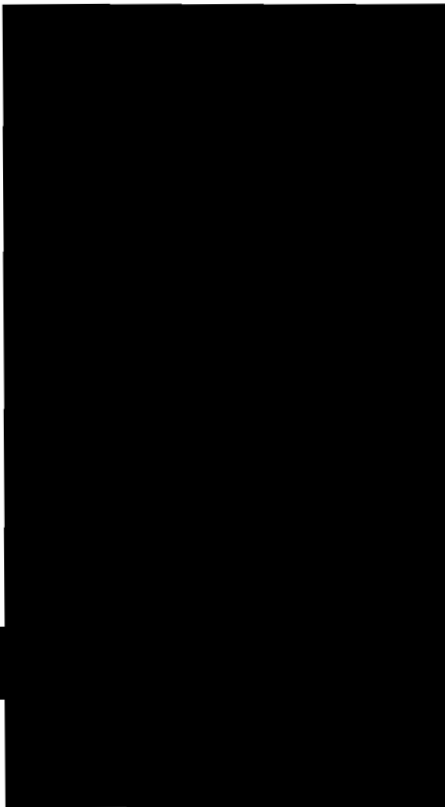


Total Net	112.00
Total VAT	19.60
INVOICE TOTAL £	131.60

Financial Processing }

Transaction No.

Registration No.



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes / No

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£ 15
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
5.....	£.....
TOTAL	£ 15

Comments:

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

11/09/07 [Redacted] [Redacted]

[REDACTED]

[REDACTED]

TOTAL
CASH

£10.00
£10.00

[REDACTED]

[REDACTED]

25.00
25.00

TOTAL
CASH

Oyster

[REDACTED]



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

SA3
05 SEP 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: [Redacted]
 Surname in CAPITAL LETTERS: [Redacted]
 Employee status: [Redacted]
 Date of birth: [Redacted]
 National Insurance number: [Redacted]

Office use only
 Cost/Cat 2: [Redacted]

Payment details

Payslip address: [Redacted]
 Bank details: [Redacted]

IMPORTANT
 For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

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	£ 15 : 00 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	£ 15 : 00 p

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

Authorisation and declaration

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

Signature

[Redacted Signature]

Date

4/09/07

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

or

Volunteer Yes/No
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£ 7.47 ✓
£
£
£
£
£ 13.50 ✓
£
£
£
£
£ 20.97

07_08

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

.....

Posted by (initials & date)

.....

Ryman

the stationer

	£
ESSE.EXP FILE A4 12PKT AS	3.99
0160290452	
ESSE.EXP FILE A4 13PKT CL	3.99
0160290451	
SUB TOTAL	7.98

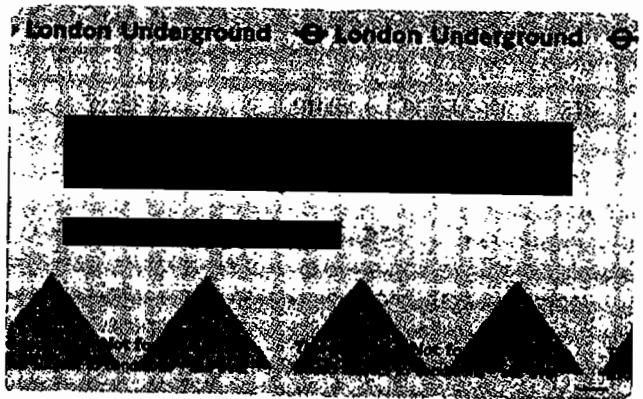
You have saved/earned:

BOGOF ON RYMAN ESSENTIAL	-3.99
--------------------------	-------

Total	2 Items	£3.99
Cash		£4.00
Change		£0.01

VAT Analysis

VAT Code	Trans Amount	VAT
1 17.5%	3.40	0.59



nd ⊕ London Underground ⊕ London Undergroun

NOT FOR TRAVEL SALE 25.70

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

TESCO



TAYLORS COFFEE	2.88
WSH UP LIQD *	0.60
TOTAL	6.90



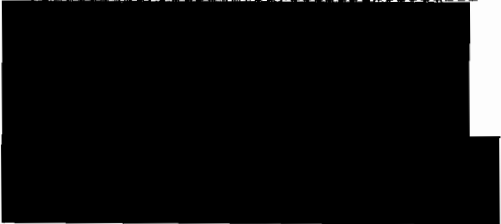
3.48

CHANGE DUE 0.00

=====

CLUBCARD STATEMENT

=====





09 OCT 2007

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

Office use only

Costc/Cat 2

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	£ 38.99 38.48 p
Total	£ 20.97 P

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

Authorisation and declaration

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

Signature  P

Date 1 Oct 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		/	/

Financial Processing }

Transaction M

Registration M

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Volunteer Yes/No
Please check / amend relation

Text

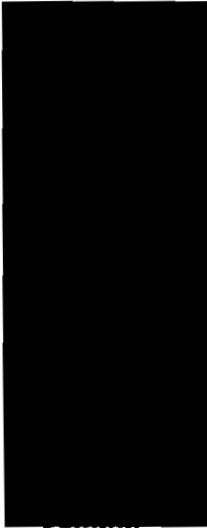
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£51.98 ✓
----	£51.98

07_08

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

09 OCT 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

[REDACTED]

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Office use only

Cost/Cat 2

[REDACTED]

Payment details

Payslip address

Bank details

[REDACTED]

[REDACTED]

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	£ 51 : 98 p
Total	£ 51 : 98 p

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

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

8 Oct 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		/	/



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

32

27/11/07

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

19 / 11 / 07

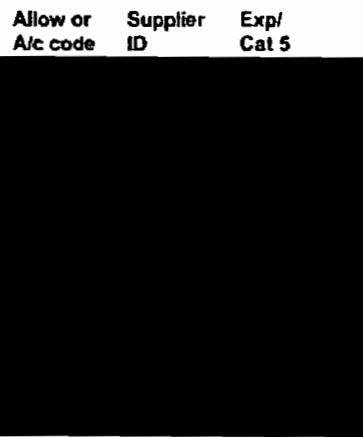
Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

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



Total

£ 52 : 50 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



Date

25 / 11 / 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

Sales Invoice



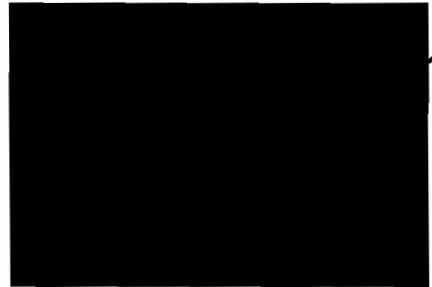
Aston-Mansfield

Generating community wealth for social change

Invoice No: [REDACTED]

Date: 15/11/2007

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



Terms: Net 30 days

Payment is due by: 15/12/2007

Item	Qty	Description	Rate	Amount
Room Hire Political Groups	3.5	13/10/07 Coffee Bar Hire for 3 and a half hours 10am-1.30pm @ £15 per hour [REDACTED]	15.00	52.50

Please make cheques payable to Aston Mansfield Total £52.50



Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes/No
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

07_08

Expenditure type (Cat5) :

[Redacted Expenditure Type]

£ 4.49
£
£
£
£
£
£
£
£
£
£
£ 4.49

TOTAL

Comments:

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

[Redacted] : 25 NOV 2007

Posted by (initials & date)

[Redacted]



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

21 NOV 2007 12

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	£ 4:49 p
Total	£ 4:49 p

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

Authorisation and declaration

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

Signature

[Redacted Signature] MP

Date

19 NOV 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		/ /	

Ryman
the stationer



MAN.H/D ENV P/S 16x12 x15 £
0501202847 4.49

Total 1 Items £4.49
Cash £5.00
Change £0.51

VAT Analysis



VAT Code	Trans Amount	VAT
1 17.5%	3.82	0.67



Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes/No
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

07_08

Expenditure type (Cat5) :



----	£.....3.70.....
----	£.....
----	£.....
----	£.....11.40.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....15.10.....

TOTAL

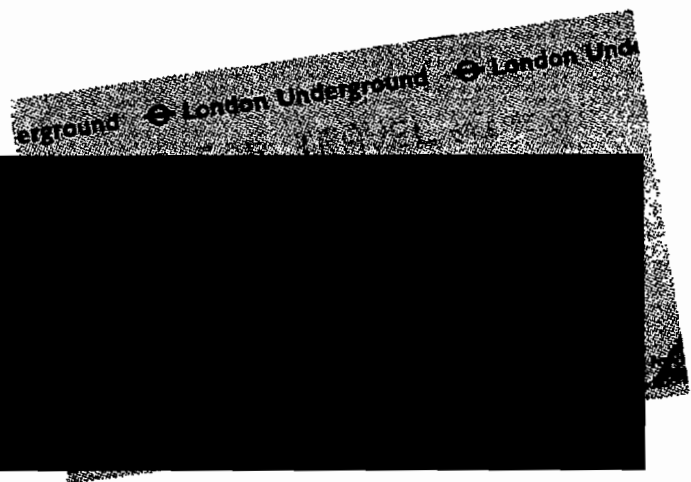
Comments:

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

.....

Posted by (initials & date)

.....



erground London Underground London Unde

NOT FOR TRAVEL SALE £5.70



if resale
ons - see over

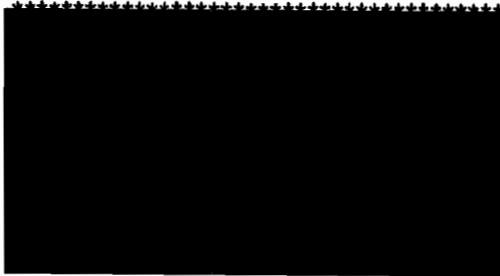
This side up
issued subject to conditions - see over

issued subject to conditions - see over

Sainsbury's



JS DECF GRD COFF	•	£2.15
CLIPPER TEA BAGS	•	£1.55
2 BALANCE DUE		£3.70
CASH		£5.00
CHANGE		£1.30





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

2002 NOV 2007
11 3 NOV 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

Postcode _____

Bank details

Sort code _____ Account number _____

Account name _____

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

Claim details

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

	Amount		Taxable	Allow & exp type	Initials
One-off salary	£	:	p	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Season ticket loan	£	:	p	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Travel - home to work	£	5:70	5:70	p	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rail travel	£	:	p	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Car travel	£	:	p	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Air travel	£	:	p	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Taxi	£	:	p	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Meals and subsistence	£	:	p	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Healthcare	£	:	p	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Childcare	£	:	p	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home as office/telephone	£	:	p	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Office requisites	£	3:70	p	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total	£	15:10	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

[Redacted Signature]

MP

Date

17 NOVEMBER 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		/ /	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



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

30 OCT 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.

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

24 / 10 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

Table with columns: Item 1, Suppliers, Amount. Row 1: Astor - Mansfield, £ 52 : 50 p. Total: £ 52 : 50 p

