

C2. DIRECT PAYMENT

06 MAR 2007

I enclose certified invoices to allow direct payments to be made from my
Incidental Expenses provision

Invoice	Supplier's name	Amount £	<i>Transaction code</i> <i>For Fees office use only</i>
1	BANNER	40.08	
2	"	87.50	
3	"	101.99	
4	"	101.99	
5	"	13.10	
6			
7			
8			
9			
10			
		£ 344.66	

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

SIGNED

PRINTED

DATE 05/03/07 CONSTITUENCY...

Invoice

COPY INVOICE NO. [REDACTED]

Invoice To [REDACTED]

George Galloway MP

Charge To :

George Galloway MP

Banner Business Supplies Ltd



PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 13/10/2006

Am. Due : 40.08

Page 1 Of 1 Date 13/10/2006

Delivered To : [REDACTED]
George Galloway MP

Customer Services
Telephone No : [REDACTED]
Fax No : [REDACTED]

Order Date 12/10/2006

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
1		0930076	MAIL TUFF CUSH BUBBLE D/1 MAILER	2	PCK100	14.8800	12/10/06	29.76	17.50	5.21
2		0160385	AIR CAP BUBBLE ROLL 500mmx7.5m	3	EACH	1.4500	12/10/06	4.35	17.50	0.76



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	34.11	5.97

Sales Order Total (VAT excl)

34.11

VAT Registration : [REDACTED]

Settlement : [REDACTED]
Discount Terms : [REDACTED]

INVOICE GOODS	34.11
INVOICE V.A.T.	5.97
INVOICE TOTAL	40.08

Please return the slip

from final page of invoice with your payment by

10/11/2006

Invoice

COPY INVOICE NO. [REDACTED]

Invoice To :

George Galloway MP

Charge To :

George Galloway MP



Banner Business Supplies Ltd

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 25/11/2006

Amt. Due : 87.50

Page 1 Of 1 Date 25/11/2006

Delivered To : [REDACTED]

George Galloway MP

Order Date 24/11/2006

Customer Services
Telephone No : [REDACTED]
Fax No : [REDACTED]

Sales Order No : [REDACTED]

C.A.R.

Line No.	Line Ref.	Product Code	Product Description	Quantity	Tax Date	Line Total excl VAT	VAT Rate	Line VAT
1		0401336	FUKKA WIREBOUND EDITOR PAD A4	10 EACH	24/11/06	21.70	17.50	3.80
2		0401334	FUKKA WIREBOUND JOTTA PAD A5	10 EACH	24/11/06	18.20	17.50	3.19
3		0401335	FUKKA WIREBOUND JOTTA PAD A4	4 EACH	24/11/06	11.00	17.50	1.93
4		0630906	PILOT LIQUID INK SIGN PEN BLACK	2 BOX12	24/11/06	23.56	17.50	4.12

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	74.46	13.04

Sales Order Total (VAT excl)

74.46

Settlement
Discount Terms

INVOICE GOODS	74.46
INVOICE V.A.T.	13.04
INVOICE TOTAL	87.50

Please return the slip

from final page of invoice with your payment by

23/12/2006

Invoice

COPY INVOICE NO. [REDACTED]



PAYMENT SLIP

Please see reverse for terms of business and how to pay

Invoice To :

Charge To :

George Galloway MP

George Galloway MP

Banner Business Supplies Ltd



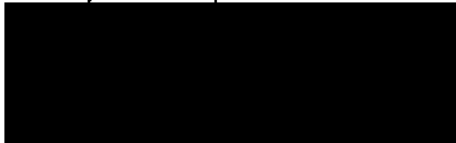
Delivered To : [REDACTED]

Page 1 Of 1 Date 01/12/2006

George Galloway MP

Customer Services
Telephone No [REDACTED]
Fax No [REDACTED]

[REDACTED] Date 24/11/2006



C.A.R.

Sales Order No : [REDACTED]

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 01/12/2006

Am. Due : 101.99

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total excl VAT	Total VAT Rate	Line VAT
1		ERMISCELLANEOUS	HOBA OVERPRINTED WITH PRINTED IN GREEN 4 X BX100 WRITWORK SUPPLIED	4	EACH	21.7000	30/11/06 30/11/06 30/11/06 30/11/06 30/11/06	86.80	17.50	15.19



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	86.80	15.19

Sales Order Total (VAT excl)

86.80

Settlement
Discount Terms



INVOICE GOODS	86.80
INVOICE V.A.T.	15.19
INVOICE TOTAL	101.99

Please return the slip

from final page of invoice with your payment by

29/12/2006

Invoice

COPY INVOICE NO. [REDACTED]

Invoice To :

George Galloway MP

Charge To

George Galloway MP



Banner Business Supplies Ltd

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 01/12/2006

Am. Due : 101.99

Page 1 Of 1 Date 01/12/2006

Delivered To :

George Galloway MP

Date 24/11/2006

Customer Services

Telephone No : [REDACTED]

Fax No : [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
1		HMISCELLANEOUS	HOBA COMBPRINTED WITH PRINTED IN GREEN 4 X BX100 ARTWORK SUPPLIED	4	EACH	21.7000	30/11/06 30/11/06 30/11/06 30/11/06 30/11/06	86.80	17.50	15.19

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	86.80	15.19

Sales Order Total (VAT excl)

86.80

INVOICE GOODS	86.80
INVOICE V.A.T.	15.19
INVOICE TOTAL	101.99

Settlement
Discount Terms

Banner
world class office products

Please return the slip

from final page of invoice with your payment by

29/12/2006

Invoice

COPY INVOICE NO. [REDACTED]

Invoice To :

George Galloway MP

Charge To :

George Galloway MP

[REDACTED]



Banner Business Supplies Ltd

[REDACTED]

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 05/12/2006

Am. Due : 13.10

Delivered To : [REDACTED]

George Galloway MP

[REDACTED]

Page 1 Of 1 Date 05/12/2006

Order Date 04/12/2006

C.A.R.

