



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

DAVID WILSHIRE

Constituency

SPELTHORNE

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 / 03 / 08

to 31 / 03 / 08

Allowance year

07 / 08

Item 1

Description of service or goods
Petty Cash

Amount

£ 250 : 00 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Item 6

£ : p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 250 : 00 p

Office use only

Allow or Exp/
A/c code Cat 5

Authorisation and declaration

Signature  y, exclusively and necessarily

Date 31/3/08


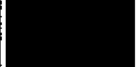
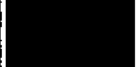
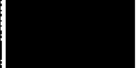
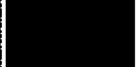
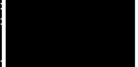

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the 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			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	



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Costs/Cat 2

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from 1 1

to 31 / 03 / 08

Allowance year

07 / 08

Office use only

Allow or Exp/
A/c code Cat 5

	Description of service or goods	Amount
Item 1	Phone equip	£ 53 : 97 p
Item 2	Printer ink	£ 131 : 97 p
Item 3	Wagstaff Wagstaff	£ 157 : 53 p
Item 4	Wagstaff	£ 228 : 66 p
Item 5	Wagstaff	£ 148 : 05 p
Item 6	Orange	£ 193 : 88 p
Item 7	Banner	£ 250 : 59 p
Item 8	Banner	£ 595 : 83 p
Item 9	TOTAL	£ 1760 : 48 p
Item 10	Wagstaff	£ 228 : 66 p

total

£ ~~228 : 66~~ p

Authorisation and declaration

I have read and agree that the information provided has occurred wholly, exclusively and necessarily in connection with the business of the House of Commons.
Signature: [Redacted] MP

Date: 31/3/08

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

Comments

orange

Phone Trainer: [REDACTED]

- * NK Charger 2.5mm C'necter
- * NK Charger 2.5mm C'necter
- * Nokia CLC 2.5mm Connector

~~17.99~~

~~17.99~~

~~17.99~~

3 items

BALANCE DUE

£53.97

- * VAT @ 17.5% on £53.97

MASTERCARD
CHANGE

£58.97

£0.00

Total Sale

£53.97



SALE

Assistant: [REDACTED]

EPSON T048 SIX PK £65.99

1 x 0000226369 @ £65.99

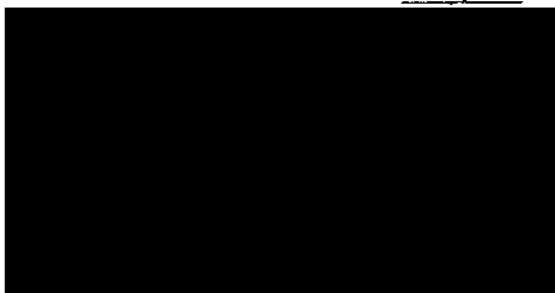
EPSON T048 SIX PK £65.99

1 x 0000226369 @ £65.99

Discount: Promotion - Promotional Offer -£33.00

INTEGRAL 8GB FLASH USB 2.0 £32.99

1 x 0000807881 @ £32.99



TOTAL TENDERED £131.97

PLEASE KEEP THIS RECEIPT. IT MAY BE
REQUIRED FOR REFUNDS OR EXCHANGES



INVOICE: [REDACTED]
 DATE: 16/10/2007
 ORDER: [REDACTED]
 YOUR ORDER No.: [REDACTED]
 FAX ORDER

I N V O I C E

PAGE: 1
 REP: [REDACTED]
 CURRENCY: [REDACTED]

Wagstaff
 INTERIORS GROUP

INVOICE TO: [REDACTED]
 DAVID WILSHIRE MP.

[REDACTED]

DELIVER TO: zz
 [REDACTED]

CONTACT: [REDACTED]

PRODUCT CODE CUSTOMER CODE	DESCRIPTION OF GOODS	QUANTITY ORDERED	QUANTITY SUPPLIED	QUANTITY TO FOLLOW	SALE PRICE	PRICE PER	EXTENSION	VAT CD.
[REDACTED]	BROTHER P TOUCH 1280VP LABELMAKER	1	1	[REDACTED]	69.00	1 30.00	48.30	1
[REDACTED]	BROTHERPTOUCH TZ8MTAPE12MM BLK/CLR TZ131	3	3	[REDACTED]	12.49	1 30.00	26.23	1
[REDACTED]	BROTHERPTOUCH TZ8MTAPE12MM BLK/WHT TZ231	2	2	[REDACTED]	13.49	1 30.00	18.89	1
[REDACTED]	BROTHERPTOUCH TZ8MTAPE12MM BLK/YLW TZ631	1	1	[REDACTED]	13.49	1 30.00	9.44	1
[REDACTED]	R-KIVE SYSTEM STANDARD STORAGE BOX FOOLSCAP PK10	1	1	[REDACTED]	41.00	1 30.00	28.70	1
[REDACTED]	SSTAR PAPER CLIPS LARGE PLAIN BXD 1000	2	2	[REDACTED]	1.79	1 30.00	2.51	1
[REDACTED]	CARRIAGE	1	1	[REDACTED]	0.00	1	0.00	1

