

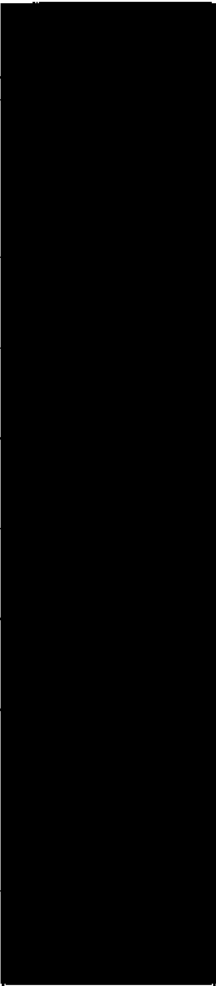


### C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period ..... to ..... as detailed below.

I attach certified receipts/invoices for all equipment & software leased or purchased.

Item	Description of service / goods	Amount £
1	Banner Printing	489.64
2	Retty Cash	200.00
3		
4		
5		
6		
7		
8		
9		
10		
		£ 689.64



I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business.

SIGNED .....MP

PRINTED NAME..... Bob SPINK .

DATE 4/5/04.....CONSTITUENCY..... Castle Point .

# Statement



Dr Bob Spink MP

Customer Account: [REDACTED]  
Statement Date : 08/04/2004

Banner Business Supplies Ltd

Page : 1

Status	Transaction Value	Outstanding Value
	3.69	3.69
	49.00	49.00
	97.06	97.06
	<del>88.83</del>	<del>88.83</del>
	33.95	33.95
	16.45	16.45
	14.77	14.77
	97.06	97.06
	<del>88.83</del>	<del>88.83</del>

Total : 489.64

**C.4 DIRECT PAYMENT**

**For ad-hoc payments of salary and certain expenses to Members' employees and volunteers**

To avoid delay in payment please provide a breakdown of the payments below

Salary Payments	£	
Rail/Air/Taxi travel between home and normal place of work	£	51.25
Car travel between home and normal place of work	£	
Season ticket travel between home and normal place of work	£	
Non repayable season tickets	£	
Child Care Costs	£	
Private Healthcare	£	
Meals & Subsistence	£	
<b>Total</b>		<u>£51.25</u>

I certify that these expenses were necessarily incurred on Parliamentary duties.

Signed ( Member)..... Date 14/7

Printed Name ... Bob Smith

Constituency ... Castle Point

**C.4 DIRECT PAYMENT**

**For ad-hoc payments of salary and certain expenses to Members' employees and volunteers**

To avoid delay in payment please provide a breakdown of the payments below

Salary Payments	£	
Rail/Air/Taxi travel between home and normal place of work	£	51.25
Car travel between home and normal place of work	£	
Season ticket travel between home and normal place of work	£	
Non repayable season tickets	£	
Child Care Costs		
Private Healthcare		
Meals & Subsistence		
<b>Total</b>		<u>£51.25</u>

I certify that these expenses are necessarily incurred on Parliamentary duties.

Signed ( Member)..... Date 14/7

Printed Name BOB.....

Constituency CASTLE POINT.....

Class	Ticket type	Adult	Child	
STD	STD DAY RETURN	ONE	NIL	OUT
Y-P				
				Price £10.25 X

Class	Ticket type	Adult	Child	
STD	STD DAY RETURN	ONE	#11	OUT
Y-P	[REDACTED]			
				Price
				£10.25 X
				Route

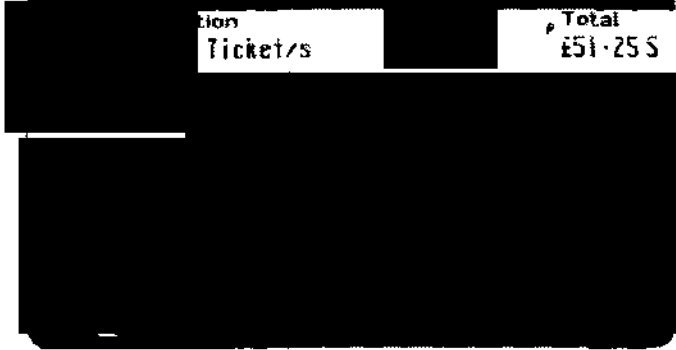
Class	Ticket type	Adult	Child	
STD	STD DAY RETURN	ONE	NIL	OUT
Y-P				
				Price
				£10.25 X
To	Route			