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

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

24 Oct 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	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

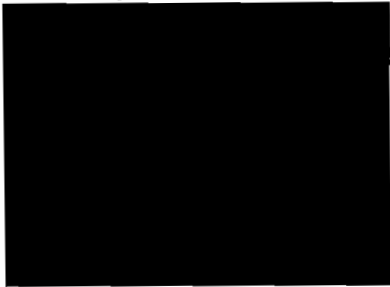


Aston-Mansfield

Generating community income for social change

Invoice No: [REDACTED]
Date: 10/10/2007

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



Terms: Net 30 days
Payment is due by: 9/11/2007

Item	Qty	Description	Rate	Amount
Room Hire Political Groups	3.5	15/09/2007 Coffee Bar Hire for 3 and a half hours. 10am-1.30pm @ £15 per hour.	15.00	52.50



Please make cheques payable to Aston Mansfield Total **£52.50**



Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes/No
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



---	£.....
---	£.....
---	£.....
---	£.....
---	£ 7.80 ✓
---	£.....
---	£.....
---	£.....
---	£.....
---	£.....
---	£.....
---	£ 7.80 ✓

TOTAL

Comments:

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



Posted by (initials & date)

- 1 NOV 2007



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

25 OCT 2007 SA3 JS

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

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel – home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ 7 : 80 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Office requisites	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total	£ 7 : 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]

Date

22 OCT 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.

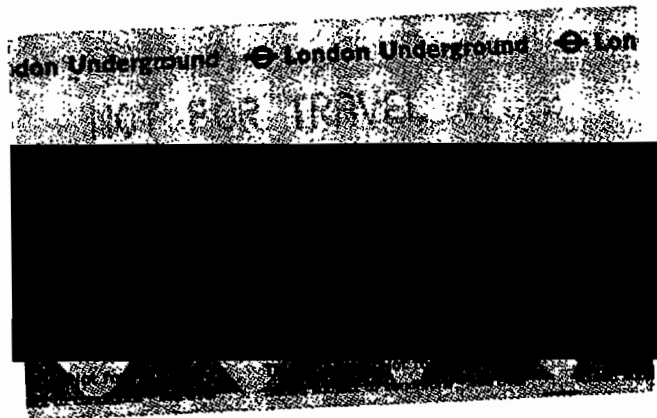
The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any 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	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

25 OCT 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

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

19 / 10 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

Suppliers

Amount

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

Item 1

Banner

£ 84 : 55 p

Item 2

Banner

£ 11 : 84 p

Item 3

Banner

£ 271 : 80 p

Item 4

£ : p

Item 5

£ : p

Total

£ 368 : 19 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

22 OCT 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

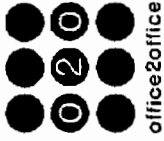
Page 1 of 1 Date 16/10/2007
 Acc. No. [Redacted] Order Date 11/10/2007
 Order [Redacted]
 C.A.R.

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total (exc VAT)	VAT Rate	Line VAT
1		542247	P/tronics H/set Link Cable U10P 36469-01	1	EACH	10.0800	15/10/07 15/10/07	10.08	17.5	1.76

- 1 NOV 2007

V.A.T. Summary	
Rate	Taxable Sum
17.50	10.08
	VAT Registration
	1.76
	Sales Order Total (VAT excl)
	10.08
	INVOICE GOODS
	10.08
	INVOICE V.A.T.
	1.76
	INVOICE TOTAL
	11.84

Settlement
Discount Terms



PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [Redacted]
 Inv. No. : [Redacted]
 Inv. Date: 16/10/2007
 Amt. Due : 11.84

Please return the slip

from final page of invoice with your payment by

13/11/2007

Invoice

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

Stephen Timms MP

[REDACTED]

Page 1 Of 1 Date 09/10/2007
 Acc. No. [REDACTED] Order Date 08/10/2007
 Order [REDACTED]
 C.A.R.

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		0340573	PLANTRONICS MONAURAL HEADSET	1	EACH	71.9600	08/10/07	71.96	17.5	12.59

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

08/10/2007

V.A.T. Summary	
Rate	17.50
Taxable Sum	71.96
V.A.T. Amount	12.59
VAT Registration	[REDACTED]
Sales Order Total (VAT excl)	71.96
INVOICE GOODS	71.96
INVOICE V.A.T.	12.59
INVOICE TOTAL	84.55

Settlement
Discount Terms



[REDACTED]

[REDACTED]

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

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 09/10/2007
 Amt. Due : 84.55

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

06/11/2007

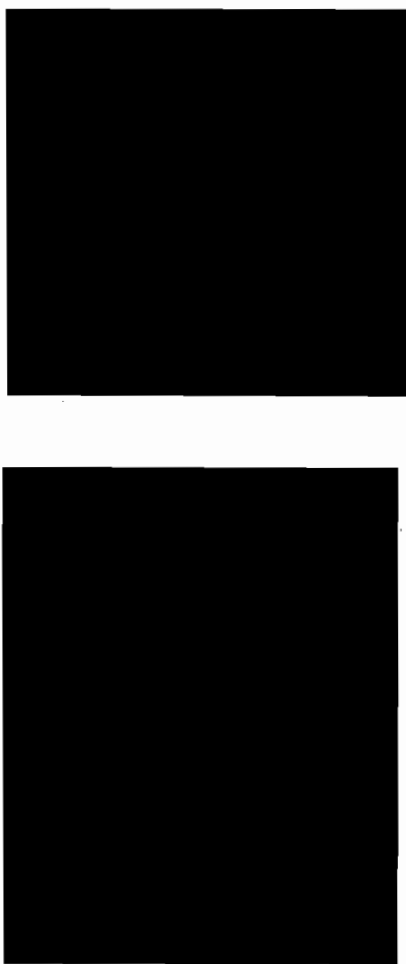
Invoice

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

Stephen Timms, MP

Page 1 Of 1 Date 16/10/2007
 Acc.No. [REDACTED] Order Date 08/10/2007
 Order [REDACTED]
 C.A.R. [REDACTED]

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line (exc) VAT	Total VAT	Rate
1		0986571	TONER CARTRIDGE DELL 5100CN 8K CYAN P/N K5272 REF: 593-10051	1	KIT	115.6600	15/10/07	115.66	17.5	20.24
2		0986573	TONER CARTRIDGE DELL 5100CN YELLOW P/N G5774 8K REF: 593-10053	1	KIT	115.6600	15/10/07	115.66	17.5	20.24



PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 16/10/2007
 Amt. Due : 271.80

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

V.A.T. Summary
 Rate Taxable Sum V.A.T. Amount
 17.50 231.32 40.48 VAT Registration :
 Sales Order Total (VAT excl) 231.32
 INVOICE GOODS 231.32
 INVOICE V.A.T. 40.48
 INVOICE TOTAL 271.80

Settlement Discount Terms



13/11/2007



Direct payment of suppliers

25 OCT 2007 120 52

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

16 / 10 / 07

Allowance year

07 / 08

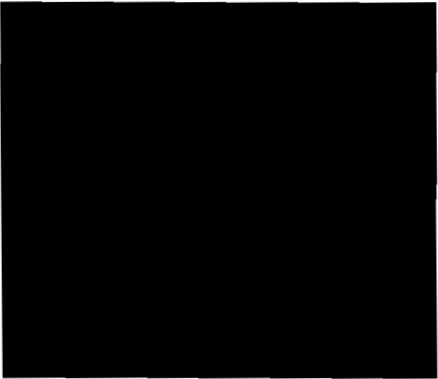
Incidental Expenses Provision claims

Office use only



	Suppliers	Amount
Item 1	Banner.	£ 91 : 85 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

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



Total

£ 91 : 85. P

Claim details continued on page 2

Claim details continued

Staffing Allowance claims			Office use only		
Item	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

22 OCT 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. [REDACTED] **

 Invoice To :

Stephen Jimms MP

[REDACTED]

Page 1 Of 1 Date 05/10/2007
 Acc.No. [REDACTED] Order Date 04/10/2007
 Order [REDACTED]
 C.A.R. [REDACTED]



[REDACTED]

Sales Order No : [REDACTED]

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		9000022	BANNER ENV 110x220 MDW 80g S/SL WH	1	BOX1000	6.1700	04/10/07	6.17	17.5	1.08
2		9000023	BANNER ENV 110x220 PLN 80g S/S WH	1	BOX1000	5.5300	04/10/07	5.53	17.5	0.97
3		2040310	EVOLVE OFFICE PAPER A4 80gsm WHITE	1	BOX2500	9.9500	04/10/07	9.95	17.5	1.74
4		9372006	BANNER ADHESIVE PUTTY 140g	1	PACK	0.3000	04/10/07	0.30	17.5	0.05
5		9100018	BANNER 203x127 SPRL SH N/BOOK 160P	10	BOOK	0.1300	04/10/07	1.30	17.5	0.23
6		9015037	BANNER ENV 324x229mm PL 119g S/S MA	1	BOX250	4.4700	04/10/07	4.47	17.5	0.78
7		9100033	BANNER RECYCLED C78 BOOK A5 160P	1	EACH	1.5200	04/10/07	1.52	17.5	0.27
8		0986384	BANNER L-31 MYLAR EXPANDING FILE	1	BOX25	26.3300	04/10/07	26.33	17.5	4.61
9		9420096	BROTHER FAX-1020I FAX1020/1030 RIBBON	1	EACH	10.1800	04/10/07	10.18	17.5	1.78
10		0981302	BROTHER FAX-1020+/1030 PC-201 CARTRIDGE + 1 RIBBON (PAGE LIFE 400) PC-201	1	CRTRDG	12.4200	04/10/07	12.42	17.5	2.17

V.A.T. Summary
 Rate Taxable Sum V.A.T. Amount
 17.50 78.17 13.68

Sales Order Total (VAT excl) 78.17
 INVOICE GOODS 78.17
 INVOICE V.A.T. 13.68
 INVOICE TOTAL 91.85

VAT Registration : [REDACTED]
 Settlement Discount Terms [REDACTED]



PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 05/10/2007
 Amt. Due : 91.85

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

02/11/2007



Direct payment of suppliers

25 OCT 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

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

8 / 10 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

Suppliers

Amount

Allow or A/c code

Supplier ID

Exp/ Cat 5

Information Commissioners £ 35 : 00 p

£ : p

£ : p

£ : p

£ : p

Total

£ 35 : 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

22 OCT 1 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

KM .-1 2337

ICO

Information Commissioner's Office

STEPHEN TIMMS MP

808

01 October 2007.

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 2007**.

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.

Payment must be received by this office on or before 11 November 2007.



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

16 OCT 2007

32

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

8 / 10 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only



Table with columns: Suppliers, Amount. Rows: Item 1 (Banner, £ 101 : 99 p), Item 2 (Banner, £ 21 : 29 p), Item 3, Item 4, Item 5.

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



Empty table row for office use only

Empty table row for office use only

Empty table row for office use only

Total £ 123 : 28 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

_____ P

Date

15 11 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: [REDACTED] **

Stephen Timms MP

Page 1 Of 1 Date 16/08/2007
 Acc.No [REDACTED] Order Date 13/08/2007
 Order [REDACTED]
 C.A.R.

