



Member's reimbursement form

26 MAR 2007

When to use this form

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

About filling in this form

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

Your details

Name in CAPITAL LETTERS

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

Office use

Costs/Cat 2

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 over
- any claims for petty cash do not exceed £250 per month.

You can only claim for

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

29 MAR 2007

Period of claim

from 01 / 03 / 2007 to 31 / 03 / 2007

Allowance year

06 / 07

Office use only

Allow or Exp/
A/c code Cat 5

Description of service or goods

Amount

Item 1

Petty Cash

£ 250 : 00

Item 2

£ :

Item 3

Stamps

£ 120 : 00

Item 4

Telephone

£ 90 : 00

Item 5

Cleaning

£ 90 : 00

Item 6

Newspapers + Mags

£ 120 : 00

Item 7

Electricity

£ 50 : 00

Item 8

Gas

£ 40 : 00

Item 9

Office Supplies

£ 140 : 00

Item 10

£ :

Total

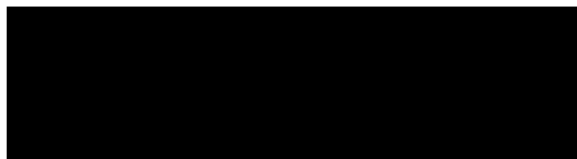
£ 900 : 00 p

continued on page 2

Authorisation and declaration

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

Signature



MP

Date

24-03-07

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research.

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Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

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

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

Input subtotals per Cat 5

<input type="text"/>	£ 900-00
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£

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

19-3-07.

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

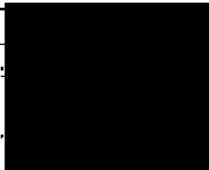
Expenditure type (Cat5) :

514500	£.....
514505	£.....
514210	£.....
514245	£.....
514260	£.....
514272	£.....
514273	£ 364.20
514274	£.....
514275	£.....
514 _ _ _	£.....
TOTAL	£ 364.20.

Comments:

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

Posted by (initials & date)



26 MAR 2007
27 MAR 2007



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

19 MAR 2007

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

AUSTIN MITCHELL

Constituency

Great Grimsby

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

[Redacted area for staff member details]

[Redacted area]

Payment details

Payslip address

Bank details

[Redacted area for payment details]

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount	£	:	p
One-off salary				
Season ticket loan	£ 0			
Travel – home to work	£ 364		20	
Rail travel	£			
Car travel	£			
Air travel	£			
Taxi	£			
Meals and subsistence	£			
Healthcare	£			
Childcare	£			
Home as office/telephone	£			
Office requisites	£			
Total	£ 364		20	



Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue, for my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

19, 03 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

Office use only			
Validation	Initials	Date	
Claims received		/	/
Signature check		/	/
Funds check		/	/
Allowable expenditure		/	/
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/	/
Payment codes added to form		/	/
Receipts/ documentation present		/	/
Processing input		/	/



Direct payment of suppliers

19 MAR 2007

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

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

Office use only

Costs/Cat 2

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

15 / 03 / 2007

Allowance year

06 / 07

Incidental Expenses Provision/Staffing Allowance

Suppliers

Anglian Water £ 404 : 46 P

NE Lines £ 632 : 70 P

£ : P

£ : P

£ : P

Total

£1037 : 16 P

Office use only

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

Claim details continued

Staffing Allowance claims

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

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

Total **£ 1037 : 16 p**

Authorisation and declaration

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

Signature _____ MP

Date 16 / 3 / 07

Data protection

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Signature check	_____	____/____/____	
Funds check	_____	____/____/____	
Allowable expenditure	_____	____/____/____	
Validation			
Member ID added to form	_____	____/____/____	
Payment codes added to form	_____	____/____/____	
Receipts/ documentation present	_____	____/____/____	
Processing Input	_____	____/____/____	

Please use margin for comments



NORTH EAST LINCOLNSHIRE COUNCIL

NATIONAL NON-DOMESTIC RATE BILL

Date of issue:

01-MAR-2007

Account reference:

Please quote in all correspondence

MR AUSTIN MITCHELL

Address of property:

Office

Financial year 2007/08
Rateable value 1425

Multiplier with supplement	0.4440
Notional charge with supplement	£ 632.70
Multiplier	0.4410
Notional charge	£ 628.43

Reason for bill: Annual

Charge For Period	01-APR-2007 31-MAR-2008 RV 1425	632.70
-------------------	---------------------------------	--------

Balance on this account: £ 632.70

Please notify the Council within 21 days of any change of circumstances that may affect the amount you pay.
ANY BALANCES HELD ON OTHER ACCOUNT REFERENCES ARE NOT INCLUDED IN THIS BILL.

anglian



Account number

[REDACTED]

Customer name(s)

[REDACTED]

Account date

3 Mar 07

Premises supplied

[REDACTED]

Payment number

[REDACTED]

period of charge

1st April 07 - 31st March 08

Total water charge

£188.31

Total sewerage charge

£216.15

bill amount

£404.46

Payment of the bill amount is now due and should reach us by
2 Apr 07. You can pay either £404.46 to clear the bill amount or
£202.22 for the period to 30 Sep 07.

