



Direct payment of suppliers

12 MAY 2005

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

HUMPHREY MALINS

Constituency

LEICESTER

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

11 11 05

Allowance year

04/05

Incidental Expenses Provision claims

Item	Suppliers	Amount
Item 1	Banner	£ 63 : 11 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

PPA 10

Total

£ 63 : 11 p

Office use only

Allow or A/c code	Supplier ID	Exp/ Cat 5
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Claim details continued

**Staffing Allowance claims**

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
<b>Total</b>		<b>£ _____ : _____ p</b>

Office use only		
Allow or A/c code	Supplier ID	Exp/ Cat 5

**Authorisation and declaration**

I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature \_\_\_\_\_  MP

Date 11 / 15 / 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		/   /	
Validation			
Member ID added to form		/   /	
Payment codes added to form		/   /	
Receipts/ documentation present		/   /	
Processing Input		/   /	

Please use margin for comments

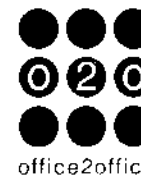
# Invoice

COPY INVOICE NO. [REDACTED]  
\*\*\*\*\*  
Invoice To :

Humfrey Malins CBE MP  
[REDACTED]

Charge To :

Humfrey Malins CBE MP  
[REDACTED]



Banner Business Supplies Ltd

## PAYMENT SLIP

Please see reverse  
for terms of business  
and how to pay

Page 1 Of 1 Date 09/02/2005

Acc.No [REDACTED] Order Date 08/02/2005

Order [REDACTED]

C.A.R.

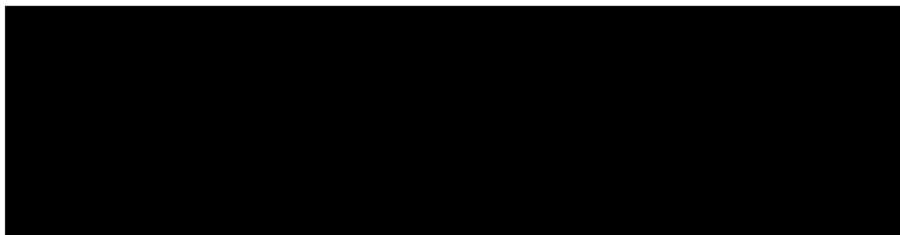
Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 09/02/2005

Am. Due : 63.11

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		0982807	HP LASERJET 1200 TONER CARTRIDGE HP TONER CARTRIDGE LASERJET 1200/1220 3500 PAGE HPC7115X	1	CRTRDG	53.7100	08/02/05 08/02/05 08/02/05	53.71	17.50	9.40



### V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	53.71	9.40

Sales Order Total (VAT excl)

53.71

INVOICE GOODS	53.71
INVOICE V.A.T.	9.40
<b>INVOICE TOTAL</b>	<b>63.11</b>

Settlement : None  
Discount Terms :

# Please return the slip

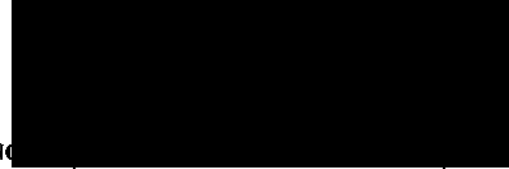
from final page  
of invoice with  
your payment  
by

09/03/2005

04-05

FORM FO4

TRANSACTION REFERENCE  
(for Department of Finance and  
Administration use)



[Redacted]

### NOTIFICATION OF CHEQUE RECEIPT - ADMIN VOTE

**THIS FORM SHOULD ONLY BE USED TO NOTIFY THE FINANCIAL MANAGEMENT DIRECTORATE OF CHEQUE RECEIPTS. CASH RECEIPTS SHOULD BE TAKEN IN AS PETTY CASH.**

This form serves as the authority to bank and account for cheques as well as the Financial Management Directorate's computer input document. Please ensure that the form is completed as fully as possible before passing to the Financial Management Directorate. Incomplete or inaccurate details may result in the form being returned by the Financial Management Directorate.

