

LICENSED LONDON TAXI

Transport for London **RECEIPT**[®]

AMOUNT £ 12

ALWAYS USE TRADITIONAL LONDON TAXI-CABS
THANK YOU FOR YOUR BUSINESS



LICENSED
TAXI DRIVERS
ASSOCIATION

TAXI RECEIPT

ALWAYS USE A LICENSED TAXI CAB

DATE

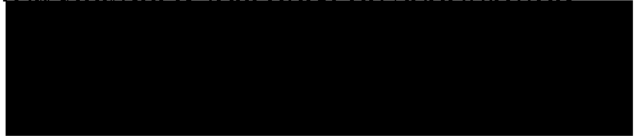


AMOUNT £

12

Signature

THE LICENSED TAXI DRIVERS ASSOCIATION





30/10

TAXI RECEIPT

ALWAYS USE A LICENSED TAXI CAB

LICENSED
TAXI DRIVERS
ASSOCIATION

DATE _____

AMOUNT £ 12 _____

Signature _____

THE LICENSED TAXI DRIVERS ASSOCIATION



L1101464
London Taxi Receipt

START [REDACTED]
END [REDACTED]

Duration 22mins
Distance 3.7miles

Item	E --
Fare	13.60
Extras	0.00
Total	13.60



**BACK
BORIS**
for a greater London



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LICENSED LONDON TAXI

Transport for London **RECEIPT**[®]

AMOUNT £ 12-20

ALWAYS USE TRADITIONAL LONDON TAXI-CABS
THANK YOU FOR YOUR BUSINESS



LICENSED LONDON TAXI

Transport for London **RECEIPT**[®]

AMOUNT £ 10.00



ALWAYS USE TRADITIONAL LONDON TAXI-CABS
THANK YOU FOR YOUR BUSINESS

Please tick one only
Receipt account

PLEASE USE CAPITAL LETTERS

Date: [REDACTED]

Time: [REDACTED] AM / PM

Account No: A [REDACTED]

Client Name:

Company Name:

Pick Up From:

Destination 1:

Destination 2:

Via:

Waiting Time Hours / Mins

MINICAB2UK

COMMENTS & COMPLAIN

NOTES

FOR ACCOUNT HOLDERS ONLY

Signature Of accountholders

X PRINT NAME OR [REDACTED]

Accountholders must sign.

Other Charges £

Fare £

TOTAL £14.00

Driver no

Driver sign only when cash received

CASH CUSTOMERS WHITE COPY ACCOUNT CUSTOMERS BLUE COPY

LICENSED LONDON TAXI

Transport for London **RECEIPT**[®]



AMOUNT £ | 2-00

ALWAYS USE TRADITIONAL LONDON TAXI-CABS
THANK YOU FOR YOUR BUSINESS



BE SURE BE SAFE

LICENSED LONDON
TAXI RECEIPT



AMOUNT £

17-00

Thank you
for your custom
ALWAYS USE A *Licensed* TAXI CAB

JVBright
TAXI PARTS



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 A. GALLOWAY MP
 in CAPITAL LETTERS
 Constituency BETHNAL GREEN & BOW

Details of staff member

First name
 Surname
 in CAPITAL LETTERS
 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.

Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One off salary	£ _____ : _____ p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ _____ : _____ p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel—homework	£ _____ : _____ p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ _____ : _____ p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ _____ : _____ p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ _____ : _____ p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ 127 : 80 p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ _____ : _____ p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ _____ : _____ p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ _____ : _____ p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ _____ : _____ p	<input checked="" type="checkbox"/> No		
Office requisites	£ _____ : _____ p	<input checked="" type="checkbox"/> No		
Total	£ 127 = : 80 p			

Authorisation and declaration

Signature _____

Date 17/03/08

ly and necessarily incurred duties.

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



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

GEORGE GALLOWAY

Constituency

BETHNAL GREEN AND BOW

Office use only

Costs

M							
---	--	--	--	--	--	--	--

Supp/Res

--	--	--	--

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 of communication and travel.