0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

tion  
Ticket/s

Total  
£51.255





DEPARTMENT OF SOCIAL SERVICES

Description		Total
Travel Tickets		£51.25 S
[REDACTED]		
[REDACTED]		

Class	Ticket type	Adult	Child	
STD	STD DAY RETURN	ONE	MIL	RTN
Y-P	[REDACTED]			
From	[REDACTED]	[REDACTED]	Price	
To	[REDACTED]	[REDACTED]	£10.25 X	
[REDACTED]		[REDACTED]		
[REDACTED]		[REDACTED]		




2 29 31 81  
 National Rail Authority


Class	Ticket type	Adult	Child	
STD	STD DAY RETURN	ONE	NIL	OUT
Y-P				
				Price £10.25 X
To	Route			

Class	Ticket type	Adult	Child	
STD	STD DAY RETURN	ONE	<del>ONE</del>	RTN
Y-P				
				Price £10.25 X

2001



Class	Ticket type	Adult	Child	
STD	STD DAY RETURN	ONE	KIL	OUT
Y-P				
				Price £10.25 X

Class	Ticket type	Adult	Child	
STD	STD DAY RETURN	ONE	NIL	OUT
Y-P				
				Price £10.25 X
	Route			
				

## C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period ..... to ..... as detailed below.

**I attach certified receipts/invoices for all equipment & software leased or purchased.**

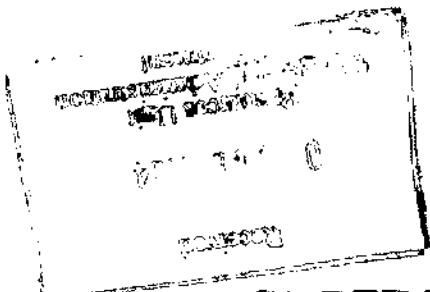
Item	Description of service / goods	Amount £	<i>Fees office use only</i>
1	Banner + printing etc.	189.64	
2	Retty Cash	250.00	
3	Phone	125.00	
4	Books & Office equipment	39.20	
5	Data Protection Renewal	35.00	
6			
7			
8			
9			
10			
		638.84	
		£ <del>189.64</del>	

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business.

SIGNED..... [Redacted Signature].....MP

PRINTED NAME..... Bob Spink .....

DATE..... 29/5/04 ..... CONSTITUENCY..... Castle Point .....



### C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1/6/04 to 30/6/04 as detailed below.

I attach certified receipts/invoices for all equipment & software leased or purchased.

Item	Description of service / goods	Amount £	Fees office use only
1	Printing	129.26	
2	petty Cash	200.00	
3	phones	125.00	
4			
5			
6			
7			
8			
9			
10			
		£ 454.26	

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business.

SIGNED..........MP

PRINTED NAME..... Reb SPINK .....

DATE..... 4/7/04 .....CONSTITUENCY..... Castle Point .....



Received

Parliamentary Expenses Unit  
All claims must be supported by receipts

### CI. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1:7:04 to 31:7:04 as detailed below.

I attach certified receipts/invoices for all equipment & software leased or purchased.

Item	Description of service / goods	Amount £	Fees office use
1	250.00 Petty Cash	250.00	
2	2 Phones	100.00	
3	Hammer Printing 8/7/04	235.24	
4			
5			
6			
7			
8			
9			
10			
		£ 585.24	

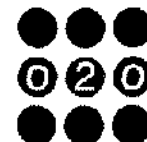
I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business.

SIGNE .....MP

PRINTED NAME Bob Spink.....

DATE 5/8/04..... CONSTITUENCY Castle Point.....

