

Received
 25 MAY 2004
 Resources Unit
 Finance and Administration
 Department

Transaction code. [REDACTED]

C3. DIRECT PAYMENT
 of expenses to Secretaries/research assistants.
 (To exclude travel between home and normal place of work)

I hereby authorise the Fees Office to pay the undermentioned person the following sums from my Office Costs Allowance.

Name [REDACTED]

[REDACTED]

Only complete the bank details if this is the first time of payment or if your details need amending.

Bank name and address.....

Sort code..... Account No.....

Account name.....

Payment for	Amount £	Description - if further clarification required
Meals & subsistence	16	
Travel - (rail/air/taxi) *** Please see below		
Other travel - (car) *** Please see below		
Other travel - (season ticket) *** Please see below		
Child care costs		
Telephone		
Home as office		
Office requisites	171	
Private medical insurance		
Other (please specify)		
*** These should exclude travel from home to normal place of work. Such items should be entered on a C4 claim form.	£ 187	

*For Fees Office
use only*

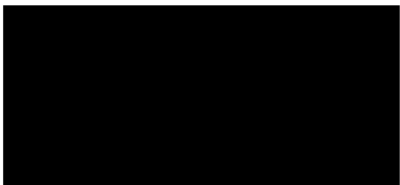
[REDACTED]

I certify that these expenses have been wholly incurred on parliamentary duties.

Signed (Member)..... [REDACTED]

Printed name... HENRY BELLINGHAM

Date... 18/05/04... Constituency... NORFOLK NW



Transaction code.

1
2
3
4
5
6
7
8
9
10

03/04 ✓

C1. REIMBURSEMENT

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

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

Item	Description of service / goods	Amount £	Fees office use only
1	parliamentary work (expenses) Association - invoices for	1,000.00	
2	P.R. G. (attached)	1,762.50	
3	Barrow (attached)	799.60	
4	Anglican newspaper (Advertising)	267.95	
5	Simplex Advertising expenses	249.00	
6	Letter Lab	100.00	
7	Victoria Crucifix	285.00	
8	General expenses	168.48	
9			
10			
		£ 4,632.53	

£2870-03

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

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

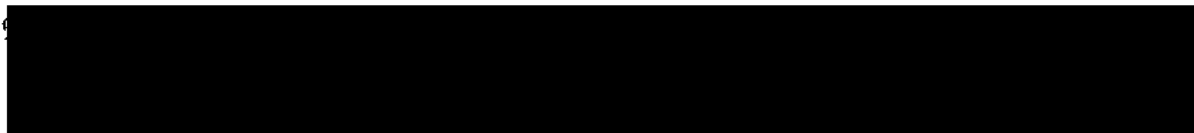
PRINTED NAME.....HENRY DILLINGTON.....

DATE 25/3/04..... CONSTITUENCY N. LI. NORFOLK.....

03/04

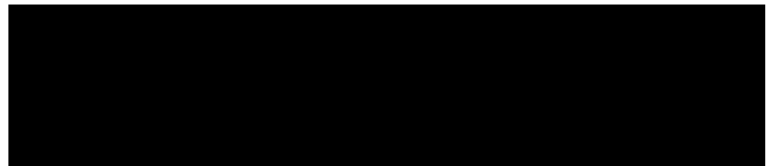


Parliamentary Resources Unit



28 MAY 2004
FINANCE OFFICE

INVOICE



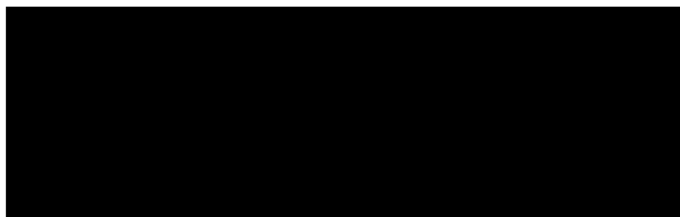
Customer

Henry Bellingham MP
House of Commons

Service

For the provision of research services:

Contract	£1,500
VAT	£262.50
Total	£1,762.50



Transaction code.

C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period ...1/1/2014..... to 31/12/2014..... as detailed below.

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

Item	Description of service / goods	Amount £	Fees office use only
1	General office	200.00	
2	Printer paper	46.86	
3	Printer (invoice etc.)	257.78	
4	Telephone	100.00	
5	Mobile	75.00	
6	Travel	50.00	
7			
8			
9			
10			
		£ 727.64	

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

SIGNED.....MP

PRINTED NAME.....HELEN BELLINGHAM.....

DATE.....29/12/14.....CONSTITUENCY.....N. N. Dorset

Invoice

 * INVOICE NO. [REDACTED] *



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

Invoice To :
 Henry Bellingham MP
 [REDACTED]

Charge To :
 Henry Bellingham MP
 [REDACTED]
 Banner Business Supplies Ltd

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 20/07/2004
 Amt. Due : 160.32

Page 1 of 1 Date 20/07/2004
 Acc. No. [REDACTED] Order Date 19/07/2004
 Order [REDACTED]
 C.A.R.

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		8280007	SPIRAL 203x127mm SH N/BOOK 120P	2	BOOK	0.5700	19/07/04	1.14	17.50	0.20
2		5000305	BLACK N RED A4 ELAST PP RULED BOOK	2	EACH	2.5900	19/07/04	5.18	17.50	0.91
3		0980019	MAXELL 3.5in DISK DSHD IBM FORMAT	1	BOX10	3.4000	19/07/04	3.40	17.50	0.60
4		0981615	CANON BJC3000/6000 INK TANK YELLOW	2	CRTRDG	7.0900	19/07/04	14.18	17.50	2.48
			CANON BJC-3000 & S400				19/07/04			
			BJC-6000/6100/6200/6500 & S450/S4500/S600 YELLOW INK TANK				19/07/04			
			BCT3EY				19/07/04			
5		0983344	EPSON STYLUS PHOTO B10 IJET CART BK	2	EACH	18.0400	19/07/04	36.08	17.50	6.31
6		0983345	EPSON STYLUS PHOTO B10 IJ CART COL	2	EACH	15.1400	19/07/04	30.28	17.50	5.30
7		0981612	CANON BJC3000/6000 INK TANK BLACK	2	CRTRDG	8.9100	19/07/04	17.82	17.50	3.12
			CANON BJC-3000 & S400				19/07/04			
			BJC-6000/6100/6200/6500 & S450/S4500/S600 BLACK INK TANK				19/07/04			
			BCT3EBK				19/07/04			
8		0981613	CANON BJC3000/6000 INK TANK CYAN	2	CRTRDG	7.0900	19/07/04	14.18	17.50	2.48
			CANON BJC-3000 & S400				19/07/04			
			BJC-6000/6100/6200/6500 & S450/S4500/S600 CYAN INK TANK				19/07/04			
			BCT3EC				19/07/04			
9		0981614	CANON BJC3000/6000 INK TANK MAGENTA	2	CRTRDG	7.0900	19/07/04	14.18	17.50	2.48
			CANON BJC-3000 & S400				19/07/04			
			BJC-6000/6100/6200/6500 & S450/S4500/S600 MAGENTA INK TANK				19/07/04			
			BCTEM				19/07/04			

**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	136.44	23.88

Sales Order Total (VAT excl) 136.44

INVOICE GOODS	136.44
INVOICE V.A.T.	23.88
INVOICE TOTAL	160.32

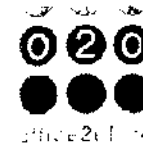
Settlement : None
 Discount Terms :



17/08/2004

INVOICE

RECEIVED 15 JUL 2004



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

* INVOICE NO. [REDACTED] *

Invoice To :

Henry Bellingham MP

Charge To :
Henry Bellingham MP

Banner Business Supplies Ltd

Page 1 Of 1 Date 13/07/2004
Acc.No [REDACTED] Order Date 10/06/2004
Order ORDER NUMBER [REDACTED]
C.A.R.