Period of claim

from 06 / 12 / 2007

to 1 / 1

Allowance year

2007 / 2008

Office use only

	Description of service or goods	Amount
Item 1	COMPUTER	£ 1199 : 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
0		£ : p

Total

£ 1199 : 00 p

continued on page 2

Authorisation and declaration

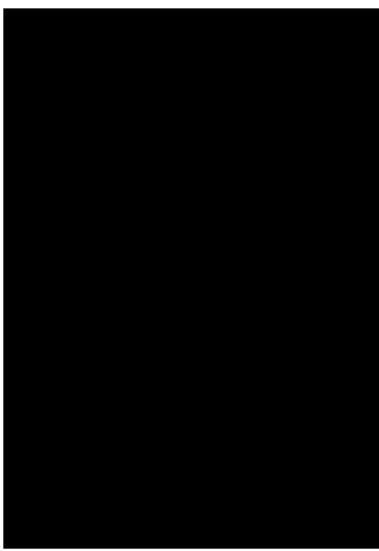
I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily

Signature 

Date

Data protection The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. 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	Input subtotals per Cat 5
Claims received	<input type="text"/>	<input type="text"/>	£ 12500
Signature check	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Funds check	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Allowable expenditure	<input type="text"/>	<input type="text"/>	£1199.00
Member Res ID & Costc	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Ext type/Cat 5 & subtotals added to form	<input type="text"/>	<input type="text"/>	£1199.00
Receipts/ documentation present	<input type="text"/>	<input type="text"/>	
Processing Input	<input type="text"/>	<input type="text"/>	

Comments

I N V O I C E

INVOICE ADDRESS

[REDACTED]

OUR REFERENCE

[REDACTED]

INVOICE DATE
 06DEC07

INVOICE NUMBER

[REDACTED]

PAGE
 1

SUBJECT

CUSTOMER VAT REG. NUMBER

PART NUMBER

Description

QTY UNIT PRICE

AMOUNT VAT

[REDACTED]

Sony Vaio VGC-LT1M 22" WVP T7250 2GB 250GB
 Intel Core 2 Duo Processor T7250
 2.00GHz, 2048KB L2 Cache, 800Mhz FSB

1 1199.00 1199.00 1

GN74486 77875

Serial Number(s) [REDACTED] B

VAT RATE	NET AMOUNT	VAT AMOUNT
1 17.5%	1020.43	178.57

FREIGHT	0.00
SUBTOTAL	1020.43
VAT AMOUNT	178.57
TOTAL	1199.00
AMOUNT PAID	1199.00
BALANCE O/S	0.00

PAYMENT METHOD

Visa Delta 1199.00

[REDACTED]



Direct payment of suppliers

13/01/08

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 GALLOWAY MP

Constituency

BETHNAL GREEN AND BOW

Office use only

Costs

Supp/Res ID

Claim details

Please ensure

- your claim totals more than £100 – this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

You can specify

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

Date of claim

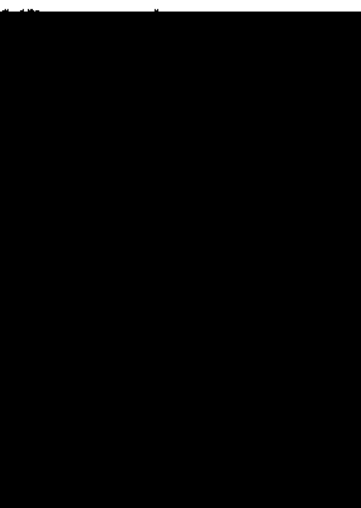
03 / 01 / 2008

Allowance year

2007 / 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	VIKING DIRECT	59.29 £ 174 : 55 p
Item 2	BANNER	£ 62 : 01 p
Item 3	SIMON SUTTON LTD	32 : 00 p
Item 4	VIKING DIRECT	£ 42 : 79 p
Item 5	" "	£ 72 : 45 p
Total		£ 268 : 54 p 236.54



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

Signature  of costs incurred wholly, by Parliamentary duties.