[REDACTED]



Member's reimbursement form ^{26 FEB 2007}

When to use this form

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

About filling in this form

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

Your details

Name in CAPITAL LETTERS

AUSTIN MITCHELL

Constituency

CLEAT GRIMSBY

Office use

Costs/Cat 2

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 / 01 / 2006 to 28 / 02 / 2006

Allowance year

06 / 07 2 MONTHS CLAIM

Office use only

Allow or Exp/
A/c code Cat 5

	Description of service or goods	Amount
Item 1	Petty Cash Jan	£ 250 : 00 p
Item 2	Petty Cash Feb	£ 250 : 00 p
Item 3	Stamps	£ 95 : 00 p
Item 4	Telephone	£ 130 : 00 p
Item 5	Cleaning	£ 160 : 00 p
Item 6	Newspapers & mags	£ 220 : 00 p
Item 7	Copies Repair	£ 125 : 00 p
Item 8	Electricity x 2 mths	£ 100 : 00 p
Item 9	Gas x 2 mths	£ 60 : 00 p
Item 10	Office Supplies	£ 80 : 00 p

Total

£1470 : 00 p

continued on page 2

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

22 - 2 - 2007

Data protection

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Send your completed form to

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Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only

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Signature check	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Funds check	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Allowable expenditure	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Member Res ID & Costc	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Ext type/Cat 5 & subtotals added to form	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Receipts/ documentation present	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Processing		
Input	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Input subtotals per Cat 5

<input type="text"/>	£1470.00
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£1470.00

Comments

[Empty Comments Box]



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, 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

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

Office use only

Costs/Cat 2

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

11 / 01 / 07

Allowance year

06 / 07

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

DELL

£ 105 : 75 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 105 : 75 p

Office use only

Allow or A/c code

Supplier ID

Exp/ Cat 5

Claim details continued

Staffing Allowance claims

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

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

Authorisation and declaration

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

Signature

_____ MP

Date

10 / 01 / 2007

Data protection

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Office use only			
Validation	Initials	Date	
Claims received	_____	____/____/____	
Signature check	_____	____/____/____	
Funds check	_____	____/____/____	
Allowable expenditure	_____	____/____/____	
Validation			Initials Date
Member ID added to form	_____	____/____/____	_____
Payment codes added to form	_____	____/____/____	_____
Receipts/ documentation present	_____	____/____/____	_____
Processing Input	_____	____/____/____	_____

Please use margin for comments



Invoice

Invoice To:

Deliver To:

Invoice No:

Page 1 of 1

Your Ref/PO No.
Despatch Note No.
Despatch Date
Payment Terms
Invoice Date

28/12/2006

Booking Reference:
Account Manager
Account Manager Tel
Account Manager Fax
Account Manager Email

Item No.	Description	Quantity	Unit Price	Net
593-10082	High Capacity Black Toner Cartridge for Dell Multifunction Laser Printer 1600n - Kit	2	45.00	90.00
990-10283	Standard Freight - Toner	1	0.00	0.00
800-10709	Info - Laser Standard Consumables Delivery	1	0.00	0.00

VAT Summary

VAT Rate	GBP	GBP
%	Total Net £	VAT £
17.5	90.00	15.75

	GBP
Subtotal	90.00
Freight	0.00
VAT £	15.75
Total	105.75

Tag Nos.

22 JAN 2006



Member's reimbursement form

08 JAN 2007

When to use this form

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

About filling in this form

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Your details

Name in CAPITAL LETTERS

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

Office use

Costs/Cat 2

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 / 12 / 2006

to 31 / 12 / 2006

Allowance year

06 / 07

	Description of service or goods	Amount
Item 1	Petty Cash	£ 250: 00 p
Item 2		£ : p
Item 3	Stamps	£ 80: 00 p
Item 4	Teleplena	£ 75: 00 p
Item 5	Cleaning	£ 80: 00 p
Item 6	Newspapers + Mags + subs	£ 171: 00 p
Item 7	Office Supplies	£ 120: 00 p
Item 8	Gas + Electricity	£ 75: 00 p
Item 9	Newspaper Adverst (MP)	£ 76: 38 p
Item 10	Plumbing repairs	£ 99: 88 p