# Statement



office2office

Dr Bob Spink MP

Customer Account [REDACTED]

Banner Business Supplies Ltd

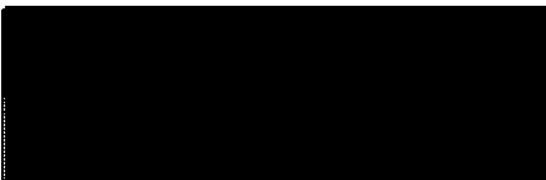
Statement Date : 08/07/2004

Page : 1

Date	Transaction Type	Document	Customer Reference	Status	Transaction Value	Outstanding Value
01/05/2004	INV	[REDACTED]	[REDACTED]		105.28	105.28
01/05/2004	INV	[REDACTED]	[REDACTED]		129.96	129.96

**OVERDUE**  
**URGENT PAYMENT REQUIRED**

Total : 235.24



### C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1:8:04..... to 31:8:04.... as detailed below.

I attach certified receipts/invoices for all equipment & software leased or purchased.

Item	Description of service / goods	Amount £	Fees office use only
1	360.00 Surgery Amendment C.I.F.L.	360.00	
2	250.00 Letter Cash.	250.00	
3	Phones	100.00	
4			
5			
6			
7			
8			
9			
10			
		£ 700.00	

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business

SIGNED..........MP

PRINTED NAME..... Rob Spink.....

DATE 31/8/04..... CONSTITUENCY Castle Point.....

Canvey Island Football Club Ltd

Invoice

Page 1

Mr Bob Spink

**Invoice No.**

**Invoice/Tax Date**

09/08/04

**Order No.**

**Account No.**

**Service Details**

**Net Amount**

**VAT Amount**

Advertising board for season 2004 - 05 and sponsorship for

297.87

52.13

**Total Net Amount**

297.87

**Total VAT Amount**

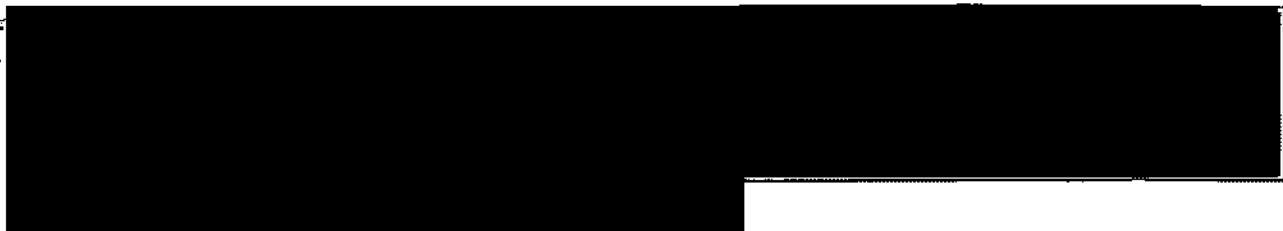
52.13

**Carriage**

0.00

**Invoice Total**

350.00



### C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1/8/04 to 31/8/04 as detailed below.

I attach certified receipts/invoices for all equipment & software leased or purchased.

Item	Description of service / goods	Amount £	Fees office use only
1	350.00 Surgery Agreement C.I.F.C.	350.00	
2	250.00 Betty Cash	250.00	
3	Phones	100.00	
4			
5			
6			
7			
8			
9			
10			
		£ 700.00	

**Received**  
 10 SEP 2004  
 Resources Unit  
 Finance and Administration  
 Department

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business.

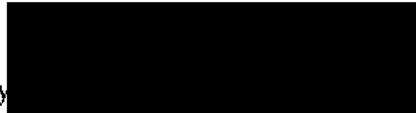
SIGNED MP


PRINTED NAME Bob Spink

DATE 31/8/04 CONSTITUENCY Castle Point



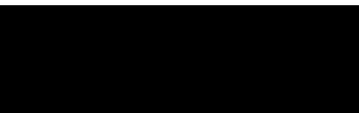
### C1. REIMBURSEMENT



I wish to claim reimbursement of the following amounts from my  Provision for the period 1:11:04 to 31:12:04 as detailed below.