Acc. No. : [REDACTED]
Inv. No. : [REDACTED]
Inv. Date: 13/07/2004
Amt. Due : 97.06

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 HENRY BELLINGHAM MP DETAILS PRINTED IN GREEN 4 X BX250 ARTWORK SUPPLIED	4	EACH	20.6500	10/06/04 10/06/04 10/06/04 10/06/04 10/06/04	82.60	17.50	14.46

V.A.T. Summary

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

Sales Order Total (VAT excl)

82.60

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

Settlement : None
Discount Terms :

Please return the slip

from final page of invoice with your payment by

10/08/2004

WIC

28 JUL 2004

RECEIVED

Transaction code.



C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1/4/04 to 7.0/6.04 as detailed below.

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

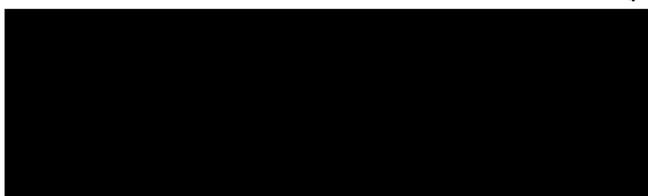
Item	Description of service / goods	Amount £	Fees office use only
1	Telephone	400.00	
2	Mobile phone	350.00	
3	P.L. World (invoice attached)	699.99	
4	Printer Stationery	1015.26	
5	General Office	240.00	
6	benzergs - rent of room	50.00	
7	- taping (invoice attached)	165.00	
8	Victoria Crawford	100.00	
9	Print printing (invoice attached)	117.51	
10			
		£ 3137.76	

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

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

PRINTED NAME..... HENRY WELLS.....

DATE 1/4/04..... CONSTITUENCY..... N. H. GORFOLL.....



Mr Henry Bellingham MP

28th June 2004

pd . *28/7/04*

INVOICE -

For work carried out on behalf of Henry Bellingham MP for the month of June 2004 :-

Friday 4 th June	2 hours	=	£11.00
Friday 11 th June	2 hours	=	£11.00
Friday 18 th June	2 hours	=	£11.00
Friday 25 th June	2 hours	=	£11.00
	Sub total	=	£44.00
Plus amount outstanding for May		=	£44.00
	Total	=	£88.00

RECEIVED 30 JUN 2004

£77.00

[Redacted]

[Redacted]

Hours worked for Henry Bellingham MP during the month of April 2004, payable at the rate

[Redacted]

Wednesday 7th April 2 hours)

Work done early, due to Easter bank holiday.

Thursday 8th April 2 hours)

Monday 19th April 2 hours)

Work done, in order to make alterations.

Tuesday 20th April 2 hours)

Friday 23rd April 2 hours

10 hours

Plus hours for March 2004 4 hours

Total 14 hours = £ 77.00

Could this please be paid before the end of next month, otherwise it will alter my tax situation and you will then need to recalculate my tax allowance. At the moment I am still okay and within my limit.

Many thanks.

[Redacted]



[Handwritten signature]

STATEMENT

HENRY BELLINGHAM



Account Number:

Sheet Number:

Statement Date: February 2004

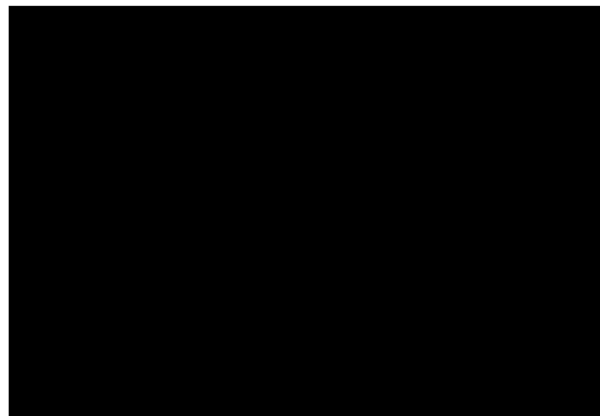
Contact Name: Henry Bellingham

Date	Job No.	Order No.	Reference	Paid	Inv. No.	Amount
20 2 04	04 420	Henry	Business Cards	0 0	7664	£117.51

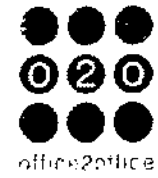
TOTAL INVOICED: £117.51

RECEIVED 12 MAY 2004

TOTAL DUE (Feb): £117.51

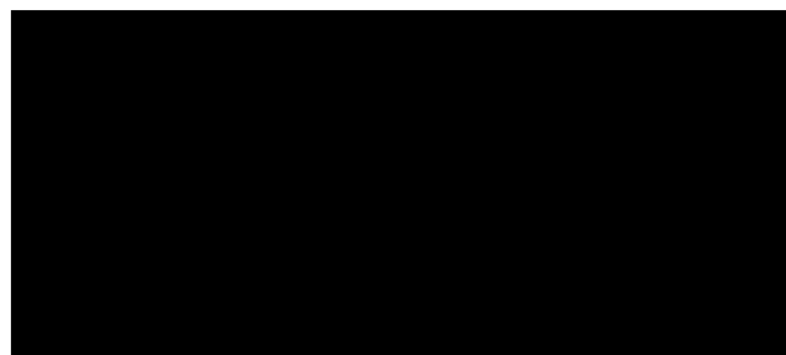


Statement



Henry Bellingham MP

Customer Account :
 Statement Date : 08/07/2004



Date	Transaction Type	Document	Customer Reference	Status	Transaction Value	Outstanding Value
12/02/2004	INV	0013538223	G0050351		46.13	46.13
17/02/2004	INV	0013549772	G0007951		153.85	153.85
27/02/2004	INV	0013579496	G0007952		84.32	84.32
12/03/2004	INV	0013621553	G0050352		136.35	136.35
24/03/2004	INV	0013654484	ORDER NO E002520		97.06	97.06
29/04/2004	INV	0013742430	G0050353		57.07	57.07
05/05/2004	INV	0013757453	G0007955		129.22	129.77
22/05/2004	INV	0013804698	G0007956		155.85	155.85
27/05/2004	INV	0013816061	G0050354		7.14	7.14
10/06/2004	INV	0013850672	G0050355		30.67	30.67
23/06/2004	INV	0013883084	G0007957		117.05	117.05