VAT CODE	DESCRIPTION	VAT RATE	GOODS VALUE	VAT VALUE
1	STANDARD	17.50%	134.07	23.46

PLEASE REMIT IN FULL BY 15/11/07

INVOICE TOTAL
157.53

PLEASE REMIT TO: [REDACTED]

INVOICE: [REDACTED]
 DATE: 16/10/2007
 ORDER: [REDACTED]
 YOUR ORDER NO.: [REDACTED]
 LETTER

I N V O I C E

PAGE: 1

Wagstaff
 INTERIORS GROUP

CURRENCY: [REDACTED]

INVOICE TO: [REDACTED]
 DAVID WILSHIRE MP.

DELIVER TO: 22
 DAVID WILSHIRE MP.

PRODUCT CODE CUSTOMER CODE	DESCRIPTION OF GOODS	QUANTITY ORDERED	QUANTITY SUPPLIED	QUANTITY TO FOLLOW	SALE PRICE	PRICE PER	EXTENSION	VAT CD.
[REDACTED]	R-KIVE SYSTEM STANDARD STORAGE BOX FOOLSCAP FK10	2	2	[REDACTED]	41.00	1 30.00	57.40	1
[REDACTED]	BANTEXP/VISION FRESDOCBOX CLR M994034-17	2	2	[REDACTED]	40.80	8 30.00	57.12	1
[REDACTED]	BANTEX SNAP DOCUMENT BOX CLEAR 117208	2	2	[REDACTED]	33.50	10 30.00	46.90	1
[REDACTED]	5STAR OFFICE TRANSFER CASE GREY FKD 10	3	3	[REDACTED]	15.80	10 30.00	33.18	1
[REDACTED]	CARRIAGE	1	1	[REDACTED]	0.00	1	0.00	1

VAT CODE	DESCRIPTION	VAT RATE	GOODS VALUE	VAT VALUE
1	STANDARD	17.50%	194.60	34.06

PLEASE REMIT IN FULL BY 15/11/07

INVOICE TOTAL
228.66

PLEASE REMIT TO: [REDACTED]

INVOICE: [REDACTED]
 DATE: 16/10/2007
 ORDER: [REDACTED]
 YOUR ORDER No.:
 LETTER

I N V O I C E

PAGE: 1

Wagstaff
 INTERIORS GROUP

CURRENCY: [REDACTED]

INVOICE TO [REDACTED]
 DAVID WILSHIRE MP.

DELIVER TO: zz
 DAVID WILSHIRE MP.

PRODUCT CODE CUSTOMER CODE	DESCRIPTION OF GOODS	QUANTITY ORDERED	QUANTITY SUPPLIED	QUANTITY TO FOLLOW	SALE PRICE	PRICE PER	EXTENSION	VAT CD.
[REDACTED]	5STAR SHELF UNIT BEECH	4	4	[REDACTED]	45.00	1 30.00	126.00	1
[REDACTED]	NEW OAK CARRIAGE	1	1	[REDACTED]	0.00	1	0.00	1

VAT CODE	DESCRIPTION	VAT RATE	GOODS VALUE	VAT VALUE
1	STANDARD	17.50%	126.00	22.05

PLEASE REMIT IN FULL BY 15/11/07

INVOICE TOTAL
148.05

PLEASE REMIT TO: [REDACTED]


Account Number:
[REDACTED]Statement Number:
[REDACTED]Statement Date:
03 Mar 2008**Statement**Mr D Wilshire
[REDACTED]
[REDACTED]

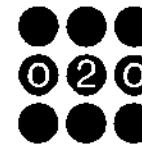
summary of your account

Balance brought forward from last statement	234.92
Payment received - thanks very much	-234.92
Total charges for this statement	193.88

Amount due now £193.88

Please ensure we receive payment straightaway. You'll find information about how to pay on the back of this page.

Invoice



office2office

 * INVOICE NO. [REDACTED]

Invoice To :
 David Wilshire MP

Charge To :
 David Wilshire MP

Banner Business Supplies Ltd

Cashier

[REDACTED]

Delivered To : [REDACTED]
 David Wilshire MP

[REDACTED]

Page 1 of 1 Date 11/07/2007
 Acc.No [REDACTED] Order Date 03/07/2007
 Order [REDACTED]
 C.A.R.