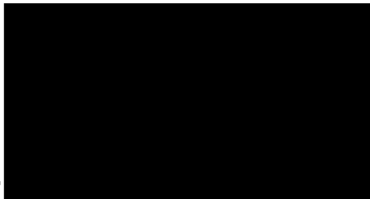
I attach certified receipts/invoices for all equipment & software leased or purchased.

Item	Description of service / goods	Amount £
1	Davis Rice Solicitors Invoice 27/5/04 attc.	10,132.12
2		
3		
4		
5		
6		
7		
8		
9		
10		

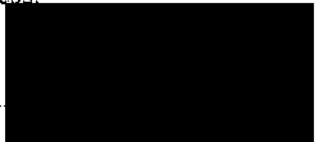


£10,132.12

I certify that the expenses shown above have been wholly, exclusively parliamentary business.



SIGNED.....



PRINTED NAME.....

ROB SMITH

DATE 6/12/04.....

CONSTITUENCY.....

CASTLE POWELL

David Price

Seaton & Associates  
Solicitors & Accountants

STRICTLY PRIVATE AND CONFIDENTIAL

Dr Robert Spink

Date and tax point: 27 May 2004

INVOICE

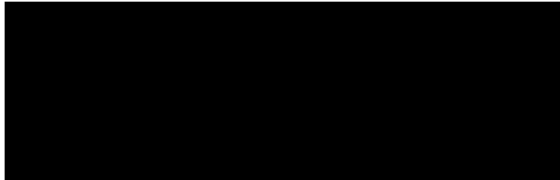
Fee:	£ 9,886.50	
VAT @ 17.5%	£ 1,730.14	£ 11,616.64

Disbursements:

£ 339.45

TOTAL: £11,956.09



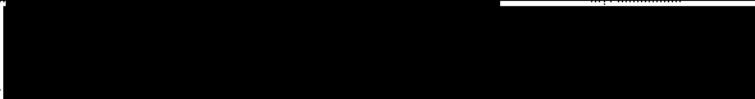
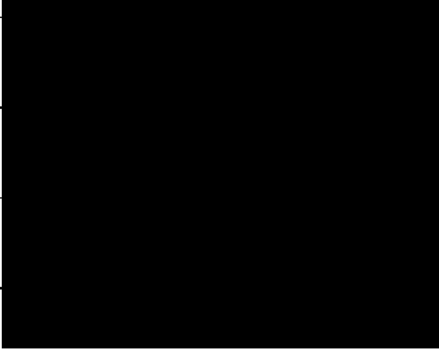
100179



### C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1.9.04 to 30.9.04 as detailed below.

I attach certified receipts/invoices for all equipment & software leased or purchased.

Item	Description of service / goods	Amount £	Fees office use
1	Legal costs 	2 135.88	
2			
3			
4	Phones.	75.00	
5	Petty Cash.	130.15	
6			
7			
8			
9			
10			
		£ 2341.03	

I certify that the expenses shown above have been wholly, exclusively for the purposes of my parliamentary business.

SIGNED..........

PRINTED NAME BOB SPINK

DATE 30/9/04 CONSTITUENCY Castle Point



David Price

Solfertors & Advocates  
Specialists in Media Law

STRICTLY PRIVATE AND CONFIDENTIAL

Dr Robert Spink

Date and Tax Point 14/09/2004

Invoice No:

## INVOICE

### Professional Fees.

	Time Spent	Hourly Rate	Amount	VAT	Total
	6hr 0 min	£180.00	£1,080.00	189	1269
	2hr 30 min	£130.00	£325.00	56.875	381.875
	18 min	£130.00	£39.00	6.825	45.825
	42 min	£230.00	£161.00	28.175	189.175
	<b>Total Fees</b>		<b>£1,605.00</b>	<b>280.875</b>	<b>1885.875</b>

### Disbursements

02/07/2004		£250.00	£0.00	£250.00
08/07/2004		£250.00	£0.00	£250.00
09/09/2004	Refund of court fees	-£250.00	£0.00	-£250.00
	<b>Total Disbursements</b>	<b>250.00</b>	<b>£0.00</b>	<b>£250.00</b>

