

Claim details *continued*

Staffing Allowance claims

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

Office use only

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

Authorisation and declaration

Signature

_____ of costs incurred wholly,
my Parliamentary duties.

MP

Date

23 / 5 / 06

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

May 17th 2006

Our Ref: [REDACTED]

Gisela Stuart MP

**WOODVIEW
COMMUNITY
ASSOCIATION**

INVOICE

Invoice No: [REDACTED]

Invoice Date: 17/05/06

REF : MONTHLY ADVICE SURGERY

DETAILS	NO OF HOURS	COST PER HOUR	AMOUNT
		£	£
Hall Hire & Steward / Jan 2006	2	26.00	52.00
Hall Hire & Steward / Feb 2006	2	26.00	52.00
Hall Hire & Steward / Mar 2006	2	26.00	52.00
Hall Hire & Steward / Apr 2006	2	26.00	52.00
Hall Hire & Steward / May 2006	2	26.00	52.00
TOTAL COST			260.00

Payment Terms : 30 Days from Invoice Date

Please make all cheques payable to : Woodview Community Association.

Invoice

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

Gisela Stuart MP

Charge To :

Gisela Stuart MP

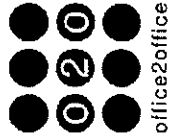
Page 1 Of 1 Date 17/05/2006

Acc.No [REDACTED] Order Date 15/05/2006

Order [REDACTED]
 C.A.R.

Delivered To :

Gisela Stuart MP



Banner Business Supplies Ltd

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 17/05/2006

Amt. Due : 90.52

Sales Order No : [REDACTED]

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

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line excl VAT	Total VAT	Line VAT Rate
1		0986491	ENVISAGE IJ CART 42ml FOR HP51645A Product code 9361095 has been superseded by product code 0986491 which is of equal or higher specification. HP DESKJET 990XCI NO.78 38ml C6578A	2	EACH	7.0000	15/05/06	14.00	17.50	2.45
2		0981672	HP DESKJET 990XCI/990XCI/970XCI/959C/950C/930C/1220C/OFFICEJET G55/G85/G95/K60/K80 HP PHOTOSMART PRINTER	2	EACH	31.5200	15/05/06	63.04	17.50	11.03

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	77.04	13.48
		VAT Registration

Sales Order Total (VAT excl)

77.04

INVOICE GOODS	77.04
INVOICE V.A.T.	13.48
INVOICE TOTAL	90.52

Settlement
 Discount Terms



14/06/2006

Please return the slip

from final page of invoice with your payment by

Financial Processing }

Transaction No. ...

Registration No. ...



03

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

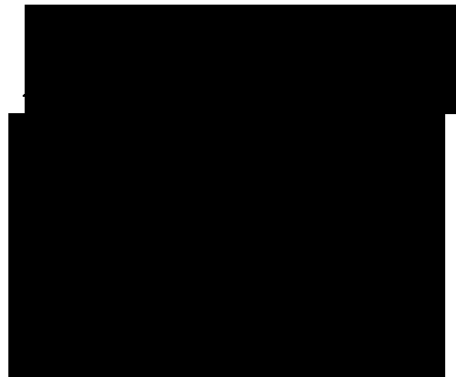
or



Volunteer ~~X~~/N

Please check / amend relation

Text



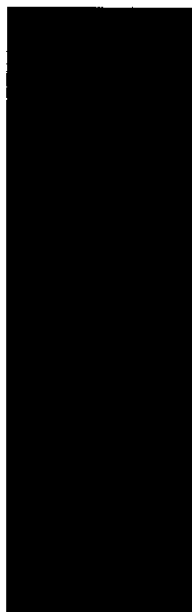
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....164.60...

£.....

£.....

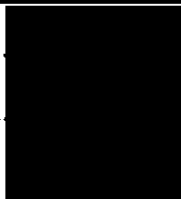
£.....164.60

TOTAL

Comments:



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



10 MAY 2006

Posted by (initials & date)

Financial Processing }

Transaction No.

Registration No.



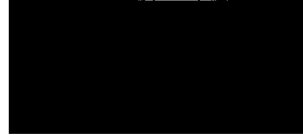
Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C3

Supplier ID

or



Volunteer Y/N

Please check / amend relation

Text



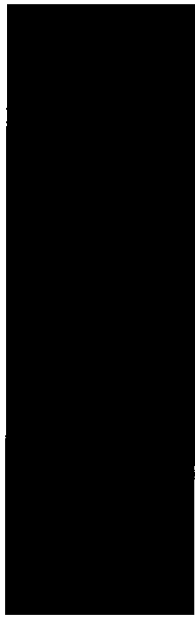
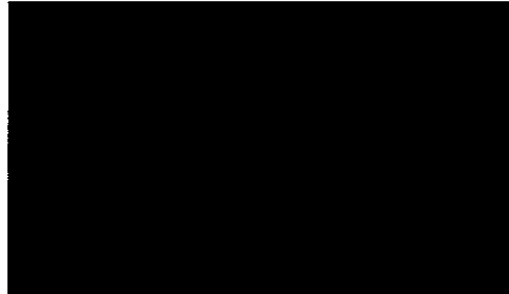
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 90.40

£.....