Date 07 / 01 / 2008 

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

**CHRISTMAS
I·M·P·R·I·N·T·S
SIMON ELVIN LIMITED**

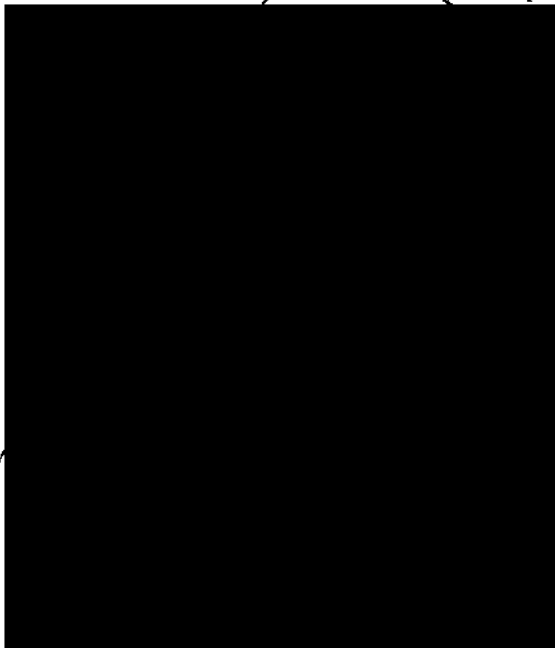
George Galloway MP

Account

Date 31/12/07

Page 1

Date	Type	Reference	Debit	Credit	Balance
11/12/07	Invoice		32.00		32.00



3 Months +	2 Months	1 Month	Current	Total
			32.00	32.00

STATEMENT



CUSTOMER

NUMBER:

DATE:

9/11/07

George Galloway MP

* For Credit Queries or To make Payments by Credit Card Please

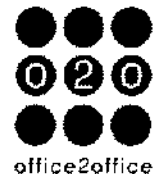
Please note terms strictly 30 days net

THE FOLLOWING INCLUDES PAYMENT RECEIVED BY THE DATE OF THE STATEMENT ONLY, PLEASE NOTIFY OUR CREDIT DEPARTMENT OF ANY DISCREPANCIES

INVOICE DATE			INVOICE No.	CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL
08	11	07	[REDACTED]	59.29	00	[REDACTED]	[REDACTED]	[REDACTED]	59.29
08	11	07	[REDACTED]	42.79	00	[REDACTED]	[REDACTED]	[REDACTED]	42.79
08	11	07	[REDACTED]	72.45	00	[REDACTED]	[REDACTED]	[REDACTED]	72.45
BALANCES OUTSTANDING →				174.53					174.53

Please note that for your convenience you may pay over the phone with most debit and credit cards.

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

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 05/10/2007

Amt. Due : 62.01

Page 1 of 1 Date 05/10/2007
 Acc. No. [REDACTED] Order Date 04/10/2007
 Order [REDACTED]
 C.A.R. [REDACTED]

Delivered To :

George Galloway MP

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		0501073	BIC Z4 LIQUID INK ROLLER PEN BLACK	1	PACK12	10.2700	04/10/07	10.27	17.5	1.80
2		5000371	CAMBRIDGE A5 WIREBOUND N/BOOK 100P	10	EACH	1.2700	04/10/07	12.70	17.5	2.22
3		0630407	STABILO BOSS LUMINATOR ASSORTED	2	WALET4	6.8900	04/10/07	13.78	17.5	2.41
4		0080238	POST-IT NOTES 38x51 WARM PAST R/BOW	1	PACK12	3.6400	04/10/07	3.64	17.5	0.64
5		0600201	SELLOTAPE ORIG CELLULOSE 19mmx33m	5	ROLL	0.8200	04/10/07	4.10	17.5	0.72
6		9410401	BANNER A4 MW FLUSH FLDR 105mu CLEAR	1	PACK25	4.7800	04/10/07	4.78	17.5	0.84
7		0410066	BLU TACK ADHESIVE HANDY 65g	5	PACK	0.7000	04/10/07	3.50	17.5	0.61



**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	52.77	9.24

Sales Order Total (VAT excl) 52.77

INVOICE GOODS	52.77
INVOICE V.A.T.	9.24
INVOICE TOTAL	62.01

Settlement : None
 Discount Terms :

EEE Producer Registration No [REDACTED]



Direct payment of suppliers

29 MAY 2007

When to use this form

- Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see *Green Book* section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

