



# COMMUNICATIONS ALLOWANCE

~~Staffing Allowance/Incidental Expenses Provision~~

**SA3**

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

20 MAR 2002

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

ALISTAIR DARLING MP

Constituency

EDINBURGH SOUTH WEST

### Details of staff member

First name

[Redacted]

Surname  
in CAPITAL LETTERS

[Redacted]

Status

- Permanent employee
- Temporary or casual employee
- Volunteer

Date of birth

[Redacted]

National Insurance number

#### Office use only

Costo/Cat 2

M [ ] [ ] [ ] [ ] [ ] [ ]

Res ID

7 2 [ ] [ ] [ ] [ ] [ ] [ ]

### Payment details

Payslip address

[Redacted]

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	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 checked="" type="checkbox"/> No		
Office requisites	£ 960 : 00 p	<input checked="" type="checkbox"/> No		
<b>Total</b>	<b>£ 960 : 00 p</b>			

**Authorisation and declaration**

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

Signature \_\_\_\_\_ MP  
Date 19.3.08 ✓

**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.

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



FINANCE & ADMINISTRATION HOUSE OF COMMONS

# Communications Allowance Direct payment of suppliers

3 0 AUG 2007

Comms2

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 please refer to booklet on Communications Allowance.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

## Your details

Name in CAPITAL LETTERS

ALISTAIR DAKLING MP

Constituency

EDINBURGH SOUTH WEST

Office use only	Costs	[REDACTED]
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## Claim details

You can only request  
Please ensure

- payment to suppliers for goods and services directly relating to Communications Allowance.
- you attach all supplier invoices.

Period of claim from 1 / 7 / 07 to 31 / 7 / 07 Allowance year 2007 / 2008

[REDACTED]

Suppliers

Amount

VIKING DIRECT	[RECEIVED BY CULLIVERTINE APPROVED BY RESPONSIBLE TEAM]	£ 67 : 28 p
BANNER		£ 33 : 21 p
		£ : p
		£ : p
		£ : p
		£ : p
		£ : p
		£ : p

Office use only		
Allow.	Supp ID	Exp.Type (Cat 5)
[REDACTED]	[REDACTED]	[REDACTED]

## 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

28/8/07

**Data protection**

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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 SW1AA

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**Office use only**

Initials / Date

Validation completed

Comments



Alistair Darling MP

TERMS: NETT 30 DAYS <sup>6</sup>

Alistair Darling MP

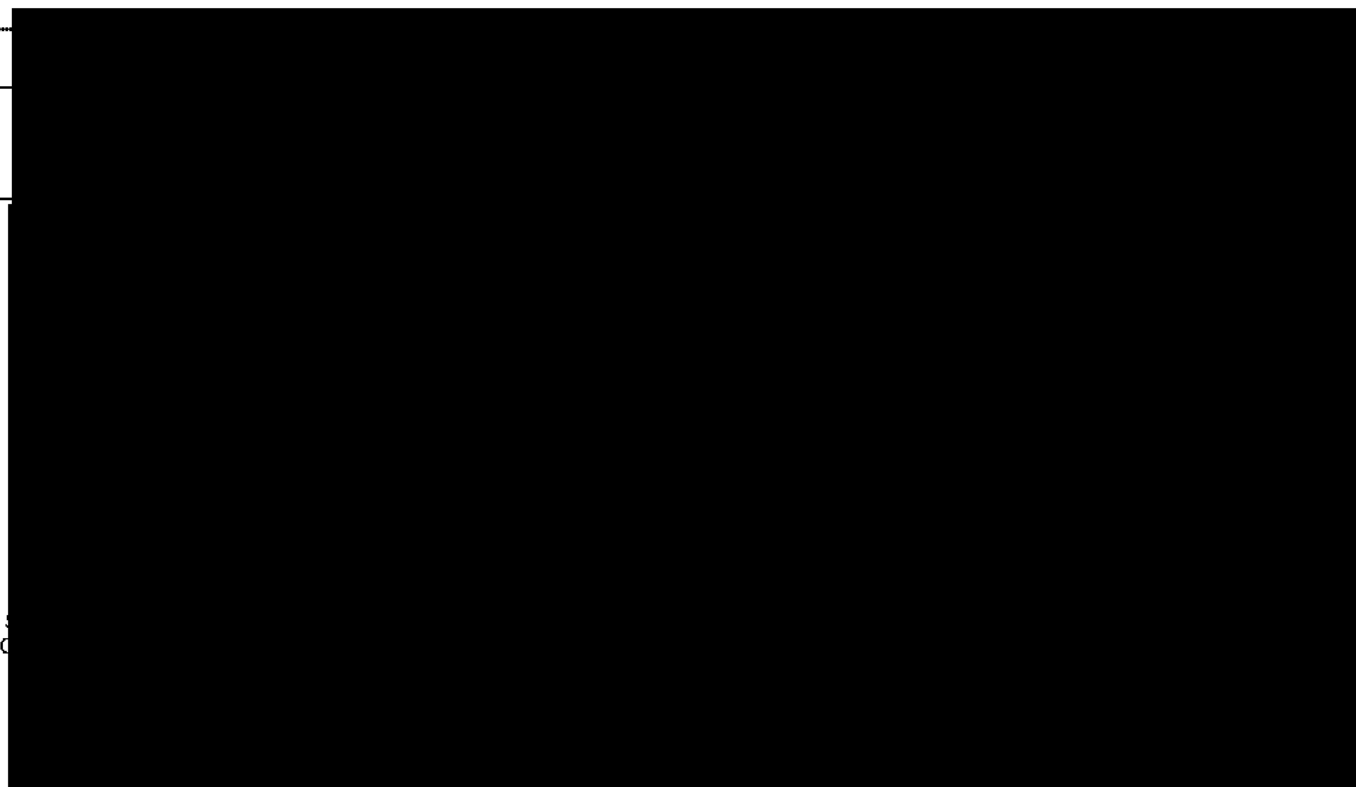


All goods remain property of Viking Direct until invoice is settled in full

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	EA	VAT %	LIST PRICE	YOUR COST	NETT TOTAL
250 A4 160GSM WHITE	G24-V160-WE	2	PK	17.5	13.00	7.790	15.58