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
2	[REDACTED]	[REDACTED]	TONER CYAN STD CAP FOR DELL 5110CN REF: 593-10118	1	EACH	131.1800	10/07/07	131.18	17.5	22.96
3	[REDACTED]	[REDACTED]	TONER MAGENTA STD CAP DELL 5110CN REF: 593-10124	1	EACH	131.1800	10/07/07	131.18	17.5	22.96
4	[REDACTED]	[REDACTED]	TONER DELL 5110CN BLK HIGH CAPACITY REF: 593-10121	2	EACH	60.5900	10/07/07	121.18	17.5	21.21
5	[REDACTED]	[REDACTED]	TONER DELL 1815DN HIGH CAPACITY 5K BLACK REF: 593-10153	2	EACH	61.7700	10/07/07	123.54	17.5	21.62

[REDACTED]

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	507.08	88.75

Sales Order Total (VAT excl) 507.08

VAT Registration : [REDACTED]
 Settlement Discount Terms : [REDACTED]

INVOICE GOODS	507.08
INVOICE V.A.T.	88.75
INVOICE TOTAL	595.83

Invoice



* INVOICE NO. [REDACTED] *

Invoice To :
David Wilshire MP

Charge To :
David Wilshire MP

Banner Business Supplies Ltd

[REDACTED]

Delivered To :
David Wilshire MP

[REDACTED]

Page 1 Of 1 Date 23/01/2008
Acc.N [REDACTED] Order Date 18/01/2008
Order [REDACTED]
C.A.R. [REDACTED]

Sales Order No [REDACTED]

Line No.	Line Ref.	Product Code	Product Description	Quantity	L.O.M.	Unit Price	Tax Date	Line Total (excl VAT)	VAT Rate	Line VAT
[REDACTED]	[REDACTED]	[REDACTED]	BELL 5116CN TONER CART 8K STD MA	1	EACH	213.2700	22/01/08	213.27	17.5	37.32

[REDACTED]

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	213.27	37.32

Sales Order Total (VAT excl) 213.27

VAT Registration [REDACTED]

INVOICE GOODS	213.27
INVOICE V.A.T.	37.32
INVOICE TOTAL	250.59

Settlement : None
Discount Terms :



Direct payment of suppliers

02 APR 2008

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Your details

Name in CAPITAL LETTERS

DAVID WILSHIRE

Constituency

SPELTHORNE

Office use on

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

31 / 03 / 08

Allowance year

07 / 08 ✓

Incidental Expenses Provision claims

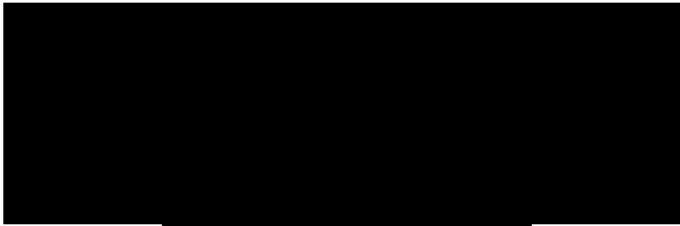
	Suppliers	Amount
Item 1	Dell	£ 733 : 70 p
Item 2	Dell	£ 522 : 88 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total

£ 1256 : 08 p

Office use only

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



Invoice

Invoice to:



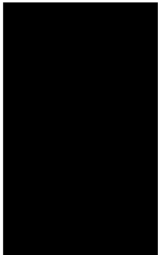
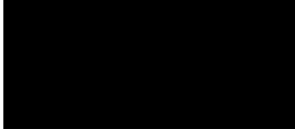
David Wiltshire MP



Deliver To:



David Wiltshire MP



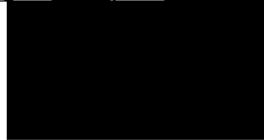
Invoice No. [Redacted] Customer No. [Redacted] Dell Order No. [Redacted] Page 1 of 1