Customer Services
Telephone No : [REDACTED]
Fax No : [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		0230415	RAFESOD PORTRAIT WALLET A4+ CLEAR	5	PACKS	2.2300	04/12/06	11.15	17.50	1.95

[REDACTED]

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	11.15	1.95

VAT Registration

Settlement
Discount Terms

Sales Order Total (VAT excl)

11.15

INVOICE GOODS	11.15
INVOICE V.A.T.	1.95
INVOICE TOTAL	13.10

Banner
world class office products

Please return the slip

from final page of invoice with your payment by

02/01/2007

C2. DIRECT PAYMENT

I enclose 3 certified invoices to allow direct payments to be made from my Incidental Expenses Provision

Invoice	Supplier's name	Amount £
1	[REDACTED]	70.57.
2	VIKING	59.66
3	"	29.76
4		
5		
6		
7		
8		
9		
10		
		£ 159.99

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

SIGNED [REDACTED] MP

PRINTED NAME..... [REDACTED]

DATE 27/09/06 CONSTITUENCY B. GREEN + BOW

Invoice address

GEORGE GALLOWAY MP

Statement date
11/09/2006

Date

09/08/2006

Our reference

Your reference

Debit

Credit

£70.57

Under 30 days
£0.00Over 30 days
£70.57Over 60 days
£0.00Account balance
£70.57**Statement remittance advice**

Please complete this section

Bank sort code _____

Cheque number _____

Cheque date _____

Amount _____

Amount due

£70.57

ACCOUNT No.	DATE	INVOICE No.	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	8/09/06	8/09/06

TERMS: NETT 30 DAYS

George Galloway MP

George Galloway MP

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

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT %	LIST PRICE	YOUR COST	NETT COST
A4 BOXFILE-WINE RED	G22-2642-RD	5 EA	17.5	5.63	4.990	24.95
A4 BOXFILE-LIME GREEN	G22-2642-GN	* EA	17.5	5.63	4.990	.00
POST-IT NOTES 3X5 YW X12	G22-655	1 DZ	17.5	15.91	13.290	13.29
EDITOR PAD A4	G22-EM003	3 EA	17.5	2.29	2.190	6.57
BLUE DISPENSER PLUS TAPE	G22-DB01	1 EA	17.5	5.15	4.490	4.49

Shortage or damage must be reported within 5 days of delivery. to report please call [REDACTED]

*Indicates this item is backordered and will be despatched as soon as stock is available

TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE	PROTECTION PLUS	V.A.T.	PAID IN ADVANCE
56.08	6.78	49.30	FREE	1.48	8.88	

AMOUNT DUE

PLEASE PAY THIS AMOUNT

59.66

Please write your account number on the back of your cheque and return it with this counterfoil.
Please do not staple together

YOUR VIKING ACCOUNT No. [REDACTED] INVOICE NUMBER [REDACTED] INVOICE DATE 8/09/06 INVOICE AMOUNT 59.66

AMOUNT ENCLOSED

[REDACTED]

