



Member's reimbursement form

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

Anne Moffat

Constituency

EAST Lothian

VALIDATION

06 JUL 2006

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 commissioned, communication and travel.

Period of claim

from 01 / 06 / 06

to 01 / 06 / 06

Allowance year

06 / 07

Office use only

Allow or Exp/  
A/c code Cat 5

Description of service or goods

Amount

Item 1

Taxi

£ - : p

Item 2

Tranent -

£ - : p

Item 3

Mark Belwick

£ 49 : 60 p

Item 4

£ : p

Item 5

£ : p

Item 6

£ : p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 49 : 60 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

30.6.06

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	Input subtotals per Cat 5
Claims received	[initials]	1 / 1	£ 49.60
Signature check	[initials]	1 / 1	£
Funds check	[initials]	1 / 1	£
Allowable expenditure	[initials]	1 / 1	£
Member Res ID & Costc	[initials]	1 / 1	£
Ext type/Cat 5 & subtotals added to form	[initials]	1 / 1	£ 49.60
Receipts/ documentation present	[initials]	1 / 1	
<b>Processing</b>			
Input		1 / 1	

Comments

[Empty Comments Box]

**CUSTOMER  
RECEIPT**

DATE [REDACTED] DRIVER NO: [REDACTED] .....

FROM [REDACTED] .....

TO: [REDACTED] .....

RECEIVED \$ 42.50 WITH THANKS

SIGNED [REDACTED] .....



Incidental Expenses Provision

C1

Member's reimbursement form

21 FEB 2007

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Your details

Name in CAPITAL LETTERS

Anne Moffat

Constituency

EAST LoTHIAN

Office use only

Costs/Cat

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 commissioned, communication and travel.

Period of claim

from 01 / 11 / 06

to 30 / 11 / 06

Allowance year

06 / 07

Office use only

Allow or Exp/  
A/c code Cat 5

	Description of service or goods	Amount
Item 1	sky digital	£ 85 : 00 p
Item 2	Petty Cash	£ 250 : 00 p
Item 3	Tweedale Press	£ 74 : 73 p
Item 4	EL Courier	£ 80 : 25 p
Item 5	Talk Talk	£ 69 : 15 p
Item 6	Orange	£ 237 : 83 p
Item 7	Furnishings window blinds	£ 176 : 00 p
Item 8	BT	£ 497 : 03 p
Item 9		£ : p
Item 10		£ : p

Total

£ 1469 : 99 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

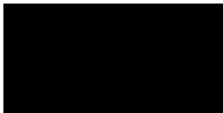
[Redacted Signature] MP

Date

30/11/06

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

Input subtotals per Cat 5	
[Redacted]	£ 1469.99
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£ 1469.99

Comments

Your account and bill number

MRS ANN MOFFAT T/A



Bringing it all together

Date  
**9 November 2006**

If you have a query  
please see reverse for  
our contact details.

## Your BT bill

for account number

**PAID**  
06.11.06

Cost of calls	£ 256.27
Service charges	£ 166.74
VAT	£ 74.02
<b>Total now due</b>	<b>£ 497.03</b>



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Your details

Name in CAPITAL LETTERS

Anne Moffat

Constituency

East Lothian

Office use only

Costs

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 commissioned, communication and travel.

Period of claim

from 01 / 12 / 06

to 31 / 12 / 06

Allowance year

06 / 07

Office use only

Allow or Exp/  
A/c code Cat 5

	Description of service or goods	Amount
Item 1	SKY Digital	£ 85 : 00 p
Item 2	Petty Cash	£ 250 : 00 p
Item 3	Tweedale Press	£ 74 : 13 p
Item 4	East Lothian Courier	£ 64 : 20 p
Item 5	TALK TALK	£ 75 : 00 p
Item 6	Orange	£ 56 : 66 p
Item 7	Tweedale Press	£ 176 : 25 p
Item 8	(Christmas message) Advertising (annual)	£ 239 : 70 p
Item 9		£ : p
Item 10		£ : p

Total

£1021 : 54p

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 

Date \_\_\_\_\_

**Data protection**

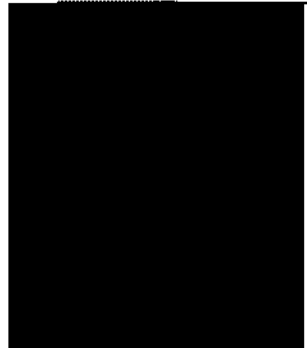
The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information 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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Office use only			Input subtotals per Cat 5	
Validation	Initials	Date		
Claims received		/ /		£1021.54
Signature check		/ /		£
Funds check		/ /		£
Allowable expenditure		/ /		£
Member Res ID & Costc		/ /		£
Ext type/Cat 5 & subtotals added to form		/ /		£
				£1621.54
Receipts/ documentation present		/ /	Comments	
Processing Input		/ /		





thank you for advertising with Yell

**YOUR ACCOUNT DETAILS**

Invoice number	[REDACTED]	Page	1 of 1
Payee number	[REDACTED]	Account number	[REDACTED]
Tax point date	[REDACTED]	Customer name	Ms. MOFFAT
Invoice name and address	[REDACTED] Anne Moffat	Company name and address	[REDACTED]