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



04/03/2008

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



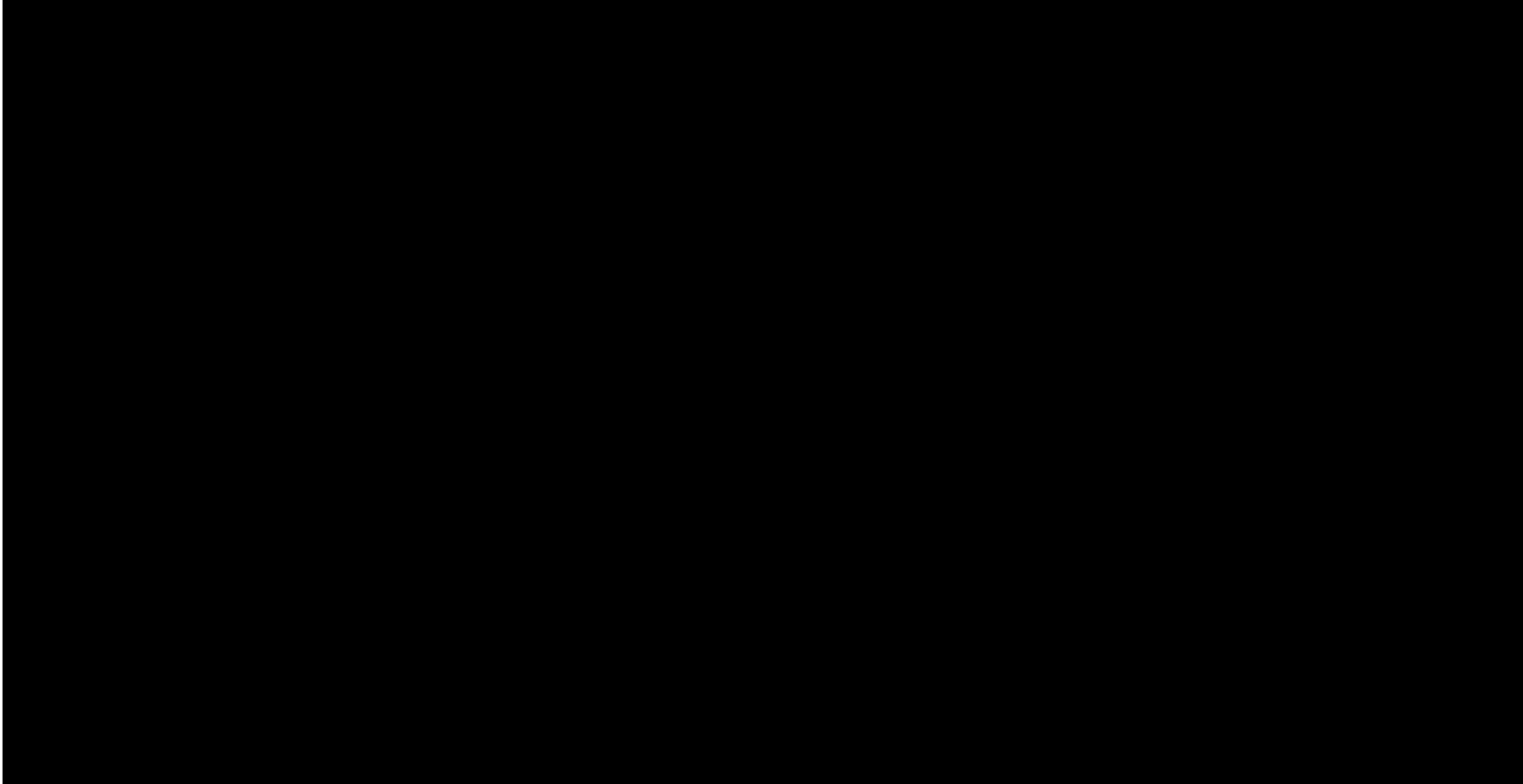
Item No.	Description	Quantity	Unit Price	Net	VAT
[Redacted]	Dell - 5110cn - Cyan - Standard Capacity Toner	2	104.00	208.00	S
	Info - Laser Standard Consumables Delivery	1	0.00	0.00	S
	Dell - 5110cn - Yellow - Standard Capacity Toner	2	104.00	208.00	S
	Dell - 5110cn - Magenta - Standard Capacity Toner	2	104.00	208.00	S

VAT Summary

VAT Type	VAT Rate %	GBP Total Net £	GBP VAT £
S	17.5	624.00	109.20

	GBP
Subtotal	624.00
Freight	0.00
VAT £	109.20
Total	733.20

Tag Nos.





Invoice

Invoice to:

David Wilshire MP

Deliver To:

David Wilshire MP



Invoice No. Customer No. Dell Order No. Page 1 of 1

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

13/03/2008

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

Item No.	Description	Quantity	Unit Price	Net	VAT
	Dell - 5110cn - Cyan - Standard Capacity Toner	1	104.00	104.00	S
	Dell - 5110cn - Yellow - Standard Capacity Toner	1	104.00	104.00	S
	Info - Laser Standard Consumables Delivery	1	0.00	0.00	S
	Dell - 5110cn - Magenta - Standard Capacity Toner	2	104.00	208.00	S
	Dell - 5110cn - Black - Standard Capacity Toner	1	29.00	29.00	S

VAT Summary

VAT Type	VAT Rate %	GBP Total Net £	GBP VAT £
S	17.5	445.00	77.88

	GBP
Subtotal	445.00
Freight	0.00
VAT £	77.88
Total	522.88



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Constituency

SPELTHORNE

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Costs/Cat 2

Supp/Res ID

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You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

____ / ____ / ____

Allowance year

2007/08

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	Dell	£ 366 : 60 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Total		£ : p

