

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) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 68-00

£ 68-00 .

TOTAL

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

.....

Posted by (initials & date)

.....

09 March 2007
SA3



Staffing Allowance/Incidental Expenses Provision

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

RT HON MARGARET BECKETT MP

Constituency

DERRY SOUTH

Details of staff member

F

in CAPITAL

Date

National

Payment details

Payslip add

Bank d

NB For all one-off salary payments, please state overpage the month(s) 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/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		
Hotel Meals and subsistence	£ 68 : _____ 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	£ 68 : _____ p			

Authorisation and declaration

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

Signature _____ MP

Date 8-3-07

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.

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



Best Western
Midland Hotel

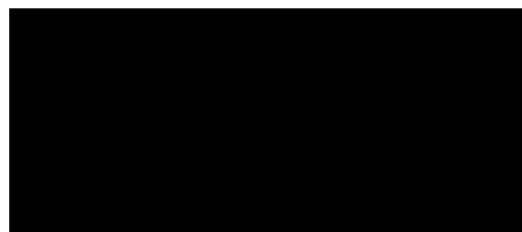


INVOICE

	ROOM		INVOICE No.		ADJUSTED

NARRATIVE	NON-VAT	VAT-INC	CREDIT	BALANCE
1 1 NIGHT WEEKEND RATE		68.00		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
				BALANCE TO PAY = £68.00

VAT DETAIL	NON-VAT	TAXABLE	TOTAL
GOODS/SERVICES	0.00	57.87	57.87
VAT @ 17.5%		10.13	10.13
TOTAL INCLUSIVE CHARGE	£0.00	£68.00	£68.00



Financial Processing }

Transaction N

Registration N

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer Y/N

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 54.00

£.....

TOTAL

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

Posted by (initials & date)



16 MAR 2007

6 MAR 2007



Staffing Allowance/Incidental Expenses Provision

SA3

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Your details

Name in CAPITAL LETTERS

MARGARET BECKETT MP

Constituency

DERBY SOUTH

Details of staff member

First

Sur in CAPITAL LETTERS

Date of

National Ins

Payment details

Payslip address

Bank details

NB For all one-off salary payments, please state overpage the month(s) 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/work	£ _____ : _____ p
Rail travel	£ _____ : _____ p
Car travel	£ _____ : _____ p
Air travel	£ _____ : _____ p
Taxi	£ _____ : _____ p
<i>HOTEL</i> Meals and subsistence	£ <u>59</u> : <u>00</u> p
Healthcare	£ _____ : _____ p
Childcare	£ _____ : _____ p
Home as office/telephone	£ _____ : _____ p
Office requisites	£ _____ : _____ 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		

Total £ 59 : 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] MP

Date 8.3.07

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

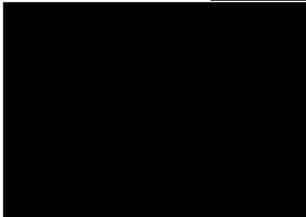
SLEEP INN

THANK YOU
AMOUNT

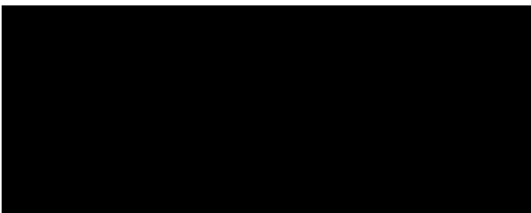
£59.00



BY CHOICE HOTELS



Arrival Date:
Departure Date:
Booking Ref:
Invoice Number:



Page 1 of 1

Date/Time	Description	Ex-Tax	Tax	Total Charge
		0.00	0.00	-59.00
Totals		0.00	0.00	-59.00

TOTAL DUE: -59.00