

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.

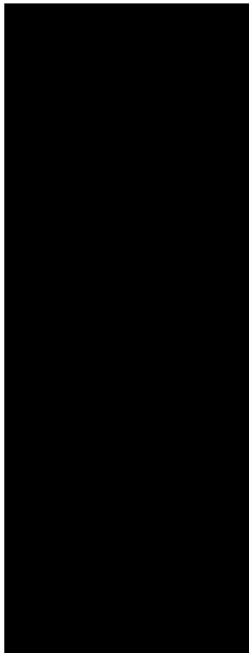
Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

06_07

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£ 224.50

£.....

£.....

£.....

£ 224.50

TOTAL

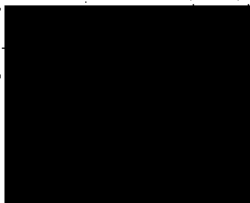
Comments:

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


.....

Posted by (initials & date)

.....




27/03


Description	Number(s)	Value
[REDACTED]		£44.90
CUSTOMER'S COPY		
NOT VALID FOR TRAVEL		
		


Description	Number(s)	Value
[REDACTED]	[REDACTED]	£44.90

CUSTOMER'S COPY

NOT VALID FOR TRAVEL



Description	Number(s)	Value
[REDACTED]	[REDACTED]	£44.90
CUSTOMER'S COPY		
NOT VALID FOR TRAVEL		
		

Description	Number(s)	Value
[REDACTED]	[REDACTED]	E44.90
CUSTOMER'S COPY		
NOT VALID FOR TRAVEL		
		

Description	Number(s)	Value
[REDACTED]	[REDACTED]	E44-90
NOT		CUSTOMER'S COPY TRAVEL
[REDACTED]		





Staffing Allowance/Incidental Expenses Provision

SAS Page 1 of 2

Authority for the reimbursement of expenses to a non salaried individual

22 MAR 2007

- About this form**
- * Use this form to reimburse out of pocket expenses to any individual not in receipt of a salary e.g. intern, volunteer or student.
 - * Use an SA3 to reimburse out of pocket expenses to salaried employees.
 - * If you have any questions about this form, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS LEOFFREY ROBINSON

Constituency COJENTRY NW

Details of individual

Name in CAPITAL LETTERS [REDACTED]

Home address [REDACTED]

Contact telephone no: [REDACTED]

Bank or Building Society details [REDACTED]

Claim details

Notes * Please claim actual amounts incurred, not notional sums and attach all receipts

Staffing Allowance [REDACTED] Incidental Expenses Provision [REDACTED] Year ___/___ e.g. 06/07
*please select allowance and confirm financial year

Travel home to work	£ 224.50	[REDACTED]
Meals	£	[REDACTED]
Telephone expenses	£	[REDACTED]
Subsistence (council tax/rent)	£	[REDACTED]
Incidentals/stationery	£	[REDACTED]
Total	£	[REDACTED]

Authorisation and declaration

- * I confirm that payments listed were wholly, exclusively and necessarily incurred by this individual for the purpose of supporting my Parliamentary duties.
- * I confirm that this individual is not in receipt of any salary.

Member's Signature  MP

Date 21/03/07

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).

Office use only					
Validation	Initials	Date	Validation	Initials	Date
Claim rec'd		/ /	Member ID added to form		/ /
Signature check		/ /	Receipts present		/ /
Funds check		/ /	Individual not on payroll		/ /
Allowable expenditure		/ /	Nil check all MPs		/ /

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

Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer **YN**
Please check / amend relation

Text

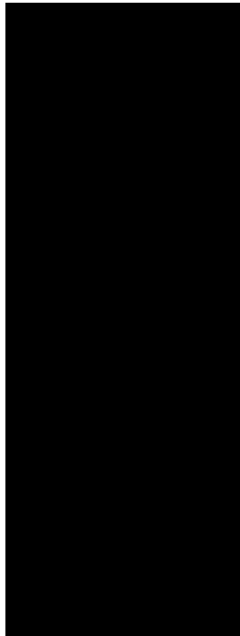
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



06_07

£.....