OVERDUE

URGENT PAYMENT REQUIRED

*pd
17/04*

*pd. to
Len*

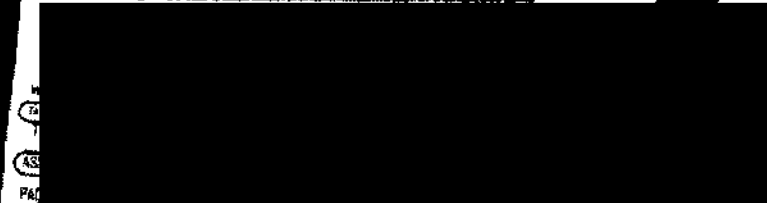


Type:	Status:
INV Invoice	P Partly paid
CRN Credit Note	O Invoice under query
CASH Payment	
CADJ Credit Adjustment	
DADJ Debit Adjustment	

Total : 1015.26

PC-WORLD

THE COMPUTER SUPERSTORE



PACKARD BL 3052 A10/ FUJ/SW £ 460.99
1 x 036269 9 £460.99
->FUJII 005 DIGITAL
->HEULYTPACK PCC1210
->PACKARD PL MED 3052 DEL 2.6
->PC LINE USP 0-8 DEL 1.0M
->HELTON DEN DIGITAL P RCR 03

CUSTOMER: PACKARD BL L15C 15" TFT £ 239.00
MR AN DT 1 x 823022 9 £239.00
123 ANY :
ANY TONY :
ANY SHIRE :
AN22 022 :

AMOUNT DUE £ 699.99

AMEY £ 699.99

OPERATOR : [REDACTED]

CUSTOMER'S ADDRESS :
MR H BELLINGHAM

Your Refer
008 0001
000000 00
0001

...ple
in a s

If you require
format such a
please contact

Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C1

Member Supplier ID

Pay recipient

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

Text (40 characters max)

MARCH 05

Invoice date (i.e. date of claim)

Invoice No. INVOICE date 25105

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

[REDACTED]

TOTAL

£ 48.00
£ 219.92
£
£
£
£
£
£
£
£
£ 267.92

Comments:

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

Posted by (initials & date)

[REDACTED]



Member's reimbursement form

25 MAY 2005
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

HELEN J. DILLON

Constituency

N. G. NORFOLK

Claim details

Please ensure

- your claim totals more than £100
- you provide journey details of all taxi journeys
- you attach all receipts or invoices for items of £250 and above
- any claims for petty cash do not exceed £250 per month.

You can only claim for

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

Period of claim from 1 10 05 to 21 10 05

Allowance year 2006/2005

	Description of service or goods	Amount
Item 1	Revised Revenues Expenditure	£ 149 : 32 p
Item 2	-	£ 70 : 66 p
Item 3	ESP - Surgery	£ 48 : 00 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/
A/c code Cat 5

Total £ 267 : 92 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

[Redacted Signature]

MP

Date

2/1/05

Data protection

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

For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act.

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

Send your completed form to

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

Office use only

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 Subtotals Table]

Comments

[Redacted Comments Box]

Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

C1

Please write or print clearly & attach to claim

Member Supplier ID

[REDACTED]

Pay recipient

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

Text

MARCH 05

Invoice No. invoice date 06/10/04 -

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04_05 / ~~00_06~~

Expenditure type (Cat5) :

[REDACTED]

£ 1134.50

£

£

£

£

£

£

£

£

£ 1134.50

TOTAL

Comments:

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

[REDACTED]

Posted by (initials & date)

Transaction code.

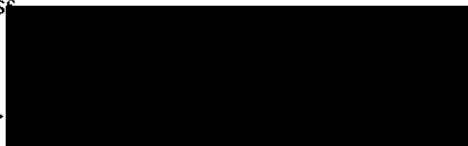
C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period *1/11/05* to *31/10/05* as detailed below.

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

Item	Description of service / goods	Amount £	Fees office use only
1	General office	215.00	
2	Mobile phone	125.00	
3	Reveries (invoices etc.)	464.50	
4	Letter Leath	150.00	
5	Norfolk phone	200.00	
6			
7			
8			
9			
10			
		£1,134.50	

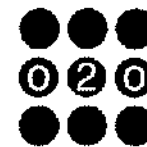
I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary business

SIGNED..... MP

PRINTED NAME..... *HENRY DE LUCA*

DATE..... *6/4/05* CONSTITUENCY..... *N. G. Norfolk*

Statement



office2office

Banner Business Supplies Ltd

Henry Bellingham MP

Customer Account :
 Statement Date : 08/03/2005

Page : 1

OVERDU
URGENT PAYMENT REQUIRED

Date	Transaction Type	Document	Customer	Status	Transaction Value	Outstanding Value
24/11/2004	INV				236.26	236.26
25/11/2004	CRD				-30.56	-30.56
06/01/2005	INV				27.92	27.92
27/01/2005	INV				25.11	25.11
01/02/2005	INV				102.23	102.23
24/02/2005	INV				70.60	70.60
26/02/2005	INV				149.32	149.32
26/02/2005	INV				122.35	122.35

20.
22/3/05

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 : 703.23



04/05

Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C2

Supplier ID

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

MAR 05 BELLINGHAM

04_05 / 0506

[REDACTED]

TOTAL

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 1909.37 ✓

£ 1909.37

Comments:

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

Posted by (initials & date)

[REDACTED]


08 APR 2005

C2. DIRECT PAYMENT

I enclose 1 certified invoice to allow direct payment to be made from my 2004-5 Office Costs Allowance (Staffing or IEP - Please delete as appropriate).

Invoice	Supplier's name	Amount £	Transaction code <i>For Fees Office use only</i>
1	Parliamentary Resources Unit Standard Contract -part payment	1,625	
2	+ VAT	284.37	
3			
4			
5			
6			
7			
8			
9			
10			
	Total	£1,909.37	

I certify that these expenses have been wholly, exclusively and necessarily incurred on parliamentary duties.

SIGNED..... 

PRINTED NAME.....Henry Bellingham MP

DATE...4/6/05.....CONSTITUENCY...NW Norfolk

Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

C1

Please write or print clearly & attach to claim

Member Supplier ID [REDACTED]

Pay recipient

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

Text

01-31 MARCH 05

Invoice No. [REDACTED]

Account code / Allowance [REDACTED]

Members cost centre (Cat1) [REDACTED]

Financial Year/PIRO (Cat2)

04_05 / ~~05_06~~

Expenditure type (Cat5) :

[REDACTED]

£ 250.00

£ 313.51

£

£

£

£

£

£

£

£ 563.51

TOTAL

Comments:

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

Posted by (initials & date)

[REDACTED]

[REDACTED]

[REDACTED]

Financial Processing }

Transaction No.

Registration No.

C3

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04_05 / 05_06

Who code? (Cat3)

or

Expenditure type (Cat5) :

[Redacted]

[Redacted]

£.....