**Total Due**




**£2,135.88**

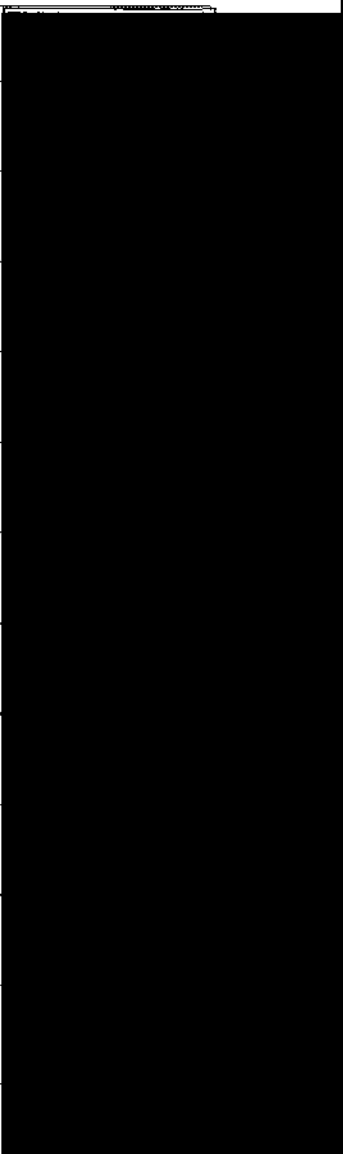


### C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1:10:04 to 31:10:04 as detailed below.

I attach certified receipts/invoices for all equipment & software leased or purchased.

Item	Description of service / goods	Amount £
1	Ketty Cash	200.00
2	phones	100.00
3	Neat Ideas	135.68
4	 David Price Solicitors	1,241.97
5		
6		
7		
8		
9		
10		
		£ 1677 65



I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business

SIGNED..........MP

PRINTED NAME..... Rob Spink .....

DATE..... 2-11-04 ..... CONSTITUENCY..... Castle Point .....

David Price

STRICTLY PRIVATE AND CONFIDENTIAL

Dr Robert Spink

Our Ref: [REDACTED]

Date and Tax Point 21/07/2004

Invoice No: [REDACTED]

## INVOICE

Spink [REDACTED]

### Professional Fees.

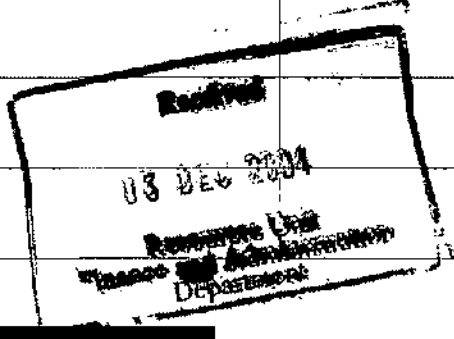
	Time Spent	Hourly Rate	Amount	VAT	Total
[REDACTED]	3hr 42 min	£180.00	£666.00	118.55	782.55
[REDACTED]	1hr 42 min	£230.00	£391.00	68.425	459.425
			£1,057.00	184.975	1241.975
			<b>Total Due</b>		<b>£1,241.97</b>

## C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1/11/04 to 30/11/04 as detailed below.

**I attach certified receipts/invoices for all equipment & software leased or purchased.**

Item	Description of service / goods	Amount £	<i>Fees office use only</i>
1	Banner Printing	259.91	[REDACTED]
2	[REDACTED]	<del>93.94</del>	
3	WH Smith batteries (fill receipt)	5.15	
4	Safeway ink cartridges (fill receipt)	23.98	
5	[REDACTED]		
6	[REDACTED]		
7	[REDACTED]		
8	[REDACTED]		
9	[REDACTED]		
10			
		£ 289.04	

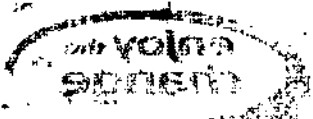


I certify that the expenses shown above have been wholly, exclusively and necessarily incurred in the course of my parliamentary business.