£.....

£.....

£.....

£.....

£.....

£ 148.50

£.....

£.....

£.....

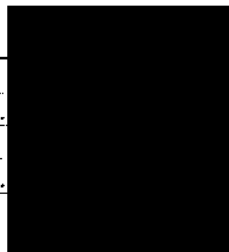
£ 148.50.

TOTAL

Comments:

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

Posted by (initials & date)



23/05
R 2307

19 MAR 2007

C3



Staffing Allowance/Incidental Expenses Provision

SA3
Page 1 of 2

Authority for the reimbursement of expenses to a non salaried individual

About this form

Use this form to reimburse out of pocket expenses to any individual not in receipt of a salary e.g. intern, volunteer or student.

Use an SA3 to reimburse out of pocket expenses to salaried employees.

If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

GEOFFREY ROBINSON

Constituency

COVENTRY NORTH-WEST

for DFA use only

Cost

Details of individual

Name
in CAPITAL LETTERS

for DFA use only

Home address

Contact telephone no:

Bank or Building
Society details

Claim details

Notes

Please claim actual amounts incurred, not notional sums and attach all receipts

Staffing Allowance* Incidental Expenses Provision* Year 06/07 e.g. 06/07
*please select allowance and confirm financial year

Travel home to work	£ 148.50	DFA use only / Cat 5 514273/A
Meals	£	510TS
Telephone expenses	£	510TEL
Subsistence (council tax/rent)	£	510TS
Incidentals/stationery	£	514505
Total	£	

Authorisation and declaration

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

I confirm that this individual is not in receipt of any salary.

Member's Signature

Date..... 14 March 07

Data Protection:

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Office use only					
Validation	Initials	Date	Validation	Initials	Date
Claim rec'd		/ /	Member ID added to form		/ /
Signature check		/ /	Receipts present		/ /
Funds check		/ /	Individual not on payroll		/ /
Allowable expenditure		/ /	NB check all MPs		/ /

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

Description	Number(s)	Value
[REDACTED]	[REDACTED]	£29.70

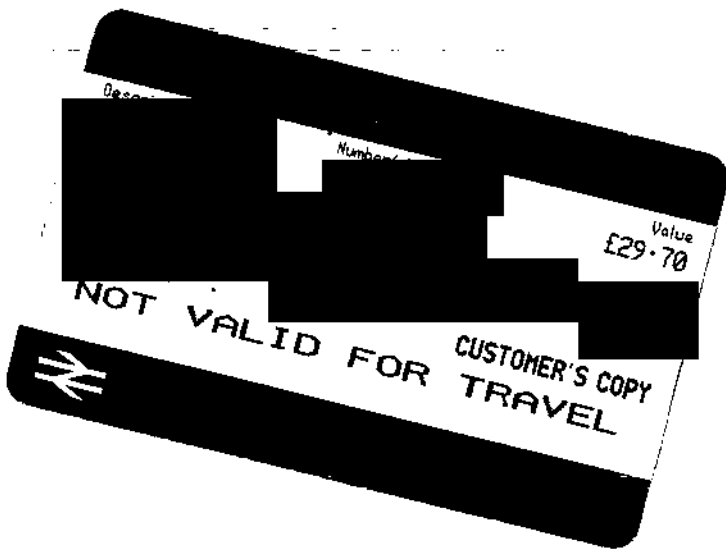
CUSTOMER'S COPY

NOT VALID FOR TRAVEL



[Redacted]	
Number(s)	Value
[Redacted]	£29.70
CUSTOMER'S COPY	
NOT VALID FOR TRAVEL	
[Redacted]	