Total

£ 1027: 26 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

[Redacted Signature]

MP

Date

08-01-2007 ✓

Data protection

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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

[Redacted]	£ 1027.26
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£ 1027.26

Comments

[Empty Comments Box]



Member's reimbursement form

29 NOV 2006

5 DEC 2006

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About filling in this form

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Your details

Name in CAPITAL LETTERS

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

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 01/10/2006 to 30/11/2006

Allowance year

06/07

Office use only

Allow or Exp/
A/c code Cat 5

	Description of service or goods	Amount
Item 1	Petty Cash (Octob)	£ 250:00
Item 2	" " (Nov)	£ 250:00
Item 3	Stamps	£ 90:00
Item 4	Telephone	£ 120:00
Item 5	Cleaning	£ 160:00
Item 6	Newspapers + Mag. + Subscrip	£ 198:31
Item 7	office supplies	£ 147:51
Item 8	Gas + Electricity	£ 120:00
Item 9		£ :
Item 10		£ :

Total

£ 1335:82p

continued on page 2

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

28 / 11 / 2006



Data protection

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Office use only

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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

£ 1335.82
£
£
£
£
£
£
£ 1335.82

Comments

[Empty Comments Box]

Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer Y/M

Please check / amend relation

Text

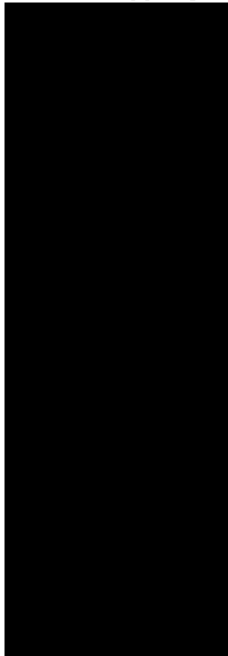
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 242.80

£.....

£.....

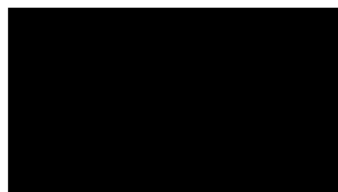
£ 242.80 /

TOTAL

Comments:

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

Posted by (initials & date)



.....

.....



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

29 NOV 2006

SA3

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 [REDACTED]

Your details

Name
in CAPITAL LETTERS

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

Details of staff member

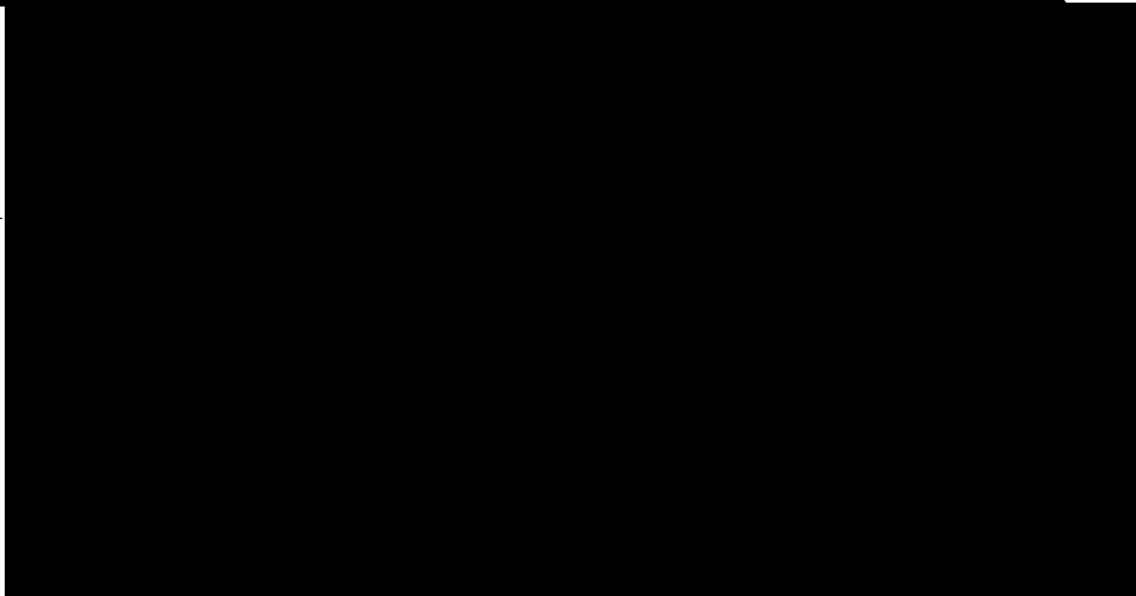
First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number