This form may be used for multiple cheques which are coded to the same account and analysis codes. In this case, the total value of cheques should be given in the amount column and a note of the number of cheques included in the total should be made in the remarks box. A general description for the receipts may be given, but details of the invoice/reference for each payment should be written on the reverse of each cheque.

#### 1. TO BE COMPLETED BY DEPARTMENTS

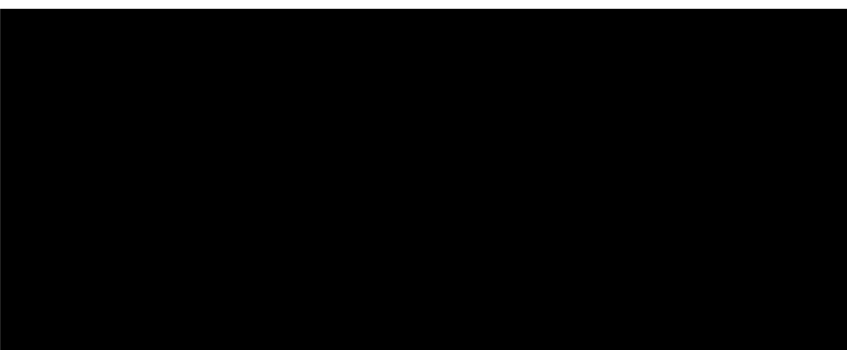
Date of Cheque: 08/03/06 Cheque Number:

Cheque Payee: H. J. Malins.

Debtor or Account Code	Amount £ p	Cost Centre	Project Code	Staff Name	Visit Code	Expense Type	Recharge	Description (Maximum 25 characters including spaces)
	22 00							Excess Fee Paris

Total 22 00

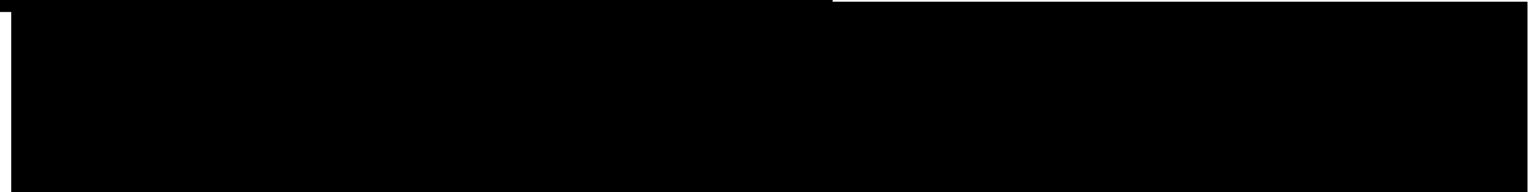
COMPLETED BY:



Signature:



16/3/2006



**2. TO BE COMPLETED BY THE FINANCIAL ACCOUNTS SECTION**

Date Received in Financial Management Directorate: \_\_\_\_\_

Entered onto Receipts Register:   
(initials)

Date Banked: \_\_\_\_\_

**ACCOUNTING ACTION:**

Journal type to be used:

Input form prepared by: \_\_\_\_\_

Checked by: \_\_\_\_\_

Account Code	Cost Centre	Project	Staff Name	Visit	Recharge	Amount		Dr/Cr	Description
						£	p		
<input type="text"/>								<input type="text"/>	

Continuation Sheet Used?

**3. TO BE COMPLETED BY**

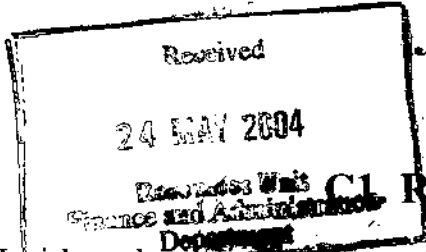
Date input to Agresso: \_\_\_\_\_

Input by: (signature)

Checked by: (signature)

Item Matched: (initials)

Comments:



Transaction code. [Redacted]

### C1 REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period March..... to May..... 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	Office food's various ✓		[Redacted]
2	Mobile phone bills		
3			
4	[Redacted]		
5	[Redacted]		
6	[Redacted]		
7	[Redacted]		
8	[Redacted]		
9			
10			
		£282.28	

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

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

PRINTED NAME..... H. M. A. H. N. S......