£.....

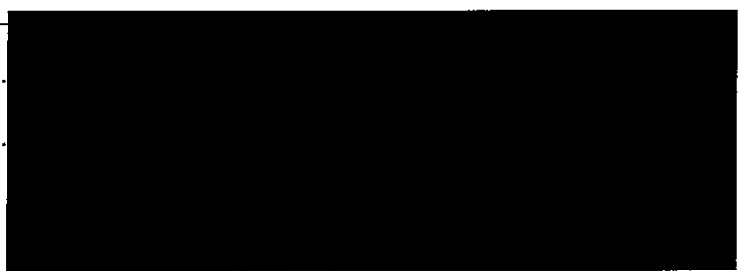
£ 90.40

TOTAL

Comments:

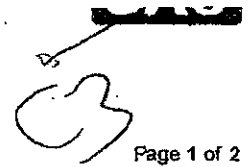
** Financial Processing purposes only
Registered by (initials & date)*

Posted by (initials & date)





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



When to use this form

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

About filling in this form

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

Your details

Name
in CAPITAL LETTERS

GUSOLT STUART

Constituency

BIRMINGHAM SPARKHILL

Details of staff member

First name



Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number


Payment details

Payslip address


Bank details




Class	Ticket type	Adult	Child
		Start date	Number
		16-FBY-06	
From		Valid until	Price
		16-FBY-06	EB-20 X
To		Route	




Class		Ticket type		Adult	Child
Start date		Number			
19-APR-06					
From	Valid until	Price			
	19-APR-06	£8.40 X			
To	Route				




Class	Ticket type	Adult	Child
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Step	Number	
	18	[REDACTED]	
From	Vanuatu	18-APR-06	Price
To	Route	[REDACTED]	£8.20 X




Class	Ticket type	Adult	Child
	Start date	Number	
	13-APR-06	[REDACTED]	
From	Valid until	Price	
[REDACTED]	13-APR-06	£7.50 X	
To	Route		
[REDACTED]	[REDACTED]	[REDACTED]	



Class	Ticket type	Adult	Child
Start date		Number	
12-APR-06		[REDACTED]	
From	Valid until	Price	
[REDACTED]	12-APR-06	£8.40 X	
To	Route	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	



Class		Ticket type		Adult	Child
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]
Start date		Number			
APR-86		[REDACTED]			
From		Valid until	Price		
[REDACTED]	[REDACTED]	11-APR-86	£7.50 X		
To	Route		[REDACTED]		
[REDACTED]	[REDACTED]		[REDACTED]		


Class	Ticket type	Adult	Child
		Start date	Number
		10-APR-06	
From		Valid until	Price
		10-APR-06	£8.40 X
To		Route	



Class	Ticket type	Adult	Child
		Start date	Number
		07-APR-06	
From		Valid until	Price
		07-APR-06	£8.40 X
To		Route	




Class	Ticket type	Adult	Child
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Start date	Number	[REDACTED]
[REDACTED]	06-APR-06	[REDACTED]	[REDACTED]
From	Valid until	Price	[REDACTED]
[REDACTED]	06-APR-06	£8.40 X	[REDACTED]
To	Route	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



Class		Ticket type		Adult	Child
		Start date		Number	
		04-APR-06			
From		Valid until	Price		
		04-APR-06	£8.40 X		
To		Route			

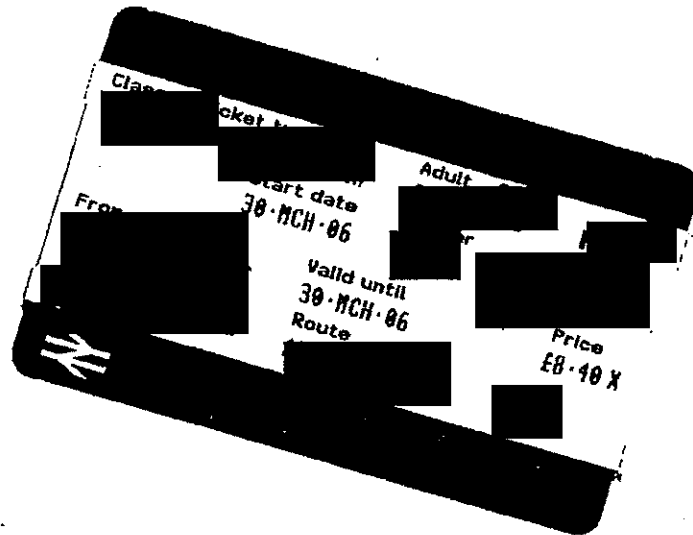


Class		Ticket type		Adult	Child
Start date		Number			
03-APR-06					
From		Valid until	Price		
		03-APR-06	£8.40 X		
To		Route			
* [Redacted]					
					

Class	Ticket type	Adult	Child
	Start date	Number	
	29-MCH-06	[REDACTED]	
From	Valid until	Price	
[REDACTED]	29-MCH-06	£8.40 X	
To	Route		
[REDACTED]	[REDACTED]	[REDACTED]	