MR GEORGE GALLOUX MP

Constituency

LEITHVAL GREEN AND BOW

Office use only

Costc

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

26/04/2007

Allowance year

2007/2008

Incidental Expenses Provision claims

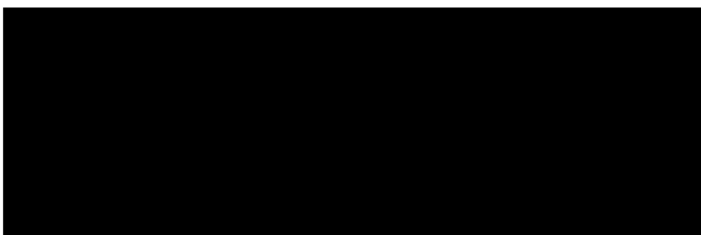
	Suppliers	Amount		
Item 1	BONNET	£ 186 : 31 p		
Item 2		£ : p		
Item 3		£ : p		
Item 4		£ : p		
Item 5		£ : p		
	Total	£ : p		

Claim details continued

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

Authorisation and declaration

Signature



sts incurred wholly, amentary duties.

Date

21 / 05 / 2007

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

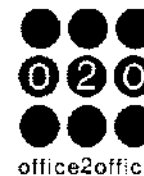
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

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

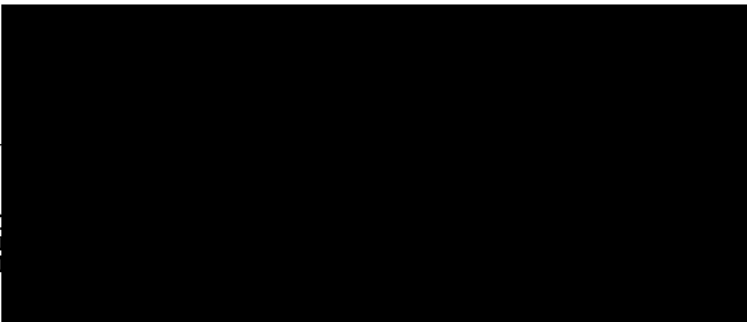
Statement



George Galloway MP

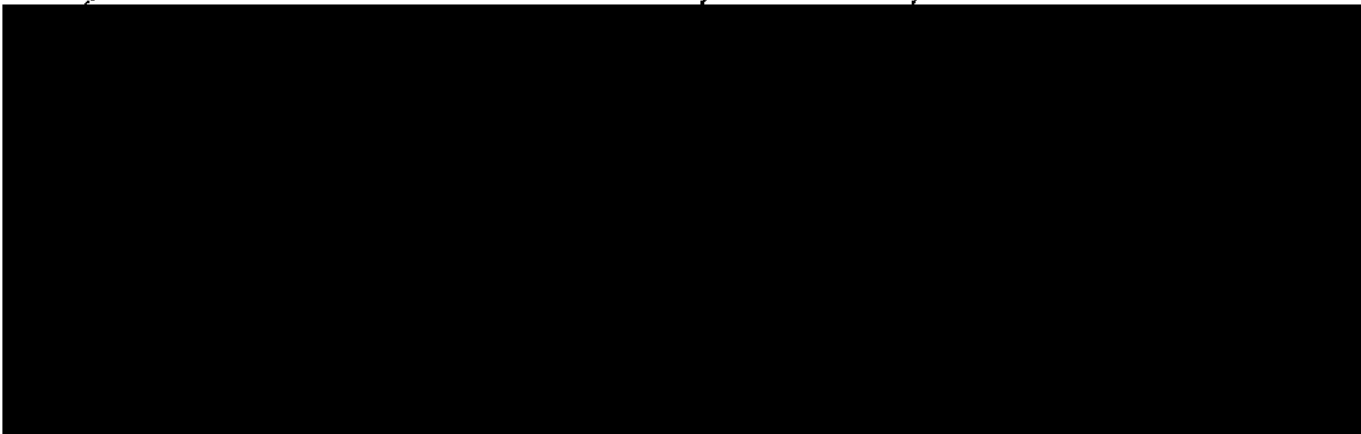
Customer Account : [REDACTED]

Statement Date : 10/05/2007



Page : 1

Date	Transaction Type	Document	Customer Reference	Status	Transaction Value	Outstanding Value
26/04/2007	INV	[REDACTED]	[REDACTED]		186.31	186.31



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 : 186.31



PAYMENT SLIP

Please see reverse
for terms of business
and how to pay

No. :

No. :

Date:

26/04/2007

Due :

186.31

**Please
return
the slip**

**from final page
of invoice with
your payment
by**

24/05/2007

Invoice

 * INVOICE NO [REDACTED]
 * *****
 Invoice To :