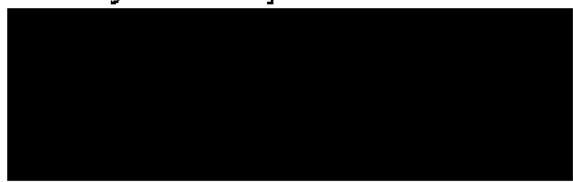


AC		DATE ENTERED	DATE DESPATCHED
		8/09/06	22/09/06

TERMS: NETT 30 DAYS

George Galloway MP

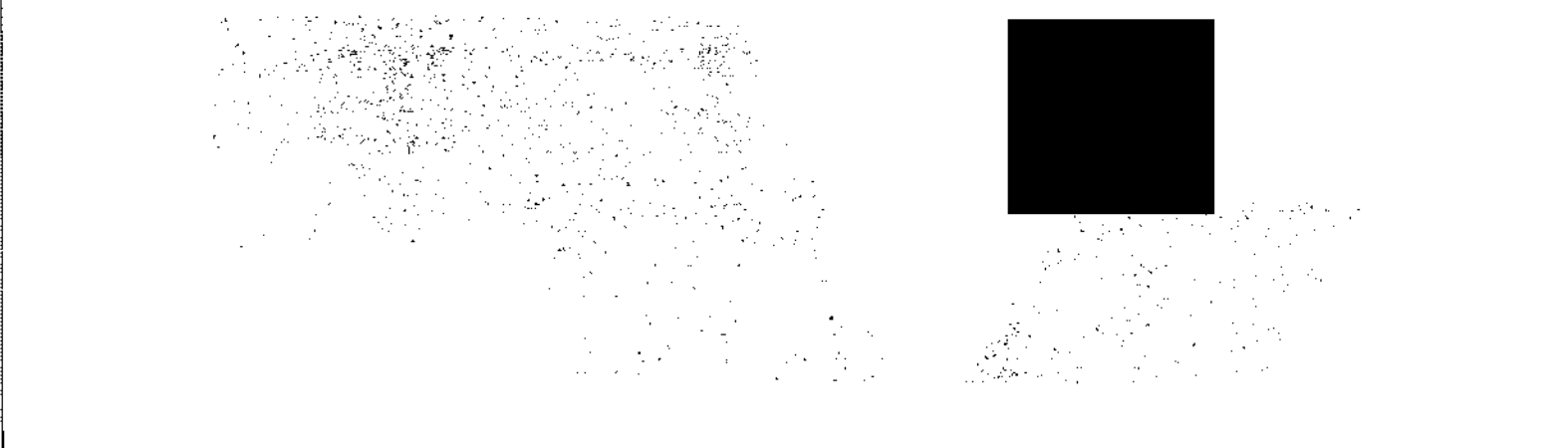
George Galloway MP



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

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT %	LIST PRICE	YOUR COST	NETT COST
24 BOXFILE-LIME GREEN	G22-2642-GN	5 EA	17.5	5.63	4.990	24.95

This Is A Back Order Shipment



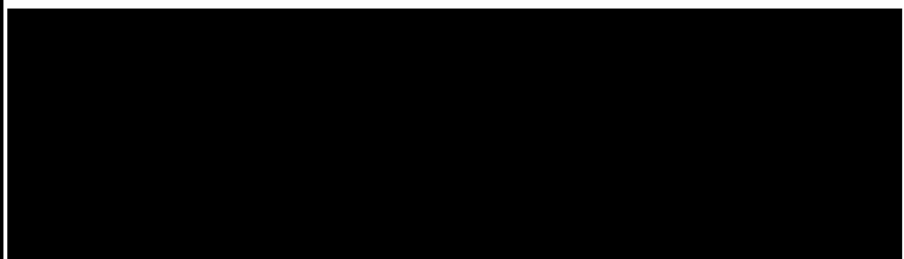
Shortage or damage must be reported at time of delivery, to report please call

*Indicates this item is backordered and will be despatched as soon as stock is available

TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE	PROTECTION PLUS	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
28.15	3.20	24.95	FREE	.38	4.43			29.76

Please write your account number on the back of your cheque and return it with this counterfoil.
Please do not staple together

YOUR VIKING INVOICE	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
	22/09/06	29.76	



Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer **YN**
Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£5.29

£.....

£.....

£.....

£.....

£.....

£.....

£21.40

£.....

£.....

£.....

£.....

TOTAL

Comments:

£26.69

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





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

When to use this form

- ☐ Use this form to request a one-off payment of salary to a temporary or casual employee.
- ☐ Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- ☐ Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- ☐ If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

G GALLOWAY

Constituency

B GREEN + BOW

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Payment details

Payslip address

Bank details

NB For all one-off salary payments, please state overpage the month(s) in which the payment was earned so that NI contributions are correctly attributed.



PICK UP FROM	DAY	MONTH	YEAR
TRIP ENDED			
	CHARGE	AMOUNT	
	METER		80
	EXTRAS		
	TOTAL CHARGES		80



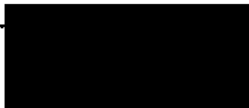
DATE:



FARE:

£16.00

SIGNED:



LICENSED TAXI RECEIPT

LICENSED FIFA WORLD CUP
RADIO BROADCASTER

Post Office Ltd.
Your Receipt



Post Label A		
1 @	2.73	2.73
Post Label A		
2 @	0.63	1.26
Post Label A		
1 @	1.30	1.30
TOTAL DUE TO POST OFFICE		5.29

Maestro	FROM CUSTOMER	5.29
BALANCE		0.00

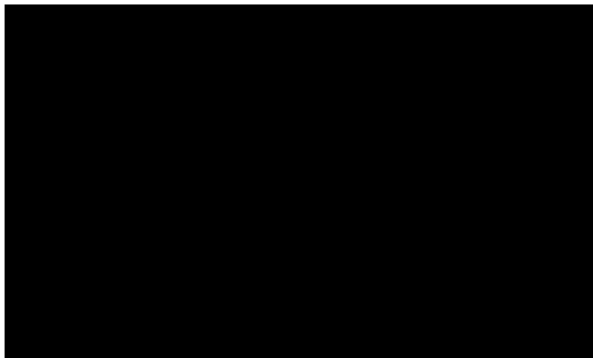
PLEASE RETAIN THIS RECEIPT AS PROOF
OF POSTING FOR ITEMS LISTED BELOW

ITEM NO	BUILDING NAME OR NUMBER	POSTCODE
1
2
3
4

Payment Retail



Amount: £5.29



Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One off salary	£ _____ : _____ p			
Season ticket loan	£ _____ : _____ p			
Travel-home to work	£ _____ : _____ p			
Rail travel	£ _____ : _____ p			
Car travel	£ _____ : _____ p			
Air travel	£ _____ : _____ p			
Taxi	£ 21 : 40 p			
Meals and subsistence	£ _____ : _____ p			
Healthcare	£ _____ : _____ p			
Childcare	£ _____ : _____ p			
Home as office/telephone	£ _____ : _____ p			
Office requisites	£ 5 : 29 p			
Total	£ 26 : 69 p			

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by Parliamentary duties.