**THIS IS A VAT INVOICE**

Order number-line Purchase order	Product or service and publication date Advertisement details	Cost £ excl VAT	Promotional offer £ excl VAT	VAT £ at 17.5%	Total £ incl VAT
[REDACTED]	YP Edinburgh Dec 2006 Classification: Political organisations & representatives Ad type: 45mm	340.00	136.00-	35.70	239.70
	End of order				

**PAYMENT DUE**

Total cost excluding VAT £	340.00
Total promotional offer excluding VAT £	136.00-
Total excluding VAT £	204.00
VAT at 17.5% £	35.70
<b>Total payment due including VAT £</b>	<b>239.70</b>



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

06 NOV 2006

SAB

**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.

13 NOV 2006

## Your details

Name  
in CAPITAL LETTERS

Constituency

*anne moffat*

*east lothian*

## Details of staff member

First name

Surname  
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

## 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	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	£ 215 : 50 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	£ 215 : 50 p			

**Authorisation and declaration**

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

Signature 

Date 3/11/06

**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.

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 Y/N**

**Please check / amend relation**

**Text**

**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 215.50 .....

£.....

£.....

£ 215.50 .....

**TOTAL**

**Comments:**

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



*Posted by (initials & date)*



# \*Excess/Travel Ticket

Issued at/by

Train

Ticket held No. \_\_\_\_\_ Description \_\_\_\_\_

To \_\_\_\_\_ From \_\_\_\_\_

Via \_\_\_\_\_

To \_\_\_\_\_ Description \_\_\_\_\_

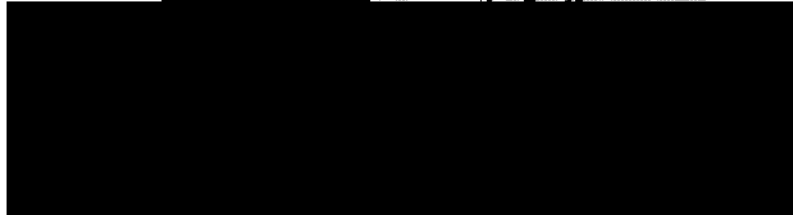
From \_\_\_\_\_

Via \_\_\_\_\_

* Description of Excess/Travel Ticket	Class	No. of Passengers (in words)				Amount	
		Single	First	Return	First	£	p
Without Tickets	1st	0				150	50
Supplement							
Standard to First	2nd						
* Out of date/Overdistance	E						

Valid until

Cancelled on



**MOFFAT, Anne**

**From:** [REDACTED]

**Sent:** [REDACTED]

**To:** MOFFAT, Anne

**Subject:** Your Booking Confirmation

**GNR**

Dear Ms Moffat,

[Please click here >>](#)

**@ GBP 101.00**

Original Adult Full Fare GBP 101.00 (1 @ GBP 101.00)

[Please click here >>](#)



Direct payment of suppliers

06 NOV 2006

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

Anne Moffat

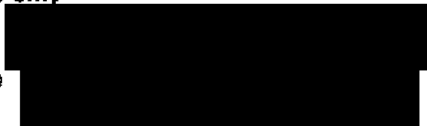
Constituency

EAST LoTHIAN

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

25 / 10 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

Office use only

	Suppliers	Amount	Allow or A/c code	Supplier ID	Exp/ Cat 5
Item 1	HAD FISHER	£ 499 : 38 p			
Item 2		£ : p			
Item 3		£ : p			
Item 4		£ : p			
Item 5		£ : p			

Total

£ 499 : 38 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	_____	_____	_____
<b>Total</b>		<b>£ _____ : _____ p</b>			

**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 / 10 / 04

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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 NUMBER [REDACTED]

OUR REFERENCE [REDACTED]

DATE 10 October 2006

*Please  
Pay*

Anne Moffat MP  
[REDACTED]

REQUEST FOR PAYMENT  
THIS IS NOT A VAT INVOICE

£

Professional services in connection with your parliamentary tax affairs  
including the preparation of your Tax Return for the year ended 5  
April 2006

400.00

Disbursements

25.00

TOTAL (Ex VAT)

425.00

VAT at 17.5%

74.38

TOTAL

£499.38

TERMS: DUE FOR IMMEDIATE PAYMENT



Incidental Expenses Provision

Member's reimbursement

C1

21 NOV 2006

Page 1 of 2

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About filling in this form

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Your details

Name in CAPITAL LETTERS

Anne Moffat

Constituency

EAST Lothian

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 commissioned, communication and travel.