£ 200

£.....

£.....

£.....

£.....

£.....

£ 50

£ 250

£ 500

TOTAL

Comments:

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

Posted by (initials & date)

[Redacted Signature Area]

Return to:

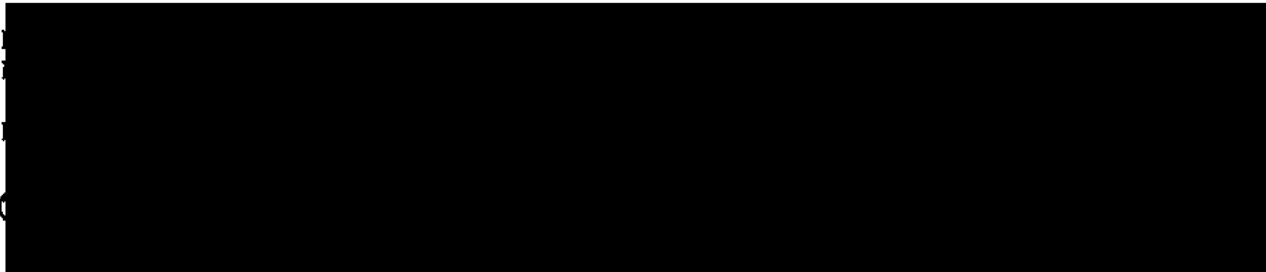
29 MAR 2005

Transaction code.



C3 DIRECT PAYMENT

Certain expenses to Members' employees and volunteers
(To exclude travel between home and normal place of work)



Only complete the bank details if this is the first time of payment or if your details have changed.

Bank name and address.....

Sort code..... Account No.....

29 MAR 2005

Account name.....

Payment for	Amount £	Description - if further clarification required	For Fees Office use only
Travel - (rail/air/taxi) *** Please see below			
Other travel - (car) *** Please see below			
Telephone	50 00		
Home as office	250 00		
Office requisites	200 00		
TOTAL	£ 500 00	*** These should exclude travel from home to normal place of work and taxable expenses such as non-repayable season tickets. Such items should to be entered on a C4 claim form.	

I certify that these expenses have been wholly, exclusively and necessarily incurred on parliamentary duties.

Signed (Member).....

Printed name.....

Date..... Constituency.....

Data Protection notice. We are required to keep this information under the rules governing payments made to Members of Parliament and their staff. This information will only be seen by staff who process salaries and claims or staff from the National Audit Office. Personal information will only be kept as long as it is accurate. If you have any concerns about the handling of such information, please contact this Departments Data Protection Officer on 020 7219 5973, who acts on behalf of the Data Controller, the Clerk of the House.

Transaction code.	
-------------------	--

C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period *1.1.06* to *28.06* as detailed below.

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

Item	Description of service / goods	Amount £	Fee office use
1	<i>Leley Lamb</i>	<i>79.75</i>	
2	<i>Norfolk Above</i>	<i>100.00</i>	
3	<i>4 Aobile</i>	<i>75.00</i>	
4	<i>Norfolk office heating</i>	<i>220.00</i>	
5	<i>McLioney - general</i>	<i>75.00</i>	
6			
7			
8			
9			
10			
		<i>£ 549.75</i>	

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

SIGNED..... [REDACTED]MP

PRINTED NAME..... *NORMAN WILLIAMS*

DATE..... *2/7/06* CONSTITUENCY..... *N. H. NORFOLK*

Return to:
 Members Claims, Fees Office, 3rd floor,
 7, Millbank,
 London SW1P 3JA

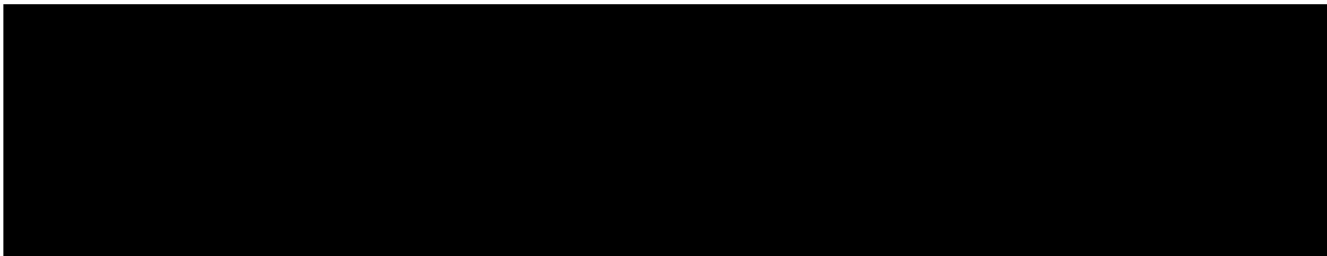
08 MAR 2005

Transaction code



C3 DIRECT PAYMENT

Certain expenses to Members' employees and volunteers
(To exclude travel between home and normal place of work)



Only complete the bank details if this is the first time of payment or if your details have changed.

Bank name and address.....

Sort code..... Account No.....

Account name.....

Payment for	Amount £	Description – if further clarification required	For Fees Office use only
Travel - (rail/air/taxi) *** Please see below			
Other travel - (car) *** Please see below			
Telephone	50 ⁰⁰		
Home as office	250 ⁰⁰		
Office requisites	200 ⁰⁰		
TOTAL	£ 500⁰⁰	*** These should exclude travel from home to normal place of work and taxable expenses such as non-repayable season tickets. Such items should to be entered on a C4 claim form.	

I certify that these expenses have been wholly, exclusively and necessarily incurred on parliamentary duties.

Signed (Member).....

Printed name.....

Date... 7 MARCH 2005... Constituency.....

Data Protection notice. We are required to keep this information under the rules governing payments made to Members of Parliament and their staff. This information will only be seen by staff who process salaries and claims or staff from the National Audit Office. Personal information will only be kept as long as it is accurate. If you have any concerns about the handling of such information, please contact this Departments Data Protection Officer on 020 7219 5973, who acts on behalf of the

Return to:

25 FEB 2005

Transaction code.

C3 DIRECT PAYMENT

Certain expenses to Members' employees and volunteers (To exclude travel between home and normal place of work)

I hereby authorise the Fees Office to pay the undermentioned person the following sums from my Incidental Expenses P

Name

Only complete the bank details if this is the first time of payment or if your details have changed.

Bank name and address

Sort code

Account No

Account name

Payment for	Amount £	Description - if further clarification required	For Fees Office use only
Travel - (rail/air/taxi) *** Please see below			
Other travel - (car) *** Please see below			
Telephone	50 ⁰⁰		
Home as office	250 ⁰⁰		
Office requisites	200 ⁰⁰		5
TOTAL	£ 500 ⁰⁰	*** These should exclude travel from home to normal place of work and taxable expenses such as non-repayable season tickets. Such items should to be entered on a C4 claim form.	

I certify that these expenses have been wholly, exclusively and necessarily incurred on parliamentary duties.