\*\*\*\*\*  
 \* For tailored telecommunications at competitive prices to suit your business \*  
 \* needs, call Viking Exchange on 0800 008 665 or visit [www.viking-exchange.co.uk](http://www.viking-exchange.co.uk) \*  
 \*\*\*\*\*



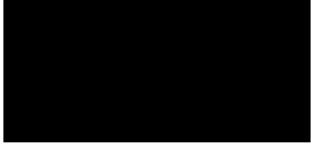
AMOUNT DUE

67.28

# Invoice

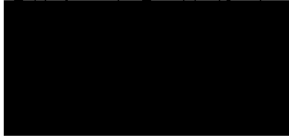
\*\*\*\*\*  
 \* INVOICE NO. [REDACTED] \*  
 \*\*\*\*\*  
 Invoice To :

Rt Hon Alistair Darling MP

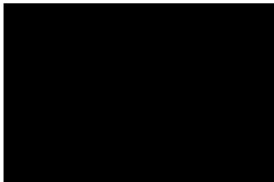


Charge To :

Rt Hon Alistair Darling MP

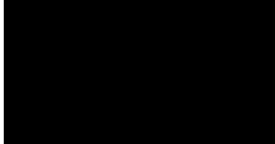


Banner Business Supplies Ltd



Delivered To :

Rt Hon Alistair Darling MP



Sales Order No [REDACTED]

Page 1 of 1 Date 27/07/2007  
 Acc.No [REDACTED] Order Date 25/07/2007  
 Order [REDACTED]  
 C.A.R.

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

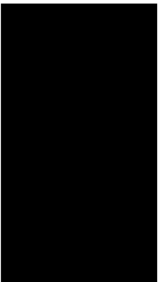
Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 27/07/2007

Amt. Due : 33.21

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		2040927	XEROX A4 SYMP TINTED PAPER 80g I/WH XEROX A4 SYMPHONY TINTED PAPER 80g IVORY WHITE 003R93964	2	BX2500	14.1300	26/07/07 26/07/07 26/07/07	28.26	17.5	4.95



2007

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	28.26	4.95

Sales Order Total (VAT excl)

28.26

Settlement : None  
 Discount Terms :



INVOICE GOODS	28.26
INVOICE V.A.T.	4.95
<b>INVOICE TOTAL</b>	<b>33.21</b>

**Please  
 return  
 the slip**

from final page  
 of invoice with  
 your payment  
 by

24/08/2007

Financial Processing }

Transaction No.

Registration No.



**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**Supplier ID**

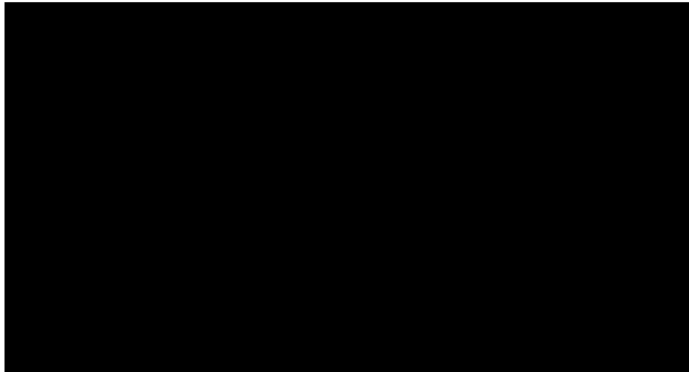
or

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) :**



**TOTAL**

----	£ 480.00
----	£ .....
----	£ .....
----	£ .....
----	£ .....
----	£ .....
----	£ .....
----	£ .....
----	£ .....
----	£ .....
----	£ 480.00

**Comments:**

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

.....

Posted by (initials & date)

.....





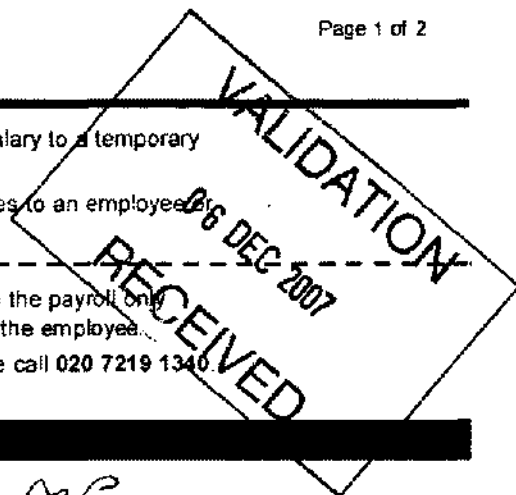
### Authority for the payment of one-off salary and/or expenses to staff