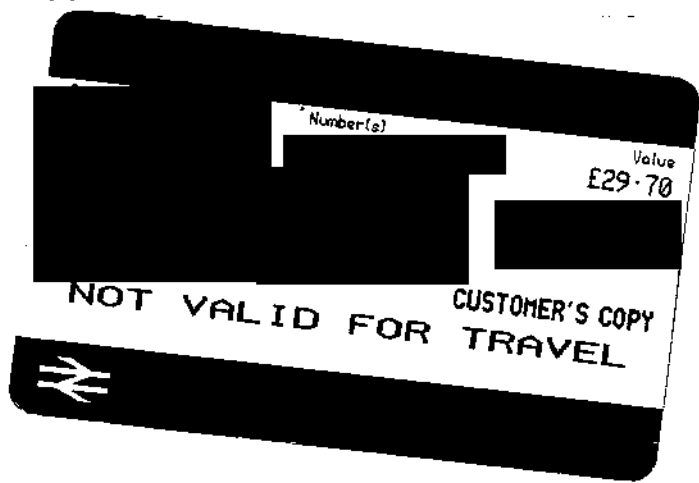
Description

Number

Value
£29.70

NOT VALID FOR TRAVEL
CUSTOMER'S COPY






Number(s)

Value

£29.70

CUSTOMER'S COPY
NOT VALID FOR TRAVEL



Description	Number(s)	Value
[REDACTED]	[REDACTED]	£29.70
CUSTOMER'S COPY		
NOT VALID FOR TRAVEL		
		

Financial Processing }

Transaction No. _____

Registration No. _____

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer 

Please check / amend relation

Text

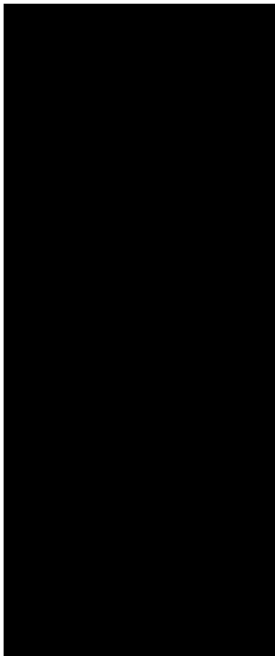
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



06_07

£.....

£.....

£.....

£.....

£.....

£.....

£ 224.50

£.....

£.....

£.....

£ 224.50

TOTAL

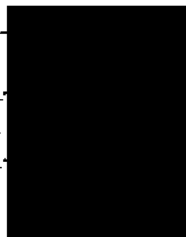
Comments:


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

_____ 23/03

Posted by (initials & date)

_____ 23 MAR 2007



Description	Number(s)	Value
[REDACTED]	[REDACTED]	£44.90
CUSTOMER'S COPY		
NOT VALID FOR TRAVEL		
		

Description	Number(s)	Value
[REDACTED]	[REDACTED]	£44.90

NOT VALID FOR TRAVEL

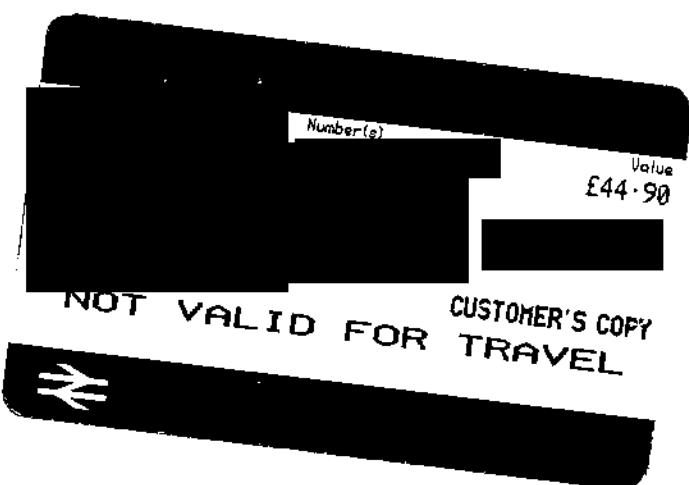


Description	Number(s)	Value
[REDACTED]	[REDACTED]	£44.90

CUSTOMER'S COPY

NOT VALID FOR TRAVEL

[REDACTED]