Charge To [REDACTED]
 George Galloway MP



Banner Business Supplies Ltd

George Galloway MP

George Galloway MP

[REDACTED]

Delivered To [REDACTED]
 George Galloway MP

[REDACTED]

Page 1 of 1 Date 26/04/2007

Acc. [REDACTED] Order Date 25/04/2007

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
1		0230415	RAPESCO PORTRAIT WALLET A4+ CLEAR	5	PACK5	2.3700	25/04/07	11.85	17.5	2.07
2		0983176	HP PREMIUM+ PHOTO PAPER GLOSSY A4	2	PACK50	41.4300	25/04/07	82.86	17.5	14.50
3		0630500	PILOT LIQUID INK SIGN PEN BLACK	2	BOX12	11.7900	25/04/07	23.58	17.5	4.13
4		0630408	STABILO BOSS LUMINATOR YELLOW	2	BOX5	8.6100	25/04/07	17.22	17.5	3.01
5		5000370	CAMBRIDGE A4 WIREBOUND N/BOOK 100P	10	EACH	1.5000	25/04/07	15.00	17.5	2.63
6		9280006	BANNER GIANT WAVY PAPERCLIP	1	BOX100	1.9500	25/04/07	1.95	17.5	0.34
7		0470007	NO TEAR LARGE PAPERCLIP	2	BOX100	0.2300	25/04/07	0.46	17.5	0.08
8		0080404	POST-IT SUPER STICKY MEETING NOTES	2	PACK4	2.8200	25/04/07	5.64	17.5	0.99

[REDACTED]

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	158.56	27.75

Sales Order Total (VAT excl)

158.56

VAT Registration [REDACTED]

INVOICE GOODS	158.56
INVOICE V.A.T.	27.75
INVOICE TOTAL	186.31

Settlement : None
 Discount Terms :



Incidental Expenses Provision

C1

Member's reimbursement form

10 APR 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

GEORGE GALLOWAY

Constituency

B GREEN + BOW

Office use only

Costc M

Supp/Res ID 7 1

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 09 / 04 / 07 to 17 / 04 / 07

Allowance year

2007 / 2008

Office use only

Allow or Exp

	Description of service or goods	Amount
Item 1	Petty Cash	£ 81 : 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

£ 81 : 00 p

continued on page 2

Authorisation and declaration

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

Signature 

Date 17/04/07

Data protection

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



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 & Costs		/ /
Ext type/Cat 5 & subtotals added to form		/ /
Receipts/ documentation present		/ /
Processing Input		/ /

Subtotals per Cat 5
£ 81.50
£
£
£
£
£
£
£ 81.00

Comments

Financial Processing }

Transaction No.

Registration No.



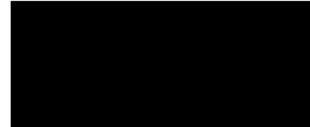
C3

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or



or

New Supplier

Volunteer Yes/No

Please check / amend relation



Text

10/01/08

Invoice No.

Account code / Allowance

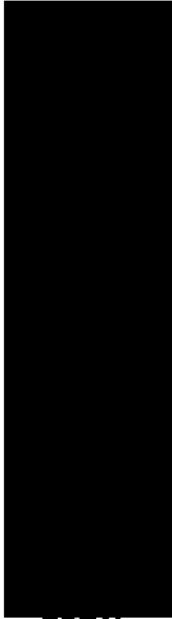
Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



07_08



TOTAL

£ 66.37

£.....

£.....

£.....

£.....

£.....

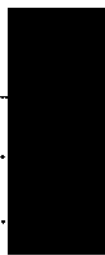
£.....

£.....

£.....

£ 66.37

Comments:



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

17/1

Posted by (Initials & date)



C3

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

10 JAN 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 MP

Constituency

BETHNAL GREEN AND 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
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ : p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 66 : 37 P

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> No		
<input checked="" type="checkbox"/> No		

Authorisation and declaration

Signature

Date

and necessarily incurred expenses.