Payment details

Payslip address

Bank details



Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£242 : 80 p
Rail travel	£ : p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£242 : 80 p



Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

28/11/2006

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	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
	Please use margin for comments		
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing input		/ /	



Incidental Expenses Provision/Staffing Allowance
Direct payment of suppliers

27 NOV 2006

C2

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

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

Office use only

Costs/Cat 2

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

24 / 11 / 2006

Allowance year

2006/2007

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	DELL CORP Toner Bundle	£ 376: 00p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Total		£ 376: 00p

Office use only

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

Claim details continued

Staffing Allowance claims

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

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

Authorisation and declaration

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

Signature _____ MP

Date 23 / 11 / 2006

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		/ /	Validation
Signature check		/ /	Member ID added to form
Funds check		/ /	Payment codes added to form
Allowable expenditure		/ /	Receipts/ documentation present
			Processing Input
			Please use margin for comments



Invoice

Invoice To:

House of Commons

Deliver To:

House of Commons
Ms. AUFFTIN MITCHELL

Invoice No:

Page 1 of 1

Your Ref/PO No.
Despatch Note No.
Despatch Date
Payment Terms
Invoice Date

AUFFTIN MITCHELL

Booking Reference:
Account Manager
Account Manager Tel
Account Manager Fax
Account Manager Email

Item No.	Description	Quantity	Unit Price	Net
200-26599	5100CN Toner Bundle	1	0.00	0.00
593-10054	Standard Capacity Black Toner Cartridge for Dell Colour Laser Printer 5100cn - Kit	1	23.00	23.00
593-10051	Standard Capacity Cyan Toner Cartridge for Dell Colour Laser Printer 5100cn - Kit	1	99.00	99.00
593-10052	Standard Capacity Magenta Toner Cartridge for Dell Colour Laser Printer 5100cn - Kit	1	99.00	99.00
593-10053	Standard Capacity Yellow Toner Cartridge for Dell Colour Laser Printer 5100cn - Kit	1	99.00	99.00
800-10709	Info - Laser Standard Consumables Delivery	1	0.00	0.00

VAT Summary

VAT Rate	GBP	GBP
%	Total Net £	VAT £
17.5	320.00	56.00

	GBP
Subtotal	320.00
Freight	0.00
VAT £	56.00
Total	376.00

Tag Nos.

28/11/06.



Direct payment of suppliers

02 NOV 2006 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 filing 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 [redacted]

Your details

Name in CAPITAL LETTERS

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

Office use only

Costc/Cat 2

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

31 / 10 / 2006

Allowance year

06 / 07

Incidental Expenses Provision claims



	Suppliers	Amount
Item 1	Office friends (Fax machine drive)	£ 117 : 49 p
Item 2	HSBC INVOICE FINANCE (VAT)	£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Total		£ 117 : 49 p

Office use only

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

Claim details continued

Staffing Allowance claims

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

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

Authorisation and declaration

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

Signature



MP

Date

31 / 10 / 2006

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	_____	____/____/____	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

INVOICE TO:
 Austin Mitchell M.P. Office

DELIVER TO:
 Austin Mitchell M.P. Office

TAXPOINT DATE: 24/10/2006	INVOICE NUMBER: [REDACTED]	PAGE: [REDACTED]
ACCOUNT: [REDACTED]	ORDER NO: [REDACTED]	YOUR REF: [REDACTED]
		DELIVERY REF: [REDACTED]

PROD CODE	DESCRIPTION	QTY	PACK	EACH	TOTAL	V
BA10548	BROTHER DRUM UNIT DR6000 10548	1	1	99.99	99.99	S
[REDACTED]						

VAT CODE	GOODS	VAT RATE	VAT AMOUNT
S	99.99	17.50	17.50

SUBTOTAL:	99.99
VAT:	17.50
TOTAL	117.49





Member's reimbursement form

17/10/2006

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

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

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 / 09 / 06

to 30 / 09 / 06 ✓

Allowance year

06 / 07

Office use only

Allow or Exp/
A/c code Cat 5

Description of service or goods

Amount

Item 1

Petty Cash

£ 250 : 00 p

Item 2

Stamps

£ 40 : 00 p

Item 3

Gas - Electrics

£ 90 : 00 p

Item 4

Telephone

£ 75 : 00 p

Item 5

Cleaning

£ 80 : 00 p

Item 6

Newspapers + Subs

£ 75 : 00 p

Item 7

office Supplies

£ 95 : 00 p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 705 : 00 p

continued on page 2

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

10/10/2006 ✓

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.