SIGNED.....MP

PRINTED NAME..... Bob SPINK

DATE 2/12/04 CONSTITUENCY Castle Point



**Safeway**



		£
BLK INK CA HP 5164	11.99	a
BLK INK CA HP 5164	11.99	a

	TOT	23.98
--	-----	-------



# Invoice

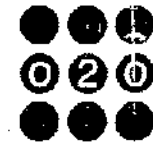
\*\*\*\*\*  
 \* INVOICE NO. [REDACTED] \*  
 \*\*\*\*\*

Invoice To :

Dr Bob Spink MP  
 [REDACTED]

Charge To :

Dr Bob Spink MP  
 [REDACTED]



office2office

Banner Business Supplies Ltd  
 [REDACTED]

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

Acc. No. : [REDACTED]  
 Inv. No. : [REDACTED]  
 Inv. Date: 27/11/2004  
 Amt. Due : 259.91

Page 1 Of 1 Date 27/11/2004  
 Acc.No [REDACTED] Order Date 19/11/2004  
 Order ORDER NO [REDACTED]  
 C.A.R. [REDACTED]

Delivered To : [REDACTED]  
 Bob Spink MP

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		[REDACTED]	SPECIAL BUSINESS CARD WITH BOB SPINK DETAILS PRINTED IN BLACK 10 X BX100 ARTWORK SUPPLIED	20	EACH	11.0600	26/11/04 26/11/04 26/11/04 26/11/04 26/11/04	221.20	17.50	38.71

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	221.20	38.71

Sales Order Total (VAT excl)

221.20

VAT Registration : [REDACTED]

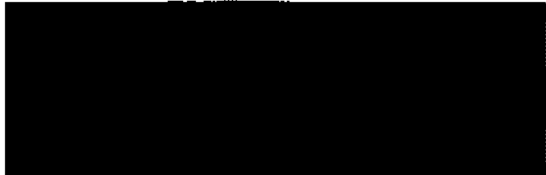
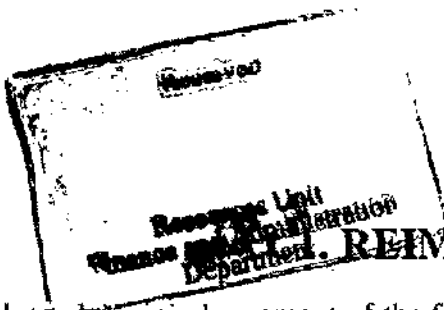
Settlement : None  
 Discount Terms :

INVOICE GOODS	221.20
INVOICE V.A.T.	38.71
<b>INVOICE TOTAL</b>	<b>259.91</b>

**Please  
 return  
 the slip**

from final page  
 of invoice with  
 your payment  
 by

25/12/2004



REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period ...1.12.04... to ...3.1.12.04... as detailed below.

I attach certified receipts/invoices for all equipment & software leased or purchased.

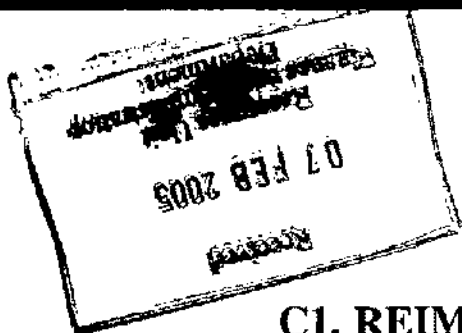
Item	Description of service / goods	Amount £	For office use only
1	Banner. Printing	118.44	
2	Neat Ideas	94.00.	
3	Phone costs	100.00.	
4			
5			
6			
7			
8			
9			
10		312.44 <del>£ 317.44</del>	

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business.

SIGNED..........MP

PRINTED NAME..... Bob Spink .....

DATE 4/1/05..... CONSTITUENCY CASTLE POINT .....



### C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1:1:05 to 31:1:05 as detailed below.

I attach certified receipts/invoices for all equipment & software leased or purchased.

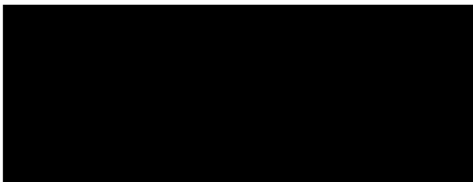
Item	Description of service / goods	Amount £	Fees office use only
1	Banner Business Supplies	20.41	
2	Letter Cash	280.00	
3	Telephones	85.00	
4			
5			
6			
7			
8			
9			
10			
		£ 385.41	

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business.