Period of claim

from 01 / 10 / 06

to 31 / 10 / 06

Allowance year

06 / 07

Office use only

Allow or Exp/  
A/c code Cat 5

	Description of service or goods	Amount
Item 1	sky Digital	£ 85 : 00 p
Item 2	Petty Cash	£ 250 : 00 p
Item 3	Tweeddale Press	£ 74 : 73 p
Item 4	EL Courier	£ 80 : 25 p
Item 5	Talk Talk	£ 89 : 71 p
Item 6	Orange	£ 155 : 41 p
Item 7	Eden Springs Water	£ 11 : 40 p
Item 8	Stationery	£ 218 : 46 p
Item 9	+Cleaning	£ - : - p
Item 10		£ : p

Total

£ 964 : 96 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.

21 NOV 2006

Signature  MP  
Date 3 November 2006

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**Office use only**

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

**Input subtotals per Cat 5**

£ 964.96
£
£
£
£
£
£
£

**Comments**



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Your details

Name in CAPITAL LETTERS

Anne Moffat

Constituency

East Lothian

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 commissioned, communication and travel.

Period of claim

from 01 10 06

to 30 10 06 ✓

Allowance year

06 07

Description of service or goods

Amount

Item 1	- Sky Digital	£ 85 : 00 p
Item 2	- Petty Cash	£ 250 : 00 p
Item 3	- Travel Pass	£ 74 : 73 p
Item 4	- Orange (mobile)	£ 168 : 72 p
Item 5	- Eden Springs (water) 2 months	£ 76 : 23 p
Item 6	- Stationery	£ 163 : 49 p
Item 7	- East Lothian (Burrle)	£ 80 : 25 p
Item 8	- Talk Talk	£ 80 : 65 p
Item 9		£ : p
Item 10		£ : p

Total

£ 979 : 07 p

Office use only

Allow or Exp/  
A/c code Cat 5

**Authorisation and declaration**

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

Signature 

Date 12-10-06 

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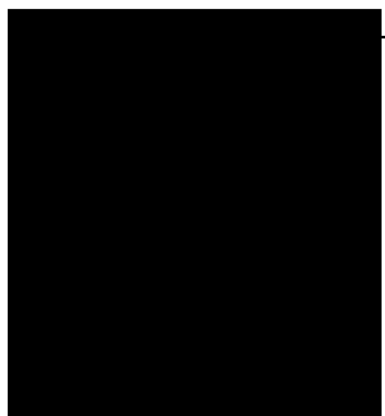


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Office use only			Input subtotals per Cat 5	
Validation	Initials	Date		
Claims received	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ 979.07
Signature check	<input type="text"/>	<input type="text"/>	<input type="text"/>	£
Funds check	<input type="text"/>	<input type="text"/>	<input type="text"/>	£
Allowable expenditure	<input type="text"/>	<input type="text"/>	<input type="text"/>	£
Member Res ID & Costs	<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"/>	£ 979.07
Receipts/ documentation present	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Processing Input	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Comments	
			<input type="text"/>	



Incidental Expenses Provision

Member's reimbursement form

07 SEP

C1

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

Your details

Name in CAPITAL LETTERS

Anne Moffat ✓

Constituency

EAST LoTHIAN

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 or more
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 commissioned, communication and travel.

Period of claim

from 01 / 08 / 06 to 31 / 08 / 06

Allowance year

06 / 07

Table with 3 columns: Item number, Description of service or goods, Amount. Includes items like Sky Digital, Thirsdale Press, Petty Cash, Orange (mon), Stationery, British Tele, East Lothian Courier, BT, Talk/Talk.

Office use only

Allow or Expl A/c code Cat 5

Total

£ 1424 : 28 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

Date

6.9.06

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

£ 1424.28
£
£
£
£
£
£
£

total £ 1424.28

Comments

Empty box for comments

orange™

Account Number:

Statement Date:  
22 Aug 2006

**Statement**

M P A Moffat

---

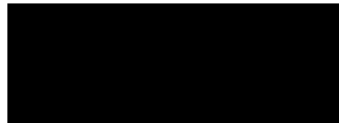
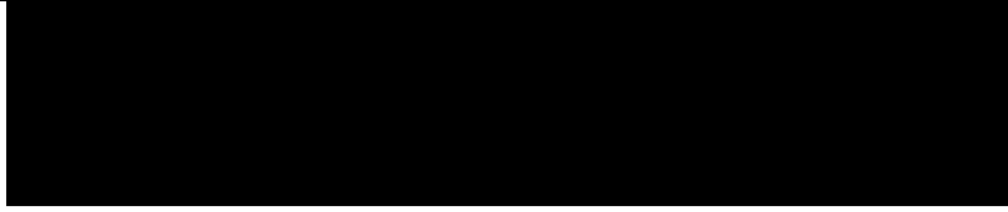
**summary of your account**

Balance brought forward from last statement	77.34
Payment received - thanks very much	-77.34
Total charges for this statement	295.44
<b>Amount due now</b>	<b>£295.44</b>

[Redacted]

[Redacted]





MRS ANN MOFFAT T/A  
[Redacted]



Bringing it all together

Date  
**9 August 2006**

If you have a query  
please see reverse for  
our contact details.