Data protection

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

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

Send your completed form to

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

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



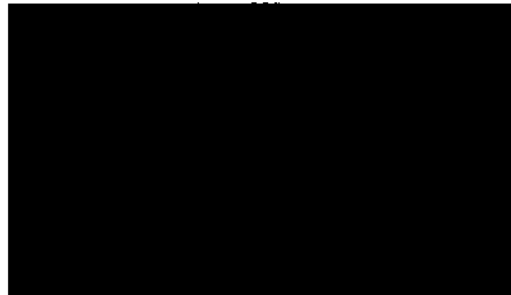
Post Label 2
1 @ 2.30 2.30
Post Label 2
1 @ 2.30 2.30
TOTAL DUE TO POST OFFICE 4.60
Visa Debit FROM CUSTOMER 4.60
BALANCE 0.00

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

ITEM NO	BUILDING NAME OR NUMBER	POSTCODE
1
2
3

Please retain for future reference

Thank You



Post Label A/B		
1	8	8.66
		8.66
TOTAL DUE TO POST OFFICE		8.66
Cash	FROM CUSTOMER	8.66
BALANCE		0.00

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

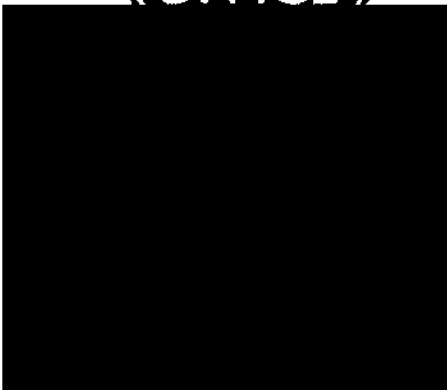
ITEM NO	BUILDING NAME OR NUMBER	POSTCODE
1
2
3
4

Thank You



Postage stamp		
1 @	1.17	1.17
TOTAL DUE TO POST OFFICE		1.17
Cash	FROM CUSTOMER	1.17
BALANCE		0.90

Thank You



Post Label SD		
1 @	4.30	4.30
Post Label SD		
1 @	4.30	4.30
TOTAL DUE TO POST OFFICE		8.60
Cash	FROM CUSTOMER	8.60
BALANCE		0.00

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

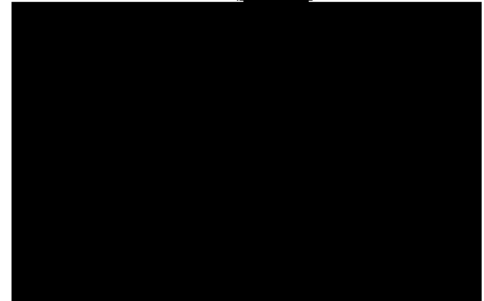
ITEM NO	BUILDING NAME OR NUMBER	POSTCODE
1
2
3
4

Thank You

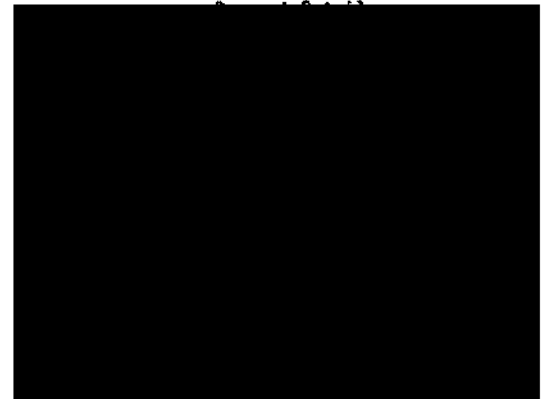


Postage step			
4 @	0.69		2.76
Postage step			
1 @	1.17		1.17
Postage step			
1 @	0.78		0.78
TOTAL DUE TO POST OFFICE			4.71
Cash	FROM CUSTOMER		4.71
BALANCE			0.00

Thank You

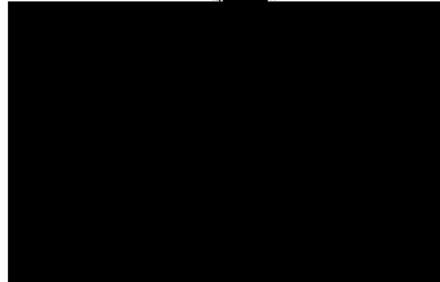


Postage stamp			
14 @ 2.30			32.20
TOTAL DUE TO POST OFFICE			32.20
Visa Debit	FROM CUSTOMER		32.20
BALANCE			0.00