Signed (Member)

Printed name

Date

24 Feb 2005

Constituency

NORTH WEST NORFOLK

Data Protection notice. We are required to keep this information under the rules governing payments made to Members of Parliament and their staff. This information will only be seen by staff who process salaries and claims or staff from the National Audit Office. Personal information will only be kept as long as it is accurate. If you have any concerns about the handling of such information, please contact this Departments Data Protection Officer on 020 7219 5973, who acts on behalf of the Data Controller, the Clerk of the House.

Transaction code. [REDACTED]

C1. REIMBURSEMENT

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

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

Item	Description of service / goods	Amount £	Fees office use only
1	Mobile phone	185.00	
2	Nov jobb phone	200.00	
3	London phone	320.00	
4	James Halimay (car)	155.26	
5	Viliny driver (car)	177.42	
6	General office	150.00	
7			
8			
9			
10			
		627.68	
		£ 1,247.68	

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

SIGNED..... [REDACTED]MP

PRINTED NAME..... *Henry De Luca*

DATE... *8/2/05* CONSTITUENCY... *N. H. Norfolk*

ACCOUNT No.	DATE	INVOICE No.	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
[REDACTED]	23/12/04	[REDACTED]	[REDACTED]	BO 22/12/04	0/00/00

TERMS: NETT 30 DAYS

Henry Bellingham

Henry Bellingham

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
4-DR FILING CAB COFF/CRM	J28-CC4-BG	1 EA	17.5	195.00	114.990	114.99

SYSTEM ERROR - GOODS NEVER SHIPPED ON ORIGINAL INVOICE

This Is A Back Order Shipment

 * BRAND NEW! It's not just for work... now get all your Viking favourites for home *
 * too. View our complete range priced inclusive of VAT at www.viking-at-home.co.uk *

Shortage or damage must be reported within 5 days of delivery, to report please call 0800 424445

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

TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	VAT 536153357 NETT TOTAL	CARRIAGE	INSURANCE	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
195.00	80.01	114.99	FREE	1.96	20.47			137.42

Invoice

* INVOICE NO. *

Invoice To:

Henry Bellingham MP

Charge To:

Henry Bellingham 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: 01/02/2005

Amt. Due : 102.23

Page 1 of 1 Date 01/02/2005

Acc.No [REDACTED] Order Date 05/01/2005

Order ORDER NO [REDACTED]

C.A.R.

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 HENRY BELLINGHAM MP DETAILS PRINTED IN GREEN 2 X BX250 ARTWORK SUPPLIED	2	EACH	43.5000	19/01/05 19/01/05 19/01/05 19/01/05 19/01/05	87.00	17.50	15.23

RECEIVED - 2 FEB 2005

V.A.T. Summary		
Rate	Taxable Sum	V.A.T. Amount
17.50	87.00	15.23

Sales Order Total (VAT excl) 87.00

INVOICE GOODS	87.00
INVOICE V.A.T.	15.23
INVOICE TOTAL	102.23

Settlement : None
Discount Terms :

Please return the slip

from final page of invoice with your payment by

01/03/2005

Invoice

 * INVOICE NO. [REDACTED] *

Invoice To :

Henry Bellingham MP
 [REDACTED] K

Charge To :

Henry Bellingham MP
 [REDACTED]



Banner Business Supplies Ltd

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Page 1 of 1 Date 27/01/2005
 Acc.No. [REDACTED] Order Date 26/01/2005
 Order [REDACTED]
 C.A.R.

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 27/01/2005
 Amt. Due : 25.11

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		9385001	BANNER FS RIGID BOX FILE CLOUD	4	EACH	1.1100	26/01/05	4.44	17.50	0.78
2		9280009	BANNER LARGE PLAIN PAPERCLIP	1	BOX1000	0.4900	26/01/05	0.49	17.50	0.09
3		9240027	BANNER RUBBER GRIP GEL INK PEN BK	1	BOX10	1.5100	26/01/05	1.51	17.50	0.26
4		9240028	BANNER RUBBER GRIP GEL INK PEN BLUE	1	BOX10	1.5100	26/01/05	1.51	17.50	0.26
5		0982692	BROTHER FAX T74/76 PC70 CART INC RIBBN INCLUDING RIBBON BR11307	1	EACH	13.4200	26/01/05	13.42	17.50	2.35

RECEIVED 28 JAN 2005

Please
 return
 the slip

from final page
 of invoice with
 your payment
 by

24/02/2005

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	21.37	3.74

Sales Order Total (VAT excl)

21.37

INVOICE GOODS	21.37
INVOICE V.A.T.	3.74
INVOICE TOTAL	25.11

Settlement : None
 Discount Terms :

Invoice

 * INVOICE NO. [REDACTED] *

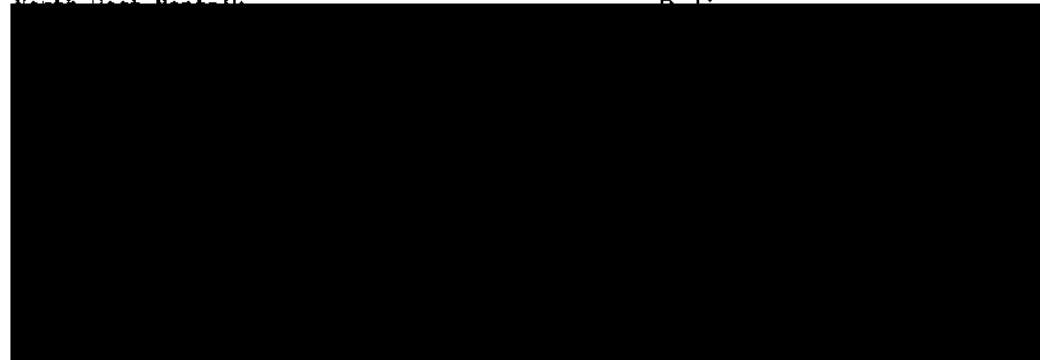
Invoice To :

Henry Bellingham MP



Charge To :

Henry Bellingham MP



Banner Business Supplies Ltd

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

Page 1 Of 1 Date 06/01/2005

Acc.No. [REDACTED] Order Date 05/01/2005

Order [REDACTED]

C.A.R.

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 06/01/2005

Amt. Due : 27.92

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		9381001	BANNER FS RECYCLED SUSP FILE V GN	1	PACK50	20.3100	05/01/05	20.31	17.50	3.55
2		9310026	BANNER DESKTOP TAPE DISPENSER	1	DISP	1.0200	05/01/05	1.02	17.50	0.18
3		9310017	BANNER CELLULOSE TAPE 25mmx66m	2	ROLL	1.0800	05/01/05	2.16	17.50	0.38
4		9374000	BANNER P/HANDLE S/STEEL SCISSOR 152	1	PAIR	0.2700	05/01/05	0.27	17.50	0.05

RECEIVED 10 JAN 2003

V.A.T. Summary		
Rate	Taxable Sum	V.A.T. Amount
17.50	23.76	4.16

Sales Order Total (VAT excl) 23.76

INVOICE GOODS	23.76
INVOICE V.A.T.	4.16
INVOICE TOTAL	27.92

Settlement : None
 Discount Terms :

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

03/02/2005

Transaction code.