Signature

MP

Date

25/09/06

Data protection

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

The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

Send your completed form to

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



Incidental Expenses Provision/Staffing Allowance
Direct payment of suppliers

G2

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

GEORGE GALLWAY

Constituency

BETNAL GREEN AND BEE DOW

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

26 10 06

Allowance year

06 07

Incidental Expenses Provision claims

Item	Suppliers	Amount per month £/000 : — p
Item 1	[Redacted]	£/000 : — p
Item 2	April - OCT 06 x 7 Office Rent / Members agreement compliant.	£7000 : — 00 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Total		£/000 : — p

£ 12,000 for 12/06/7

Claim details *continued*

Staffing Allowance claims			Office use only		
	Suppliers	Amount	Allow or A/c code	Supplier ID	Exp/ Cat 5
Item 6	_____	£ _____ : _____ p	_____	_____	_____
Item 7	_____	£ _____ : _____ p	_____	_____	_____
Item 8	_____	£ _____ : _____ p	_____	_____	_____
Item 9	_____	£ _____ : _____ p	_____	_____	_____
		Total £ _____ : _____ p			

Authorisation and declaration

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

Signature

Date

26/09/06

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

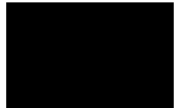
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only

	Validation	Initials	Date		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			/ /

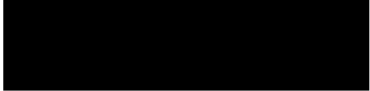
Please use margin for comments

C2. DIRECT PAYMENT



I enclose certified invoices to allow direct payments to be made from my Incidental Expenses Provision

Invoice	Supplier's name	Amount £	
	DELL	428.88	
	BANNER	115.15	
	"	132.84	
		£	

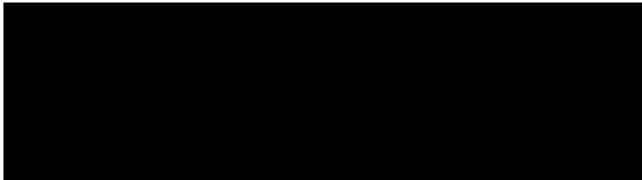


I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business

SIGNED. ..MP

PRINTED NAME.....

DATE 11/07/06 CONSTITUENCY B/GREEN & BOW



Invoice

Invoice To:

G Galloway MP



Deliver To:

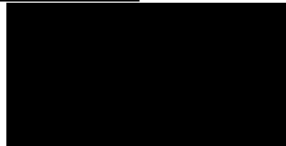
[Redacted]



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



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	1	23.00	23.00
593-10051	Standard Capacity Cyan Toner Cartridge for Dell Colour Laser Printer 5100cn	1	99.00	99.00
593-10052	Standard Capacity Magenta Toner Cartridge for Dell Colour Laser Printer 5100cn	1	99.00	99.00
593-10053	Standard Capacity Yellow Toner Cartridge for Dell Colour Laser Printer 5100cn	1	99.00	99.00
800-10709	info - Laser Standard Consumables Delivery	1	0.00	0.00
593-10062	High Capacity Black Toner Cartridge for Dell Multifunction Laser Printer 1600n	1	45.00	45.00

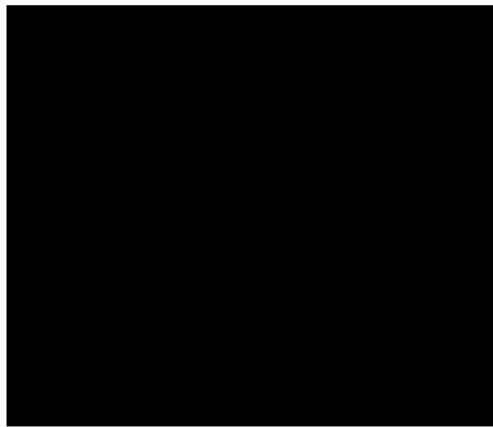
VAT Summary

VAT Rate	GBP	GBP	Subtotal	GBP
%	Total Net £	VAT £	Freight	0.00
17.5	365.00	63.88	VAT £	63.88
			Total	428.88

Tag Nos.

Dual use goods. Subject to control if exported outside the European Union. These commodities, technology or software were exported in accordance with the US Export Administration Regulations. Diversion contrary to U.S. law prohibited. The purchaser agrees to indemnify the seller and hold the seller harmless from and against all claims, liability, and obligation whatsoever (including, but not limited to, reasonable attorneys' fees) arising out of the transfer of these commodities across national boundaries without proper government licenses and authorizations. Reexport/retransfer without prior authorization from the US Bureau of Export Administration is prohibited. Export, reexport, sale or retransfer to military end-users or end-uses in prohibited destinations and proliferation end-users and end-uses is strictly prohibited without prior authorisation from the US government.

Please include Invoice number, Customer Number and Order Number on any correspondence with Dell



Statement



George Galloway MP

Customer Account : [REDACTED]

Statement Date : 13/06/2006

Tel No
Fax No
EMail

Page [REDACTED]

Date	Transaction Type	Document	Customer Reference	Status	Transaction Value	Outstanding Value
[REDACTED] 24/05/2006	INV	[REDACTED]	[REDACTED]			5.15
[REDACTED] 04/06/2006	INV	[REDACTED]	[REDACTED]			2.84

The items listed are outstanding on your account.