DATE..... 24/5/04..... CONSTITUENCY..... W. M. I. N. S......

no.



To:

Director, [illegible]  
[illegible]

From:

[illegible]





15\*04\*

3...285

...265 TL

... AT

...0000

6668 04

13.50





• 1 •

2 9.99

2 9.99

19.98 \$

19.98 \*

€19.98 \*

19.98 £

• 2-06 072

08-04-2004


1.....12.99

\*.....12.99TL

\*.....12.99CA

10.19      00

# Sainsbury's



* PANASONIC PHOTO	£5.99
* DURACELL 9V1	£3.99
* DURACELL 9V1	£3.99

BALANCE DUE	£13.97
CASH	£20.00

Total number of items sold = 3

CHANGE	£6.03
--------	-------





**ROWES LTD**



TO STATIONERY:

Date 6-5-82

■  
HP 15.

£27-45



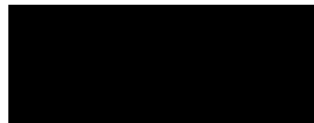


TEL: 01306 882046 FAX: 01306 889924

TO STATIONERY:

Date 7.5.04.

*£23.39*





**ROWES LTD**

TEL: 01306 882046 FAX: 01306 889924

TO STATIONERY:

Date 14-4-04

£5.97

 **ROWES LTD**



TO STATIONERY:

Date 18/4/04

£5.00





# Statement of Account

Account No:  
Statement No:  
Statement Date:

04/05/2004

H Malins

## Summary of Account

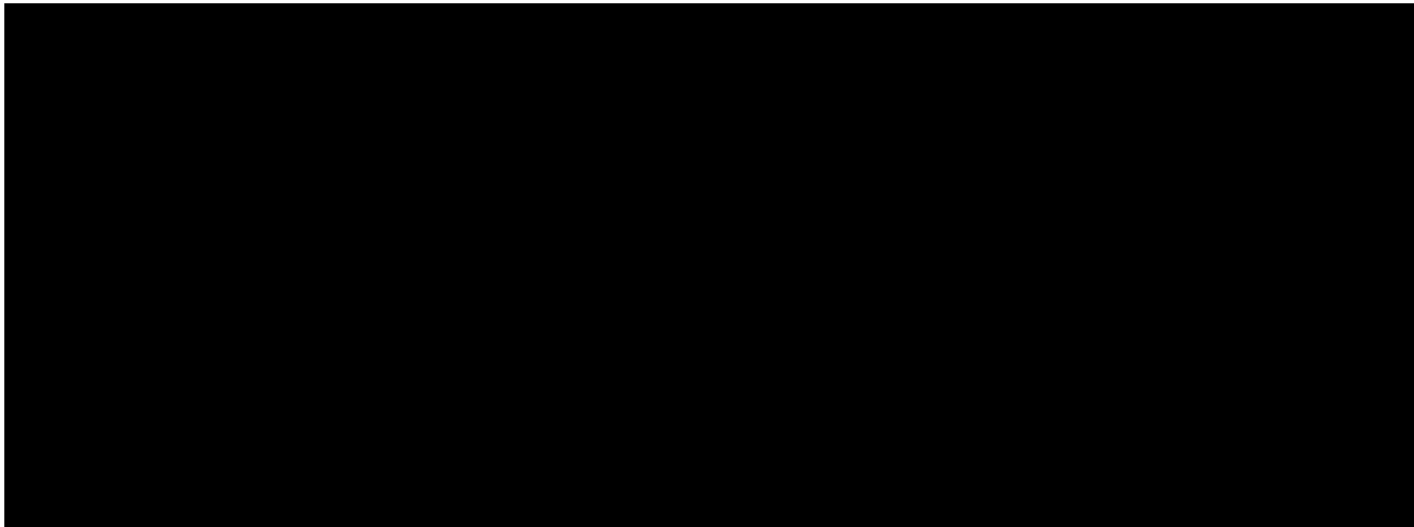
This is not a VAT Invoice

£

		(including VAT)
04/04/2004	Balance from previous Statement	84.37
	Payment Received - Thank you	84.37 CR
	Mobile Phone Charges	68.57

**Amount to be taken by Direct Debit on or after 18/05/2004**

**68.57**







# Statement of Account

Account No:  
Statement No:  
Statement Date:

04/04/2004

H Malins

## Summary of Account

This is not a VAT Invoice

£

04/03/2004	Balance from previous Statement	(including VAT) 68.09
	Payment Received - Thank you	68.09 CR
	Mobile Phone Charges	84.37

**Amount to be taken by Direct Debit on or after 18/04/2004**

**84.37**

01 JUN 2004

DEA

I wish to claim reimbursement of the following amounts in respect of additional costs which I have necessarily incurred for overnight stays away from my main home (as notified to the Fees Office) on Parliamentary duties during the period from 1/5/04 to 31/5/04 made up as follows:-

Hotel Accommodation

£

Residential Accommodation

£

(i) Rent/Rates

67

(ii) Heat and Light

30

(iii) Telephone

—

(iv) Cleaning

100

(v) Repairs and Maintenance

200

(vi) Other (please specify) *my agent*

220

£

Food

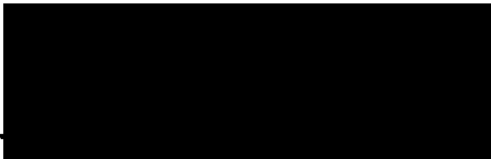
200

£

Other Expenses (please specify)

£

Total £ 817

Signed  M.P.

Print Name *H.J. MALINS*

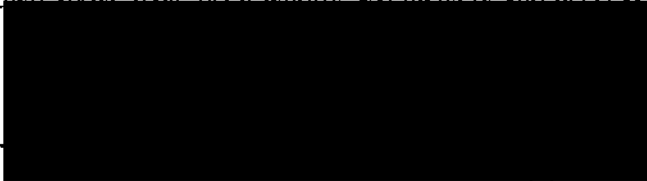
Date *31/5/04* Constituency *Woking*

## C2. DIRECT PAYMENT

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

Invoice	Supplier's name	Amount £	Transaction code <i>For Fees office use only</i>
1	BANNER	113.51	
2			
3			
4	1 copy		
5			
6			
7			
8			
9			
10			
		£ 113.51	

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

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

PRINTED NAME..... HUNFREY MALINS CBE MP .....

DATE..... 28/5/04 ..... CONSTITUENCY..... WOKING .....

# Invoice

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

Invoice To :

Humfrey Malins CBE MP  
 [REDACTED]



Charge To :

Humfrey Malins CBE MP  
 [REDACTED]

Banner Business Supplies Ltd

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

Page 1 of 1 Date 26/05/2004

Acc.No [REDACTED] Order Date 10/05/2004

Order ORDER NO [REDACTED]

C.A.R.