**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 1346.



#### Your details

Name  
in CAPITAL LETTERS

ALISTAIR CARLING MP

Constituency

EDINBURGH SOUTH WEST

#### Details of staff member

First name



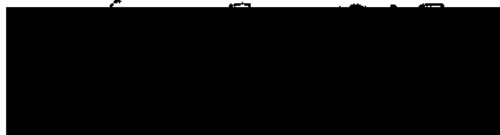
Surname  
in CAPITAL LETTERS



Status

- Permanent employee
- Temporary or casual employee
- Volunteer

Date of birth



National Insurance number

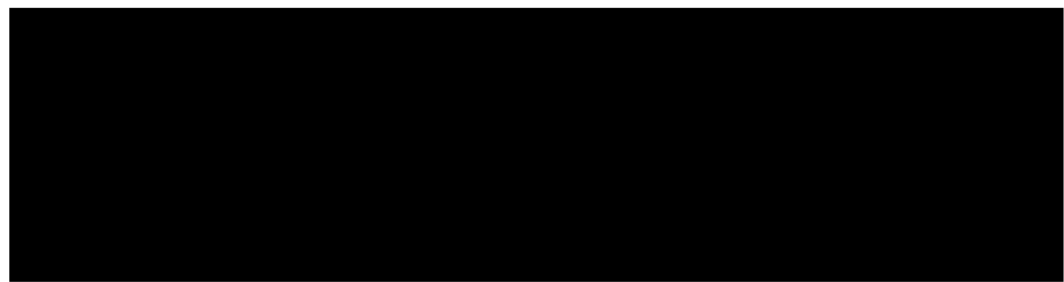
Office use only

Costo/Cat 2 M

Res ID 7 2

#### 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	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		
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	£ 480 : 00 p	<input checked="" type="checkbox"/> No		
<b>Total</b>	<b>£ 480 : 00 p</b>			

**Authorisation and declaration**

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

Signature

\_\_\_\_\_ MP

Date

30 November 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





20	@	24.00	480.00
TOTAL DUE TO POST OFFICE			480.00
Mastercard	FROM CUSTOMER		480.00
BALANCE			0.00

Payment Retail



Your account will be debited with the above amount. Cardholder PIN verified. Transaction confirmed.

Please retain for future reference

Thank You



Communications 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 please refer to booklet on Communications Allowance.
If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

ALISTAIR DARLING MP

Constituency

EDINBURGH SOUTH WEST

Office use only Cost M [Redacted]

Claim details

You can only request Please ensure

payment to suppliers for goods and services directly relating to Communications Allowance.
you attach all supplier invoices.

Period of claim

from 9/12/07

to

Allowance year

Suppliers

Amount

Table with 2 columns: Suppliers, Amount. Row 1: BARK PRINTERS (OVERPRINTING) £116 : 33p

Office use only / Exp.Type (Cat E) [Redacted]

62

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

9/14/07

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**Send your completed form to**

Validation Team, Operations Directorate,  
Department of Finance & Administration, House of Commons, London SW1AA

**Office use only**

Initials / Date

Validation completed




Comments



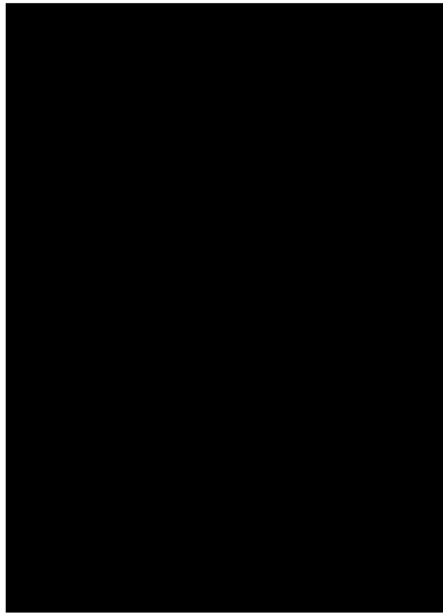
# Invoice

Invoice To:-  
 Edinburgh South West Constituency Office



Number   
 Ord No.   
 Acc No.   
 Date 28/Nov/2007

Quantity	Description	VAT	Cost
5000	Overprint A4 - 1 page Printed PMS 355 1 side Supplied As copy pack file supplied-dp	1	99.00



<-----Vat Summary----->			
Code	%%age	Goods	VAT
0	0.00		
1	17.50	99.00	17.33

Total Goods	99.00
Total VAT	17.33
<b>TOTAL</b>	<b>116.33</b>

**TERMS: 30 DAYS NETT**

**ALL GOODS SUPPLIED AGAINST THIS INVOICE REMAIN THE PROPERTY OF BARR PRINTERS UNTIL FULL PAYMENT HAS BEEN MADE.**

**FORM FO23**

**CORRECTION TO GENERAL LEDGER**

<b>Finance and Administration</b>		<b>Reason for Amendment:</b> Reallocation from IEP to Comms
Prepared by: <i>(print and sign)</i>	NP	
Authorised by: <i>(print and sign)</i>	AM	
Date:	24/01/2008	

Transfer Description	Account Code	Cost Centre	Cat 2	Cat 3	Cat 4	Cat 5	Cat 6	Cat 7	Debit	Credit
									£	£
Transfer from IEP to Comms										116.33
Transfer from IEP to Comms									116.33	

<b>Total</b>	116.33	116.33
--------------	--------	--------

All backing documentation must be attached to this form and filed in the Correction Journal file.

Transaction Reference: .....

Date received: .....  
Date Input onto Computer: .....

Input by: *(Signature)* .....  
Checked by: *(Signature)* .....



**Communications 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 please refer to booklet on Communications Allowance.
- If you have any doubt about whether you can claim for a cost, please call **020 7219 1340**.

**Your details**

**Name**  
in CAPITAL LETTERS

AL-SPAIR DARLING MP

**Constituency**

EDINBURGH SOUTH WEST

Office use only	Costs	M	[REDACTED]
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**Claim details**

*You can only request*  
*Please ensure*

- payment to suppliers for goods and services directly relating to Communications Allowance.
- you attach all supplier invoices.