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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 type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature check	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Funds check	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Allowable expenditure	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Member Res ID & Costc	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Ext type/Cat 5 & subtotals added to form	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Receipts/ documentation present	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Processing		
Input	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Input subtotals per Cat 5

<input type="text"/>	£ 705.00
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£ 705.00

Comments

[Empty Comments Box]

BM



Direct payment of suppliers

16 AUG 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

Austin Mitchell

Constituency

Great Grimsby

Office use only

Costo/Cat 2

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

15 / 08 / 2006

Allowance year

2006 / 2007

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	Bannel	£ 97:06 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Total		£ 97:06 p

Office use only

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

Claim details continued

Staffing Allowance claims

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

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

Authorisation and declaration

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

Signature

_____ MP

Date

15 / 8 / 06

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

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

Office use only			
Validation	Initials	Date	
Claims received	_____	____/____/____	
Signature check	_____	____/____/____	
Funds check	_____	____/____/____	
Allowable expenditure	_____	____/____/____	

Validation	Initials	Date	
Member ID added to form	_____	____/____/____	
Payment codes added to form	_____	____/____/____	
Receipts/ documentation present	_____	____/____/____	
Processing Input	_____	____/____/____	

Please use margin for comments

Invoice



 * INVOICE NO. [REDACTED] *

Invoice To :

Austin Mitchell MP
 [REDACTED]

Charge To :

Austin Mitchell MP
 [REDACTED]

Banner Business Supplies Ltd
 [REDACTED]

Page 1 of 1 Date 02/08/2006

Acc.No [REDACTED] Order Date 19/07/2006

Order ORDER NO [REDACTED]

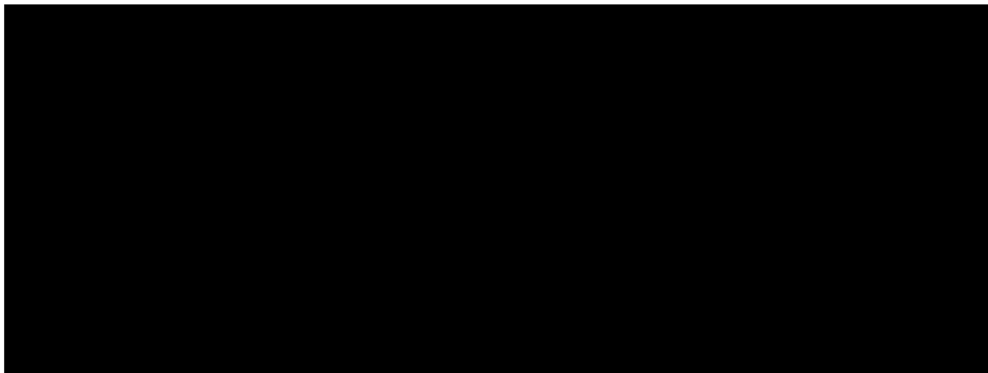
C.A.R.

Delivered To : [REDACTED]

Austin Mitchell MP
 [REDACTED]

Sales Order No : [REDACTED]

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total excl VAT	VAT Rate	Line VAT
1		PRMISCELLANEOUS	HC19-141 OVERPRINTED WITH AUSTIN MITCHELL MP DETAILS PRINTED IN GREEN 4 X BX250 ARTWORK SUPPLIED	4	EACH	20.6500	31/07/06 31/07/06 31/07/06 31/07/06 31/07/06	82.60	17.50	14.46



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	82.60	14.46

Sales Order Total (VAT excl)

82.60

INVOICE GOODS	82.60
INVOICE V.A.T.	14.46
INVOICE TOTAL	97.06

Settlement : None
 Discount Terms :



16 AUG 2006

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

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

Office use only

Costs/Cat 2

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 01/07/06 to 31/08/06

Allowance year

06/07

Office use only

Allow or Exp/
A/c code Cat 5

	Description of service or goods	Amount
Item 1	Petty Cash 1/7/06	£ 250 : 00 p
Item 2	" " 1/8/06	£ 250 : 00 p
Item 3	Stamps	£ 120 : 00 p
Item 4	Gas & Electricity	£ 170 : 00 p
Item 5	Telephone	£ 145 : 00 p
Item 6	Cleaning	£ 160 : 00 p
Item 7	Newspaper & Subscriptions	£ 180 : 00 p
Item 8	Office Supplies	£ 140 : 00 p
Item 9		£ : p
Item 10		£ 145 : p

Total

£ 1415 : 00 p

continued on page

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

15/8/06 ✓

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

Input subtotals per Cat 5

<input type="text"/>	£ 1415.00
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£