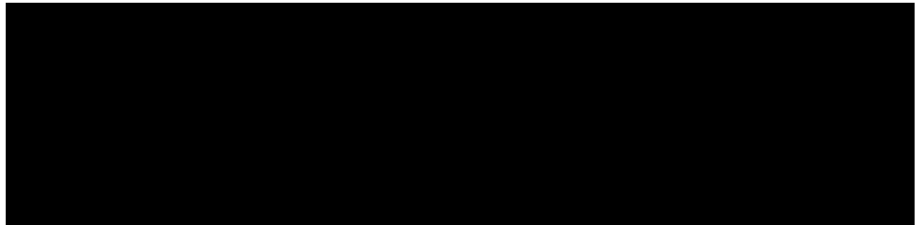
Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 26/05/2004

Amt. Due : 113.51

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 HUMFREY MALINS CBE MP DETAILS PRINTED IN GREEN 10 X BX250 ARTWORK SUPPLIED	10	EACH	9.6600	10/05/04 10/05/04 10/05/04 10/05/04 10/05/04	96.60	17.50	16.91



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	96.60	16.91

Sales Order Total (VAT excl)

96.60

INVOICE GOODS	96.60
INVOICE V.A.T.	16.91
<b>INVOICE TOTAL</b>	<b>113.51</b>

Settlement : None  
 Discount Terms :

**Please  
 return  
 the slip**

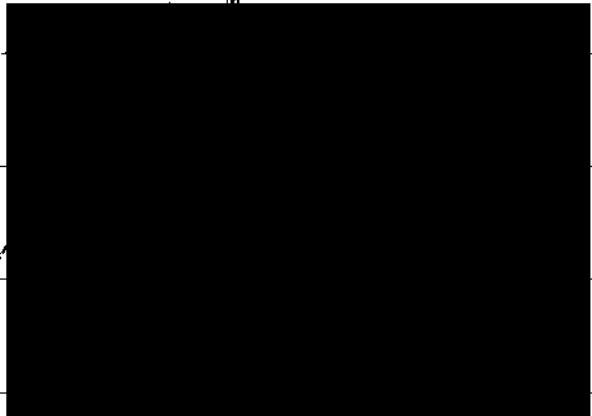
from final page  
 of invoice with  
 your payment  
 by

23/06/2004

## C2. DIRECT PAYMENT

I enclose .....<sup>1</sup>..... 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 BUSINESS SUPPLIES	113.51	
2			
3			
4			
5			
6			
7			
8			
9			
10			



PAID

£ 113.51

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

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

PRINTED NAME..... HUMPHREY MACLINS CBE MP .....

DATE..... 9/6/04 ..... CONSTITUENCY..... WOKING .....

# Statement



Humfrey Malins CBE MP

Customer Account : [REDACTED]  
Statement Date : 04/06/2004

Page : 1

Date	Transaction Type	Document	Customer Reference	Status	Transaction Value	Outstanding Value
26/05/2004	INV	[REDACTED]	[REDACTED]		113.51	113.51

Total : 113.51

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


I wish to claim reimbursement of the following amounts in respect of additional costs which I have necessarily incurred for overnight stays away from my main home (as notified to the Fees Office) on Parliamentary duties during the period from ...11/6/24... to...30/6/24... made up as follows:-

Hotel Accommodation

Residential Accommodation

(i) <del>Rent/Rates</del>	67	£
(ii) Heat and Light	30	£
(iii) Telephone	—	£
(iv) Cleaning	100	£
(v) Repairs and Maintenance	250	£
(vi) Other (please specify) <i>ngaji</i> <i>Arwal</i>	220	£
Food	200	£
Other Expenses (please specify)		£

Total £ 867

Signed  M.P.

Print Name *H I MALKINS*

Date *30/6/24* Constituency *Woking*

RECEIVED

12 JUL 2004

Transaction code.



### DFA CF. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period May 01 to July 10<sup>th</sup> 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	Pers machine	108-95	
2	mobile phone bills	95-95	
3	"	59-60	
4	funerals	37-55	
5			
6			
7			
8			
9			
10			
		£ 302-05	

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

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

PRINTED NAME..... HT MALINS .....

DATE..... 10/7/04 ..... CONSTITUENCY..... Woking .....