Payment is awaited, also if appropriate your instructions for use of any credit items.

*Please ignore items under query or paid within the last 10 days.

Type:	Status:
INV Invoice	P Partly paid
CRN Credit Note	D Invoice under query
CASH Payment	
CADJ Credit Adjustment	
DADJ Debit Adjustment	

Total : 247.99

Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer Y/N

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

[Redacted]

TOTAL

£..... [Redacted]

£ 10.51 [Redacted]

£.....

£.....

£.....

£.....

£.....

£ 52.00

£.....

£ 62.51

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

[Redacted]

BS/06

Posted by (initials & date)



23
SAB

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

When to use this form

- ⌘ Use this form to request a one-off payment of salary to a temporary or casual employee.
- ⌘ Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- ⌘ Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- ⌘ If you have any questions about this form, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

GEORGE GALLOWAY

Constituency

B. GREEN + BOW

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

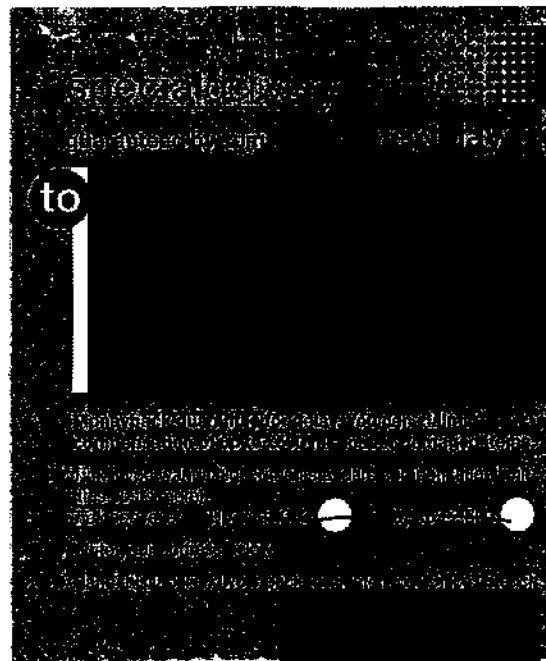
National Insurance number

Payment details

Payslip address

Bank details

NB For all one-off salary payments, please state overpage the month(s) in which the payment was earned so that NI contributions are correctly attributed.



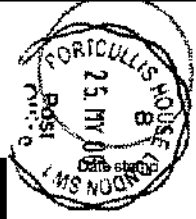
[Redacted]

[Redacted]

Shrey Payment to Factory

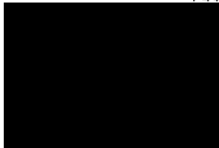
4-10

[Redacted]



[Redacted]

Post Office Ltd.
Your Receipt



Post Label SD
1 @ 4.10 4.10

TOTAL DUE TO POST OFFICE 4.10

Cash FROM CUSTOMER 4.10
BALANCE 0.00

PLEASE RETAIN THIS RECEIPT AS PROOF
OF POSTING FOR ITEMS LISTED BELOW

ITEM NO	BUILDING NAME OR NUMBER	POSTCODE
1
2
3
4

Thank You

Post Office Ltd.
Your Receipt



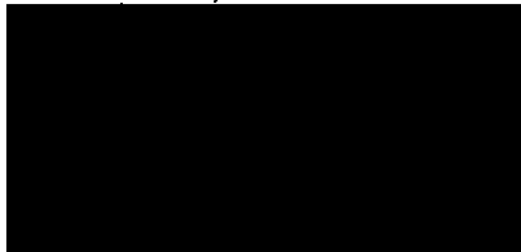
Post Label A		
1 @	2.91	2.91
Post Label A		
1 @	0.64	0.64
Post Label A		
2 @	1.43	2.86
TOTAL DUE TO POST OFFICE		6.41