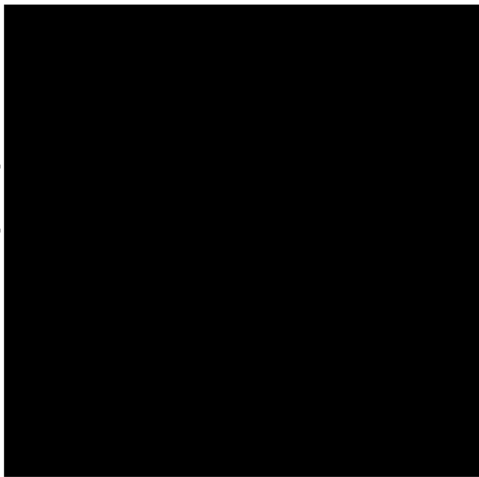
Comments

[Empty Comments Box]

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

1317106

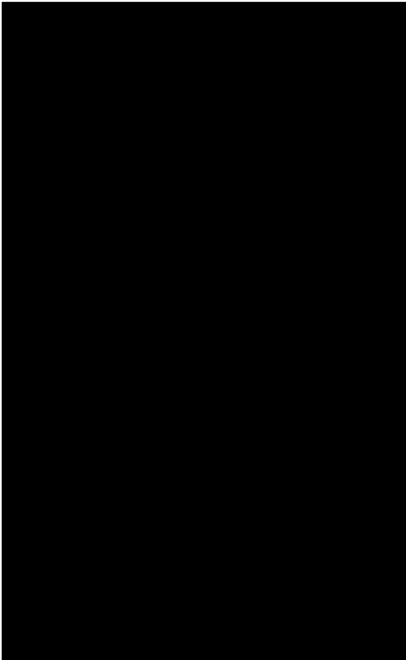
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 52.00

£.....

£ 125.00

£ 177.00

TOTAL

Comments:

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

27/07/06

Posted by (initials & date)



21 JUL 2006

SA3

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 [REDACTED]

Your details

Name
in CAPITAL LETTERS

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

VALIDATION

21 JUL 2006

RECEIVED

Payment details

Payslip address

Bank details

Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ 52 : 00 p
Rail travel	£ : p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ 125 : 00 p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 177 : 00 p



Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred in connection with my official parliamentary duties.

Signature

[Redacted Signature]

MP

Date

13/7/06

Data protection

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

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Send your completed form to

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

Office use only			
	Validation	Initials	Date
Claims received			/ /
Signature check			/ /
Funds check			/ /
Allowable expenditure			/ /
	Validation	Initials	Date
	Member ID added to form		/ /
	Payment codes added to form		/ /
	Receipts/ documentation present		/ /
	Processing Input		/ /

Please use margin for comments



Member's reimbursement form

900Z III 4 1

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

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

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 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

Petty Cash

£ 250 : 00 p

Item 2

Stamps

£ 90 : 00 p

Item 3

Gas & Electricity

£ 85 : 00 p

Item 4

Telephone

£ 80 : 50 p

Item 5

Cleaning & Gdn

£ 150 : 00 p

Item 6

Newspaper & Subscription

£ 150 : 00 p

Item 7

Office Supplies

£ 125 : 00 p

Item 8

Copy Maintenance

£ 80 : 00 p

Item 9

£ : p

Item 10

£ : p

Total

£ 1010 : 50 p

continued on page 2

25 JUL 2006

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

12 - 07 - 2006

Data protection

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020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

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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

[Redacted]	£930.50
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£80.00
[Redacted]	£
[Redacted]	£

Comments

[Empty Comments Box]



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, 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

Austin Mitchell

Constituency

GREAT GRIMSBY

Office use only

Cost/Cat 2

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

10 / 07 / 06

Allowance year

06 / 07

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	N.E. Lines Council	£ 349 : 28 p
Item 2	NE Lines Council	£ 617 : 03 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total **£ 966 : 31 p**

Office use only

Allow or A/c code	Supplier ID	Exp/ Cat 5
[Redacted]		

Claim details continued

Staffing Allowance claims

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

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

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, _____ by Parliamentary duties.