C3 DIRECT PAYMENT

Certain expenses to Members' employees and volunteers (To exclude travel between home and normal place of work)

I hereby authorise the Fees Office to pay the undermentioned person the following sums from my Incidental Expenses Provision

Name.....

Only complete the bank details if this is the first time of payment or if your details have changed.

Bank name and address.....

Sort code.....

Account No.....

Account name.....

Payment for	Amount £	Description – if further clarification required	For Fees Office use only
Travel - (rail/air/taxi) *** Please see below			273/4/5
Other travel - (car) *** Please see below			272
Telephone	50 00		510
Home as office	250 00		515
Office requisites	200 00		505/25/35
TOTAL	£ 500 00	*** These should exclude travel from home to normal place of work and taxable expenses such as non-repayable season tickets. Such items should to be entered on a C4 claim form.	

I certify that these expenses have been incurred exclusively in connection with my parliamentary duties.

Signed (Member).....

Printed name.....

Date

14 JAN 05

Constituency

NORTH-WEST NORFOLK

Data Protection notice. We are required to keep this information under the rules governing payments made to Members of Parliament and their staff. This information will only be seen by staff who process salaries and claims or staff from the National Audit Office. Personal information will only be kept as long as it is accurate. If you have any concerns about the handling of such information, please contact this Departments Data Protection Officer on 020 7219 5973, who acts on behalf of the Data Controller, the Clerk of the House.

Transaction code.	
-------------------	--

C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period ...1/12/04... to 17/12/04..... as detailed below.

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

Item	Description of service / goods	Amount £	Fees office use only
1	Janet (inv. enclosed)	252.59	
2	Lecky Lamb (social card)	79.25	
3	Highway - ^{Leip} Wickham	159.50	
4	Telephone - Norfolk	220.00	
5	Mobile	270.00	
6	Telephone - London	50.00	
7	General office	225.00	
8			
9			
10			
		£1,216.34 ✓	

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

SIGNED.....

PRINTED NAME..... H. C. WILLIAMS.....

DATE...4/1/05..... CONSTITUENCY..... N. N. NORFOLK.....

Invoice

 * INVOICE NO. [REDACTED] *

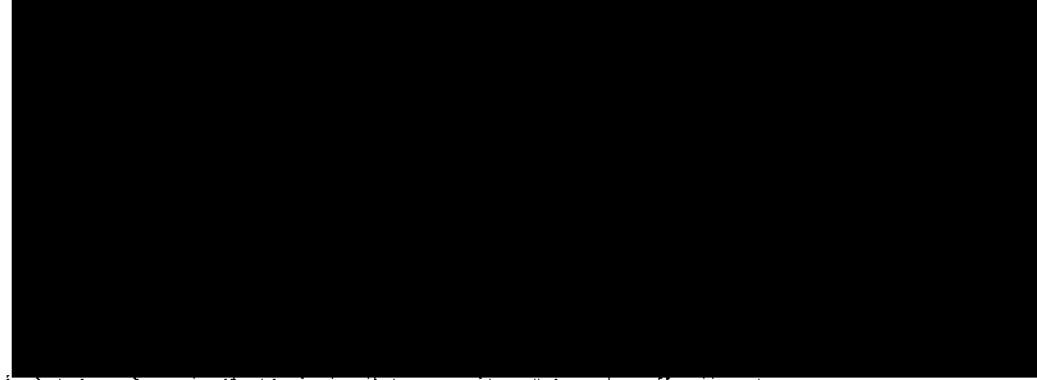
Invoice To :

Henry Bellingham MP



Charge To :

Henry Bellingham MP



Banner Business Supplies Ltd

Page 1 Of 1 Date 10/11/2004
 Acc.No [REDACTED] Order Date 09/11/2004
 Order [REDACTED]
 C.A.R.

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

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 10/11/2004
 Amt. Due : 16.33

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		0440392	SPACEWORX WIRE LETTER TRAY BLUE	5	EACH	2.7800	09/11/04	13.90	17.50	2.43

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	13.90	2.43

Sales Order Total (VAT excl)

13.90

INVOICE GOODS	13.90
INVOICE V.A.T.	2.43
INVOICE TOTAL	16.33

Settlement : None
 Discount Terms :

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

08/12/2004

Invoice

 * INVOICE NO. [REDACTED] *

Invoice To :

Henry Bellingham MP

Charge To :

Henry Bellingham MP

office2office

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: 24/11/2004

Amt. Due : 236.26

Page 1 Of 1 Date 24/11/2004

Acc.No [REDACTED] Order Date 23/11/2004

Order [REDACTED]

C.A.R.

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		0986254	IMASTR HP No56 INKJET CART BLACK	2	EACH	26.4400	23/11/04	52.88	17.50	9.25
2		0986255	IMASTR HP No57 IJ CART TRI-COLOUR	1	EACH	44.0700	23/11/04	44.07	17.50	7.71
3		0981004	HP DJET 850C/820CXI CART 51645A BK	3	CRTRDG	19.2600	23/11/04	57.78	17.50	10.11
4		0981991	HP 990XCI No78 TNR 19ml C6578D TRI HP 990XCI NO 78 TONER 19ml C6578D TRI-COLOUR C6578D	3	EACH	15.4500	23/11/04	46.35	17.50	8.11

RECEIVED 26 NOV 2004

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	201.08	35.18

Sales Order Total (VAT excl)

201.08

INVOICE GOODS	201.08
INVOICE V.A.T.	35.18
INVOICE TOTAL	236.26

Settlement : None
 Discount Terms :

Banner
 world-class office products

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

22/12/2004

Return to:
Members Claims, Fees Office, 3rd floor,
7, Millbank,
London SW1P 3JA

Transaction code.

17 DEC 2004

C3 DIRECT PAYMENT

Certain expenses to Members' employees and volunteers (To exclude travel between home and normal place of work)

I hereby authorise the Fees Office to pay the undermentioned person the following sums from my Incidental Expenses:

Name...

Only complete the bank details if this is the first time of payment or if your details have changed.

Bank name and address.....

Sort code..... Account No.....

Account name.....

Payment for	Amount £	Description – if further clarification required	For Fees Office use only
Travel - (rail/air/taxi) *** Please see below	100 ⁰⁰ a	[REDACTED]	[REDACTED]
Other travel - (car) *** Please see below			
Telephone	50 ⁰⁰ b		
Home as office	250 ⁰⁰ c		
Office requisites	100 ⁰⁰ d		
TOTAL	£ 500⁰⁰	*** These should exclude travel from home to normal place of work and taxable expenses such as non-repayable season tickets. Such items should to be entered on a C4 claim form.	

I certify that these expenses have been wholly, exclusively and necessarily incurred on parliamentary duties.

Signed (Member).....

Printed name.....

HENRY BELLINGHAM

Date.....

16 DEC 2004

Constituency.....