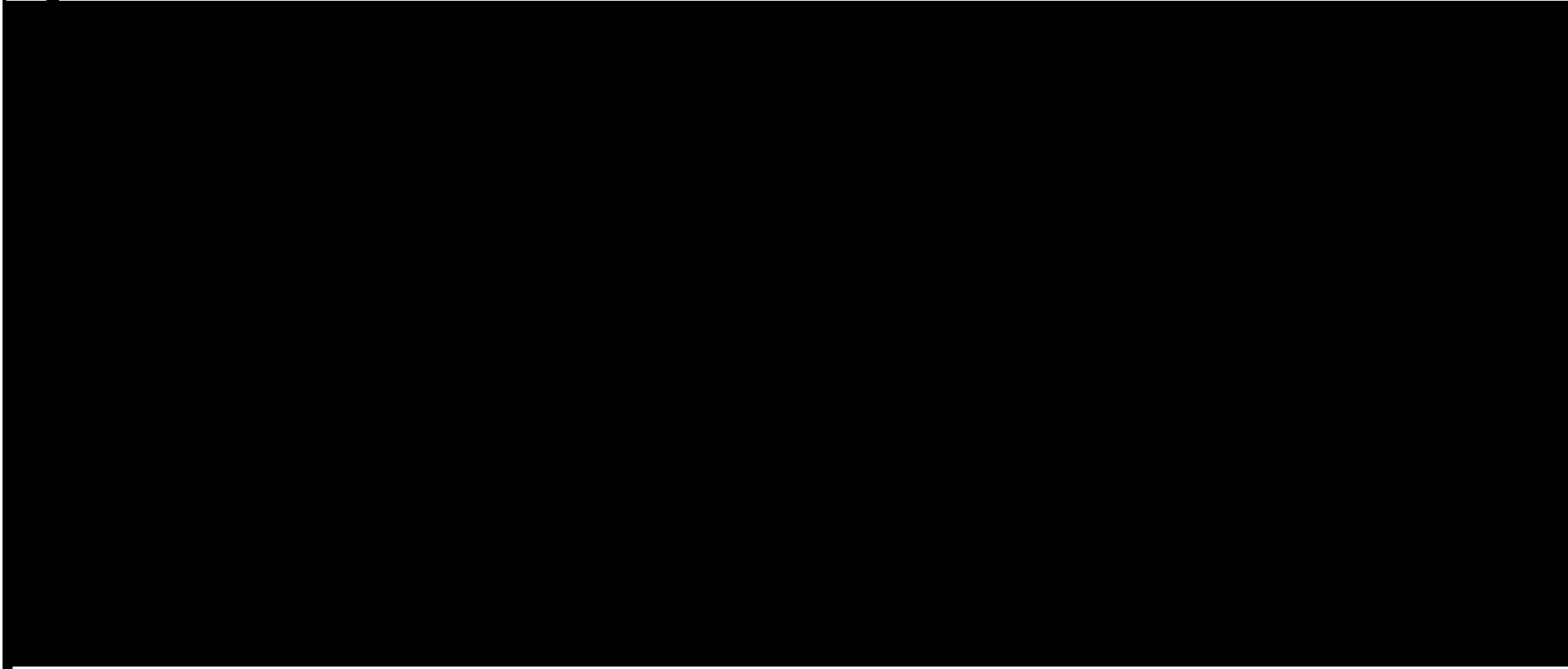
**PAID**  
[Redacted]

# Your BT bill

for account number [Redacted]

Cost of calls	£ 235.30
Service charges	£ 87.55
VAT	£ 56.49

**Total now due      £ 379.34**



Financial Processing }

Transaction No

Registration No

**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**Supplier ID**

**Text**

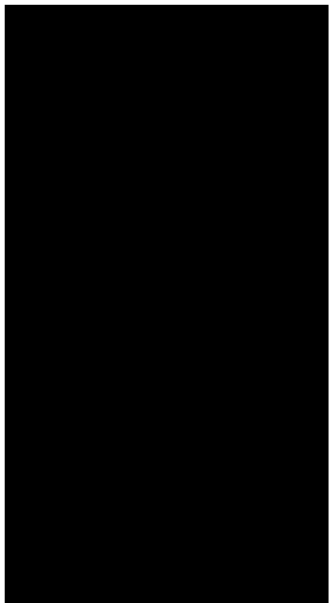
**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



£.....

£.....

£.....

£.....

£.....

£.....

£ 235-00 ,

£.....