**Period of claim**

from 22, 11, 07 to \_\_\_ / \_\_\_ / \_\_\_

**Allowance year** 2007/2008

Suppliers	Amount
<u>BANNER</u>	<u>£296:06p</u>
_____	£ _____ : _____ p
_____	£ _____ : _____ p
_____	£ _____ : _____ p
_____	£ _____ : _____ p
_____	£ _____ : _____ p
_____	£ _____ : _____ p
_____	£ _____ : _____ p

Office use only		
Allow.	Supp ID	Exp.Type
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

(2)

**Authorisation and declaration**

- I confirm that the payments requested are in respect of costs incurred wholly, or partly, in respect of my Parliamentary duties.

**Signature**

[REDACTED SIGNATURE]

**MP**

**Date**

29/11/07

**Data protection**

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Send your completed  
form to

Validation Team, Operations Directorate,  
Department of Finance & Administration, House of Commons, London SW1AA

**Office use only**

Initials / Date

Validation  
completed**Comments**



# Invoice

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



Invoice To :  
 Rt Hon Alistair Darling MP  
 [REDACTED]

Charge To :  
 Rt Hon Alistair Darling MP  
 [REDACTED]

Banner Business Supplies Ltd  
 [REDACTED]

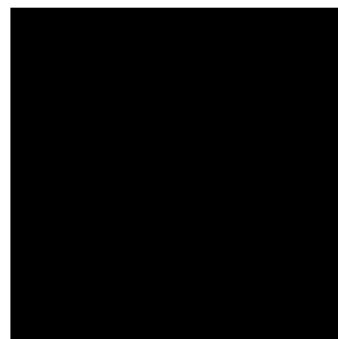
Page 1 Of 1 Date 08/11/2007  
 Acc.No [REDACTED] Order Date 07/11/2007  
 Order [REDACTED]  
 C.A.R. [REDACTED]

Delivered To : [REDACTED]  
 Rt Hon Alistair Darling MP  
 [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		HC23-122W	ENVELOPE DL WINDOW PLAIN CREST	8	BOX250	8.5200	07/11/07	68.16	17.5	11.93
2		HC19-116GA	PAPER - A4 GREEN CREST WITH ADDRESS	20	BOX250	9.1900	07/11/07	183.80	17.5	32.17



## PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]  
 Inv. No. : [REDACTED]  
 Inv. Date: 08/11/2007  
 Amt. Due : 296.06

**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	251.96	44.10

Sales Order Total (VAT excl) 251.96

VAT Registration : GB 731 8604 39

INVOICE GOODS	251.96
INVOICE V.A.T.	44.10
<b>INVOICE TOTAL</b>	<b>296.06</b>

Settlement : None  
 Discount Terms :

EEE Producer Registration No: [REDACTED]



world-class office products





**Communications Allowance**  
**Direct payment of suppliers**

25 JAN 2008

**Comms2**

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**

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- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

**Your details**

Name  
in CAPITAL LETTERS

ALI STAIR DARLING MP

Constituency

EDINBURGH SOUTH WEST

Office use only    Costc    N [REDACTED]    \_\_\_\_\_

**Claim details**

You can only request  
Please ensure

- payment to suppliers for goods and services directly relating to Communications Allowance.
- you attach all supplier invoices.

Period of claim

from 24 / 1 / 08 to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Allowance year 2007 2008

Suppliers

Amount

Office use only  
Allow. / Supp ID / Exp. Type (Cat 5)

[REDACTED]

ISANNERS	£ 259.16 p
_____	£ _____ : _____ p
_____	£ _____ : _____ p
_____	£ _____ : _____ p
_____	£ _____ : _____ p
_____	£ _____ : _____ p
_____	£ _____ : _____ p
_____	£ _____ : _____ p

28/1/08

**Authorisation and declaration**

- I confirm that the payments requested are in respect of costs incurred wholly, exclusively in respect of my Parliamentary duties.

Signature

[REDACTED]

MP

Date

**Data protection**

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Send your completed  
form to

Validation Team, Operations Directorate,  
Department of Finance & Administration, House of Commons, London SW1AA

**Office use only**

Initials / Date

Validation  
completed**Comments**

# Invoice

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



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

Invoice To : Rt Hon Alistair Darling MP

Charge To : Rt Hon Alistair Darling MP

Banner Business Supplies Ltd

[REDACTED]

[REDACTED]

[REDACTED]

Page 1 Of 1 Date 15/01/2008  
 Acc.No [REDACTED] Order Date 14/01/2008  
 Order [REDACTED]  
 C.A.R.

Delivered To : Rt Hon Alistair Darling MP

[REDACTED]

[REDACTED]

Sales Order No [REDACTED]

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 15/01/2008

Amt. Due : 259.16

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		HC19-116GA	PAPER - A4 GREEN CREST WITH ADDRESS	20	BOX250	7.6200	14/01/08	152.40	17.5	26.67
2		HC23-122W	ENVELOPE DL WINDOW PLAIN CREST	6	BX250	8.5200	14/01/08	68.16	17.5	11.93

[REDACTED]

[REDACTED]

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	220.56	38.60

Sales Order Total (VAT excl) 220.56

INVOICE GOODS	220.56
INVOICE V.A.T.	38.60
<b>INVOICE TOTAL</b>	<b>259.16</b>

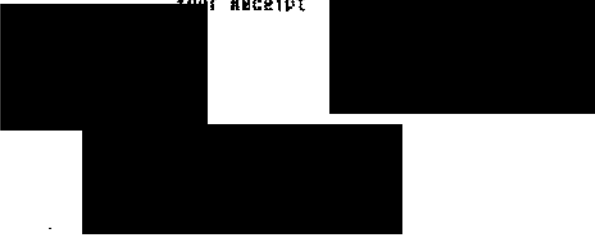
Settlement : None  
 Discount Terms :

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

12/02/2008



Post Office Ltd.  
Your Receipt



S/a 2ndx100		
20	£	24.00
		480.00
TOTAL DUE TO POST OFFICE		480.00
Mastercard	FROM CUSTOMER	480.00
BALANCE		0.00



Amount: £480.00


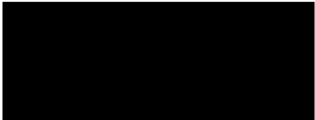
Your account will be debited with the above amount. Cardholder PIN verified. Transaction confirmed.