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		039807	CROSS BLACK ROLLING BALL REFILL 85234D	12	REFILL	1.5100	15/08/07	18.12	17.5	3.17

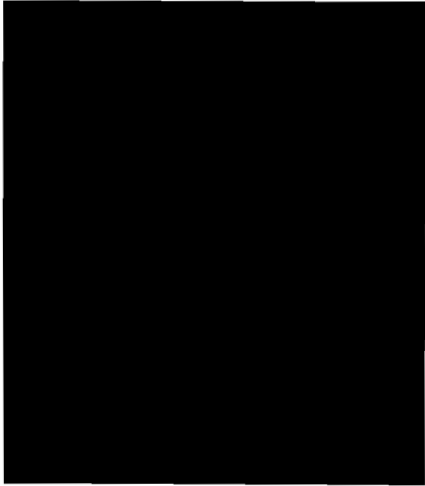
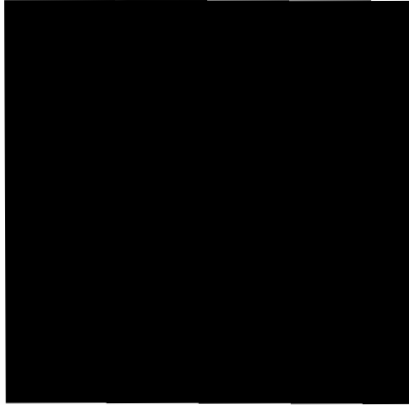
V.A.T. Summary	
Rate	Taxable Sum
17.50	18.12
	V.A.T. Amount
	3.17
	VAT Registration : GB
	[REDACTED]

Sales Order Total (VAT exc1) 18.12

INVOICE GOODS 18.12
 INVOICE V.A.T. 3.17
 INVOICE TOTAL 21.29

Settlement
 Discount Terms

Banner
 world-class office products



PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 16/08/2007
 Amt. Due : 21.29

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

1./09/2007

Invoice

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

Stephen Timms MP

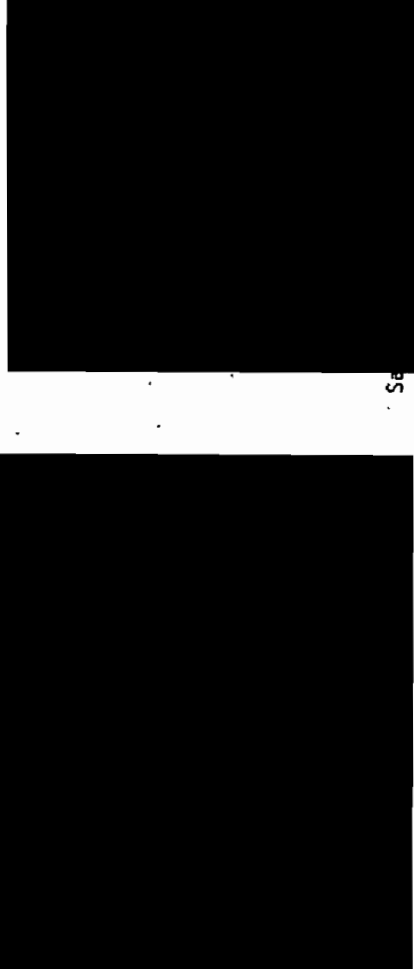
Page 1 Of 1 Date 29/09/2007
 Acc.No [REDACTED] Order Date 06/09/2007
 Order ORDER NO [REDACTED]
 C.A.R.



PAYMENT SLIP

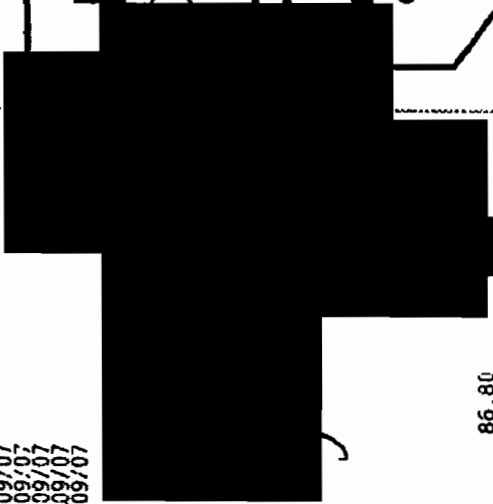
Please see reverse for terms of business and how to pay

ACC. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 29/09/2007
 Amt. Due : 101.99



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		PRMISCELLANEOUS	HCB4 HOC BUSINESS CARDS OVERPRINTED WITH [REDACTED] (RESEARCH ASSISTANT TO STEPHEN TIMMS MP) PRINTED IN GREEN 5 X BX100 ARTWORK SUPPLIED	5	EACH	17.3600	28/09/07	85.80	17.5	15.19

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



V.A.T. Summary	
Rate	17.50
Taxable Sum	86.80
V.A.T. Amount	15.19
Sales Order total (VAT excl)	86.80
INVOICE GOODS	86.80
INVOICE V.A.T.	15.19
INVOICE TOTAL	101.99

Settlement Discount terms



27/10/2007



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

62

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 MP

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

03 10 08

Allowance year

07 08

Incidental Expenses Provision claims

Office use only

	Suppliers	Amount	Allow or A/c code	Supplier ID	Exp/ Cat 5
Item 1	BANNER	£ 135 : 58 p			
Item 2		£ : p			
Item 3		£ : p			
Item 4		£ : p			
Item 5		£ : p			
		Total			
		£ 135 : 58 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

03 / 03 / 08

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

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

Please use margin for comments

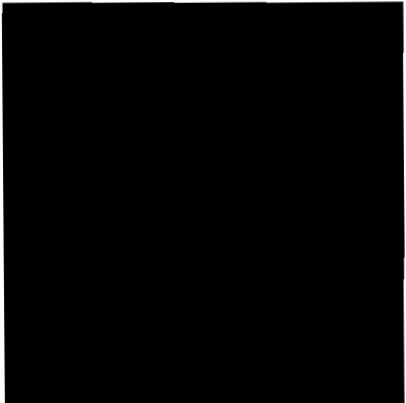
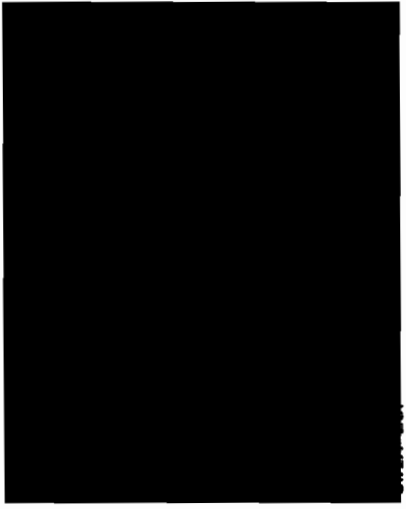
Invoice

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

Stephen James MP

Page 1 of 1 Date 27/02/2008
 Acc.No [REDACTED] Order Date 19/02/2008
 Order G0170203
 C.A.R.

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total (exc VAT)	VAT Rate	Line VAT
1		0985715	TONER CARTRIDGE DELL 1600N 5K REF: 593-10082	1	EACH	36.0600	26/02/08	36.06	17.5	6.31
2		0986572	TONER CARTRIDGE DELL 5100CN MAGENTA P/N J5308 BK REF: 593-10052	1	KIT	79.3300	26/02/08	79.33	17.5	13.88



V.A.T. Summary
 Rate Taxable Sum V.A.T. Amount
 17.50 115.39 20.19 VAT Registration : GB [REDACTED]

Sales Order Total (VAT exc1) 115.39
 INVOICE GOODS 115.39
 INVOICE V.A.T. 20.19
 INVOICE TOTAL 135.58

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: 27/02/2008
 Amt. Due : 135.58

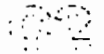
Please return the slip
 from final page
 of invoice with
 your payment
 by

26/03/2008



Incidental Expenses Provision/Staffing Allowance

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 MP

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 10 2008

Allowance year

07 108

Incidental Expenses Provision claims

Office use only

Suppliers

Amount

Allow or A/c code

Supplier ID

Exp/ Cat 5

Item 1

BANNER

£ 33 : 54 p

Item 2

BANNER

£ 69 : 01 p

Item 3

LANGFORD PRINTERS

£ 105 : 75 p

Item 4

£ : p

Item 5

£ : p

Total

£ 208 : 30 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

4 MAR 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	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

[Redacted]

[Redacted]

Invoice

[Redacted]

[Redacted] Stephen Timms MP
[Redacted]

Invoice Number	[Redacted]
Date / Tax Point	21/02/2008

Account Number	[Redacted]
----------------	------------

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
[Redacted]		

Delivery Address:
[Redacted]

[Redacted]

Total Net	90.00
Total VAT	15.75
INVOICE TOTAL £	105.75

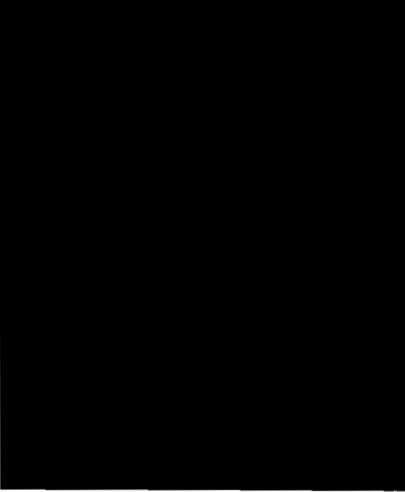
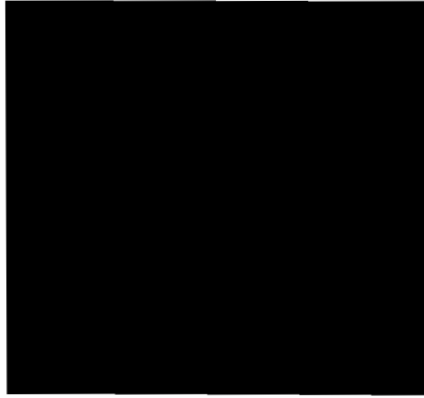
Invoice

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

Stephen Timms MP

Page 1 of 1 Date 21/02/2008
 Acc.No. Order Date 20/02/2008

Order
 C.A.R.



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	9015037		BANNER ENV 324x229mm PL 115g S/S MA	2	BOX/250	22.4000	20/02/08	44.80	17.5	7.84
2	7900480		CLIPPER FAIRTRADE TEA	1	PK/440	13.4600	20/02/08	13.46	0.0	0.00
3	9670022		BANNER MP LABEL 99x38mm 14/S WHITE	2	BOX/100	1.2400	20/02/08	2.48	17.5	0.42

Sales Order Total (VAT excl)

60.74

Rate Taxable Sum V.A.T. Amount
 17.50 47.28 8.27
 0.00 13.46 0.00

INVOICE GOODS
 INVOICE V.A.T.
 INVOICE TOTAL

60.74
 8.27
 69.01

Settlement
 Discount Terms

PAYMENT SLIP

Please see reverse for terms of business and how to pay.

Acc. No. :
 Inv. No. :
 Inv. Date: 21/02/2008
 Amt. Due : 69.01

Please return the slip

from final page of invoice with your payment by

Invoice

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

Stephen Timms MP

Page 1 of 1 Date 17/02/2008
 Acc.No. [REDACTED] Order Date 15/02/2008
 Order [REDACTED]
 C.A.R.