Signature _____ MP

Date 10 / 07 / 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		/ /	Validation
Signature check		/ /	Member ID added to form
Funds check		/ /	Payment codes added to form
Allowable expenditure		/ /	Receipts/ documentation present
			Processing Input
			Please use margin for comments



NORTH EAST LINCOLNSHIRE COUNCIL

25

NATIONAL NON-DOMESTIC RATE BILL

Date of issue:

06-JUL-2006

Account reference:

Please quote in all correspondence

Address of property:

Office

MR AUSTIN MITCHELL

Financial year 2006/07
Rateable value

Multiplier with supplement		0.4330
Notional charge with supplement	£	617.03
Multiplier		0.4260
Notional charge	£	607.05

Reason for bill: New Property

Charge For Period	01-APR-2006	31-MAR-2007	RV	1425	617.03
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Balance on this account: £ 617.03

NATIONAL NON-DOMESTIC RATE BILL

Date of issue:

06-JUL-2006

Account reference:

Please quote in all
correspondence

Address of property:

Office

MR AUSTIN MITCHELL

Financial year 2005/06
Rateable value

Multiplier with supplement		0.4220
Notional charge with supplement	£	601.35
Multiplier		0.4150
Notional charge	£	591.38

Reason for bill: New Property

Charge For Period	01-SEP-2005	31-MAR-2006	RV	1425	349.28
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Balance on this acc £ 349.28

349.28 OF THE TOTAL IS SUBJECT TO COURT PROCEEDING



Member's reimbursement form

13 JUN 2006

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 [redacted]

Your details

Name in CAPITAL LETTERS

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

Office use only

Cost/Cat 2 [redacted]

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 over
- 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 / 05 / 06 to 31 / 05 / 06 ✓

Allowance year

06 / 07. ✓

	Description of service or goods	Amount
Item 1	Petty Cash	£ 250 : 00 p
Item 2	Stamps	£ 80 : 00 p
Item 3	Gas & electricity	£ 85 : 00 p
Item 4	Telephone	£ 100 : 00 p
Item 5	Cleaning	£ 140 : 00 p
Item 6	Papers / Subscriptions	£ 185 : 00 p
Item 7	Office supplies	£ 160 : 00 p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

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

Total

£ 1000 : 00 p

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

31/5/06.

Data protection

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Office use only

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

Input subtotals per Cat 5

[Redacted]	£1000.00 ✓
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£1000.00

Comments

[Empty Comments Box]

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

12/05/06

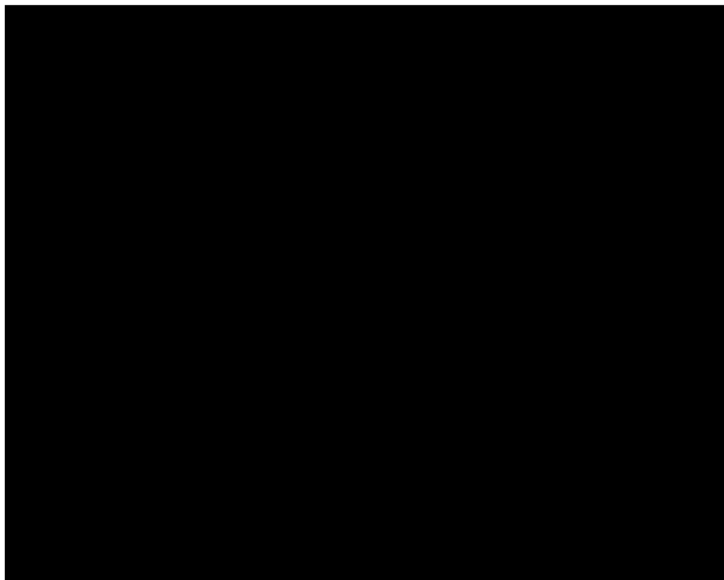
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£ 99.90 ✓

£.....

£ 250.00 ✓

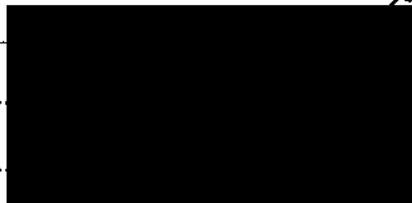
£ ~~524.90~~

349.90

TOTAL

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

Posted by (initials & date)





Authority for the payment of one-off salary and/or expense 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 AUSTIN MITCHELL