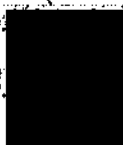
£.....

£.....

**Comments:**

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

Posted by (initials & date)




23/10/06

**FORM OF AUTHORITY FOR THE DIRECT PAYMENT OF FEES ETC**

I, Anne Moffat, Member of Parliament for the Constituency of East Lothian, hereby authorise the Fees Office, House of Commons, to pay the undermentioned organisation the sum of two hundred and thirty-five pounds (£235.00) on the 1<sup>st</sup> August 2006 (and the same amount to be paid annually on this date until notified otherwise) for services provided wholly, exclusively and necessarily in connection with my Parliamentary duties.

1) Organisation **Computing for Labour**  
Address 

2) Bank Details  
Bank Name  
Sort Code  
Bank Address


  
Account Name  
Account Number

3) Narrative 

Date

*9th Aug 2006*

(bcr)

  
**RECEIVED**  
16 AUG 2006

er

**FORM OF AUTHORITY FOR THE DIRECT PAYMENT OF FEES ETC**

I, Anne Moffat, Member of Parliament for the Constituency of East Lothian, hereby authorise the Fees Office, House of Commons, to pay the undermentioned organisation the sum of one hundred pounds (£100.00) for services provided wholly, exclusively and necessarily in connection with my Parliamentary duties.

1) Organisation  
Address

Computing for Labour

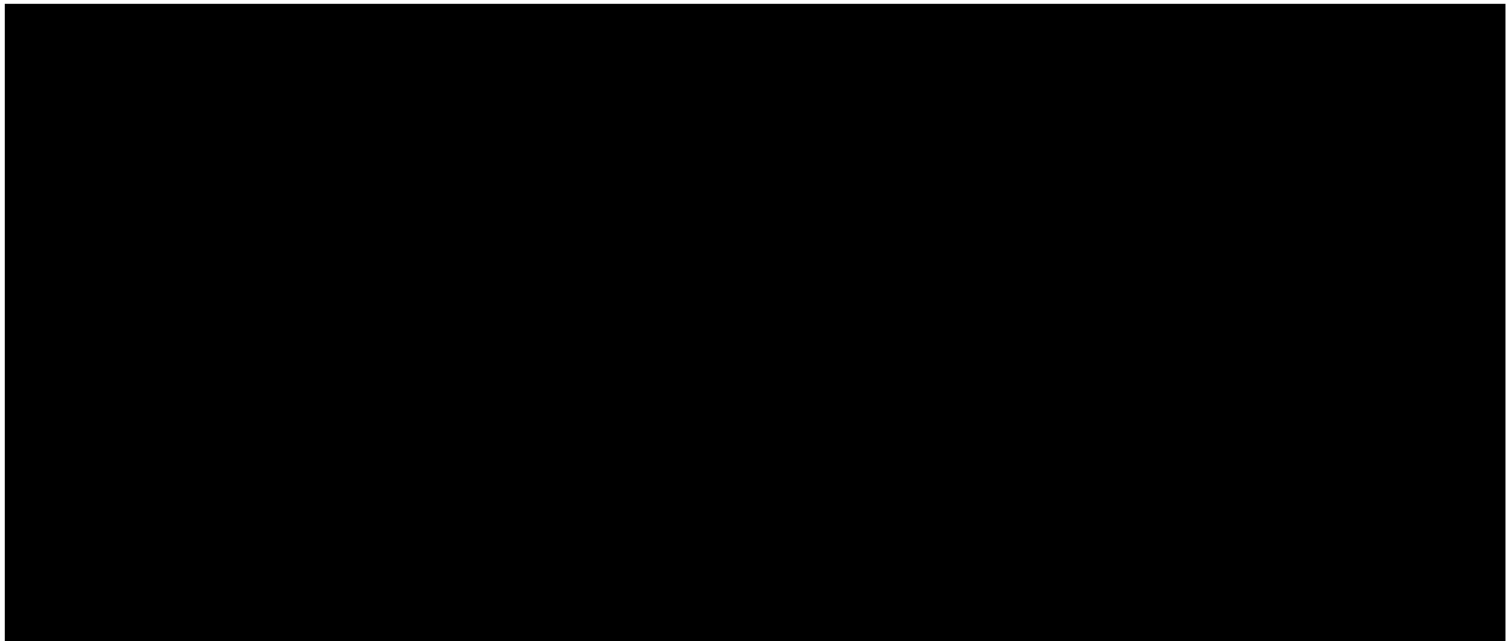
2) Bank Details  
Bank Name  
Sort Code  
Bank Address