CUMMINS



09\*07\*06

9.....95

.....95TL

.....20QAT

.....0.5CG



1301

07-06-04  
144.005

01 \*2.20  
\*2.20  
\*2.20  
\*0.00

RA TL  
ZU

10-1-66

7

10-1-66

7

10-1-66

7

10-1-66

7

10-1-66

10-1-66

18\*05\*04

3....400  
.....400TL  
0A.....400

10.29

HARDWARE LTD  
VAT NO. 246 8700 0

18106\*00

9. . . . 005

. . . . 005 TL

CA . . . . 10.05 AT

. . . . 4.00 CG

15.35

RYMAN THE STATIONER



SALE

STORIL0 ROSS YELLOW	61.10
0055014011	
	-----
TOTAL (1 item)	61.10
EVAL CONTENT 60.163	
PAID BY	
CASH	21.10



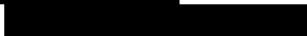
RYMAN THE STATIONER

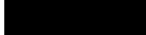


SALE

1-31 INDEX	£6.29
0120060498	
C/WAYS L/ARCH A4 GREEN	£3.99
0103820410	
1-20INDEX	£4.19
0120070498	
RYMAN RING BINDER A4 GREEN	£1.49
0110120410	

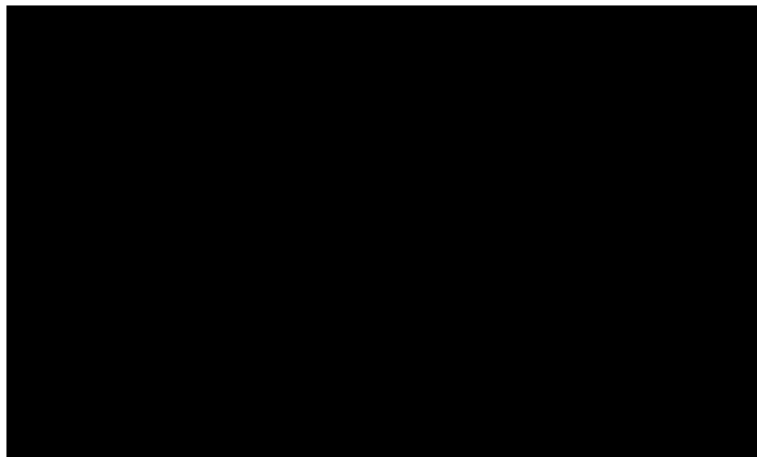
TOTAL (4 items)	£15.96
VAT CONTENT	£2.372
PAID BY	
VISA	£15.96

EXPIRES : 

MERCH ID: 