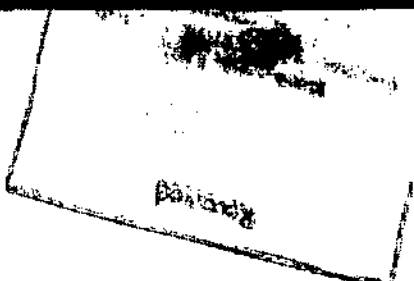
SIGNED..... .....MP

PRINTED NAME..... Rob Spink .....

DATE 4/2/05 ..... CONSTITUENCY Castle Point .....







### C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1.4.04 to 31.1.05 as detailed below.

I attach certified receipts/invoices for all equipment & software leased or purchased.

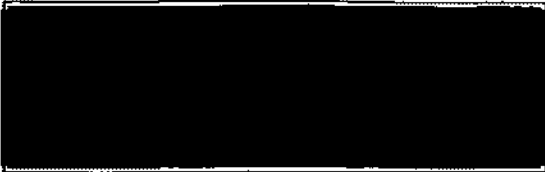
Item	Description of service / goods	Amount £	Fees office use only
1	[REDACTED]		
2	[REDACTED]		
3	[REDACTED]		
4	[REDACTED]		
5	[REDACTED]		
6	[REDACTED]	2000	
7	[REDACTED]		
8	[REDACTED]		
9	[REDACTED]		
10	[REDACTED]		
[REDACTED]		£ 2000 .	

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business

SIGNED..... [REDACTED] .....MP

PRINTED NAME..... Bob SPINK .....

DATE..... 8/2/05 ..... CONSTITUENCY..... CASTLE POINT .....



### C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 9/02/05 to ..... as detailed below.

**I attach certified receipts/invoices for all equipment & software leased or purchased.**

Item	Description of service / goods	Amount £	Fees office use only
1	David Price Solicitors	1053.98	
2			
3			
4			
5			
6			
7			
8			
9			
10			
		£ 1053.98	

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business.

SIGNED..........MP

PRINTED NAME Bob SPINK.....

DATE 15/2/05..... CONSTITUENCY Castle Point.....

David Price

Solicitors & Advocates  
Specialists in Media Law

STRICTLY PRIVATE AND CONFIDENTIAL

Dr Robert Spink MR

Our Ref: [REDACTED]

Date and Tax Point 09/02/2005

Invoice No: [REDACTED]

## INVOICE

Spink: General Media Advice

### Professional Fees.

	Time Spent	Hourly Rate	Amount	VAT	Total
[REDACTED]	3hr 54 min	230.00	897.00	156.98	1,053.98
	Total Fees		£897.00	£156.98	£1,053.98
			<b>Total Due</b>		<b>£1,053.98</b>

02 MAR 2005



### C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1:2:05 to 28:2:05 as detailed below.

I attach certified receipts/invoices for all equipment & software leased or purchased.

Item	Description of service / goods	Amount £	Fees office use only
1	Banner Printing	138.85	
2	Meat Ideas	68.10	
3	Petty Cash	250.	
4	Home as Office Feb	200.	
5			
6			
7			
8			
9			
10			
		£ 656.95	

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business.

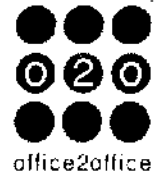
SIGNED..........MP

PRINTED NAME..... Bob Spink .....

DATE 1/3/05.....CONSTITUENCY..... CASLE POINT.....