Please retain for future reference


Thank You



Post Office Ltd.  
Your Receipt

S/a 2ndx100		
20 @ 24.00		480.00
TOTAL DUE TO POST OFFICE		480.00
Mastercard	FROM CUSTOMER	480.00
BALANCE		0.00



Please retain for future reference

Thank You



**Communications Allowance**  
**Direct payment of suppliers**

**Comms2**

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 please refer to booklet on Communications Allowance.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

**Your details**

Name  
in CAPITAL LETTERS

ALISTAIR DARLING ✓

Constituency

EDINBURGH SOUTH WEST

Office use only	Costs	
-----------------	-------	--

**Claim details**

You can only request  
Please ensure

- payment to suppliers for goods and services directly relating to Communications Allowance.
- you attach all supplier invoices.

Period of claim

from 15 / 2 / 08 to / /

Allowance year 2007 / 2008 ✓

X2

Suppliers

Amount

BACK PRINTERS	£ 116 : 33 p
BANNER	£ 80 : 09 p
	£ : p
	£ : p
	£ : p
	£ : p
	£ : p
	£ : p

196.42

Office use only		
Allow. /	Supp ID /	Exp.Type /
		(Cat 5)

**Authorisation and declaration**

- I confirm that the payments requested are in respect of costs incurred wholly, exclusively in the course of my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

15/2/08



**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 HM Revenue & Customs. 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 SW1AA

<b>Office use only</b>	
	Initials / Date
Validation completed	<input type="text"/>
<b>Comments</b>	

# Invoice

Invoice To:-  
Edinburgh South West Constituency Office

Ord No.

Acc No.

Date 31/Jan/2008 ✓

31 JAN 2008

Quantity	Description	VAT	Cost
5000	Overprint Letterheads A4 - 1 page Printed PMS 355 1 side Supplied As copy pack deliver	1	99.00

<-----Vat Summary----->			
Code	%%age	Goods	VAT
0	0.00		
1	17.50	99.00	17.33

Total Goods	99.00
Total VAT	17.33
<b>TOTAL</b>	<b>✓ 116.33</b>

**TERMS: 30 DAYS NETT**

**ALL GOODS SUPPLIED AGAINST THIS INVOICE REMAIN THE PROPERTY OF BARR PRINTERS UNTIL FULL PAYMENT HAS BEEN MADE.**

# Invoice



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

Invoice To :  
 Rt Hon Alistair Darling MP  
 [REDACTED]

Charge To :  
 Rt Hon Alistair Darling MP ✓  
 [REDACTED]

- Banner Business Supplies Ltd  
 [REDACTED]

Page 1 of 1 Date 05/02/2008  
 Acc.No [REDACTED] Order Date 21/01/2008  
 Order [REDACTED]  
 C.A.R.

Delivered To : [REDACTED]  
 Rt Hon Alistair Darling MP  
 [REDACTED]

[REDACTED]

Sales Order No : [REDACTED]

## PAYMENT SLIP

Please see reverse  
 for terms of business  
 and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 05/02/2008 ✓

Amt. Due : 80.09 ✓

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		HC23-122W	ENVELOPE DL WINDOW PLAIN CREST	8	BX250	8.5200	04/02/08	68.16	17.5	11.93



### V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	68.16	11.93

Sales Order Total (VAT excl)

68.16

VAT Registration : GB 731 8604 39

INVOICE GOODS	68.16
INVOICE V.A.T.	11.93
<b>INVOICE TOTAL</b>	<b>80.09</b>

Settlement : None  
 Discount Terms :

**Please  
 return  
 the slip**

from final page  
 of invoice with  
 your payment  
 by

04/03/2008

Financial Processing }

Transaction No.

Registration No.



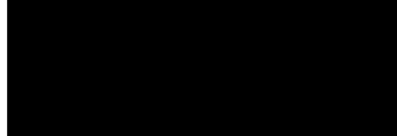
2008

**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**Supplier ID**

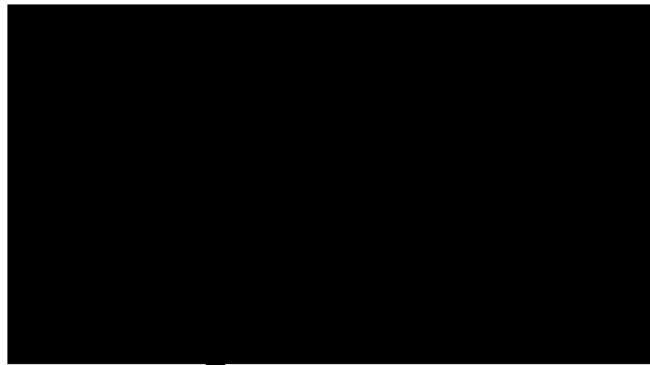
or



**Volunteer Y/N**

**Please check / amend relation**

**Text**



**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



**TOTAL**

£ 480.00

£.....

£.....

£.....

£.....

£.....

£.....

£.....