Maestro	FROM CUSTOMER	6.41
BALANCE		0.00

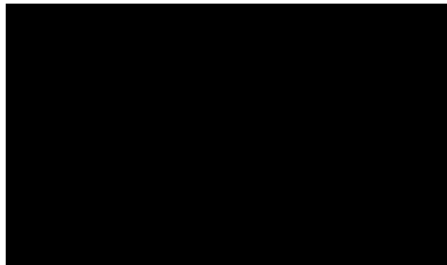
PLEASE RETAIN THIS RECEIPT AS PROOF
OF POSTING FOR ITEMS LISTED BELOW

ITEM NO	BUILDING NAME OR NUMBER	POSTCODE
1
2
3
4

Payment Retail



Amount: £6.41



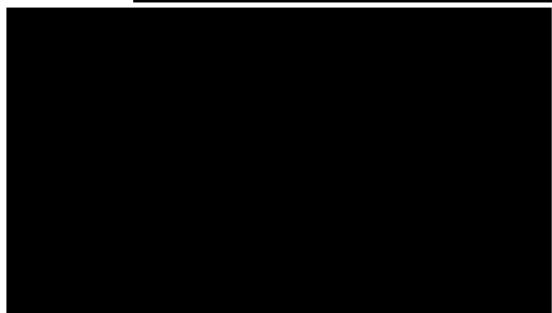
LICENSED TAXI RECEIPT

Date



£ 35.00

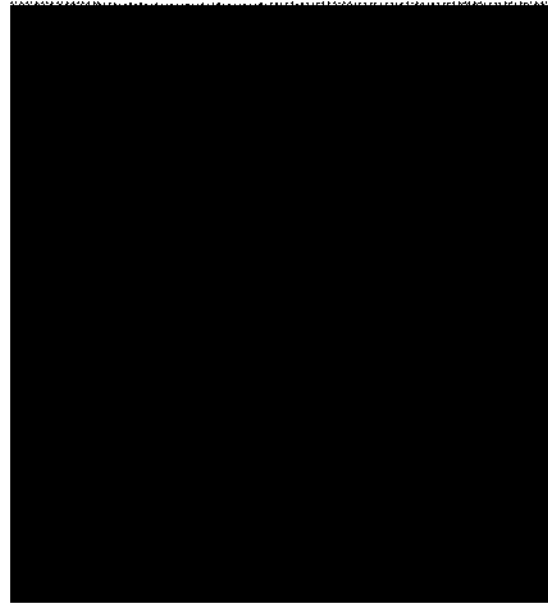
Signed



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	£ _____ : _____ p
Rail travel	£ _____ : _____ p
Car travel	£ _____ : _____ p
Air travel	£ _____ : _____ p
Taxi	£ 52 : 00 p
Meals and subsistence	£ _____ : _____ p
Healthcare	£ _____ : _____ p
Childcare	£ _____ : _____ p
Home as office/telephone	£ _____ : _____ p
Office requisites	£ 10 : 51 p



Total £ 62 : 51 p

Authorisation and declaration

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



Signature



MP

Date 15-06-06

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' Estimates, 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

C2. DIRECT PAYMENT

26 MAY 2006

I enclose certified invoices to allow direct payments to be made from my
Incidental Expenses provision

06-07

Invoice	Supplier's name	Amount £
1	BANNER [REDACTED]	110.73
2	" [REDACTED]	93.72
3	[REDACTED]	
4	[REDACTED]	
5	[REDACTED]	
6	[REDACTED]	
7		
8		
9		
10		
		£

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

SIGNED [REDACTED]MP

PRINTED [REDACTED]

DATE 25/05/06 CONSTITUENCY B. GREEN & BOW

Invoice

 * INVOICE NO [REDACTED]

Invoice To :

George Galloway MP

Charge To :

George Galloway MP

[REDACTED]

Page 1 of 1 Date 19/04/2006

[REDACTED] Date 27/03/2006

C.A.R.

Delivered To :

George Galloway MP

[REDACTED]



Banner Business Supplies Ltd

[REDACTED]

Customer Services
 Telephone No [REDACTED]
 Fax No [REDACTED]

Sales Order No : [REDACTED]

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 19/04/2006

Amt. Due : 110.73

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	HC19-116GA OVERPRINTED WITH GEORGE GALLOWAY MP DETAILS PRINTED IN GREEN 8 X BX250 ARTWORK SUPPLIED	8	EACH	11.7800	13/04/06 13/04/06 13/04/06 13/04/06 13/04/06	94.24	17.50	16.49

[REDACTED]

[REDACTED]

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	94.24	16.49

Settlement
 Discount Terms

Sales Order Total (VAT excl)

94.24

INVOICE GOODS	94.24
INVOICE V.A.T.	16.49
INVOICE TOTAL	110.73

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

17/05/2006

Invoice

 * INVOICE NO. [REDACTED] *

Invoice To :

George Galloway MP

Charge To :

George Galloway MP



Banner Business Supplies Ltd

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Page 1 of 1 Date 28/04/2006

Date 06/04/2006

C.A.R.

Delivered To :

George Galloway MP

Customer Services
 Telephone No [REDACTED]
 Fax No [REDACTED]

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 28/04/2006

Amt. Due : 93.72

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 GEORGE GALLOWAY MP DETAILS PRINTED IN GREEN 4 X BX250 ARTWORK SUPPLIED	4	EACH	19.9400	25/04/06 25/04/06 25/04/06 25/04/06 25/04/06	79.76	17.50	13.96

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	79.76	13.96

Sales Order Total (VAT excl)

79.76

Settlement
 Discount Terms

INVOICE GOODS	79.76
INVOICE V.A.T.	13.96
INVOICE TOTAL	93.72

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

26/05/2006

21 April 2006

C2. DIRECT PAYMENT

I enclose certified invoices to allow direct payments to be made from my Incidental Expenses Provision

Invoice	Supplier's name	Amount £
1	BANNER	50.45
2	"	238.53✓
3	"	81.83✓
4		
5		
6		
7		
8		
9		
10		
		£

I certify that these are

incurred on

SIGNED

.....MP

PRINTED

DATE 20/04/06...CONSTITUENCY... B. GREEN + BOW.....

Invoice

 * INVOICE NO. [REDACTED] *

Invoice To :

George Galloway MP

Charge To :

George Galloway MP



Banner Business Supplies Ltd

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

Page 1 Of 1 Date 07/04/2006

Order Date 06/04/2006

Delivered To :

George Galloway MP

Customer Services
 Telephone No [REDACTED]
 Fax No [REDACTED]

Sales Order No : [REDACTED]

C.A.R.