# Statement



Dr Bob Spink MP  
[Redacted]

Customer Account [Redacted]  
Statement Date : 07/02/2005

[Redacted] Banner Business Supplies Ltd  
[Redacted]

Page : 1

Date	Transaction Type	Document	Customer Reference	Status	Transaction Value	Outstanding Value
22/12/2004	INV	[Redacted]	[Redacted]		118.44	118.44
19/01/2005	INV	[Redacted]	[Redacted]		20.41	20.41

[Redacted]

Total : 138.85

# NEAT *ideas*

## Invoice

Terms 30 days from  
date of invoice

Your prompt payment  
would be appreciated

Invoice address

DR SPINK MP

Delivery address

DR SPINK MP,

Invoice date

28/10/2004

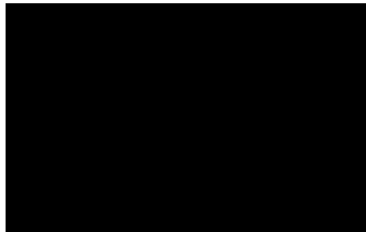
Description	Catalogue code	Order qty	Ship qty	Unit price	VAT code	Value
HP INKC BK		4	4	£14.49	2	£57.96

Goods total	£57.96
Carriage total	FREE
Discount total	£0.00
Net total	£57.96
VAT total	£10.14
Invoice total	£68.10
Amount paid	£0.00

Financial Processing }

Transaction No.

Registration No.



**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**Member Supplier ID**

**Pay recipient**

(NB Financial Processing to check whether a dedicated a/c exists)

**Text**

**Invoice No.**

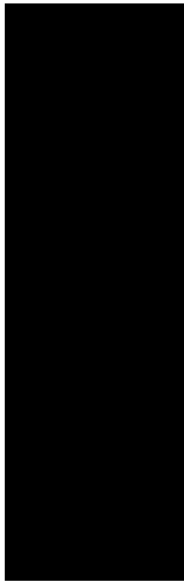


**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



£ 207.00

£ 173.79

£ .....

£ .....

£ .....

£ .....

£ .....

£ .....

£ .....

£ 380.79

**TOTAL**

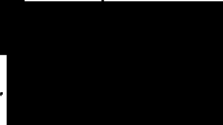
**Comments:**

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



Posted by (initials & date)

..... 23 MAY 2005 .....





Member's reimbursement form

13 MAY 2005

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

Bob SPINK

Constituency

Castle Point

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 1 3 1 0 5

to 1 1 4 1 0 5

Allowance year

04 1 0 5

	Description of service or goods	Amount
Item 1	PC World Antivirus Software	£ 37 : 49 p
Item 2	Banner invoice 26/3/05	£ 136 : 30 p
Item 3	Home as Office	£ 150 : 00 p
Item 4	Telephone & Sunday petty cash	£ 57 : 00 p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Total

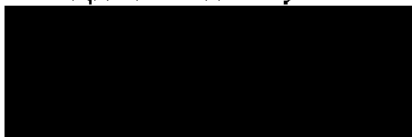
£ 380 : 79 p



**Authorisation and declaration**

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

Signature



MP

Date

12 / 5 / 05

**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			Input subtotals per Cat 5	
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		/ /		
			Comments	

# Invoice

COPY INVOICE NO. [REDACTED]  
 Invoice To :

Dr Bob Spink MP  
 [REDACTED]

Charge To :

Dr Bob Spink MP  
 [REDACTED]



Banner Business Supplies Ltd  
 [REDACTED]

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

Page 1 of 1 Date 26/02/2005  
 Acc.No [REDACTED] Date 10/02/2005  
 Order CR [REDACTED]  
 C.A.R.

Delivered To : [REDACTED]  
 Bob Spink MP  
 [REDACTED]

[REDACTED]

Sales Order No [REDACTED]

Acc. No. : [REDACTED]  
 Inv. No. : [REDACTED]  
 Inv. Date: 26/02/2005  
 Amt. Due : 136.30

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		FRMISCELLANEOUS	MISCELLANEOUS	20	EACH	5.8000	25/02/05	116.00	17.50	20.30

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	116.00	20.30

Sales Order Total (VAT excl) 116.00

VAT Registration [REDACTED]

Settlement : None  
 Discount Terms :

INVOICE GOODS	116.00
INVOICE V.A.T.	20.30
<b>INVOICE TOTAL</b>	<b>136.30</b>

**Please  
 return  
 the slip**

from final page  
 of invoice with  
 your payment  
 by

26/03/2005