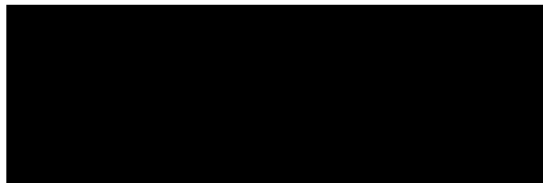
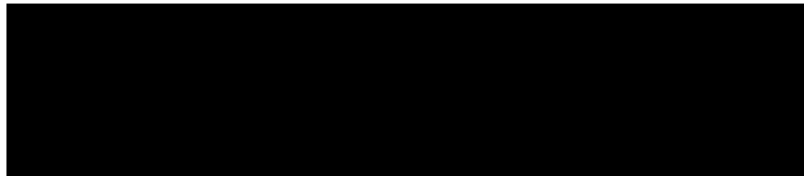
£.....

£ 480.00

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



*Posted by (initials & date)*





# COMMUNICATIONS ALLOWANCE

~~Staffing Allowance/Incidental Expenses Provision~~

**SA3**

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

2013/14

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

ALISTAIR DALLING MP

Constituency

EDINBURGH SOUTH WEST

## Details of staff member

First name

[Redacted]

Surname  
in CAPITAL LETTERS

[Redacted]

Status

- Permanent employee
- Temporary or casual employee
- Volunteer

Date of birth

[Redacted]

National Insurance number

[Redacted]

### Office use only

Costc/Cat 2

M [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Res ID

7 2 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

## Payment details

Payslip address

[Redacted]

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	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	£ <u>480.00</u> P	<input checked="" type="checkbox"/> No		
<b>Total</b>	<b>£ <u>480.00</u> P</b>			

**Authorisation and declaration**

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

Signature



MP

Date

22/2/08

**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.

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

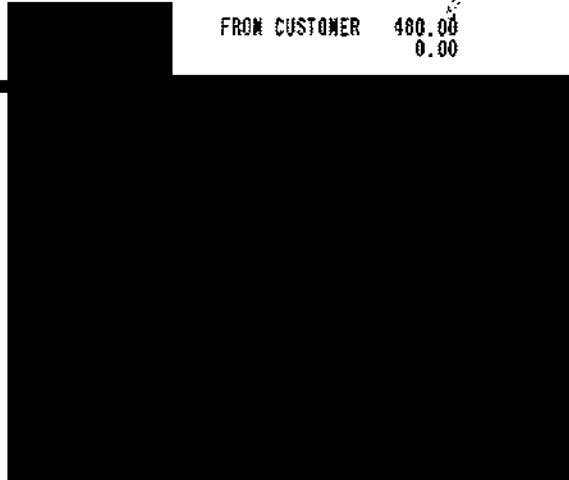
Validation Team, Operations Directorate,  
Department of Finance & Administration, House of Commons, London SW1A 0AA



Post Office Ltd.  
Your Receipt



S/a 2ndx100		
20 @ 24.00		480.00
TOTAL DUE TO POST OFFICE		480.00
	FROM CUSTOMER	480.00
		0.00



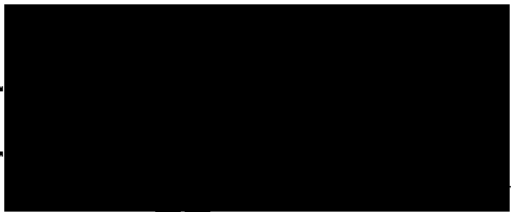
Please retain for future reference

Thank You

Financial Processing }

Transaction No.

Registration No.



**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**Supplier ID**

OR



**Volunteer Y/N**

**Please check / amend relation**

**Text**



**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



**TOTAL**

£ 480.00

£.....

£.....

£.....

£.....

£.....

£.....

£.....

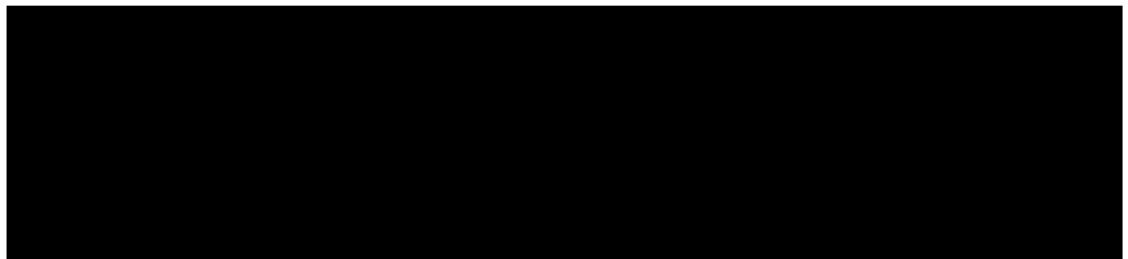
£.....

£ 480.00

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



*Posted by (initials & date)*







# COMMUNICATIONS ALLOWANCE

~~Staffing Allowance/Incidental Expenses Provision~~

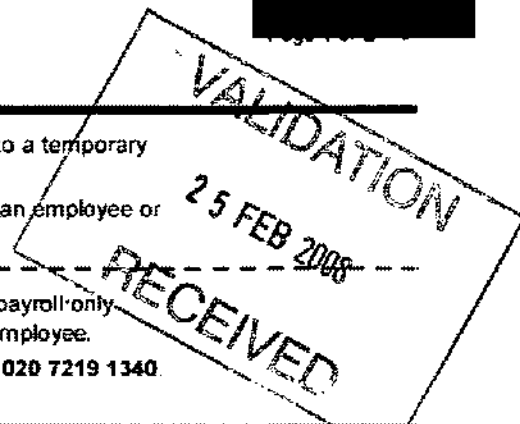
Authority for the payment of one-off salary and/or expenses to staff

**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

ALSTAIR DARLING MP

Constituency

EDINBURGH SOUTH WEST

## Details of staff member

First name

CAROL

Surname  
in CAPITAL LETTERS

Status

- Permanent employee
- Temporary or casual employee
- Volunteer

Date of birth

26 7 1967

National Insurance number

Office use only

Costo/Cat 2

M							
---	--	--	--	--	--	--	--

Res ID

7	2						
---	---	--	--	--	--	--	--

## 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	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		
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	£ 480 : 00 p	<input checked="" type="checkbox"/> No		
<b>Total</b>	<b>£ 480 : 00 p</b>			

**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 22/2/08

**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.

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.