NORTH WEST NORFOLK

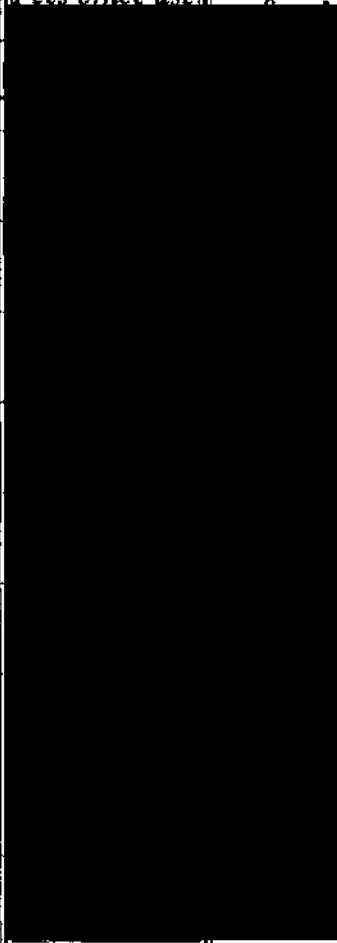
Data Protection notice. We are required to keep this information under the rules governing payments made to Members of Parliament and their staff. This information will only be seen by staff who process salaries and claims or staff from the National Audit Office. Personal information will only be kept as long as it is accurate. If you have any concerns about the handling of such information, please contact this Department on 020 7219 5973, who acts on behalf of the Data Controller, the Clerk of the House.

Transaction code. 

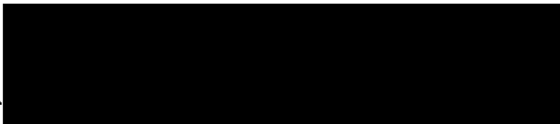
C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1/1/01..... to 7/1/04..... as detailed below.

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

Item	Description of service / goods	Amount £	Fees office use
1	Christmas cards	159.49	
2	Printed paper	146.88	
3	Keyring	18.50	
4	Penner	526.97	
5	Mobile phone	150.00	
6	London	150.00	
7	Norfolk office	150.00	
8			
9			
10			
		£ 1,301.84	
		1142.35	

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

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

PRINTED NAME..... H. GILLMAN.....

DATE..... 9/12/01..... CONSTITUENCY..... N. W. Norfolk.....

Statement



Henry Bellingham MP

Customer Account : [REDACTED]

Statement Date : 09/11/2004

Page : 1

Date	Transaction Type	Document	Customer Reference	Transaction Value	Outstanding Value
29/10/2004	INV	[REDACTED]	[REDACTED]	37.91	37.91
02/11/2004	INV	[REDACTED]	[REDACTED]	88.83	88.83
02/11/2004	INV	[REDACTED]	[REDACTED]	97.06	97.06
03/11/2004	INV	[REDACTED]	[REDACTED]	30.56	30.56
03/11/2004	INV	[REDACTED]	[REDACTED]	47.01	47.01
09/11/2004	INV	[REDACTED]	[REDACTED]	225.60	225.60

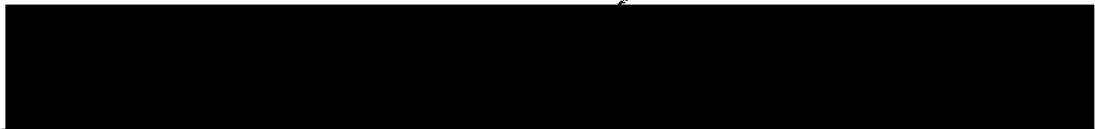
RECEIVED 16 NOV 2004

Total : 526.97

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

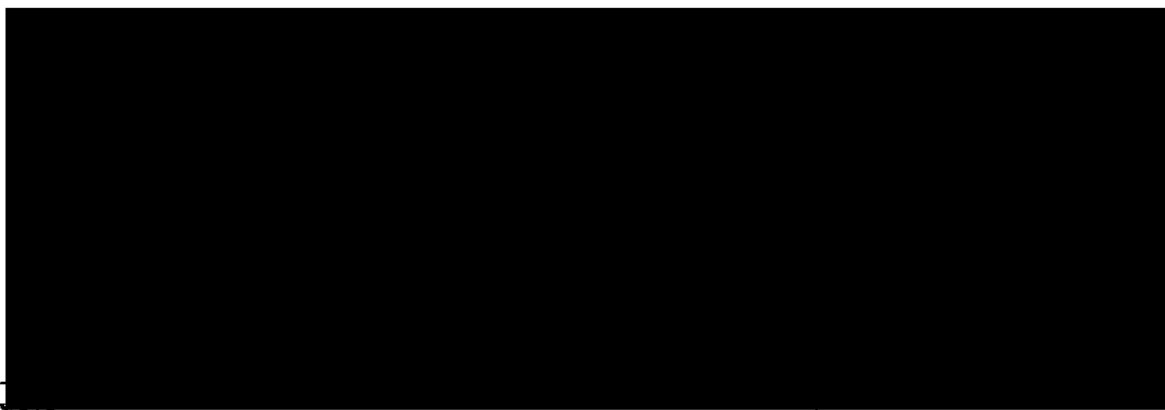
**CHRISTMAS
I·M·P·R·I·N·T·S
SIMON ELVIN LIMITED**

INVOICE

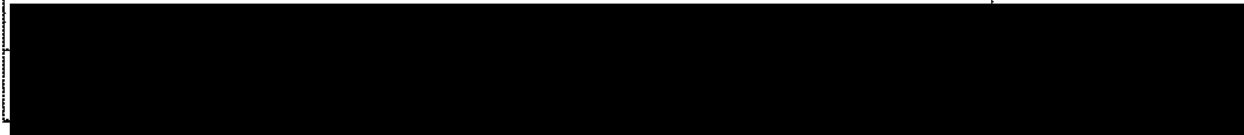


INVOICE TO: Henry Bellingham MP [REDACTED] SWIA 0AA	DELIVER TO: [REDACTED]	Invoice No. [REDACTED] Date: 26/11/04 Your Order No: VAT Reg. No. GB 370 1338 79
CUSTOMER A/C NUMBER: [REDACTED]	ORDER NUMBER: [REDACTED]	CHECKED BY:

QTY	DESIGN	DESCRIPTION	UNIT PRICE	LINE TOTAL
550	HC014B	View of Westminster E03	0.24680	135.74
550	E03	Envelopes House of Commons 137 X 203		



VAT ANALYSIS				
Code	Goods	Rate	VAT	
1	135.74	17.50	23.75	GOODS 135.74
				DISC. %
				NET 135.74
				VAT 23.75
				TOTAL £ 159.49



E. & O.E.

STATEMENT

HENRY BELLINGHAM
Congham Lodge

Account Number: [REDACTED]

Sheet Number: [REDACTED]

Statement Date: November 2004

Contact Name: Henry Bellingham

Date	Job No.	Order No.	Reference	Paid	Inv. No.	Amount
12/11/04	04/1000	[REDACTED]	Business Cards		[REDACTED]	£88.13
12/11/04	04/1001	[REDACTED]	Calling Cards		[REDACTED]	£58.75

TOTAL INVOICED: £146.88

TOTAL DUE (Nov): £146.88

RECEIVED - 2 DEC 2004

King's Lynn Preservation Trust Limited

VAT Registration No. 283-4213-67

Invoice No: [REDACTED]
Date/Tax Point 25-Nov-04

Mr H Bellingham MP
[REDACTED]

Surgery

To

Hire of the [REDACTED] on
the following date(s) 26-Nov-2004

2½ hours at £7.40 per hour

Total £18.50

RECEIVED - 2 DEC 2004

RECEIVED
12 NOV 2004

Transaction code.

e. 3rd floor.