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total (exc VAT)	VAT Rate	Line VAT
1	2040310		EVOLVE OFFICE PAPER A4 80gsm WHITE	3	BX2500	9.3500	15/02/08	28.05	17.5	4.91
2	9240015		BANNER NYLONWRITER PEN BLACK	1	PACK10	0.4900	15/02/08	0.49	17.5	0.09

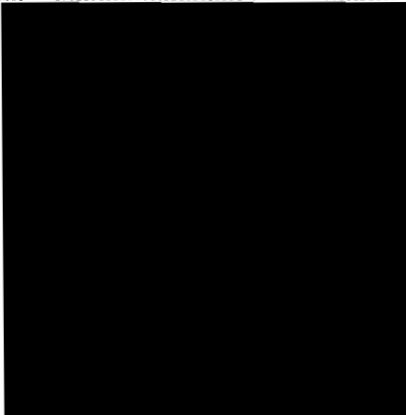
V.A.T. Summary

Rate Taxable Sum V.A.T. Amount
 17.50 28.54 5.00

INVOICE GOODS
 INVOICE V.A.T.
 INVOICE TOTAL

Settlement : None
 Discount Terms :

Banner
 world-class office products



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

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

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 17/02/2008
 Amt. Due : 33.54

16/03/2008

665Invoice07/03

113

2

Transa
Registr

Financial Processing }

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Volunteer Yes/No
Please check / amend relation

Text

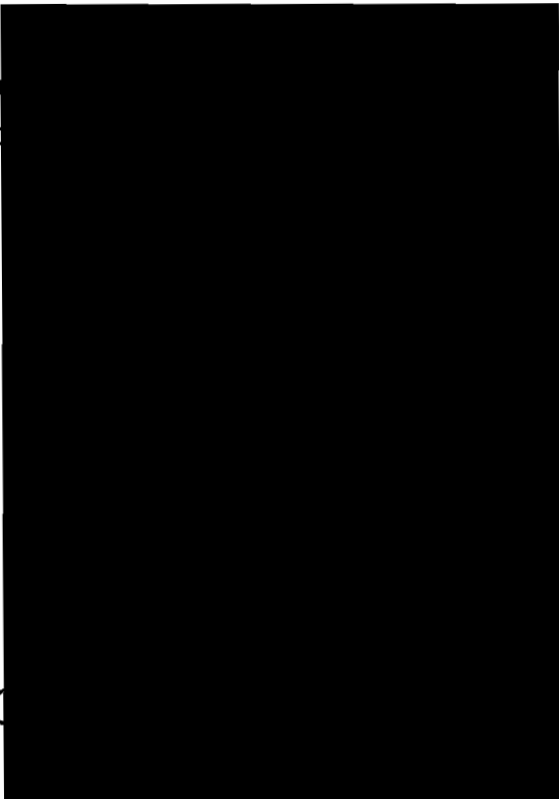
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



07_08



----	£.....
----	£.....
----	£.....
----	£.....
----	£ 8.00
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£ 8.00

TOTAL

Comments:

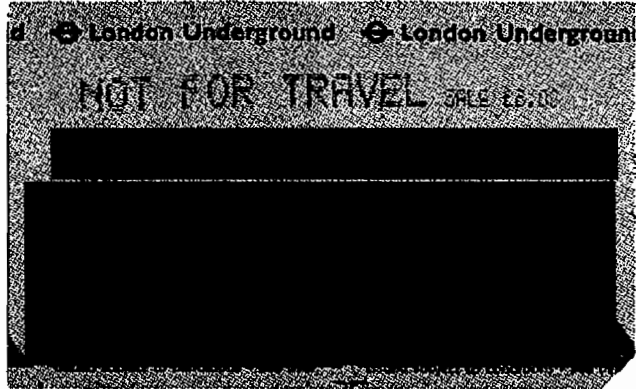
*** Financial Processing purposes only**
Registered by (initials & date)

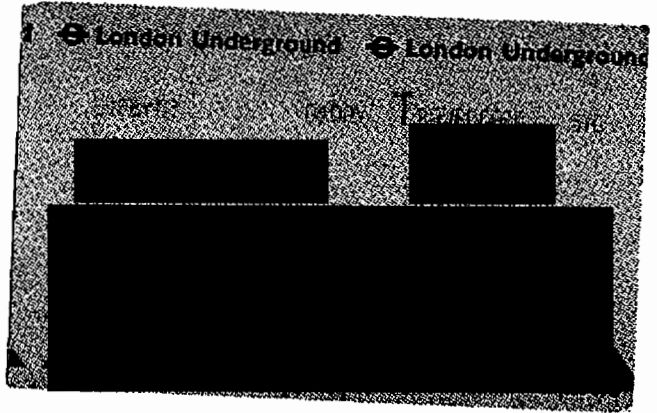
.....

Posted by (initials & date)

.....









SA3

C3

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

When to use this form

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

About filling in this form

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

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel - home to work	£ 8 : 00 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Office requisites	£ : p	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total	£ 8 : 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 Signature]

Date

18 FEBRUARY 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 Member's 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		/ /	



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

14 P 30 10
 02
 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

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

07 / 02 / 08

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

	Suppliers	Amount	Allow or A/c code	Supplier ID	Exp/ Cat 5
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 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 / 02 / 08

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

Sales Invoice



Aston-Mansfield

Creating convenience waits for no change

Invoice No: [REDACTED]
Date: 31/1/2008

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

Terms: Net 15 days
Payment is due by: 15/2/2008

Item	Qty	Description	Rate	Amount
Room Hire Political Groups	3.5	12/01/2008 Coffee Bar Hire for 3 and a half hours 10am-1.30pm @ £15 per hour	15.00	52.50

Please make cheques payable to Aston Mansfield Total **£52.50**



Financial Processing }

Transaction

Registration

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Volunteer Yes ~~No~~

Please check / amend relation

Text

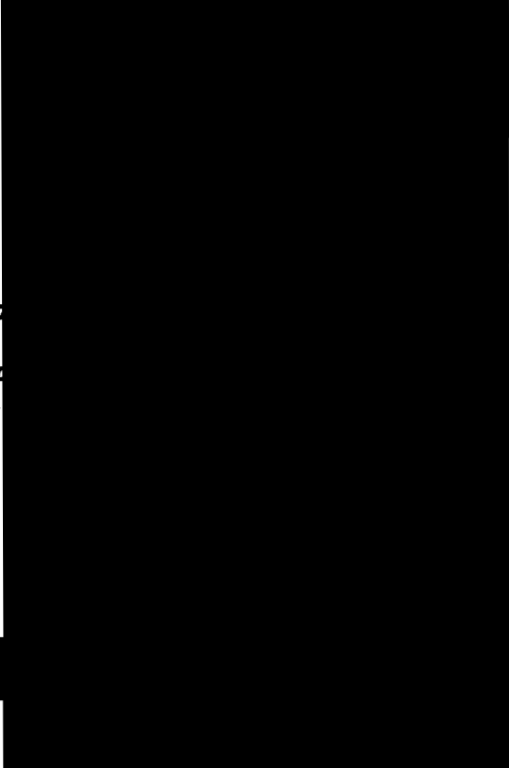
Invoice No.

Account code / Allowance

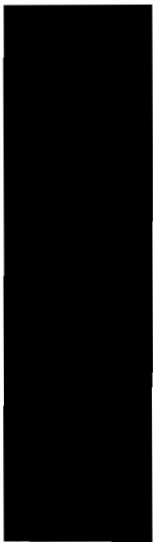
Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



07_08 ✓



----	£.....
----	£.....
----	£.....
----	£.....
----	£ 5.90 ✓
----	£.....
----	£.....
----	£.....
----	£.....
----	£ 5.90 ✓

TOTAL

Comments:

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

18/2/08

Posted by (initials & date)

[Redacted signature area]



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

SA3

13 FEB 2008

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

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel – home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ 5 : 90 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p	<input checked="" type="checkbox"/> No		
Office requisites	£ : p	<input checked="" type="checkbox"/> No		
Total	£ 5 : 90 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

12/02/08 ✓

Data protection

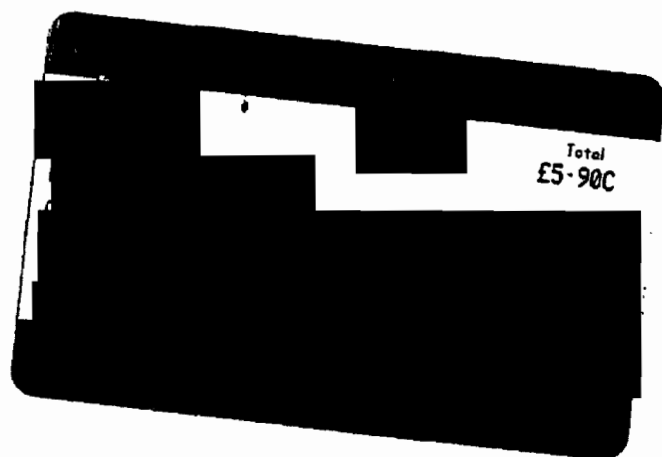
On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance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

02 FEB 2008
 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
 Constituency

STEPHEN TIMMS
 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 10 08

Allowance year | 07 08

Incidental Expenses Provision claims

Office use only



Suppliers

Amount

Allow or A/c code

Supplier ID

Exp/ Cat 5

Item 1 | BANNER | £ 3 : 27 p

Item 2 | | £ : p

Item 3 | | £ : p

Item 4 | | £ : p

Item 5 | | £ : p

Total | £ 3 : 27 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 4 FEB 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

Invoice

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

Invoice To :

Stephen Timms MP

[REDACTED]

Page 1 of 1 Date 22/01/2008

Acc.No. [REDACTED] Order Date 21/01/2008

Order

C.A.R.