Office use only

Allow or Supplier Exp/

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

Signature

 _____olly,
 _____s.

Date

15/03/08

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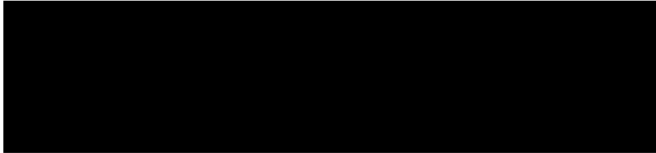
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Validation Team, Operations Directorate,
 Department of Finance & Administration, House of Commons, London SW1A 0AA

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 to:

David Wilshire MP

Deliver To:

David Wilshire MP



Invoice No: [redacted] Customer No: [redacted] Dell Order No: [redacted] Page 1 of 1

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

[redacted]
[redacted]
[redacted]
[redacted]
25/02/2008

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

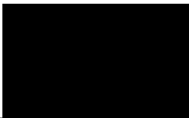
[redacted]
[redacted]
[redacted]
[redacted]

Item No.	Description	Quantity	Unit Price	Net
[redacted]	Dell - 5110cn - Cyan - Standard Capacity Toner	1	104.00	104.00
[redacted]	Dell - 5110cn - Yellow - Standard Capacity Toner	1	104.00	104.00
[redacted]	Dell - 5110cn - Magenta - Standard Capacity Toner	1	104.00	104.00
[redacted]	Info - Laser Standard Consumables Delivery	1	0.00	0.00

VAT Summary

VAT Type	VAT Rate %	GBP Total Net £	GBP VAT £
S	17.5	312.00	54.60

	GBP
Subtotal	312.00
Freight	0.00
VAT £	54.60
Total	366.60





When to use this form

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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

DAVID WILSHIRE

Constituency

SPELTHORNE

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, communication and travel.

Period of claim from 01/02/08 to 29/02/08

Allowance year /

	Description of service or goods	Amount
Item 1	Petty Cash	£ 250 : 00 p
Item 2		£ : p
Item 3	Banner	£ 250 : 59 p
Item 4	(see invoice)	£ : p
Item 5		£ : p
Item 6	Bell	£ 286 : 70 p
Item 7	(see invoice)	£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Office use only
Allow or Exp/
Allow code Cat 5

Total

£ 787 : 29 p

Authorisation and declaration

I declare that the information provided is true, correct, complete, accurate, reliable, valid, and not misleading, and that I have provided it voluntarily, exclusively and necessarily

Signature

[Redacted Signature] MP

Date

2/3/09

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

[Redacted Input Subtotals]

Comments

[Redacted Comments]

Invoice



office2office

 * INVOICE NO. [REDACTED] *

Invoice To :

Charge To :

David Wilshire MP

David Wilshire MP

Banner Business Supplies Ltd

[REDACTED]

Delivered To :

Page 1 Of 1 Date 23/01/2008

David Wilshire MP

Acc.No [REDACTED] Order Date 18/01/2008

Order [REDACTED]

C.A.R.

Sales Order No [REDACTED]

Line No.	Line Ref.	Product Code	Product Description	Quantity	Unit	Unit Price	Tax Date	Line Total	VAT Rate	Line VAT
1		[REDACTED]	DELL 5110CN TONER CART 8K STD MA	1	EACH	213.2700	22/01/08	213.27	17.5	37.32

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	213.27	37.32

Sales Order Total (VAT excl)

213.27

VAT Registration [REDACTED]

INVOICE GOODS	213.27
INVOICE V.A.T.	37.32
INVOICE TOTAL	250.59

Settlement : none
 Discount Terms :

[REDACTED]



Invoice

Invoice to:



David Wilshire



Deliver To:



Invoice No [Redacted] Customer No [Redacted] Dell Order No [Redacted] Page 1 of 1

Your Ref/PO No. [Redacted]
MyFinancials PIN [Redacted]
Despatch Note No. [Redacted]
Despatch Date [Redacted]
Payment Terms [Redacted]
Invoice Date 08/02/2008