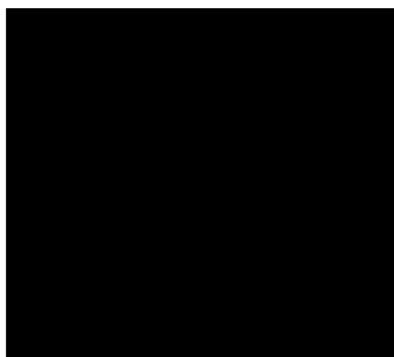
Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 07/04/2006

Amt. Due : 81.83

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total exci VAT	VAT Rate	Line VAT
1		0980456	HP DESKJET 710C 51645GE CART BLACK HP DESKJET 710C/ 720C/812C/815C/880C/895CXI/1125C/89 CC/1120C 1200C/1600C990CXI/990CM/980CXI/970C XI/959C/950C/930C/1220C/OFFICEJET	4	EACH	9.2700	06/04/06	37.08	17.50	6.49
2		0986190	HP A4 PHOTO PAPER 210gsm GLOSSY WH	4	PACK25	8.1400	06/04/06	32.56	17.50	5.70



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	69.64	12.19

Sales Order Total (VAT exci)

69.64

Settlement
 Discount Terms

INVOICE GOODS	69.64
INVOICE V.A.T.	12.19
INVOICE TOTAL	81.83

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

Invoice

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

Invoice To :

George Galloway MP

Charge To :

George Galloway MP



Banner Business Supplies Ltd

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

Page 1 of 1 Date 31/03/2006

[REDACTED] Date 27/03/2006

C.A.R.

Delivered To : [REDACTED]

George Galloway MP

Customer Services
 Telephone No [REDACTED]
 Fax No [REDACTED]

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 31/03/2006

Amt. Due : 238.53

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	SPECIAL PRINTED INVITES 124 X 177MM GILT EDGEED CARDS THERMO GREEN PRINT TO FACE 100 CARDS AND ENVELOPES ARTWORK SUPPLIED	1	EACH	203.0000	31/03/06 31/03/06 31/03/06 31/03/06 31/03/06	203.00	17.50	35.53

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	203.00	35.53

VAT Registration : [REDACTED]

Settlement : [REDACTED]
 Discount Terms : [REDACTED]

(excl)	203.00
INVOICE GOODS	203.00
INVOICE V.A.T.	35.53
INVOICE TOTAL	238.53

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

28/04/2006

Invoice

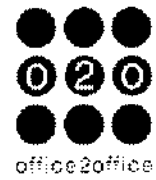
 * INVOICE NO. [REDACTED]
 * *****

Invoice To :

George Galloway MP

Charge To :

George Galloway MP



Banner Business Supplies Ltd

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Page 1 of 1 Date 04/04/2006

Order Date 31/03/2006

C.A.R.

Delivered To :

George Galloway MP

Customer Services

Telephone No [REDACTED]

Fax No [REDACTED]

Sales Order No : [REDACTED]

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 04/04/2006

Amt. Due : 50.45

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		9290005	BANNER ABS FULL STRIP STAPLER BLACK	4	STAPLR	0.8900	31/03/06	3.56	17.50	0.62
2		9030014	BANNER B/B ENV 324x229 115g P&S MA	1	BOX125	24.8400	31/03/06	24.84	17.50	4.35
4		0600286	SCOTCH MAGIC TAPE 19mmx33m + DISP	1	PACK12	14.5400	31/03/06	14.54	17.50	2.54

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	42.94	7.51

VAT Registrat

INVOICE TOTAL

42.94
 7.51
 50.45

Settlement :
 Discount Terms : [REDACTED]

Please
 return
 the slip

from final page
 of invoice with
 your payment
 by

02/05/2006

Financial Processing }

Transaction No. ...

Registration No. ...

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer ~~Y/N~~

Please check / amend relation

Text

Invoice No.

Account code / Allowance

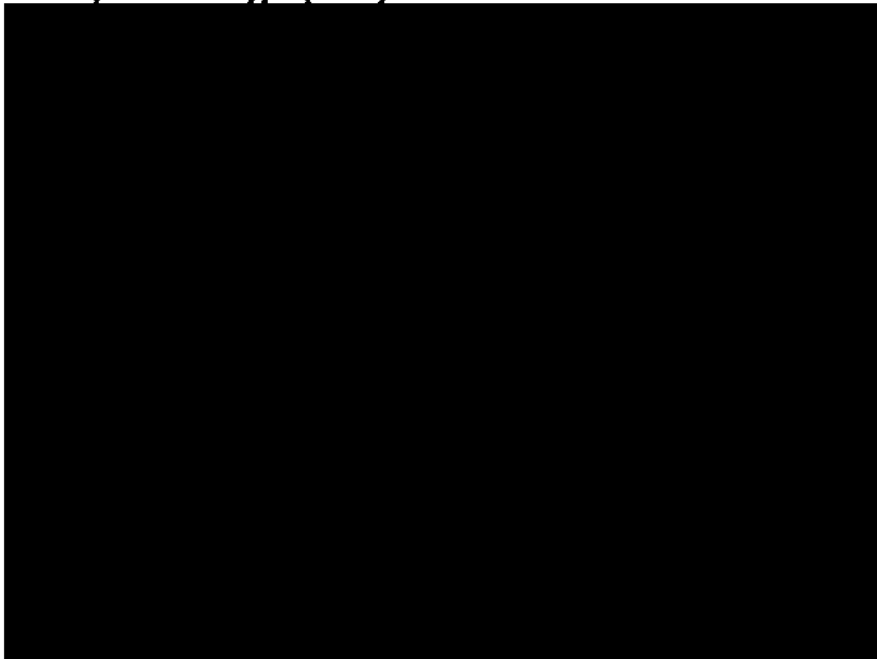
Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Who code? (Cat3)

or

Expenditure type (Cat5) :



£.....