[REDACTED]

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 22/01/2008

Amt. Due : 3.27

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line (exc) VAT	Total VAT	Rate	Line VAT
1		9290012	RAPESCO STAPLE EXTRACTOR ASSORTED	4	EACH	0.0700	21/01/08	0.28	17.5	0.05	0.05
2		5000230	CAMBRIDGE RECY AS FT WIREBOUND PAD	5	EACH	0.5000	21/01/08	2.50	17.5	0.44	0.44

[REDACTED]

V.A.T. Summary

Rate Taxable Sum V.A.T. Amount
 17.50 2.78 0.49

VAT Registration : [REDACTED]

Sales Order Total (VAT excl) 2.78

INVOICE GOODS 2.78
 INVOICE V.A.T. 0.49
 INVOICE TOTAL 3.27

Settlement
 Discount Terms

[REDACTED]

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Please return the slip

from final page of invoice with your payment by

19/02/2008

Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes/No

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

07_08




----	£ 2.99
----	£
----	£
----	£
----	£ 5.90
----	£
----	£
----	£
----	£
----	£ 8.89

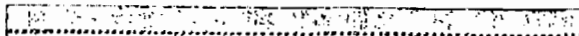
TOTAL

Comments:

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

 24/02/08

Posted by (initials & date)



TESCO
Express

COFFEE £2.59 A
FRESH MILK £0.40 A

TOTAL £2.99
CASH £10.00
CHANGE DUE £7.01

VAT RECEIPT SUMMARY

Rate	NET	VAT
A 0% VAT	£2.99	£0.00

CLUBCARD STATEMENT



ground London Underground London Unde





29 JAN 2008

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	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel - home to work	£ 5 : 90 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Office requisites	£ 2 : 99 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total	£ 8 : 89 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 27 JANUARY 2008

Data protection

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

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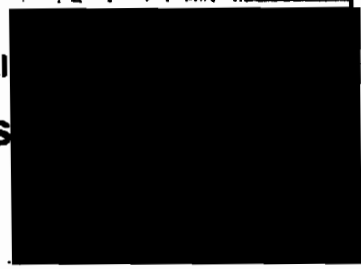
Send your completed form to

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

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



Incidental Expenses Provision/Staffing Allowance
Direct payment of suppliers



of 2

16 JAN 2008

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

2 / 01 / 08

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

Suppliers

Amount

Allow or A/c code

Supplier ID

Exp/ Cat 5

Item 1

Aston - Mansfield

£ 52 : 50 p

Item 2

Aston - Mansfield

£ 52 : 50 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 [REDACTED] MP

Date 14 JAN 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.

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Send your completed form to

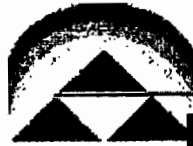
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

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

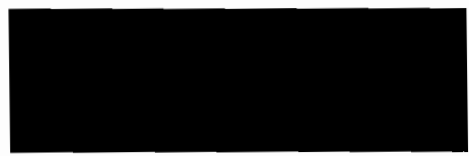
Invoice No: [REDACTED]
Date: 18/12/2007

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

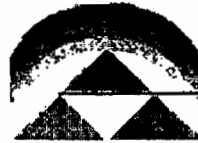
Terms: Net 30 days
Payment is due by: 17/1/2008

Item	Qty	Description	Rate	Amount
Room Hire Political Groups	3.5	10/11/2007 Coffee Bar Hire for 3 and a half hours 10am-1.30pm @ £15 per hour [REDACTED]	15.00	52.50

Please make cheques payable to Aston Mansfield Total **£52.50**



Sales Invoice



Aston-Mansfield

Representative of the Member for Aston Mansfield

Invoice No: [REDACTED]
Date: 18/12/2007

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

Terms: Net 30 days
Payment is due by: 17/1/2008

Item	Qty	Description	Rate	Amount
Room Hire Political Groups	3.5	08/12/2007 Coffee Bar Hire for 3 and a half hours 10am-1.30pm @ £15 per hour	15.00	52.50

Please make cheques payable to Aston Mansfield Total **£52.50**

Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes/No

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....
£.....
£.....
£.....
£.....5-70 ✓
£.....
£.....
£.....
£.....
£.....
£.....5-70 ✓

TOTAL

Comments:



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

..... 03 JAN 2008

Posted by (initials & date)

.....



CJ

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

21 DEC 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 THOMAS

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

For the one-off salary payment, payment was earned so that NI contributions are correctly attributed:

Claim details

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

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

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

Authorisation and declaration

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

Signature

Date

19/12/07

Data protection

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

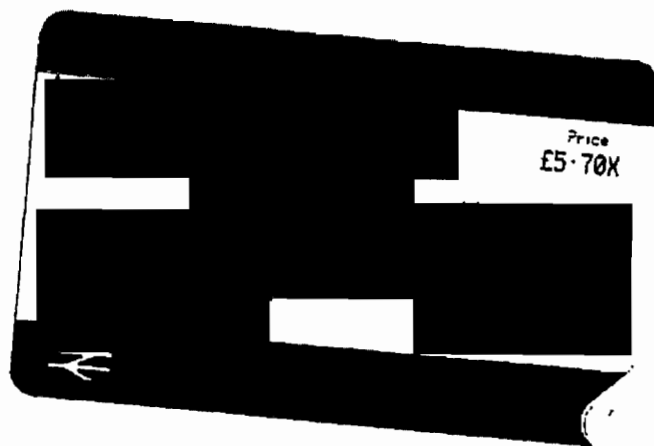
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Send your completed form to

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

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

Please use margin for comments



Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes/No

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

07_08

Expenditure type (Cat5) :




----	£ 16.99
----	£
----	£
----	£
----	£
----	£
----	£
----	£
----	£
----	£
----	£
----	£ 16.99


TOTAL

Comments:

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

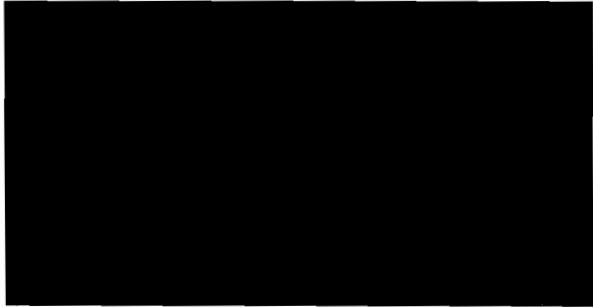
 4/1/08

Posted by (initials & date)



Ryman

the stationer



		£
RYMAN LABELS P14 BX100		16.99
0220023361		

Total	1 Items	£16.99
Maestro/Switch		£16.99



VAT Code	Trans Amount	VAT
1 17.5%	14.46	2.53





103

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

20 DEC 2007

When to use this form

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

About filling in this form

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

Postcode

Bank details

Sort code

Account number

Account name

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

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	£ 16:99 p
Total	£ 16:99.p

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

Authorisation and declaration

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

Signature

Date

19 Dec 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' Estimates, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

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Send your completed form to

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

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

Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes / ~~No~~
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

07_08

Expenditure type (Cat5) :



✓

£ 29.99 ✓
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£ 29.99

TOTAL

Comments:

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

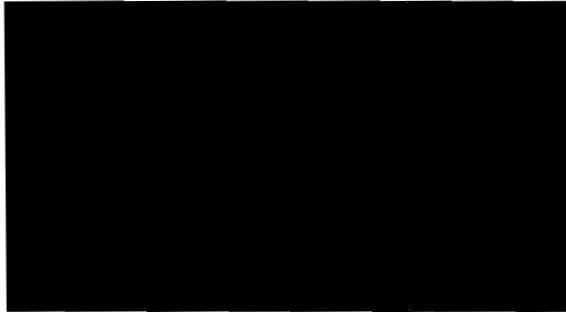
.....

Posted by (initials & date)

.....

Ryman

the stationer



	£
STORE 'N' GO 4GB KEY	29.99
1405206163	

Total	1 Items	£29.99
Maestro/Switch		£29.99



VAT Code	Trans Amount	VAT
1 17.5%	25.52	4.47





103

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

11 DEC 2007

When to use this form

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

About filling in this form

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

Postcode

Bank details

Sort code Account number

Account name _____

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

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	£ 29: 99 p
Total	£ 29: 99 p

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

Authorisation and declaration

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

Signature

[Redacted Signature]

Date

16 Dec 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	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

Registration

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Volunteer Yes ~~No~~
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



----	£.....
----	£.....
----	£.....
----	£ 5.70 ✓
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£ 5.70 ..

07_08 ✓

Comments:

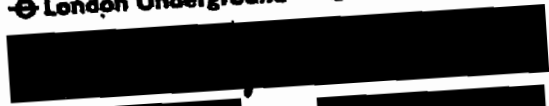
* Financial Processing purposes only
Registered by (initials & date)

.....

Posted by (initials & date)

.....

London Underground London Underground



£5.700

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

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



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

11 DEC 2007

When to use this form

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

About filling in this form

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

Postcode

Bank details

Sort code

Account number

Account name

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel - home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ 5:70 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Office requisites	£ : p	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total	£ 5:70 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

[Redacted Signature] MP

Date

10 DEC 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	Validation	Initials	Date		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/Staffing Allowance

Direct payment of suppliers

02

11 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

Office use only

Cost

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

4 / 12 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

Suppliers

Amount

Allow or A/c code

Supplier ID

Exp/ Cat 5

Item 1

Banner

£ 6 : 50p

Item 2

Banner

£ 23 : 38p

Item 3

Banner

£ 5 : 25p

Item 4

£ : p

Item 5

£ : p

Total

£ 35 : 13p

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 9 Dec 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. [REDACTED] ***
 *** **
 Invoice To :

Stephen Timms MP

[REDACTED]

Page 1 Of 1 Date 21/11/2007
 Acc.No. [REDACTED] Order Date 20/11/2007
 Order [REDACTED]
 C.A.R.

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line (exc) VAI Rate	Total VAI	Line VAI
1	9000023	BANNER ENV 110x220 PLN 80g S/S MH	1 BX1000	5.53	17.5	20/11/07	5.53	17.5	0.97	0.97

[REDACTED]

20 DEC 2007

V.A.T. Summary	
Rate	Taxable Sum
17.50	5.53
	V.A.T. Amount
	0.97
	VAT Registration :
	[REDACTED]
	Sales Order Total (VAT excl)
	5.53
	INVOICE GOODS
	INVOICE V.A.T.
	5.53
	INVOICE TOTAL
	6.50

Settlement
Discount Terms

Banner
world-class office products



[REDACTED]

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

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 21/11/2007
 Amt. Due : 6.50

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

19/12/2007

Invoice

** INVOICE NO. [REDACTED] **

Invoice To :

Stephen Timms, MP

Page 1 Of 1 Date 23/11/2007

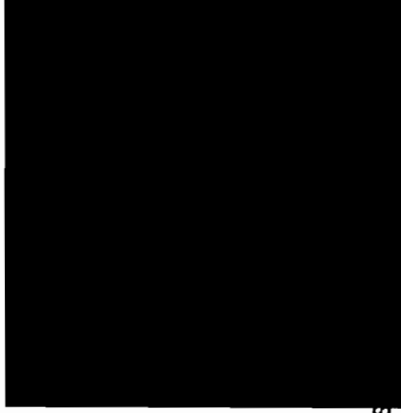
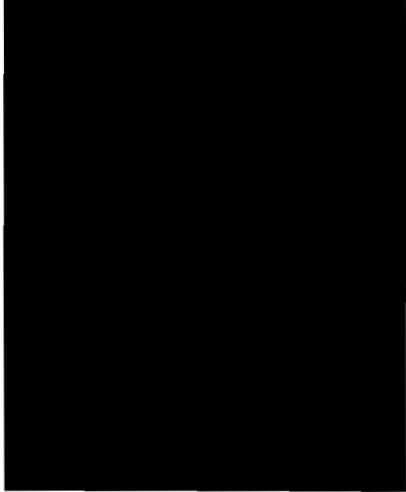
Acc.N [REDACTED] Order Date 22/11/2007