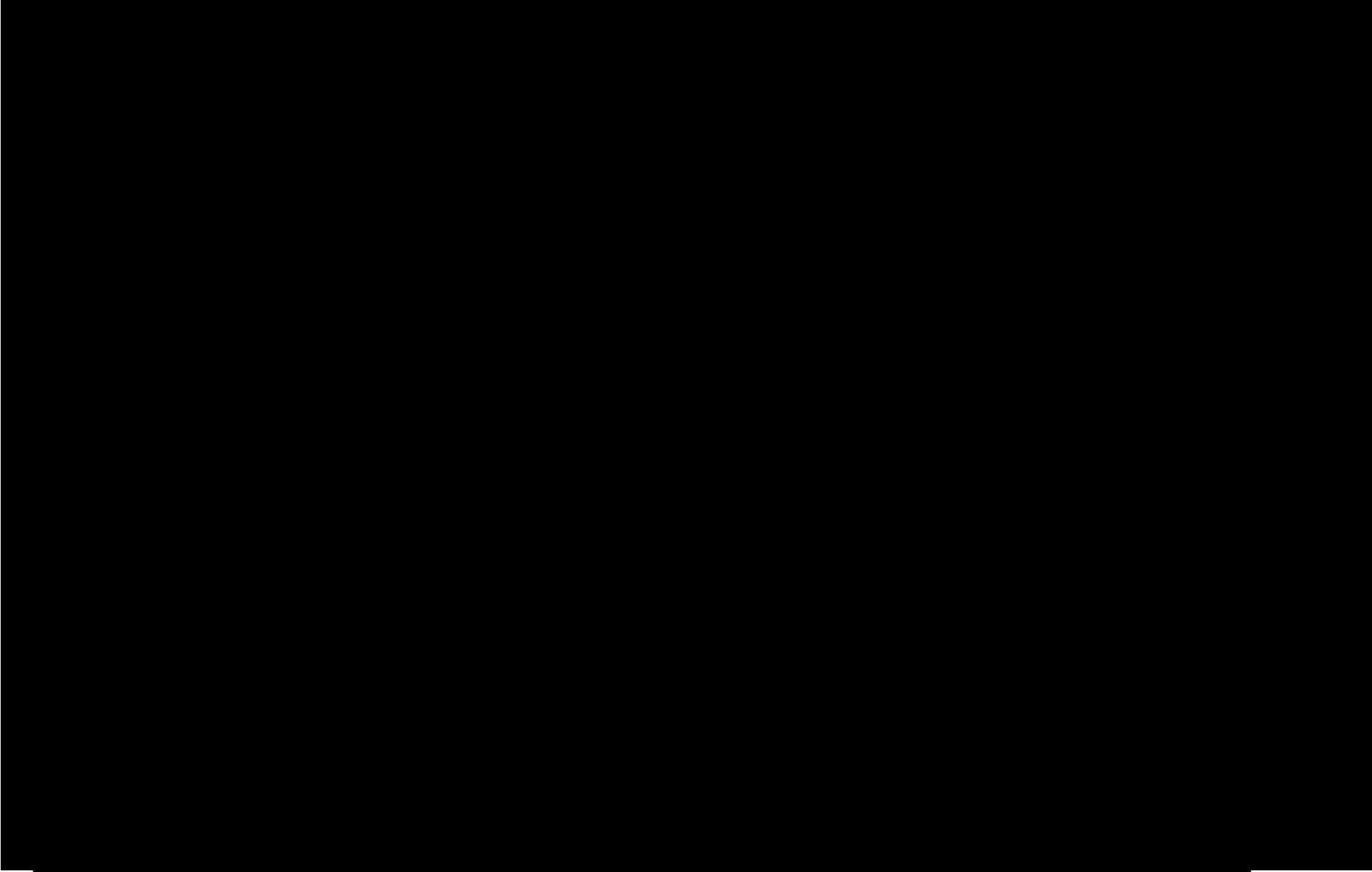
Booking Reference: [Redacted]
Account Manager [Redacted]
Account Manager Tel [Redacted]
Account Manager Fax [Redacted]
Account Manager Email [Redacted]

Item No.	Description	Quantity	Unit Price	Net
[Redacted]	Dell - 5110cn - Cyan - High Capacity Toner	1	140.00	140.00
[Redacted]	Dell - 5110cn - Imaging Drum and Transfer Roller	1	104.00	104.00
[Redacted]	Info - Laser Standard Consumables Delivery	1	0.00	0.00

VAT Summary

VAT Type	VAT Rate %	GBP Total Net £	GBP VAT £
S	17.5	244.00	42.70

	GBP
Subtotal	244.00
Freight	0.00
VAT £	42.70
Total	286.70





Incidental Expenses Provision

Member's reimbursement form

C1

VALIDATED
05 FEB 2008
RECEIVED

When to use this form

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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

DAVID WILSHIRE

Constituency

SPELTHORNE

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 01/01/08 to 01/03/08

Allowance year

07/08

Description of service or goods

Amount

Item 1

£ : p

Item 2

Petty Cash £ 250 : 00 p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Item 6

£ : p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 250 : 00 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 _____

Data protection

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Office use only

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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"/>

Comments



Incidental Expenses Provision

Member's reimbursement form

C1

VALIDATION RECEIVED 05 FEB 2008

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 5
- If you have any doubt about whether you can claim for a please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