C3 DIRECT PAYMENT

**Certain expenses to Members' and ~~Members~~ volunteers
(To exclude travel between home and normal place of work)**

I hereby authorise the Fees Office to pay the undermentioned person the following sums from my Incidental Expenses Prov

Name.....

Only complete the bank details if this is the first time of payment or if your details have changed.

Bank name and address.....

Sort code..... Account No.....

Account name.....

Payment for	Amount £	Description – if further clarification required	For Fees Office use only
Travel - (rail/air/taxi) *** Please see below			273/4/5
Other travel – (car) *** Please see below			272
Telephone	50 ⁰⁰ 9		510
Home as office	150 ⁰⁰ 6		515
Office requisites	100 ⁰⁰ 5		505/25/35
TOTAL	£ 300⁰⁰	<i>These should exclude travel from home to normal place of work and taxable expenses such as non-repayable season tickets. Such items should to be entered on a C4 claim form.</i>	

I certify that these expenses have been wholly, exclusively and necessarily incurred on p

Signed (Member).....

Printed name.....

Date.....

11 NOV 2004

Constituency.....

NORTH WEST NORFOLK

Data Protection notice. We are required to keep this information under [redacted] made to Members of Parliament and their staff. This information will only be seen by staff who process salaries and claims or staff from the National Audit Office. Personal information will only be kept as long as it is accurate. If you have any concerns about the handling of such information, please contact this Departments Data Protection Officer on 020 7219 5973, who acts on behalf of the Data Controller, the Clerk of the House.

Transaction code. [REDACTED]

C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period ...11.15.06... to ...31.15.06... as detailed below.

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

Item	Description of service / goods	Amount £	Fees office use only
1	Lesley Lamb (extra ^{secretarial})	90.75	
2	Alan Lloyd } extra	120.00	
3	Robert Alexander } unarch	180.00	
4	E. Islands Newspaper advertising	167.79	
5	First copy Xerox (invoice enclosed)	611.25	
6	O2 mobile (invoice enclosed)	295.86	
7	Association rent (2 invoices)	1,000.00	
8	Association admin (enclosed)	58.75	
9			
10			

£ ~~2453.82~~
£ 2323.00

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

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

PRINTED NAME.....HENRY J. LINDSAY.....

DATE.....3/11/06.....CONSTITUENCY.....N. W. NORFOLK.....

O₂

your
bill

MR H BELLINGHAM

BILL

BILL DATE

19 Oct 04

ACCOUNT

MOBILE

PAGE

1 of 13

Bill for O₂ Products and Services

(£)

Previous Balance - 19 Sep 04 49.26
Payments Received - Thank You -49.26

Balance Brought Forward 0.00

New Charges 251.76

VAT @ 0.00% of £2.59 0.00
VAT @ 17.50% of £249.17 43.60

Total Amount Due £295.36

RECEIVED 26 OCT 2004

This is not a VAT invoice

North West Norfolk Conservative Association



*Member of Parliament: Henry Bellingham MP
Association President: Raymond Monbiot CBE
Association Chairman: Stephen Bett
Hon. Treasurer: James Morgan*

INVOICE

Mr Henry Bellingham MP

Invoice No. [REDACTED]

2nd July 2004

Amount now due : £500.00

North West Norfolk Conservative Association



*Member of Parliament: Henry Bellingham MP
Association President: Raymond Monbiot CBE
Association Chairman: Stephen Bett
Hon. Treasurer: James Morgan*

INVOICE

Mr Henry Bellingham MP

Invoice No. [REDACTED]

18th October 2004

Amount now due : £500.00

Return to:

Transaction code:

C3 DIRECT PAYMENT

Certain expenses to Members' employees and volunteers (To exclude travel between home and normal place of work)

I hereby authorise the Fees Office to pay the undermentioned person the following sums from my Incidental Expenses Pr

Name

Only complete the bank details if this is the first time of payment or if your details have changed.

Bank name and address.....

Sort code..... Account No.....

Account name.....

Payment for	Amount £	Description - if further clarification required	For Fees Office use only
Travel - (rail/air/taxi) *** Please see below			273/415
Other travel - (car) *** Please see below			272
Telephone			510
Home as office	£ 250.00		515
Office requisites	£ 200.00		505/25/35
TOTAL	£ 450.00	*** These should exclude travel from home to normal place of work and taxable expenses such as non-repayable season tickets. Such items should to be entered on a C4 claim form.	

£400.00 paid

I certify that these expenses have been wholly incurred in parliamentary duties.

Signed (Member).....

Printed name..... Henry J. B. L. G. Clark

Date..... 8/11/04..... Constituency..... N. W. HORN

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Received

04 Dec 2004

RESOLVES THE
Finance and Administration

C3 DIRECT PAYMENT

Transaction code.

Return to:

Floor,

Certain expenses to Members' employees and volunteers
(To exclude travel between home and normal place of work)

I hereby authorise the Fees Office to pay the undermentioned person the following sums from my Incidental Expenses I

Name.....

Only complete the bank details if this is the first time of payment or if your details have changed.

Bank name

Sort code

Account

Payment for	Amount £	Description - if further clarification required	For Fees Office use only
Travel - (rail/air/taxi) *** Please see below			
Other travel - (car) *** Please see below	50 ⁰⁰ =		
Telephone	100 ⁰⁰ =		
Home as office	450 ⁰⁰ =		
Office requisites	150 ⁰⁰ =		
TOTAL	£ 750⁰⁰ =	*** These should exclude travel from home to normal place of work and taxable expenses such as non-repayable season tickets. Such items should be entered on a C4 claim form.	

I certify that these expenses have been wholly, exclusively and necessarily incurred

Signed (Member).....

Printed name.....

Date.....

Constituency.....

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Transaction code.

C1. REIMBURSEMENT

3 MTHS

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1/7/04 to 30/9/04 as detailed below.

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

Item	Description of service / goods	Amount £	Fees office use only
1	^{NOV} Ledger Lab: office	104.50	[REDACTED]
2	Alan L (log): office	168.00	
3	Robert Alexander: office	190.00	
4	Mobile phone	450.00	
5	Telephone Norfolk	425.00	
6	General Office	300.00	
7			
8			
9			
10			

£ 1,637.50

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

SIGNED..... [REDACTED]MP

PRINTED NAME..... Mr HILLINGHAM

DATE..... 7/5/04 CONSTITUENCY..... N. W. Norfolk