Class	Ticket type	Adult	Child
	Start date	Number	
	28-MCH-06		
From		Price	
	28-MCH-06	£8.40 X	
To	Route		



Class [redacted] t type [redacted] Adult [redacted]
Start date 21-MCH-06 [redacted]
From [redacted] Valid until 21-MCH-06 [redacted]
Route [redacted] Price £8.40 X

Class	Ticket type	Adult	Child
	Start date	Number	
	20-MCH-06		
From	Valid until	Price	
	20-MCH-06	£8.40 X	



Class	Ticket type	Adult	Child
	Start date	Number	
	1-06		
From		Valid until	Price
		6-MCH-06	£8.40 X
			

Class	Ticket type	Adult	Child
	Start date	Number	
	14-MCH-06		
From	Valid until	Price	
	14-MCH-06	£8.40 X	
To	Route		

Class	Ticket type	Adult	Child
	Start date	Number	
	09-NCH-06		
From	Valid until	Price	
	09-NCH-06	£8.20 X	
To	Route		




Class	Ticket type	Adult	Child
	Start date	Number	
	07-NCH-06		
From	Valid until	Price	
	07-NCH-06	£6.20 X	
To	Route		

Class	Ticket type	Adult	Child
	Start date	Numb	
	06·NCH·06		
From	Valid until	Price	
	06·NCH·06	£8·20 X	
To	Route		

Class	Ticket type	Adult	Child
	Start date	Number	
	02-MCH-06		
From	Valid until	Price	
	02-MCH-06	E0-20 K	
To	Route		




Class	Ticket type	Adult	Child
		ONE	
	Start date		
	01-MCH-06		
From	Valid until		Price
	01-MCH-06		£8.20 X
To	Route		



Class	Ticket type	Adult	Child
	Start date	Number	
	28.FBY.06		
From	Valid until	Price	
	28.FBY.06	£8.20X	
To	Route		




Class	Ticket type	Adult	Child
Start date			
27-FBY-06			
From		Valid until	Price
		27-FBY-06	£7.20 X
To		Route	



Class	Ticket type	Adult	Child
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Start date	Number	
	23-FBY-06	[REDACTED]	[REDACTED]
From		Valid until	Price
[REDACTED]		23-FBY-06	ED-20 H
	Route	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]

Class	Ticket type	Adult	Child
		Start date	Number
		22-FBY-06	
From		Valid until	Price
		FBY-06	£8.20 X
To		Route	



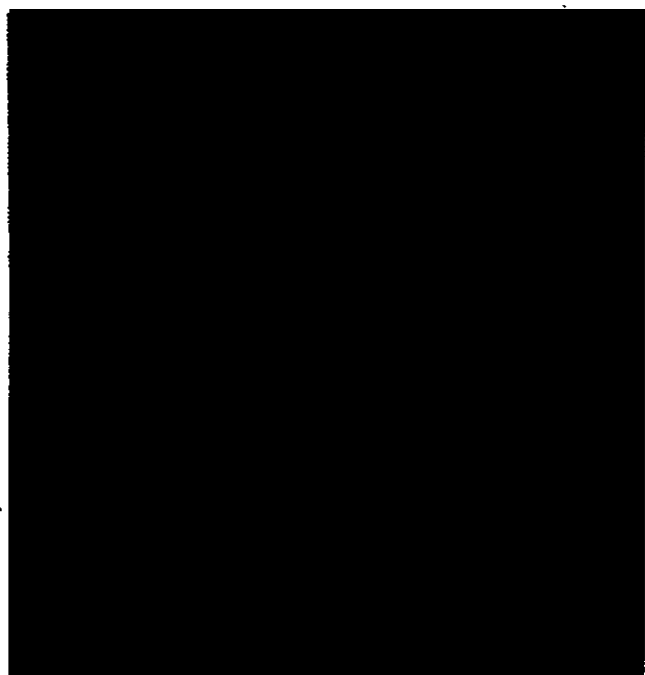
Class	Ticket type	Adult	Child
		Start date	Number
		20-FBY-06	
From		Valid until	Price
		20-FBY-06	£8.20 X
To		Route	



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	£ 255 : 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	£ 255 : 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 _____ MP

Date 20/11/06

Data protection

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

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Send your completed form to

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

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

Please use margin for comments

Financial Processing }

Transaction No.

Registration No.

C3

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Volunteer /N

Please check / amend relation

Text

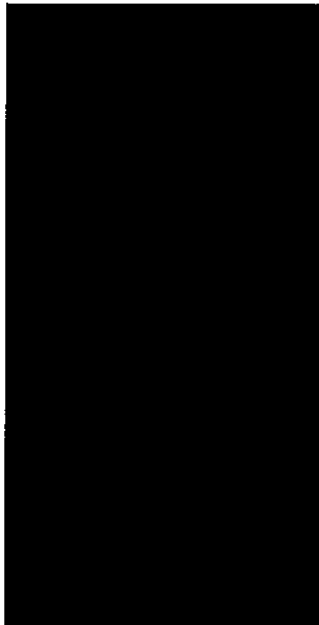
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 37.72

£ 37.72

TOTAL

Comments:

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

Posted by (initials & date)