DAVID WILSHIRE

Constituency

SPELTHORNE

Office use

Costs/Cat 2

Claim details

Please ensure

- your claim totals more than £100
- you provide journey details of all tax 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 01/01/08

to 01/31/08

Allowance year

1

Office use only

Allow or Exp/ A/c code Cat 5

Description of service or goods

Amount

Item 1

Petty Cash

£ : p

Item 2

Petty Cash

£ 250 : 00 p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Item 6

£ : p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

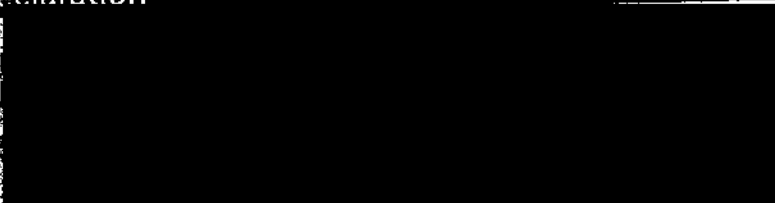
Item 10

£ : p

Total

£ 250 : 00 p

Authorisation and declaration



Signature

Date

12/07/08

and necessary.

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

Initials: / / Date: / /

Signature check

Initials: / / Date: / /

Funds check

Initials: / / Date: / /

Allowable expenditure

Initials: / / Date: / /

Member Res ID & Costs

Initials: / / Date: / /

Est type/Cat 5 & subtotals added to form

Initials: / / Date: / /

Receipts/ documentation present

Initials: / / Date: / /

Processing

Input

Initials: / / Date: / /

Input subtotals per Cat 5

£

£

£

£

£

£

£

£

Comments

Large empty box for comments



Member's reimbursement form

11 DEC 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

DAVID WILSHIRE

Constituency

SPELTHORNE

Office u

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 communication and travel.

Period of claim

from 01/11/07 to 30/11/07

Allowance year

07/08

	Description of service or goods	Amount
Item 1	Petty Cash	£ 250 : 00 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Total

£ 250 : 00 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

Signature

[Redacted Signature]

Date

11/11/07

Data protection

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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]	£250.00
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£250.00

Comments

[Empty Comments Box]



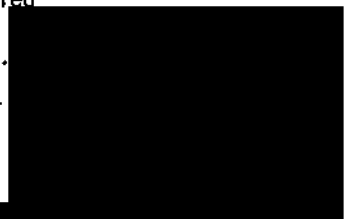
Member's reimbursement form

When to use this form

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About filling in this form

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Your details

Name in CAPITAL LETTERS

DAVID WILSHIRE ✓

Constituency

SPELTHORNE



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 / 07

to 31 / 10 / 07

Allowance year 07 / 08

Description of service or goods	Amount
Item 1	£ : p
Item 2	£ 250 : 00 p
Item 3	£ : p
Item 4	£ : p
Item 5	£ : p
Item 6	£ : p
Item 7	£ : p
Item 8	£ : p
Item 9	£ : p
Item 10	£ : p

Petty Cash

Total

£ 250 : 00 p

Office use only

Allow or Exp/
A/c code Cat 5



Authorisation and declaration

olly, exclusively and necessarily

Signature

[Redacted Signature]

MP

Date

2/11/07

Data protection

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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

£ 250
£
£
£
£
£
£
£
£ 250

Comments

[Empty Comments Box]



Member's reimbursement form

03 OCT 2007

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Your details

Name in CAPITAL LETTERS

DAVID WILSHYRE
SPELTHORNE ✓

Constituency

Claim details

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- 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 01/09/07 to 30/09/07

Allowance year

1

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		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Total

£ 250 : 00 p

Authorisation and declaration

holly, exclusively and necessarily

Signature

[Redacted signature]

MP

Date

1/10/09

Data protection

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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

£ 250.00 ✓
£
£
£
£
£
£
£

Comments

[Empty comments box]



Member's reimbursement form

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Your details

Name
in CAPITAL LETTERS

DAVID WILSHIRE

Constituency

SPELTHORNE

Claim details

Please ensure

- 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, 08, 09

to 31, 08, 09

Allowance year /

	Description of service or goods	Amount
Item 1	Petty Cash	£ 250 : 00 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Total

£ 250 : 00 p

Office use only

Allow or Exp/
A/c code Cat 5

Authorisation and declaration

I claim [redacted] wholly, exclusively and necessarily in the [redacted]

Signature [redacted] MP

Date 8/9/07 ✓

Data protection

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Claims received		/ /
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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

£ 250 ✓
£
£
£
£
£
£
£

Comments

[Empty box for comments]



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.