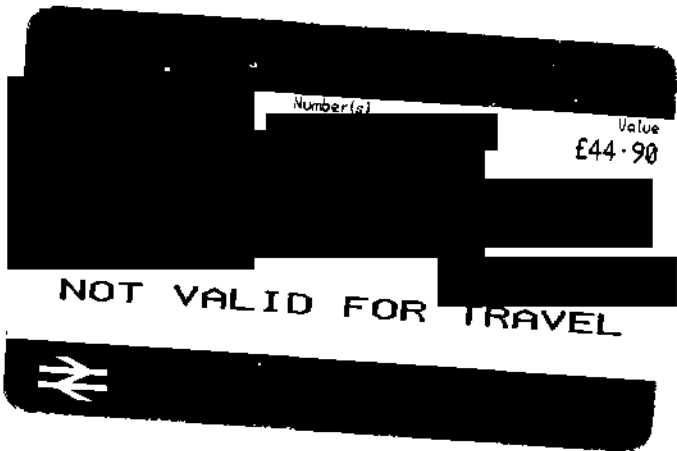


Number(s)

Value
£44.90

CUSTOMER'S COPY
NOT VALID FOR TRAVEL





Number(s)

Value

£44.90

NOT VALID FOR TRAVEL





19 MAR 2007

Staffing Allowance/Incidental Expenses Provision

SA5
Page 1 of 2

C3

Authority for the reimbursement of expenses to a non salaried individual

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If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

GEOFFREY ROBINSON

Constituency

COVENTRY NORTH-WEST

for DFA use only

Details of individual

Name
in CAPITAL LETTERS

for DFA use only

Home address

Contact telephone no:

Bank or Building
Society details

Claim details

Notes

Please claim actual amounts incurred, not notional sums and attach all receipts

Staffing Allowance Incidental Expenses Provision* Year 06/07 e.g. 06/07
*please select allowance and confirm financial year

Travel home to work	£ 224.50	DFA use only / Cat 5 514273/4
Meals	£	510TS
Telephone expenses	£	510TEL
Subsistence (council tax/rent)	£	510TS
Incidentals/stationery	£	514505
Total	£	

prohibited and may be unlawful. If you have received this communication in error, please return it with the title "received in error" to IT.SECURITY.UK@deloitte.co.uk then delete the email and destroy any copies of it.

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Opinions, conclusions and other information in this e-mail and any attachments which do not relate to the official business of the firm are neither given nor endorsed by it.

Authorisation and declaration

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

I confirm that this individual is not in receipt of any salary.



Member's SignatureMP

Date..... 14 March 07.....

Data Protection:

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Office use only					
Validation	Initials	Date	Validation	Initials	Date
Claim rec'd		/ /	Member ID added to form		/ /
Signature check		/ /	Receipts present		/ /
Funds check		/ /	Individual not on payroll		/ /
Allowable expenditure		/ /	NB check all MPs		/ /

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



Member's reimbursement form

17 JAN 2007

When to use this form

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

About filling in this form

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

Your details

Name in CAPITAL LETTERS

CAROLLE ROBINSON MP

Constituency

COUNTRY NORTH WEST

Claim details

Please ensure

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

You can only claim for

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

Period of claim

from 01 / 04 / 2006

to 30 / 10 / 2006

Allowance year

2006 / 2007

	Description of service or goods	Amount
Item 1	CONSTITUENCY OFFICE ;	£ 132 : 25 p
Item 2	TELEPHONE	£ 156 : 78 p
Item 3	FAX	£ 56 : 10 p
Item 4	TELEPHONE	£ 180 : 77 p
Item 5	TELEPHONE	£ 127 : 58 p
Item 6	FAX	£ 63 : 23 p
Item 7	HIRE OF SUP TO	£ _____ p
Item 8	DISPOSE OF OBSOLETE OFFICE LEASING	£ 96 : 35 p
Item 9		£ : p
Item 10		£ : p
	Total	£ 813 : 06 p

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

15-01-06

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.

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Send your completed form to

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

Office use only

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

Input subtotals per Cat 5

£ 813.06
£
£
£
£
£
£
£ 813.06

Comments

[Empty Comments Box]



Incidental Expenses Provision

Member's reimbursement form

C1

17 JAN 2007

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

About filling in this form

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

Your details

Name in CAPITAL LETTERS

GEORGE ROBINSON, M.P.