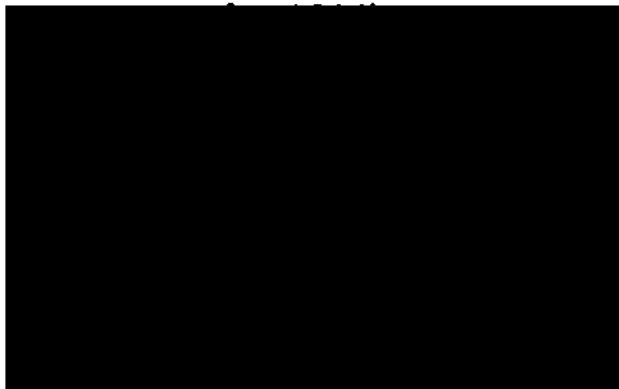
Send your completed form to Validation Team, Operations Directorate, Department of Finance & Administration, House of Commons, London SW1A 0AA



Post Office Ltd.  
Your Receipt



S/a 2ndx100		
20 @ 24.00		480.00
TOTAL DUE TO POST OFFICE		480.00
Mastercard	FROM CUSTOMER	480.00
BALANCE		0.00



Please retain for future reference

Thank You



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---

**Send your completed form to**

Validation Team, Operations Directorate,  
Department of Finance & Administration, House of Commons, London SW1AA

---

**Office use only**

Initials / Date

Validation completed

Comments

# Invoice

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



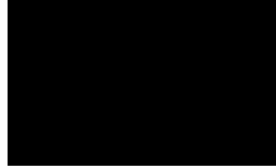
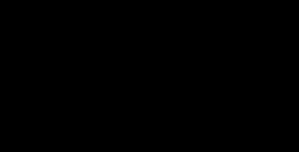
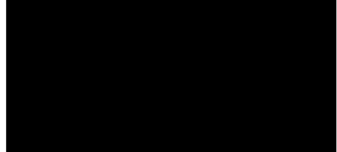
## PAYMENT SLIP

Please see reverse  
 for terms of business  
 and how to pay

Invoice To :  
 Rt Hon Alistair Darling MP

Charge To :  
 Rt Hon Alistair Darling MP

Banner Business Supplies Ltd



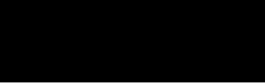
Page 1 of 1 Date 28/02/2008

Acc.No [REDACTED] Order Date 26/02/2008

Order [REDACTED]

C.A.R. [REDACTED]

Delivered To :  
 Rt Hon Alistair Darling MP



Sales Order No [REDACTED]

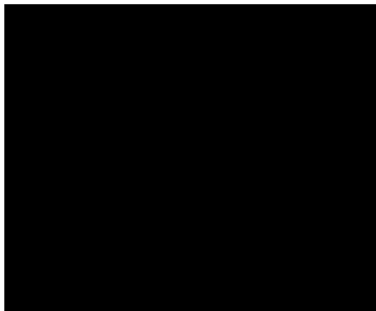
Acc. No. : [REDACTED]

Inv. No. [REDACTED]

Inv. Date: 28/02/2008

Amt. Due : 80.09

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		HC23-122W	ENVELOPE DL WINDOW PLAIN CREST	8	DX250	8.5200	27/02/08	68.16	17.5	11.93



### V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	68.16	11.93

Sales Order Total (VAT excl) 68.16

VAT Registration : GB 731 8604 39

INVOICE GOODS	68.16
INVOICE V.A.T.	11.93
<b>INVOICE TOTAL</b>	<b>80.09</b>

Settlement : None  
 Discount Terms :

**Please  
 return  
 the slip**

from final page  
 of invoice with  
 your payment  
 by

27/03/2008

# Invoice

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

Invoice To :

Rt Hon Alistair Darling MP  
[REDACTED]

Charge To :

Rt Hon Alistair Darling MP  
[REDACTED]

Delivered To :

Rt Hon Alistair Darling MP  
[REDACTED]



Banner Business Supplies Ltd



Sales Order No : [REDACTED]

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

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 28/02/2008

Amt. Due : 80.09

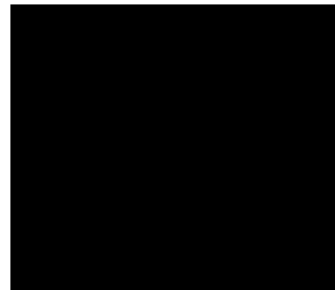
Page 1 Of 1 Date 28/02/2008

Acc.No [REDACTED] Order Date 26/02/2008

Order 00082257

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		HC23-122W	ENVELOPE DL WINDOW PLAIN CREST	8	BX250	8.5200	27/02/08	68.16	17.5	11.93



Sales Order Total (VAT excl) 68.16

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	68.16	11.93

VAT Registration : GB 731 8604 39

Settlement : None  
Discount Terms :

INVOICE GOODS	68.16
INVOICE V.A.T.	11.93
<b>INVOICE TOTAL</b>	<b>80.09</b>

**Please  
return  
the slip**

from final page  
of invoice with  
your payment  
by

27/03/2008



Communications Allowance  
 Direct payment of suppliers  
 14 MAY 2008

2007/08

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 please refer to booklet on Communications Allowance.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name  
 in CAPITAL LETTERS

ALISTAIR DARLING MP

Constituency

EDINBURGH SOUTH WEST

Office use only Costc

Claim details

You can only request  
 Please ensure

- payment to suppliers for goods and services directly relating to Communications Allowance.
- you attach all supplier invoices.