Account Name  
Account Number

3) Narrative

Date

9th August 2008





# Member's reimbursement form

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

## Your details

Name  
in CAPITAL LETTERS

ANNE MORFAT

Constituency

EAST LoTHIAN

## 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 01/07/06

to 31/07/06

Allowance year

06/07

Office use only

Allow or Exp/  
A/c code Cat 5

	Description of service or goods	Amount
Item 1	<u>Sky Digital</u>	<u>£ 85 : 00</u>
Item 2	<u>Tweeddale Press</u> <sup>28/07</sup>	<u>£ 74 : 73</u>
Item 3	<u>Petty Cash</u>	<u>£ 250 : 00</u>
Item 4	<u>Orange (mobile)</u>	<u>£ 77 : 34</u>
Item 5	<u>Stationery</u>	<u>£ 35 : 18</u>
Item 6	<u>Advertising</u>	<u>£ 705 : 00</u>
Item 7	<u>Tweeddale Press</u> <sup>28/06</sup>	<u>£ 74 : 73</u>
Item 8	<u>EL Courier</u>	<u>£ 80 : 25</u>
Item 9	<u>talk talk</u>	<u>£ 59 : 41</u>
Item 10	<u>BT</u>	<u>£ 73 : 23</u>

Total

£ 1424.87

1514.87

Authorisation and declaration

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

Signature

Date

10 - 08 - 06

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

Input subtotals per Cat 5

Claims received

Initials: / / Date: / /

£1479.69

Signature check

Initials: / / Date: / /

£ 35.18

Funds check

Initials: / / Date: / /

£

Allowable expenditure

Initials: / / Date: / /

£

Member Res ID & Cost

Initials: / / Date: / /

£

Ext type/Cat 5 & subtotals added to form

Initials: / / Date: / /

£

£

£1514.87

Receipts/ documentation present

Initials: / / Date: / /

Comments

Processing

Input

Initials: / / Date: / /

Comments box



**ANNE MOFFAT MP**

**Contract No:**  
**Invoice No:**  
**Invoice Date:** 11.7.2006  
**Customer Order No:**  
**VAT Exemption No:**  
**Charity No:**

QUANTITY	DESCRIPTION	£	p
1	ADVERT FOR THE EAST LOTHIAN COMMUNITY SAFETY BOOKLET 2006	600	00
<i>13 JUL 2006</i>			
<b>PAYMENT NOW DUE</b>			
PLEASE FORWARD THIS INVOICE FOR PROMPT PAYMENT. THANK YOU.			
<b>Goods Total</b>		<b>600</b>	<b>00</b>
<b>VAT @ 17.5 %</b>		<b>105</b>	<b>00</b>
<b>INVOICE TOTAL</b>		<b>705</b>	<b>00</b>



Member's reimbursement form

VALIDATION  
06 JUL 2006  
RECEIVED

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

ANNE MOFFAT

Constituency

EAST LoTHIAN

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 1 / 06 / 06 to 30 / 06 / 06

Allowance year

06 / 07

Office use only

Allow or Exp/  
A/c code Cat 5

	Description of service or goods	Amount
Item 1	EAST LoTHIAN courier supply notice	£ 80 : 25 p
Item 2	ELCOURIER Advert	£ 48 : 41 p
Item 3	Orange (mobile)	£ 65 : 80 p
Item 4	SKY Digital	£ 85 : 00 p
Item 5	Petty Cash	£ 250 : 00 p
Item 6	VIKING (stationery supplies)	£ 190 : 70 p
Item 7	Web in a Box <del>annual subscription 06/07</del>	£ 223 : 00 p
Item 8	IP World (PC equipment)	£ 33 : 95 p
Item 9	Dell (Ink for Laser)	£ 856 : 58 p ✓
Item 10	Canvas Print	£ 121 : 85 p

£1,955.54 Total

£1954 : 84 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 

Date 30 June 2006

**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			Input subtotals per Cat 5	
Validation	Initials	Date		
Claims received	<input checked="" type="checkbox"/>	1 1		£ 842.01
Signature check	<input checked="" type="checkbox"/>	1 1		£ 890.53
Funds check	<input checked="" type="checkbox"/>	1 1		£
Allowable expenditure	<input checked="" type="checkbox"/>	1 1		£ <del>223.00</del>
Member Res ID & Cost	<input checked="" type="checkbox"/>	1 1		£ 223.00
Ext type/Cat 5 & subtotals added to form	<input checked="" type="checkbox"/>	1 1		£
Receipts/ documentation present	<input checked="" type="checkbox"/>	1 1		£ 955.54
Processing		1 1	Comments	
Input		1 1		



Dell recommends Windows® XP Professional

## Print Basket

Print This Page

### Description

	Printer Drum Cartridge - for 5100cn (up to 35,000 pages usable life)	Qty	1	Unit Price Excl. VAT	£89.00	<b>TOTAL Excl. VAT:£89.00</b>
	9,000-Page BLACK Standard Toner Cartridge - for 5100cn	Qty	2	Unit Price Excl. VAT	£23.00	<b>TOTAL Excl. VAT:£46.00</b>
	8,000-Page YELLOW Standard Toner Cartridge - for 5100cn	Qty	2	Unit Price Excl. VAT	£99.00	<b>TOTAL Excl. VAT:£198.00</b>
	8,000-Page MAGENTA Standard Toner Cartridge - for 5100cn	Qty	2	Unit Price Excl. VAT	£99.00	<b>TOTAL Excl. VAT:£198.00</b>
	8,000-Page CYAN Standard Toner Cartridge - for 5100cn	Qty	2	Unit Price Excl. VAT	£99.00	<b>TOTAL Excl. VAT:£198.00</b>