Order

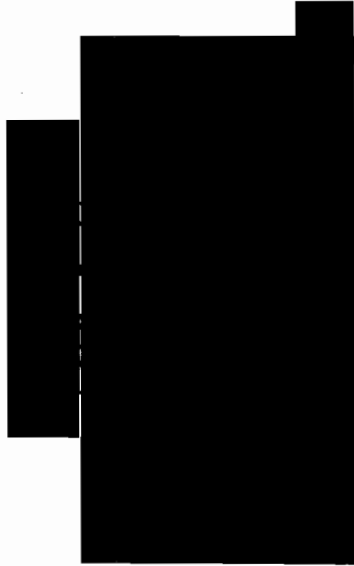
C.A.R.



office2office



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	2	BX2500	9.9500	22/11/07	19.90	17.5	3.48



V.A.T. Summary

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

Sales Order Total (VAT excl)

19.90

INVOICE GOODS
INVOICE V.A.T.
INVOICE TOTAL

19.90
3.48
23.38

Settlement
Discount Terms



PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 23/11/2007

Amt. Due : 23.38

Please return the slip

from final page of invoice with your payment by

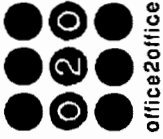
21/12/2007

Invoice

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

Stephen Timms MP
 [REDACTED]

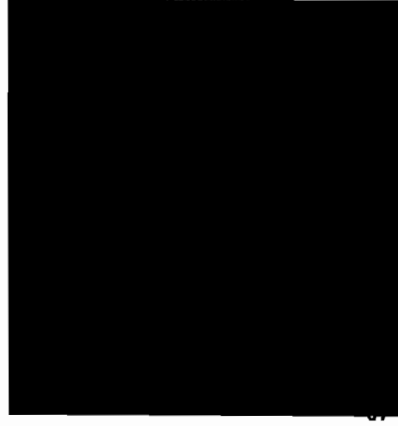
Page 1 Of 1 Date 28/11/2007
 Acc. No. [REDACTED] Order Date 27/11/2007
 Order
 C.A.R.



PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 28/11/2007
 Amt. Due : 5.25



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		9015037	BANNER ENV 324x229mm PL 115g S/S MA	1	BOX250	4.4700	27/11/07	4.47	17.5	0.78

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount	Sales Order Total (VAT excl)
17.50	4.47	0.78	4.47
			INVOICE GOODS 4.47
			INVOICE V.A.T. 0.78
			INVOICE TOTAL 5.25

Settlement
 Discount Terms

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

Financial Processing }

Transaction M

Registration M

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Volunteer Yes/No
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



----	£.....
----	£.....
----	£.....
----	£.....
----	£ 11.40 ..
----	£.....
----	£.....
----	£.....
----	£.....
----	£ 11.40 ..

07_08

TOTAL

Comments:

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

.....

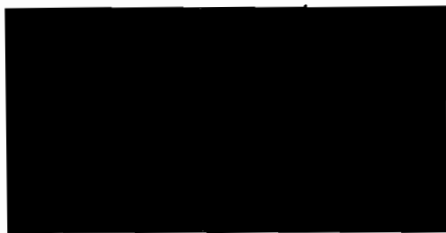
Posted by (initials & date)

.....



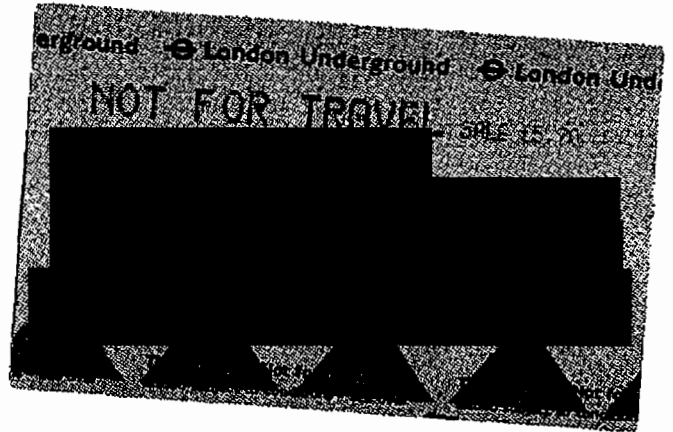
Sales - see receipt £5.70

TOTAL £5.70



Please debit my account by £5.70







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

4002 330 80 SA3 63

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

Postcode

Bank details

Sort code

Account number

Account name

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel - home to work	£ <u>5:30</u> <u>5:70</u> p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p	<input checked="" type="checkbox"/> No		
Office requisites	£ : p	<input checked="" type="checkbox"/> No		
Total	£ 11:40 p			

Authorisation and declaration

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

Signature



MP

Date

3 DECEMBER 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		/ /	

Financial Processing }

Transaction N

Registration N

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer ~~Yes~~/No

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....
£.....
£.....
£.....
£.....
£.....
£.....
£ 4.79
£.....
£.....
£.....
£ 4.70

TOTAL

Comments:

** Financial Processing purposes only*

Registered by (initials & date)

.....

Posted by (initials & date)

.....

07_08



SA3

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

27 NOV 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

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

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 : 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	£ 4 : 70 p

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

Authorisation and declaration

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

Signature

[Redacted Signature] MP

Date

25 Nov 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.

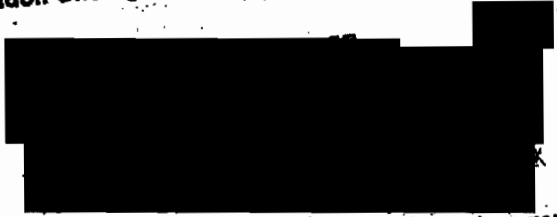
The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any 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



22:70C



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

32

27/11/2007

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

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

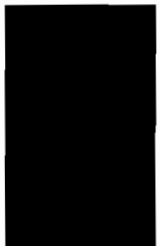
20 / 11 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only



Suppliers

Amount

Allow or A/c code

Supplier ID

Exp/ Cat 5

Item 1

Jill McSweeney £ 500 : 00 p



Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

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

26 Nov 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

Stephen Timms MP

Date 05 November 2007

Invoice No

Make all cheques payable to

Date	Description	Amount
05/11/07	CMITS Case Management Solution – Annual Support	£500.00
Total Payable		£500.00

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) :



£.....

£.....

£.....

£.....

£.....

£.....

£ 5.90

£.....

£.....

£ 5.90

TOTAL

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

.....

Posted by (initials & date)

.....





20 MAR 2008

C3
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 TIMMIS

Constituency

EAST HAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Office use only

Cost/Cat 2

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 : 90 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 : 90 p

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

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

19 MAR 2008

Data protection

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

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

Send your completed form to

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

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

Title	Start date	Price
[REDACTED]	[REDACTED] 8	£5.90X
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]



Incidental Expenses Provision/Staffing Allowance

32

Direct payment of suppliers

When to use this form

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

About filling in this form

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

Your details

Name in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Office use only

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 / 08 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only



Suppliers

Amount

Allow or A/c code

Supplier ID

Exp/ Cat 5

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 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

26 AUG 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

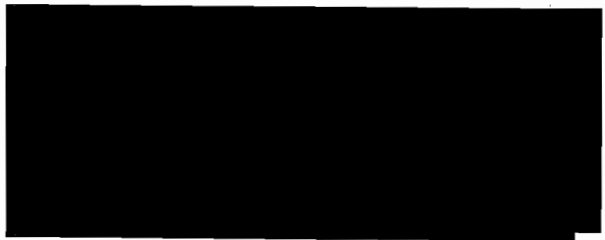
Invoice No: [REDACTED]
Date: 20/8/2007

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

Terms: Net 30 days
Payment is due by: 19/9/2007

Item	Qty	Description	Rate	Amount
Room Hire Political Groups	3.5	14/07/07 Coffee bar hire 10am-1.30pm 3.5hrs @ rate of £15 per hour	15.00	52.50

Please make cheques payable to Aston Mansfield Total £52.50





Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers



When to use this form

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

About filling in this form

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

Your details

Name
in CAPITAL LETTERS

STEPHEN TIMMS

Constituency

EAST HAM

Office use only

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

16 / 8 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

	Suppliers	Amount
Item 1	Banner	£ 5 : 28 p
Item 2	Banner	£ 133 : 40 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

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

Total **£ 138 : 68 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

26 MAY 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]

Page 1 Of 1 Date 10/08/2007
 Acc. No. [REDACTED] Order Date 09/08/2007
 Order [REDACTED]
 C.A.R.



[REDACTED]

[REDACTED]

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total (exc) VAT	VAT Rate	Line VAT
1		9350023	DORMY ENDORSING INK 28ml BLACK	1	BOTTLE	0.9100	09/08/07	0.91	17.5	0.16
2		0430007	PARKER QUIJK INK CARTRIDGE BLUE/BK	2	PACKS	1.7900	09/08/07	3.58	17.5	0.63

[REDACTED]

V.A.T. Summary	
Rate	Taxable Sum
17.50	4.49
	V.A.T. Amount
	0.79
	VAT Registration
	5.28
	Sales Order Total (VAT excl)
	4.49
	INVOICE GOODS
	INVOICE V.A.T.
	0.79
	INVOICE TOTAL
	5.28

Settlement
 Discount Terms

[REDACTED]

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

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 10/08/2007
 Amt. Due : 5.28

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

Invoice

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

Invoice To :

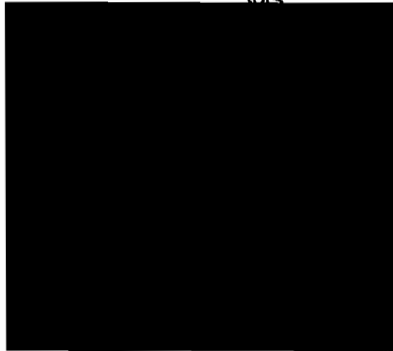
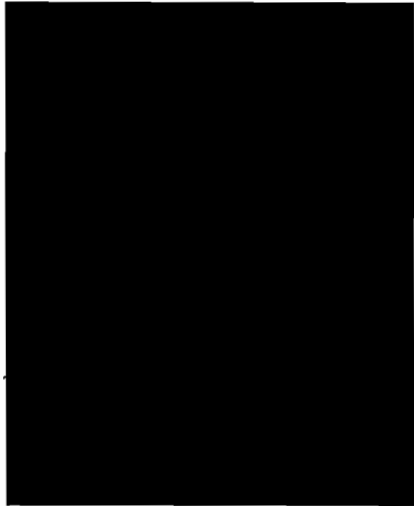
Stephen Timms MP

Page 1 of 1 Date 24/07/2007

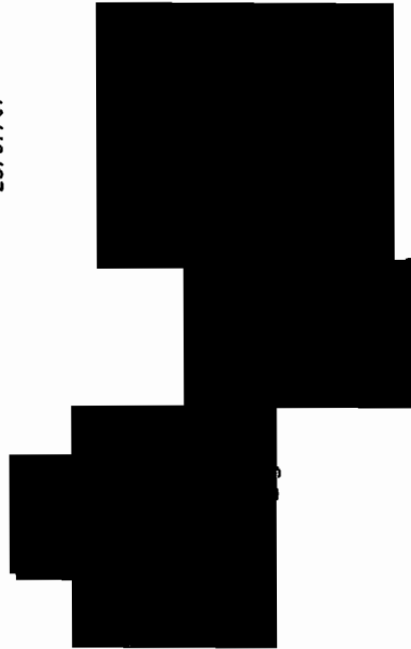
Acc.No. Order Date 16/07/2007

Order G0114967

C.A.R.