Constituency

COVENTRY NORTH WEST

Claim details

Please ensure

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

You can only claim for

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

Period of claim

from 01 / 04 / 2006

to 30 / 10 / 2006

Allowance year

1

	Description of service or goods	Amount
Item 1	HP JET CARTRIDGES	£ 84:78 p
Item 2	- do -	£ 181:70 p
Item 3	- do -	£ 48:26 p
Item 4	- do -	£ 747:23 p
Item 5	- do -	£ 238:66 p
Item 6	- do -	£ 78:18 p
Item 7	CONSTITUENCY OFFICE TELEPHONE	£ 153:00 p
Item 8	- do -	£ 236:97 p
Item 9	- do - FAX	£ 60:86 p
Item 10		£ : p

Total

£ 1,826:68 p

continued on page 2

Authorisation and declaration

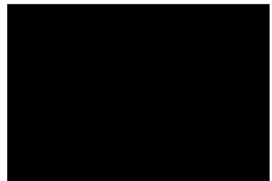
I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 15-06-07

Data protection

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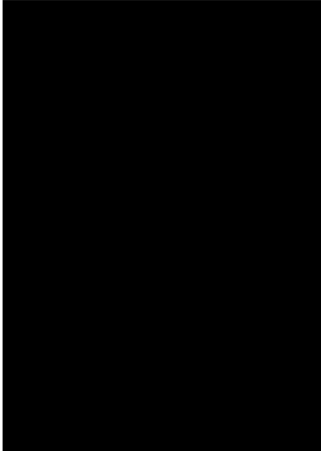



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Send your completed form to

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



Office use only		Input subtotals per Cat 5	
Validation	Initials Date		
Claims received	<input type="text"/> / <input type="text"/> / <input type="text"/>		£ 1826.68
Signature check	<input type="text"/> / <input type="text"/> / <input type="text"/>		£ <input type="text"/>
Funds check	<input type="text"/> / <input type="text"/> / <input type="text"/>		£ <input type="text"/>
Allowable expenditure	<input type="text"/> / <input type="text"/> / <input type="text"/>		£ <input type="text"/>
Member Res ID & Costc	<input type="text"/> / <input type="text"/> / <input type="text"/>		£ <input type="text"/>
Ext type/Cat 5 & subtotals added to form	<input type="text"/> / <input type="text"/> / <input type="text"/>		£ 1826.68
Receipts/ documentation present	<input type="text"/> / <input type="text"/> / <input type="text"/>	Comments <input style="width: 100%; height: 100%;" type="text"/>	
Processing Input	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Invoice

 * INVOICE NO. [REDACTED] *

 Invoice To :

Geoffrey Robinson MP
 [REDACTED]

Charge To :
 Geoffrey Robinson MP
 [REDACTED]



Banner Business Supplies Ltd

Page 1 Of 1 Date 08/10/2006
 Acc.No [REDACTED] Order Date 29/09/2006
 Order [REDACTED]
 C.A.R. [REDACTED]

Delivered To :
 Geoffrey Robinson MP
 [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		0986858	TONER DELL 1700 6K USE AND RETURN REF: [REDACTED]	3	EACH	66.4800	06/10/06	199.44	17.50	34.90
2		0987454	TONER BLACK STD CAP DELL 5110CN REF: [REDACTED]	1	EACH	42.9500	06/10/06	42.95	17.50	7.52
3		0987455	TONER CYAN STD CAP FOR DELL 5110CN REF: [REDACTED]	1	EACH	131.1800	06/10/06	131.18	17.50	22.96
4		0987456	TONER MAGENTA STD CAP DELL 5110CN REF: [REDACTED]	1	EACH	131.1800	06/10/06	131.18	17.50	22.96
5		0987457	TONER YELLOW STD CAP DELL 5110CN REF: [REDACTED]	1	EACH	131.1800	06/10/06	131.18	17.50	22.96

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	635.93	111.30

Sales Order Total (VAT excl)

635.93

Settlement Discount Terms : None

INVOICE GOODS	635.93
INVOICE V.A.T.	111.30
INVOICE TOTAL	747.23