	Total excl. VAT	VAT Rate	Total incl. VAT
Sub-total	£729.00	17.50 %	£856.58
Total Delivery Charge	£0.00	17.50 %	£0.00
<b>Total Price</b>	<b>£729.00</b>	<b>17.50 %</b>	<b>£856.58</b>



# Member's reimbursement form

**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

Anne Moffat

Constituency

EAST LoTHIAN

## 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 commissioned, communication and travel.

Period of claim

from 1 / 05 / 06 to 31 / 05 / 06

Allowance year

06 / 07

Office use only

Allow or Exp/  
A/c code Cat 5

	Description of service or goods	Amount
Item 1	Bookcase	£ 88 : 11 p
Item 2	Stationery	£ 145 : 66 p
Item 3	Inverdale Press Surgery notice	£ 74 : 73 p
Item 4	East Lothian Council Surgery notice	£ 80 : 25 p
Item 5	BT	£ 283 : 51 p
Item 6	Orange (mobile)	£ 56 : 13 p
Item 7	SKY Digital	£ 85 : 00 p
Item 8	Petty Cash	£ 250 : 00 p
Item 9	Vacuum Cleaner	£ 109 : 00 p
Item 10	UK Talk	£ 56 : 84 p

Total

£ 1229 : 23 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

[Redacted Signature]

Date

29 May 2006

**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
Claims received	<input checked="" type="checkbox"/>	/ /
Signature check	<input checked="" type="checkbox"/>	/ /
Funds check	<input checked="" type="checkbox"/>	/ /
Allowable expenditure	<input checked="" type="checkbox"/>	/ /
Member Res ID & Costs	<input checked="" type="checkbox"/>	/ /
Ext type/Cat 5 & subtotals added to form	<input checked="" type="checkbox"/>	/ /
Receipts/ documentation present	<input checked="" type="checkbox"/>	/ /
Processing		/ /
Input		/ /

Input subtotals per Cat 5
£1,032.12
£
£
£197.11
£
£
£
£
£1,229.23

**Comments**

[Empty box for comments]

MRS ANN MOFFAT T/A



Date  
9 May 2006

If you have a query  
please see reverse for  
our contact details.

## Your BT bill

for account number

Cost of calls	£ 153.74
Service charges	£ 87.55
VAT	£ 42.22

**Total now due**                      **£ 283.51**



# Member's reimbursement form



**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.

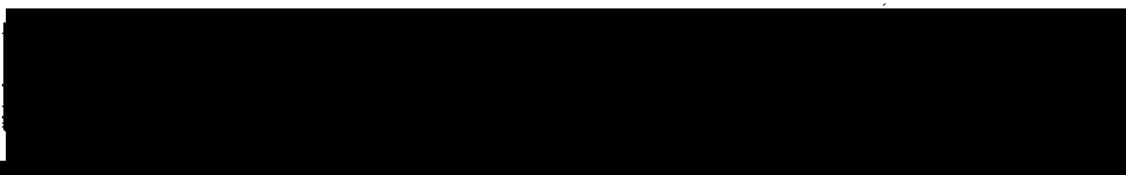
## Your details

Name  
in CAPITAL LETTERS

ANNE MOFFAT

Constituency

EAST LoTHIAN



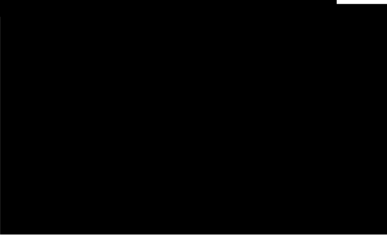
## Claim details

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 commissioned, communication and travel.



Period of claim

from 01 / 04 / 06

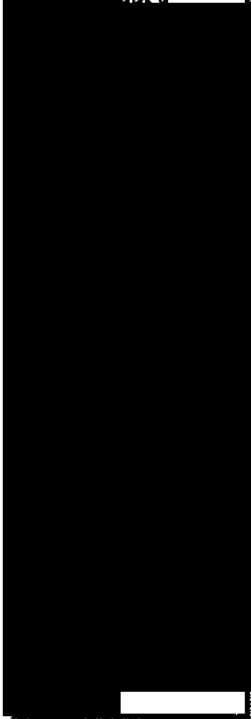
to 30 / 04 / 06

Allowance year

06 / 07

	Description of service or goods	Amount
Item 1	Orange (mobile)	£ 64 : 08 p
Item 2	EAST LoTHIAN COURIER (surgery notice)	£ 80 : 25 p
Item 3	Interstate Press (surgery notice)	£ 74 : 73 p
Item 4		£ — : — p
Item 5	<del>Sky Digital</del>	<del>£ 55 : 00 p</del>
Item 6	Petty Cash	£ 250 : 00 p
Item 7	<del>Blinds</del>	£ 240 : 00 p
Item 8	Talk Talk	£ 49 : 90 p
Item 9	Mobile Phones	£ 140 : 00 p
Item 10	Top-up	£ 150 : 00 p