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		0987675	IMAGING DRUM KIT FOR DELL 5100CN REF: 593-10075	1	EACH	113.5300	23/07/07 23/07/07	113.53	17.5	19.87



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	113.53	19.87

Sales Order Total (VAT excl)

113.53

INVOICE GOODS 113.53
 INVOICE V.A.T. 19.87
 INVOICE TOTAL 133.40

Settlement
 Discount terms



PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. :

Inv. No. :

Inv. Date: 24/07/2007

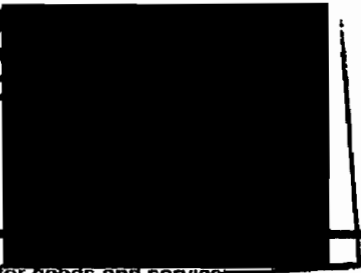
Amt. Due : 133.40

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

21/08/2007



Incidental Expenses Provision/Staffing Allowance
Direct payment of suppliers



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

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 / 7 / 07

Allowance year

07 / 08.

Incidental Expenses Provision claims

Office use only

	Suppliers	Amount	Allow or A/c code	Supplier ID	Exp/ Cat 5
Item 1	Banner	£ 15 : 23 p			
Item 2	Banner	£ 6 : 65 p			
Item 3		£ : p			
Item 4		£ : p			
Item 5		£ : p			
Total		£ 21 : 88 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

30 Jul 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. [REDACTED] **

 Invoice To :

Stephen Timms MP

[REDACTED]

Page 1 Of 1 Date 22/06/2007

Acc.No. [REDACTED] Order Date 21/06/2007

Order

C.A.R.



[REDACTED]

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 22/06/2007

Amt. Due : 15.23

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	9410004	BANNER FS CUT FLUSH PP FOLDER CLEAR	1	PCK100	12.96	21/06/07	12.96	17.5	2.27	2.27

[REDACTED]

V.A.T. Summary

Rate 17.50 Taxable Sum 12.96 V.A.T. Amount 2.27

Sales Order Total (VAT excl) 12.96

INVOICE 6000\$ 12.96
 INVOICE V.A.T. 2.27
 INVOICE TOTAL 15.23

Settlement
 Discount Terms



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

20/07/2007

Invoice

 ** INVOICE NO. [REDACTED] **

 Invoice To :

Stephen Timms MP

[REDACTED]

Page 1 Of 1 Date 27/06/2007
 Acc.No. [REDACTED] Order Date 26/06/2007
 Order [REDACTED]
 C.A.R.



[REDACTED]

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		7920010	TETLEY ONE CUP TEA BAG	1	PCK440	6.6500	26/06/07	6.65	0.0	0.00

[REDACTED]

V.A.T. Summary

Rate	0.00	Taxable Sum	6.65	V.A.T. Amount	0.00
Sales Order Total (VAT excl)			6.65		
INVOICE GOODS			6.65		
INVOICE V.A.T.			0.00		
INVOICE TOTAL			6.65		

Settlement
 Discount Terms

[REDACTED]

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 27/06/2007
 Amt. Due : 6.65

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

25/07/2007



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

31 JUL 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

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 / 07 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

Table with 3 columns: Item, Suppliers, Amount. Contains 5 rows of supplier claims with amounts in pounds and pence.

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

Total £ 310 : 55 . 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 30 Jul 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

Sales Invoice



Aston-Mansfield

Generating community wealth for social change

Invoice No: [REDACTED]
Date: 20/7/2007

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



Terms: Net 30 days
Payment is due by: 19/8/2007

Item	Qty	Description	Rate	Amount
Room Hire Political Groups	3.5	09/06/07 Coffee bar hire 10am-1.30pm 3.5hrs @ rate of £15 per hour	15.00	52.50
		[REDACTED]		

Please make cheques payable to Aston Mansfield Total **£52.50**



Sales Invoice



Aston-Mansfield

Generating community wealth for social change

Invoice No: [REDACTED]
Date: 25/6/2007

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

Terms: Net 15 days
Payment is due by: 10/7/2007

Item	Qty	Description	Rate	Amount
Froud Centre- Coffee Bar	3.5	12/5/07 Coffee bar hire 10am-1.30pm 3hrs30mins @ rate of £15 per hour	15.00	52.50

Please make cheques payable to Aston Mansfield Total **£52.50**






LANGFORD PRINTERS

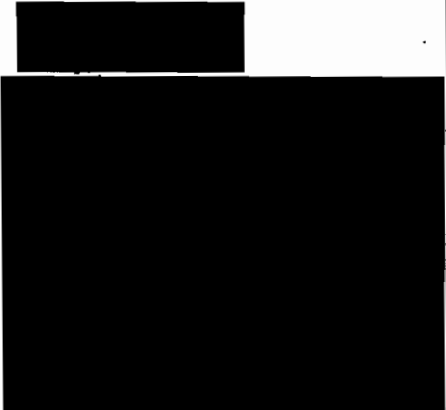



Invoice

The Rt Hon Stephen Timms MP


Invoice Number	
Date / Tax Point	25/06/2007

Account Number	
-----------------------	---

Details	Net Price	VAT
2500 x A4 Green House of Commons Letterheads 	70.00	12.25
		

Delivery Address:


Total Net	70.00
Total VAT	12.25
INVOICE TOTAL £	82.25

Invoice

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

Invoice To :

Stephen Timms MP

Page 1 Of 1 Date 10/07/2007

Acc.No. Order Date 02/07/2007

Order

C.A.R.



Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line (excl VAT) Rate	VAT	Line VAT
1		0987469	TRANSFER ROLLER KIT FOR DELL 5100CN	1	EACH	34.7100	09/07/07	34.71	17.5	6.07
2		0985715	REF: 593-10107 TONER CARTRIDGE DELL 1600N SK	1	EACH	61.7700	09/07/07	61.77	17.5	10.81
			REF: 593-10082				09/07/07			



Rate	Taxable Sum	V.A.T. Amount	Sales Order Total (VAT excl)
17.50	96.48	16.88	96.48
			INVOICE GOODS
			INVOICE V.A.T.
			INVOICE TOTAL
			113.36

Settlement
Discount Terms

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 10/07/2007

Amt. Due : 113.36

Please return the slip

from final page of invoice with your payment by

Invoice

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

Invoice To :

Stephen Timms MP

[REDACTED]

Page 1 Of 1 Date 22/06/2007

Acc.No: [REDACTED] Order Date 21/06/2007

Order

C.A.R.



office2office

Banner Business Supplies Ltd

[REDACTED]

Sales Order No :

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total (exc VAT)	VAT Rate	Line VAT
1	9090017	BANNER A4 N/FT/M REFILL PAD 4H 80SH	1 PACKS	8.46	17.5	8.46	21/06/07	8.46	17.5	1.48

[REDACTED]

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	8.46	1.48

Sales Order Total (VAT excl)

8.46

INVOICE GOODS

8.46

INVOICE V.A.T.

1.48

INVOICE TOTAL

9.94

Settlement
Discount Terms

Banner
world-class office products

PAYMENT SLIP

Please see reverse
for terms of business
and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 22/06/2007

Amt. Due : 9.94

Please return the slip

from final page
of invoice with
your payment
by

20/07/2007



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

27 JUN 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

22 / 06 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

	Suppliers	Amount	EC	Allow or A/c code	Supplier ID	Exp/ Cat 5
1	Archant	£ 104.00				
Item 2		£ : p				
Item 3		£ : p				
Item 4		£ : p				
Item 5		£ : p				
Total		£ 104.00				

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 June 1 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

ARCHANT } LONDON

Dear Mr S. Timms MP

According to our records, your subscription is due to expire on 10th August (Week No 32).
Should you wish to renew your subscription, please complete the form below.

Newspapers due for renewal:-

Newham Recorder

Please indicate if your subscription is to run for: - ~~4wks, 8wks, 12wks, 16wks, 20wks, 24wks, 44wks,~~
~~48wks, 52wks~~ (DELETE AS APPROPRIATE)

Name: Stephen Timms MP



E-mail:



Telephone Number:

28 JUN 2007

I enclose cheque/postal order for the amount of £104.00 (Made payable to Archant London)

I would like to pay by Credit Card / Debit Card (Please circle card type)





Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

62

19 JUN 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

15 / 06 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only



Table with 2 columns: Suppliers, Amount. Row 1: Banner, £ 12 : 22 p. Rows 2-5 are empty.

Table with 3 columns: Allow or Exp/Cat, Supplier ID, Exp/Cat 5. All cells are redacted.

Total £ 12 : 22 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 18 June 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 :

Stanben Timms MP

Page 1 of 1 Date 13/06/2007

Acc. No. Order Date 12/06/2007

Order

C.A.R.

Charge To :



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

Acc. No. :

Inv. No. :

Inv. Date: 13/06/2007

Amt. Due : 12.22

Sales Order No :

Line No.	Line Ref.	Product Code	Product Description	Quantity	J.O.M.	Unit Price	Tax Date	Line Total (excl VAT)	VAT Rate	Line VAT
1		0080591	POST-IT NOTES 76x127mm STRAW RBOW	1	PACK12	10.4000	12/06/07	10.40	17.5	1.82

22 JUN 2007

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	10.40	1.82

Sales Order Total (VAT excl)

10.40

INVOICE GOODS
INVOICE V.A.T.

10.40
1.82

INVOICE TOTAL

12.22

Settlement
Discount terms

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



Direct payment of suppliers

2002 NOV 6 1

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

14 1 06 107

Allowance year

07 1 08

Incidental Expenses Provision claims

Office use only

	Suppliers	Amount	Allow or A/c code	Supplier ID	Exp/ Cat 5
Item 1	Banner	£ 101 : 99 p			
Item 2		£ : p			
Item 3		£ : p			
Item 4		£ : p			
Item 5		£ : p			
Total		£ 101 : 99 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

17 JUNE 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. ***
 *** ** ** ** **

Invoice To :

Stephen Timms MP

Page 1 Of 1 Date 07/06/2007
 Acc. No. Order Date 28/03/2007
 Order
 C.A.R.



PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. :
 Inv. No. :
 Inv. Date :
 Amt. Due : 101.99

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		PRMISCELLANEOUS	HC84 OVERPRINTED WITH STEPHEN TIMMS MP PRINTED IN GREEN 5 X BX100	2	EACH	17.3600	30/03/07	34.72	17.5	6.08
2		PRMISCELLANEOUS	ARTWORK SUPPLIED WITH HC84 OVERPRINTED STEPHEN TIMMS MP PRINTED IN GREEN 3 X BX100 ARTWORK SUPPLIED	3	EACH	17.3600	06/06/07	52.08	17.5	9.11

Sales Order Total (VAT excl)

86.80

Rate 17.50

86.80

V.A.T. Amount

15.19

VAT Registration :

INVOICE GOODS

86.80

INVOICE V.A.T.