£ 178=54

£.....

£.....

£.....

£.....

£.....

£ 17=00

£.....

£ 195=54

Comments:

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



0 2 NOV 2006

Posted by (initials & date)



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

25 APR 2008

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

GEORGE GALLOWAY

Constituency

BETHNAL GREEN + BOW

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

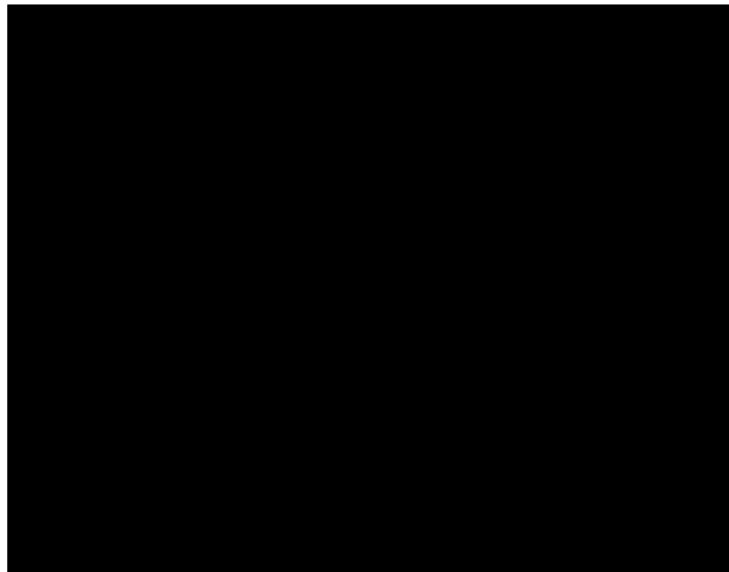
Payslip address

Bank details

Claim details

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

	Amount		
	£	:	p
One-off salary			
Season ticket			
Travel - home to work			
Rail travel			
Car travel			
Air travel			
Taxi	£	17:00	p ✓
Meals and subsistence			
Healthcare			
Childcare			
Home as office/telephone			
Office requisites	£	178:54	p ✓
Total	£	195:54	p



Authorisation and declaration

Signature: _____ Date: 24/04/06 necessarily incurred

Data protection

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

The information will be processed in accordance with the provisions of the Data Protection Act 1998. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

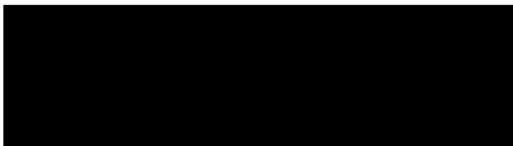
Send your completed form to

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

Office use only

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

Please use margin for comments

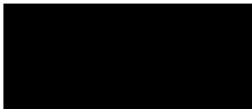


SALE

£178.54

CUSTOMER NOT PRESENT

SEC CODE WATCH ONLY



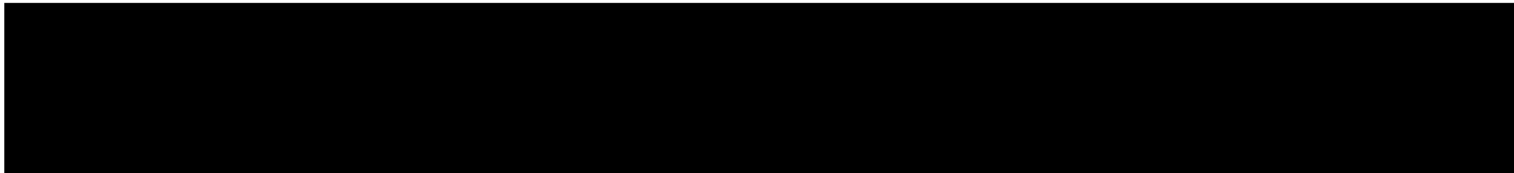
THE BODY SHOP™
DONATE A PHONE, SAVE A LIFE

DATE

AMOUNT £ 17-00

SIGNED

LICENSED TAXI RECEIPT

**INVOICE ADDRESS****DELIVERY ADDRESS**

House Of Commons

Office of George Galloway MP

FAC

ACCOUNT NO CONTACT PERSON SALES PERSON PAYMENT TERMS DUE DATE CUSTOMER VAT NO. PAGE

30 Days

30/04/2006

1 OF 1

OUR PART CODE	DESCRIPTION	YOUR PO NO.	QTY	PRICE	LINE VALUE	VAT %
	Goldtouch Keyboard - UK-layout Black USB		1	139.95	139.95	17.50
D-DEL10	Packing & Delivery		1	12.00	12.00	17.50

NET TOTAL 151.95**VAT** 26.59**TOTAL £** 178.54