Please retain for future reference

Thank You



Post Label 1		
1 @	2.92	2.92
Post Label 1		
1 @	1.84	1.84

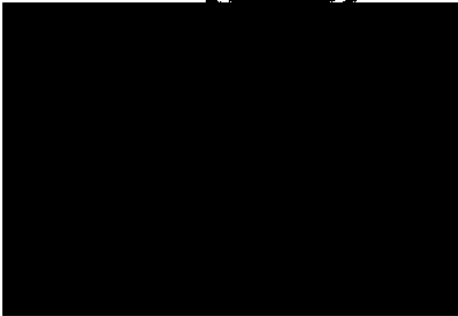
TOTAL DUE TO POST OFFICE 4.76

Cash	FROM CUSTOMER	4.76
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 Label A
1 @ 1.72 1.72
TOTAL DUE TO POST OFFICE 1.72
Cash FROM CUSTOMER 1.72
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

C2. DIRECT PAYMENT

16 JUL 2007 3

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

Invoice	Supplier's name	Amount £	<i>Transaction code For Fees office use only</i>
1	BANNER	10.18	[REDACTED]
2	KEYTOOLS	111.63	
3	BANNER	102.81	
4			
5			
6			
7			
8			
9			
10			

[REDACTED]

£ ~~10.18~~

[REDACTED]

I certify that [REDACTED] on
parliamentary [REDACTED]

SIGNED: [REDACTED]

PRINTED NAME: MR GEORGE GALLOWAY ✓

DATE: 13/07 25/6/2007 CONSTITUENCY: BETHNAL GREEN AND BOW

KEYTOOLS .COM

making IT easier

INVOICE

INVOICE DATE

02/07/2007

INVOICE NO.

INVOICE ADDRESS
FAO ACCOUNTS/FINANCE

DELIVERY ADDRESS

Houses of Parliament
Office of George Galloway MP

ACCOUNT NO	YOUR PO NO.	CONTACT PERSON	SALES PERSON	PAYMENT TERMS	CUSTOMER VAT NO.	PAGE
				30 Days		1 OF 1

OUR PART CODE	DESCRIPTION	QTY	PRICE	LINE VALUE	VAT %
	Quil (Aerobic) Mouse Left handed - Black	1	89.00	89.00	17.50
	Packing & Delivery	1	6.00	6.00	17.50

NET TOTAL	95.00
VAT	16.63
TOTAL £	111.63

Invoice

 * INVOICE NO. *
 * ***** *
 Invoice To :



Banner Business Supplies Ltd

George Galloway MP

Charge To :
 George Galloway MP



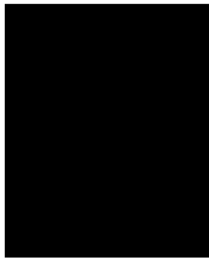
Page 1 of 1 Date 15/06/2007
 Acc. No. [redacted] Order Date 14/06/2007
 Order [redacted]
 C.A.R. [redacted]

Delivered To [redacted]
 George Galloway MP

Customer Serv [redacted]
 Telephone No [redacted]
 Fax No [redacted]

Sales Order No : [redacted]

Line No.	Line Ref.	Product Code	Product Description	Quantity	I.O.M.	Unit Price	Tax Date	Line Total (excl VAT)	VAT Rate	Line VAT
1		9405026	BANNER A4 PAPER COV L/A FILE 70 BK	3	TACH	2.7300	14/06/07	8.19	17.5	1.43
2		9383005	BANNER PLN MANILLA 10PT A4 CCL DIV	3	JET	0.1600	14/06/07	0.48	17.5	0.08



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	8.67	1.51

VAT Registration [redacted]

Sales Order Total (VAT excl)

8.67

Settlement : None
 Discount Terms :

INVOICE GOODS	8.67
INVOICE V.A.T.	1.51
INVOICE TOTAL	10.18

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. : [redacted]

Inv. No. : [redacted]

Inv. Date. 15/06/2007

Amt. Due : 10.18

Please return the slip

from final page of invoice with your payment by

13/07/2007

Invoice



 * INVOICE NO. [REDACTED]
 *
 Invoice To :
 George Galloway MP

Charge To :
 George Galloway MP

Banner Business Supplies Ltd
 Cashier

[REDACTED]

Page 1 of 1 Date 05/07/2007
 Acc. No. [REDACTED] Order Date 04/07/2007
 Order [REDACTED]
 C.A.R.