Office use only  
Allow or Exp/  
A/c code Cat 5



Total

£ 1133 : 96 p

**Authorisation and declaration**

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily

Signature

[Redacted Signature]

Date

29 May 2006

**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	Input subtotals per Cat 5
Claims received	✓	1 1	£893.96
Signature check	✓	1 1	£
Funds check	✓	1 1	£240.00
Allowable expenditure	✓	1 1	£
Member Res ID & Costc	✓	1 1	£
Ext type/Cat 5 & subtotals added to form	✓	1 1	£133.96
Receipts/ documentation present	✓	1 1	
Processing input		1 1	

**Comments**

[Empty box for comments]

**TAXI RECEIPT®**

From .....

To .....

Amount

*£35.00 -*

Date .....

*ALWAYS USE A LICENSED TAXI CAB*





# Member's reimbursement form

**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

Anne Moffat

Constituency

East Lothian

## 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 commissioned, communication and travel.

Period of claim

from 01/04/06

to 30/06/06

Allowance year

2006/2007

Office use only

Allow or Exp/  
A/c code Cat 5

Description of service or goods

Amount

Item 1

[Redacted]

£ [Redacted] p

Item 2

W-Minster

£ 4.00 p

Item 3

mobile phone

£ 15.00 p

Item 4

£ : p

Item 5

£ : p

Item 6

£ : p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 80.00 p

**Authorisation and declaration**

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily

Signature

[Redacted Signature]

Date

29.05.06

**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			Amounts per Cat 5	
Validation	Initials	Date		
Claims received	[initials]	1/1	£	45.00
Signature check	[initials]	1/1	£	35.00
Funds check	[initials]	1/1	£	
Allowable expenditure	[initials]	1/1	£	
Member Res ID & Cost	[initials]	1/1	£	
Ext type/Cat 5 & subtotals added to form	[initials]	1/1	£	80.00
Receipts/ documentation present	[initials]	1/1		
Processing Input		1/1		
			Comments	

Financial Processing }

Transaction No.

Registration No.

**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**Supplier ID**

**Text**

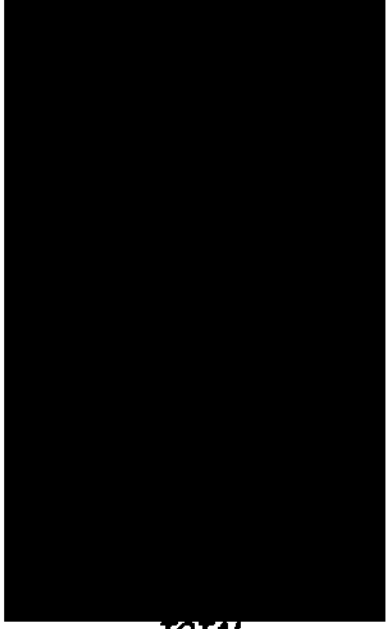
**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



**TOTAL**

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 2000-00 ,

£.....

**Comments:**

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

Posted by (initials & date)



19/04/2006

19 APR 2006

06/07

**Incidental Expenses Provision /  
Staffing Allowance**

**Periodic payment form**

**About filling in  
this form**

- Use this form to request regular payments to a supplier on a monthly, quarterly, bi annual or annual basis from either your Staffing Allowance or Incidental Expenses Provision.
- 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  
Constituency

ANNE MOFFAT  
EAST LoTHIAN

for DFA use only

Cost

**Claim details**

**Notes**

You can claim only for

Please ensure

Please attach

- office and surgery accommodation, equipment and supplies, work commissioned, utilities and communication.
- that the amount payable and due date are the same each month or quarter.
- agreement or contract held with supplier (if not already submitted).

Agreement no. or ref.

RENT

Amount payable

Please delete as appropriate\*

£ 2000.00

from the Incidental Expenses Provision / Staffing Allowance\*  
per month / quarter / six months / year\*

Payments to commence

01/04/06

Payments to cease

Company name  
& remittance address

EAST LoTHIAN CONSTITUENCY LABOUR

Bank details  
If known

**Authorisation and declaration**

- I confirm that the payments requested above are in respect of work wholly, exclusively and necessarily undertaken for the purpose of supporting my Parliamentary duties.