Period of claim

from 4/4/08 to / /

Allowance year

~~2007/2008~~  
 08/09 ✓  
 see attached

Suppliers

Amount

FULL FILLEMENT FACTORY  
 (FOR DISTRIBUTING  
 ANNUAL REPORT)

£ 1645.00 p ✓

£ : p

£ : p

£ : p

£ : p

£ : p

£ : p

£ : p

£ 1645.00 ✓

Authorisation and declaration

- I confirm that the payments requested are in respect of costs incurred wholly, e.g. [redacted] of my Parliamentary duties.

Signature

[redacted]

MP

Date

13 May 08



**Data protection**

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Send your completed  
form to

Validation Team, Operations Directorate,  
Department of Finance & Administration, House of Commons, London SW1AA

**Office use only**

Initials / Date

Validation  
completed

Comments



Alastair Darling

Document No.   
Date/Tax Point 04/04/2008  
Your Order No.   
Account No.

Quantity	Description	Unit Price	Net Amount	VAT Amount
1.00	Distribution of Annual Report	1,400.00	1,400.00	245.00

Net Amount	1,400.00
VAT Amount	245.00
Carriage	0.00
Invoice Total	1,645.00

Payment Terms strictly 30 days net



FINANCE & ADMINISTRATION HOUSE OF COMMONS

# Communications Allowance Direct payment of suppliers

Comms2

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 please refer to booklet on Communications Allowance.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

## Your details

Name  
in CAPITAL LETTERS

ALISTAIR DAALING

Constituency

EDINBURGH SOUTH WEST

Office use only

Costs

M

## Claim details

You can only request  
Please ensure

- payment to suppliers for goods and services directly relating to Communications Allowance.
- you attach all supplier invoices.

Period of claim

from 9 / 4 / 08 to \_\_\_ / \_\_\_ / \_\_\_

Allowance year

2007, 2008 ✓

Suppliers

Amount

WILLIAM LEAHY MEMORIAL TRUST

£ 700.00 P ✓

£ : P

£ : P

£ : P

£ : P

£ : P

£ : P

£ : P

£ 700.00 ✓

Office use only

Allow. / Supp ID / Exp.Type  
(Cat 5)

## Authorisation and declaration

- I confirm that the payments requested are in respect of costs incurred wholly, ex [redacted] Parliamentary duties.

Signature

[redacted]

MP

Date

9.4.08

**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 HM Revenue & Customs. 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 SW1AA

<b>Office use only</b>	
	Initials / Date
Validation completed	<input type="text"/>
<b>Comments</b>	

**William Graham  
Memorial Trust**

**INVOICE**



To:

Alistair Darling MP



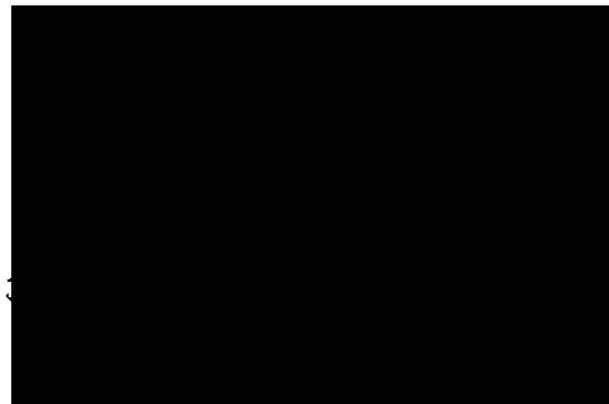
Ship To:



SALESPERSON	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	COLLECT	TERMS
William Graham Memorial Trust	---	November 2007 to March 2008	---	---	Immediate Pay

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
Printing Costs	10,000 A4 letters (colour) at 7p per copy	7p per copy	£700.00
			£700.00
		SUBTOTAL	£700.00
		TAX	NIL
		POSTAGE	NIL
		TOTAL DUE	<b>£700.00</b>

Make all cheques payable to: **WILLIAM GRAHAM MEMORIAL TRUST**  
and send to:





# Communications Allowance Direct payment of suppliers

Comms2

page 1 of 2

07/10/2008

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 please refer to booklet on Communications Allowance.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

## Your details

Name in CAPITAL LETTERS

ALISTAIR OAKLIN

Constituency

EDINBURGH SOUTH WEST

Office use only

Costs

M

## Claim details

You can only request  
Please ensure

- payment to suppliers for goods and services directly relating to Communications Allowance.
- you attach all supplier invoices.

Period of claim

from 9/9/2008 to 1/1/

Allowance year

2007/2008 ✓

Suppliers

Amount

x1 PUBLIC IMPACT - ANNUAL REPORT £ 1855.96 p

£ : p

£ : p

£ : p

£ : p

£ : p

£ : p

£ : p

£ 1.855.96 ✓

## Authorisation and declaration

- I confirm that the payments requested are in respect of costs incurred wholly, exclusively

Parliamentary duties.

Signature

I

P

Date

9/9/2008

**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 HM Revenue & Customs. 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 SW1AA

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**Office use only**

Initials / Date

Validation completed

Comments

**Invoice**

Page 1

Alistair Darling MP

**Invoice No.****Invoice/Tax Date**

28/03/2008

**Cust. Order No.****Account Ref.****Quantity Details****Unit Price****Net****VAT Rate****VAT**

1.00 Printing of 40K A5 4pp Parliamentary Report Leaflets

1,680.00

1,680.00

0.00

0.00

1.00 Delivery

149.75

149.75

17.50

26.21

**Total Net Amount****1,829.75****Total VAT Amount****26.21****Invoice Terms: 30 Days****Invoice Total****1,855.96**