Delivered To :
 George Galloway MP

Customer Service
 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		9383005	BANNER PLN MANILLA 10PT A4 COL DIV	5	SET	0.1600	04/07/07	0.80	17.5	0.14
2		9600011	BANNER CD-RW 700MB 80MIN	5	EACH	0.8700	04/07/07	4.35	17.5	0.76
3		0500495	PENTEL HYBRID GEL GRIP DL R/BALL BK	2	BOX12	12.2700	04/07/07	24.54	17.5	4.29
4		0500496	PENTEL HYBRID GEL GRIP DL R/BALL BL	2	BOX12	12.2700	04/07/07	24.54	17.5	4.29
5		0570355	RAPESCO SNAPPER HALF STRIP STPLR BK	1	EACH	2.5200	04/07/07	7.56	17.5	1.32
6		9330019	BANNER 2H EXTRA H/DUTY PERF 63SH BK	1	EACH	17.1300	04/07/07	17.13	17.5	3.00
7		9150014	BANNER A4 VALUE COPIER 80gsm WHITE	1	BX2500	8.5900	04/07/07	8.59	17.5	1.50

9115875
 SL

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

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 05/07/2007
 Amt. Due : 102.81

**Please
 return
 the slip**
 from final page
 of invoice with
 your payment
 by

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	87.51	15.30

Sales Order Total (VAT excl) 87.51
 INVOICE GOODS 87.51
 INVOICE V.A.T. 15.30
 INVOICE TOTAL 102.81

Settlement : None
 Discount Terms :

C2. DIRECT PAYMENT

22 JUN 2007

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

Invoice	Supplier's name	Amount £	Transaction code <i>For Eas office use only</i>
✓ 1	DELL	52.88	
2			
3			
4			
5			
6			
7			
8			
9			
10			

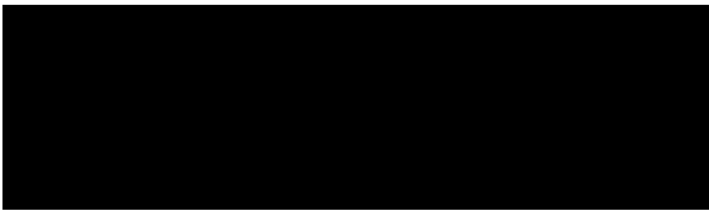
£ 52.88

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

SIGNEDMP

PRINTED NAME MR GEORGE GALLOUX MP

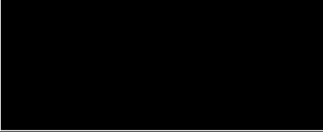
DATE 01/June/07 CONSTITUENCY BETHNAL GREEN AND BOW.



Invoice

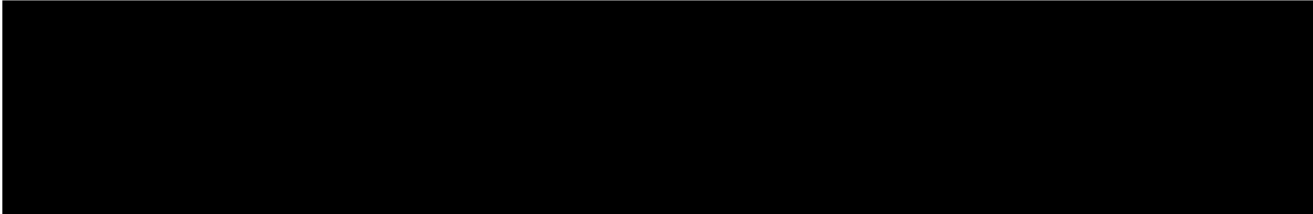
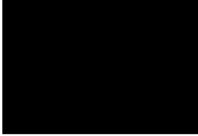
Invoice To:

House of Commons
G Galloway MP



Deliver To:

House of Commons
G Galloway MP



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

VAT Summary

VAT Rate	GBP	GBP
%	Total Net £	VAT £
17.5	45.00	7.88

	GBP
Subtotal	45.00
Freight	0.00
VAT £	7.88
Total	52.88

DOY

Tag Nos.