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

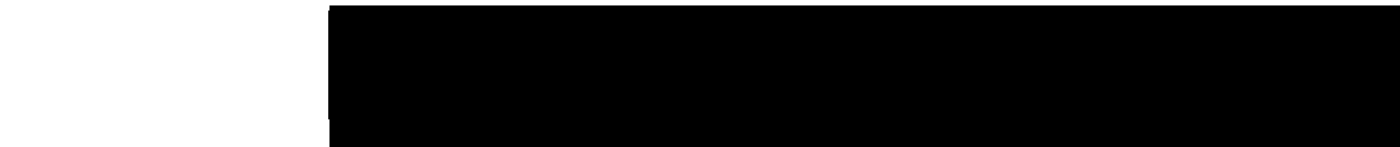
Your details

Name in CAPITAL LETTERS

DAVID WILSHIRE

Constituency

SPELTHORNE



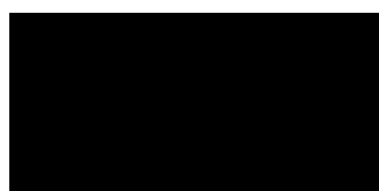
Claim details

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- 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, 07

to 31, 07, 07

Allowance year

07, 08

	Description of service or goods	Amount
Item 1	Petty Cash	£ 250 : 00 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Office use only
Allow or Exp/



Total

£ 250 : 00 p

Authorisation and declaration

holly, exclusively and necessarily

Signature



MP

Date

1/8/01

Data protection

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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"/>	£250.00
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£250.00

Comments

Empty box for comments



Member's reimbursement form

04 JUL 2007 Page 1 of 2

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

DAVID WILSHIRE

Constituency

SPELTHORNE

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 01/06/07

30/06/07

Allowance year

07/08

	Description of service or goods	Amount
Item 1	Petty Cash	£ 250 : 00 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Total

£ 250 : 00 p

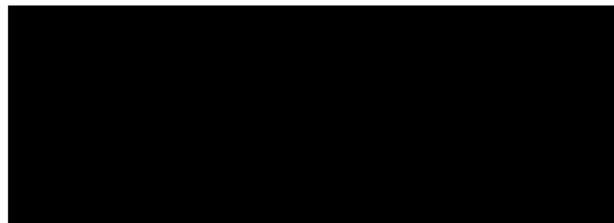
Office use only
Allow or Exp/



continued on page 2

Authorisation and declaration

Signature



holly, exclusively and necessarily

MP

Date

01/01/06

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.

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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

£250.00

£

£

£

£

£

£

£

£250.00

Comments

--



Incidental Expenses Provision

Member's reimbursement form

07/08 **C1**

VALIDATION
01 JUN 2007
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

DAVID WILSHIRE

Constituency

SPELTHORNE



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.

- 6 JUN 2007

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 01/05/07

to 31/05/07

Allowance year 1 07/08

Description of service or goods

Amount

Item 1

Petty Cash

£ 250 : 00 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Item 6

£ : p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

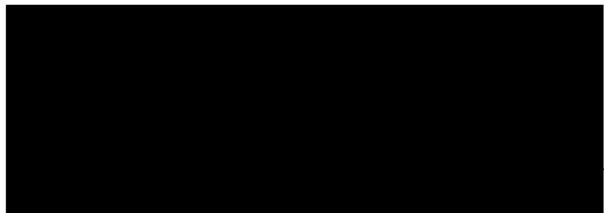
£ 250 : 00 p

Office use only

Allow or Exp/
A/c code Cat 5




Authorisation and declaration

Signature  wholly, exclusively and necessarily
MP


Date 1/10/01

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			Input subtotals per Cat 5	
Validation	Initials	Date		
Claims received	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		£ 250.00
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"/>		£ 250.00
Receipts/ documentation present	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Comments <input type="text"/>	
Processing Input	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		



07/08

Member's reimbursement form

09 MAY 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.

MAY 2007

Your details

Name in CAPITAL LETTERS

DAVID WILSHIRE

Constituency

SPELTHORNE

Claim details

Please ensure

- 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 01/04/07

to 30/04/07

Allowance year

07/08

Description of service or goods

Amount

Item 1

Petty Cash

£ 250 : 00 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Item 6

£ : p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 250 : 00 p

Office use only

Allow or Exp/
A/c code Cat 5

Authorisation and declaration

I,  wholly, exclusively and necessarily
 in 
 Signature  MP
 Date 7/5/07

Data protection

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Send your completed form to

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

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"/>	£ 250.00 ✓
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£ 250.00

Comments



Member's reimbursement form

03 JAN 2018

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

DAVID WILSHIRE

Constituency

SPELTHORNE

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 / 12 / 07

to 31 / 12 / 07

Allowance year

1

Office use only

Allow or Exp/
A/c code Cat 5

Description of service or goods

Amount

Item 1

£ 0 : 00 p

Item 2

Petty Cash

£ 250 : 00 p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Item 6

£ : p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 250 : 00 p

Authorisation and declaration

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

Signature



Date

1/1/08

Data protection

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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	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ 250
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"/>	£ 250
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"/>	

Comments