Constituency GREAT GRIMSBY

Details of staff member

First name

Surname in CAPITAL LETTERS

Employee status

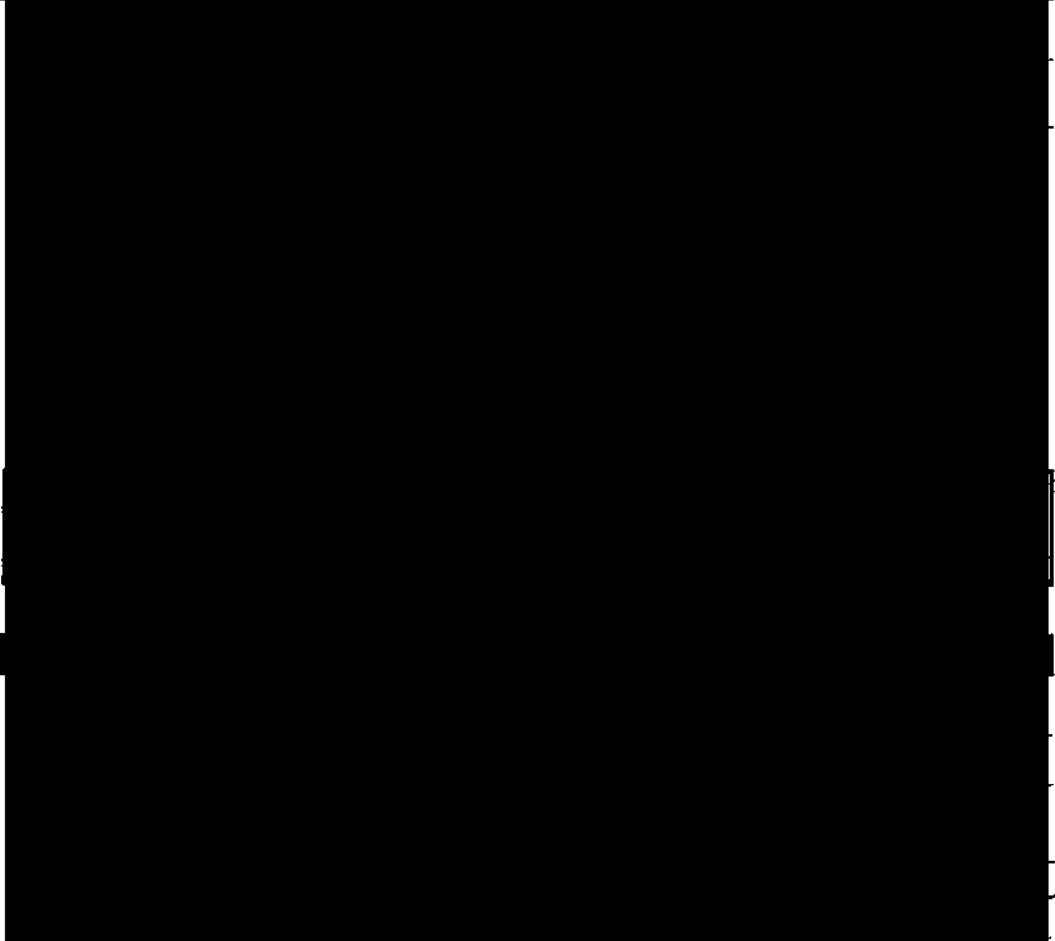
Date of birth

National Insurance number

Payment details

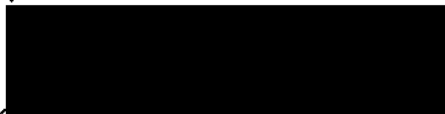
Payslip address

Bank details



Claim details

- Please claim actual amounts incurred, not round sums
- Please attach receipts or invoices



	Amount	Receipts	Allowable	exp type	Initials
One-off salary	£ 175.00 p	Yes	No		
Season ticket loan	£ : p	Yes	No		
Travel - home to work	£ : p	Yes	No		
Rail travel	£ 99 : 90 p ✓	Yes	No		
Car travel	£ : p	Yes	No		
Air travel	£ : p	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Taxi	£ : p	Yes	No		
Meals and subsistence	£ 250 : 00 p ✓	Yes	No		
Healthcare	£ : p	Yes	No		
Childcare	£ : p	Yes	No		
Home as office/telephone	£ : p	<input checked="" type="checkbox"/> No			
Office requisites	£ : p	<input checked="" type="checkbox"/> No			
Total	£ 524.90 p 349.90				

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred in connection with my parliamentary duties.

Signature MP

Date 12/5/06

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.

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Office use only		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



Member's reimbursement form

24 APR 2006

27 APR 2006 BM

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

AUSTIN MITCHELL

Constituency

GREAT GRIMSBY

Office use only

Costs/Cat 2

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

Office use only

Allow or Exp/
A/c code Cat 5

Description of service or goods

Amount

Item 1

Petty Cash

£ 250 : 00 p

Item 2

Stamps

£ 80 : 00 p

Item 3

Gas - Electric

£ 85 : 00 p

Item 4

Telephone

£ 100 : 00 p

Item 5

Cleaning

£ 140 : 00 p

Item 6

Newspaper / Subscriptions

£ 185 : 00 p

Item 7

Office Supplies

£ 160 : 00 p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 1000 : 00 p

continued on page 2

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

21 - 04 - 2006

Data protection

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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

[Redacted]	£ 760.00
[Redacted]	£ 240.00
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£ 1,000.00

Comments

[Empty Comments Box]