15.19

INVOICE TOTAL

101.99

22 JUN 2007

V.A.T. Summary

Settlement
 Discount Terms

Please
 return
 the slip

from final page
 of invoice with
 your payment
 by

05/07/2007

Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes/No
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£ 0.78
£
£
£
£
£
£
£
£
£
£
£
£
£ 0.78

TOTAL

Comments:

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

.....

Posted by (initials & date)

X
.....



Staffing Allowance/Incidental Expenses Provision

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

2007 NOV 6 1 C3 **SAS**

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 1346**.

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

Office use only
Costc/Cat 2

Payment details

Payslip address

Bank details

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

continued on page 2


Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel – home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Office requisites	£ 0 : 78 p	<input checked="" type="checkbox"/> No		
Total	£ 0 : 78 p			

Authorisation and declaration

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

Signature  MP
Date 17 JUNE 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		Initials Date
Claims received	<input type="text"/> / /	Member ID added to form	<input type="text"/> / /
Signature check	<input type="text"/> / /	Payment codes added to form	<input type="text"/> / /
Funds check	<input type="text"/> / /	Receipts/documentation present	<input type="text"/> / /
Allowable expenditure	<input type="text"/> / /	Processing Input	<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

or

Volunteer Yes/No
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

[Redacted]

07_08

£ 1.18
£
£
£
£
£
£
£ 13.50
£
£
£
£
£ 19.68

[Redacted]

[Redacted]

TOTAL

Comments:

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

Posted by (initials & date)



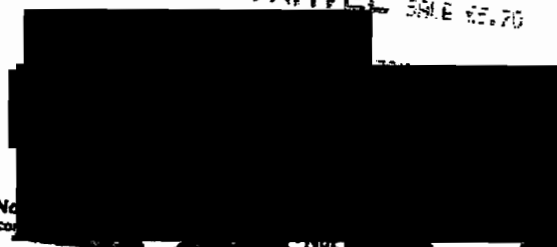
Postage stamp		
1	@ 0.78	0.78
TOTAL DUE TO POST OFFICE		0.78
Cash	FROM CUSTOMER	0.78
BALANCE		0.00

Thank You

223

London Underground London Underground London

NOT FOR TRAVEL 591E 65.70



No
com



Post Label 1
1 @ 1.18 1.18

TOTAL DUE TO POST OFFICE 1.18

Cash FROM CUSTOMER 1.18
BALANCE 0.00

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

ITEM NO	BUILDING NAME OR NUMBER	POSTCODE
1
2
3
4

Thank You



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

Office use only
Costs/Cat 2.

Payment details

Payslip address

Postcode

Bank details

Sort code

Account number

Account name

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

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	£ 5:70 7:00 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	£ 1:18 p
Total	£ 14:68 p

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

Authorisation and declaration

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

Signature

MP

Date

17 JUNE 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		/ /	

Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes/No
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

07_08

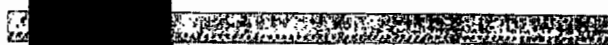


----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£.....
----	£12.30.....
----	£.....
----	£.....
----	£12.30.....

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

SA3

05 JUN 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 MP

Constituency

CATT HILL

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Office use only

Cost/Cat 2

Payment details

Payslip address

Bank details

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:


Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel – home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ 12 : 30 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p	<input checked="" type="checkbox"/> No		
Office requisites	£ : p	<input checked="" type="checkbox"/> No		
Total	£ 12 : 30 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 JUNE 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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Office use only			
Validation	Initials Date	Validation	Initials Date
Claims received	<input type="text"/> / /	Member ID added to form	<input type="text"/> / /
Signature check	<input type="text"/> / /	Payment codes added to form	<input type="text"/> / /
Funds check	<input type="text"/> / /	Receipts/ documentation present	<input type="text"/> / /
Allowable expenditure	<input type="text"/> / /	Processing Input	<input type="text"/> / /

Please use margin for comments

Class	Flight class	Start date	Price
			£5-75 ⁰⁰
Return			

		Start date	Price
			E6-60X
Between			



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

02

2007 NOV 9 0 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

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

31 / 05 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

Suppliers

Amount

Allow or A/c code

Supplier ID

Exp/ Cat 5

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

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

Total £ 52 : 50 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

4 JUNE 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

Sales Invoice



Aston-Mansfield

increasing customer loyalty for social change

Invoice No: [REDACTED]
Date: 24/5/2007

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

[REDACTED] s

[REDACTED] re

Terms: Net 30 days
Payment is due by: 23/6/2007

Item	Qty	Description	Rate	Amount
Room Hire Political Groups	3.5	14/4/07 Coffee bar hire 10am-1.30pm 3.5hrs @ rate of £15 per hour	15.00	52.50

[REDACTED]
12 JUN 2007

[REDACTED]
11 JUN 2007

Please make cheques payable to Aston Mansfield Total £52.50

[REDACTED]

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

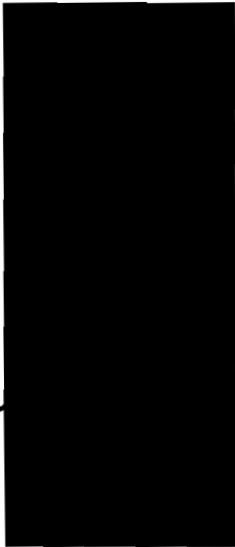
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£ 5.70.


£.....

£.....

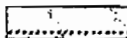
£ 5.70.

TOTAL

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

 24/5/97

Posted by (initials & date)





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

~~SA3~~
22 MAY 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

Office use only

Costo/Cal 2

Payment details

Payslip address

Postcode

Bank details

Sort code

Account number

Account name

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel - home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ 5 : 70 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p	<input checked="" type="checkbox"/> No		
Office requisites	£ : p	<input checked="" type="checkbox"/> No		
Total	£ 5 : 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

MP

Date

20 MAY 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.

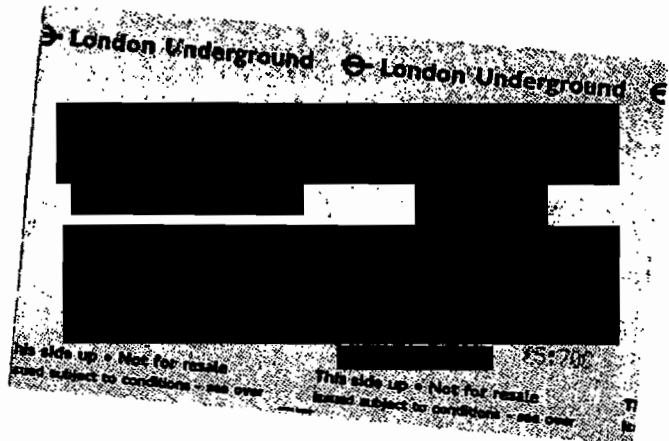
The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any 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		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) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 5.70

£.....

£.....

£ 5.70

TOTAL

Comments:

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



15105

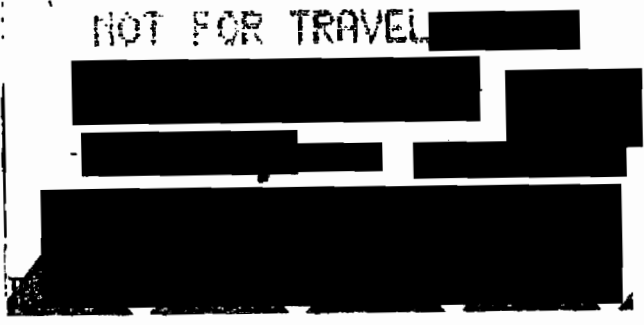
Posted by (initials & date)



.....
.....

⊖ London Underground ⊖ London Underground

NOT FOR TRAVEL





C3

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

09 MAY 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

Office use only

Costo/Cat 2

Payment details

Payslip address

Postcode

Bank details

Sort code

Account number

Account name

IMPORTANT

For all one-off salary payments, please state the months in which the payment was earned so that NI contributions are correctly attributed:

Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel – home to work	£ 5 : 70 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ 5 : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ : p	<input checked="" type="checkbox"/> No		
Office requisites	£ : p	<input checked="" type="checkbox"/> No		
Total	£ 5 : 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

[Redacted Signature]

Date

8 MAY 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		/ /	
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing Input		/ /	

Please use margin for comments



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

62

09 MAY 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

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

01 / 05 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

Suppliers

Amount

Allow or A/c code

Supplier ID

Exp/ Cat 5

Item 1

Archant

£ 83 : 20 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 83 : 20 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 8 MAY 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

ARCHANT } LONDON

Dear Stephen Timms MP

According to our records, your subscription is due to expire on 29th June (Week No. 25).
Should you wish to renew your subscription, please complete the form below.

Newspapers due for renewal:-

Stratford Express

Please indicate if your subscription is to run for: - ~~4wks, 8wks, 12wks, 16wks, 20wks, 24wks, 44wks,~~
48wks, 52wks (DELETE AS APPROPRIATE)

Name: Stephen Timms

Address:

Post Code

E-mail:

Telephone Number:

I enclose cheque/postal order for the amount of £83.20 (Made payable to Archant London)

I would like to pay by Credit Card / Debit Card (Please circle card type)

Credit/Debit Card number Valid from Date:

Card holders name Issue Number: (switch/maestro)

Expiry Date Security Code (last three digits on reverse of card)

Please debit my account with the amount of: £

Signature

Please return all payments to:



Direct payment of suppliers

11 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

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

11 104 107

Allowance year

07108

Incidental Expenses Provision claims

Office use only

Suppliers

Amount

Allow or A/c code

Supplier ID

Exp/ Cat 5

Item 1

Banner

£ 84 : 34 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 84 : 34 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

15 APR 2007

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

Invoice

** INVOICE NO ***

Invoice To :

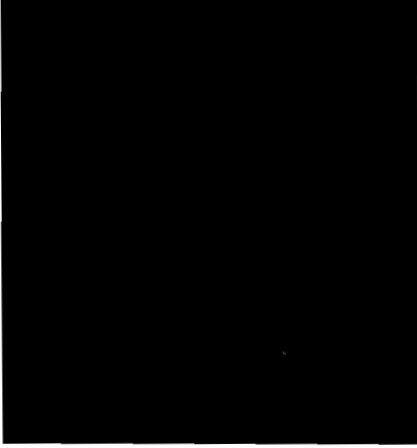
Stephen Timms MP

Page 1 Of 1 Date 03/04/2007

Acc.No. Order Date 26/03/2007

Order

C.A.R.



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

Acc. No. :

Inv. No. :

Inv. Date: 03/04/2007

Amt. Due : 84.34

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		0985677	TONER 9K BLACK FOR DELL 5100CN	2	EACH	35.8900	27/03/07	71.78	17.5	12.56



V.A.T. Summary		Sales Order Total (VAT excl)	71.78
Rate	Taxable Sum	V.A.T. Amount	
17.50	71.78	12.56	
		VAT Registration	
		INVOICE GOODS	71.78
		INVOICE V.A.T.	12.56
		INVOICE TOTAL	84.34

Settlement
Discount Terms



**Please
return
the slip**

from final page
of invoice with
your payment
by

01/05/2007