Amount: £15.96

PLEASE DEBIT MY CREDIT CARD ACCOUNT  
AS ABOVE



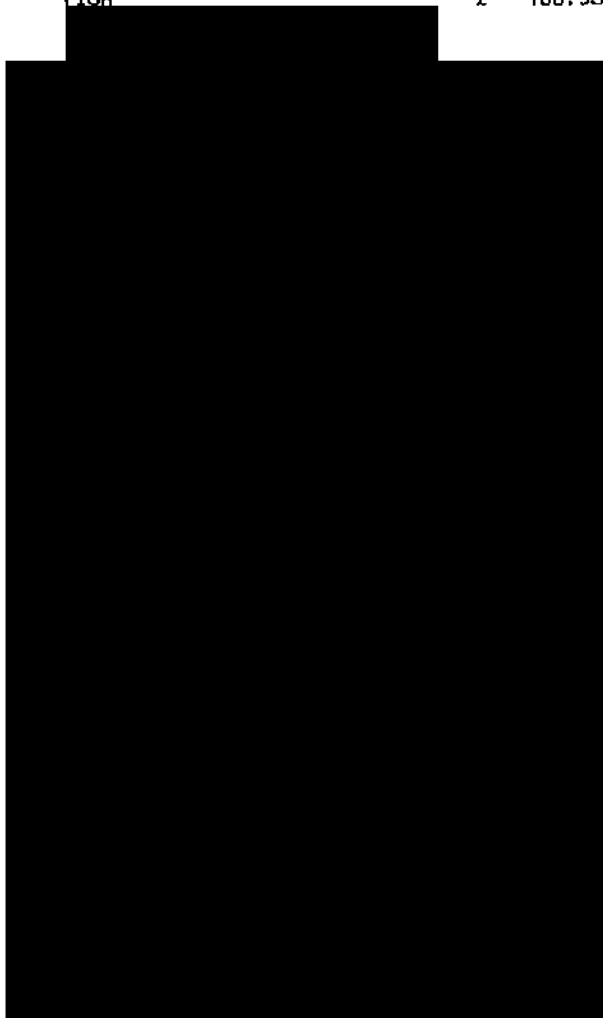
# Currys



SAMSUNG 330INKJET FAX £ 108.95  
1 x 689649 @ £108.95

AMOUNT DUE £ 108.95

VISA £ 108.95







# Statement of Account

Account No:  
Statement No:  
Statement Date:

[Redacted]  
[Redacted]  
**04/07/2004**

H Malins

[Redacted]  
[Redacted]

Customer Services Number:  
Customer Services Fax:  
Opening Hours:

[Redacted]

## Summary of Account

This is not a VAT Invoice

£

04/06/2004	Balance from previous Statement	(including VAT) 59.60
	Payment Received - Thank you	59.60 CR
	Mobile Phone Charges	95.95

**Amount to be taken by Direct Debit on or after 18/07/2004**

**95.95**

[Redacted]

[Redacted]



# Statement of Account

Account No:  
 Statement No:  
 Statement Date:

04/06/2004

H Malins

Customer Services Number:  
 Customer Services Fax:  
 Opening Hours:

## Summary of Account

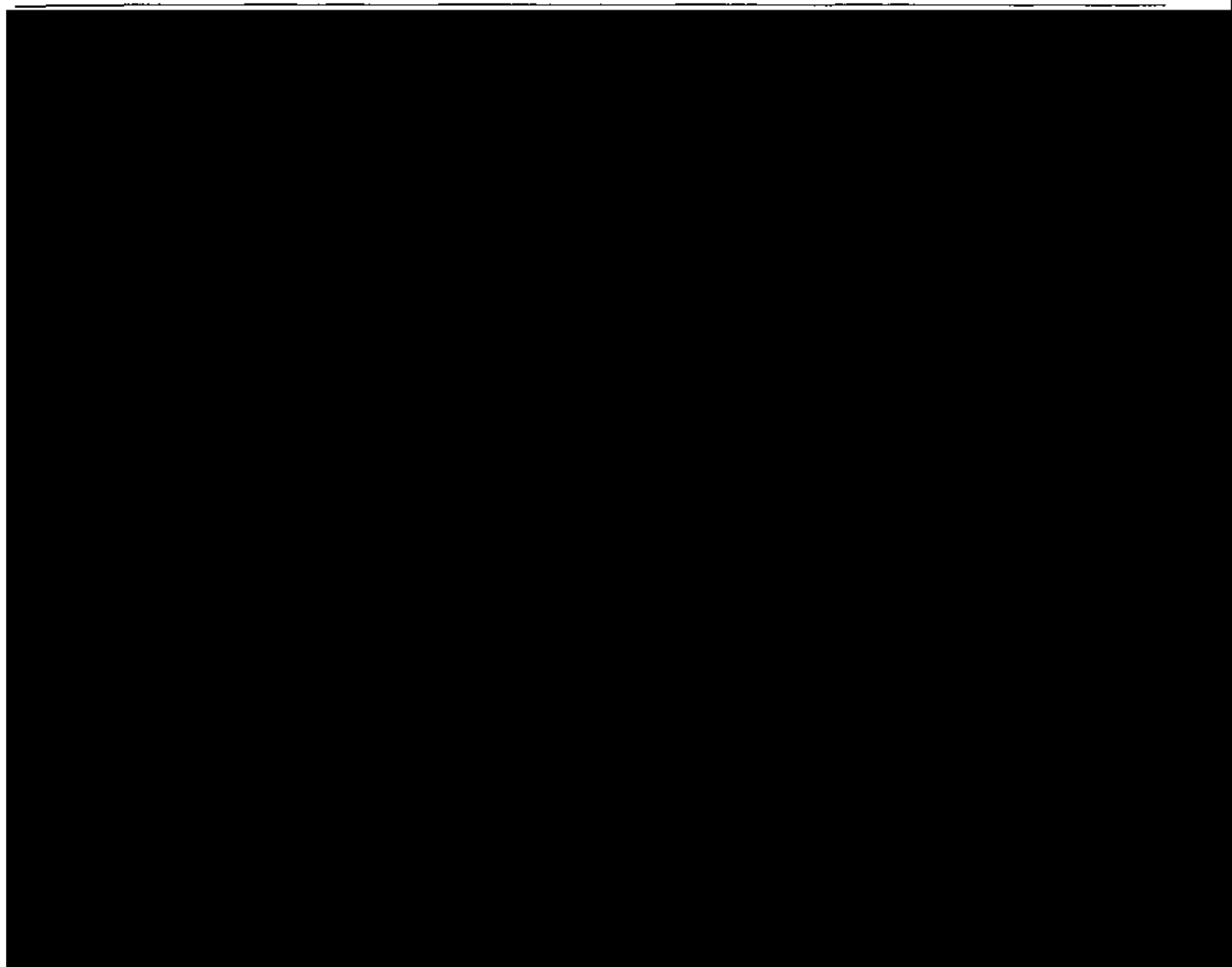
This is not a VAT Invoice

£

		(including VAT)
04/05/2004	Balance from previous Statement	68.57
	Payment Received - Thank you	68.57 CR
	Mobile Phone Charges	59.60

**Amount to be taken by Direct Debit on or after 18/06/2004**

**59.60**



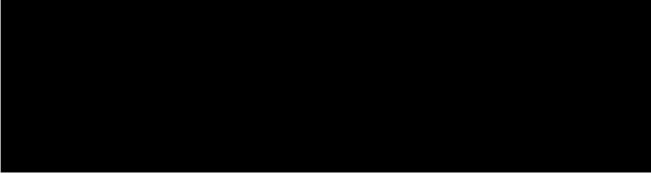
## C2. DIRECT PAYMENT

I enclose .....1..... 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	20.75	
2			
3			
4			
5			
6			
7			
8			
9			
10			

£ 20.75

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

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

PRINTED NAME... HUMFREY MALINS CBE MP .....

DATE... 20/8/04 ... CONSTITUENCY... WOKING .....

# Invoice

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



Banner Business Supplies Ltd

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

Invoice To :  
 Humfrey Malins CBE MP

Charge To :  
 Humfrey Malins CBE MP

[REDACTED]

[REDACTED]

Page 1 Of 1 Date 18/07/2004  
 Acc.No [REDACTED] Order Date 16/07/2004  
 Order [REDACTED]  
 C.A.R.

Acc. No. : [REDACTED]  
 Inv. No. : [REDACTED]  
 Inv. Date: 18/07/2004  
 Amt. Due : 20.75

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		9405014	BANNER A4 PVC LEVER ARCH FILE 70 BK	4	FILE	2.4900	16/07/04	9.96	17.50	1.74
2		0403091	CONCORD MULTI COL EX-WIDE IND A-Z	2	SET	3.8500	16/07/04	7.70	17.50	1.35

[REDACTED]

[REDACTED]

V.A.T. Summary			Sales Order Total (VAT excl)	17.66
Rate	Taxable Sum	V.A.T. Amount		
17.50	17.66	3.09	[REDACTED]	INVOICE GOODS 17.66
				INVOICE V.A.T. 3.09
				INVOICE TOTAL 20.75

Settlement : None  
 Discount Terms :

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



## C2. DIRECT PAYMENT

I enclose .....<sup>1</sup>..... 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 BUSINESS SUPPLIES	105.28	
2			
3			
4			
5			
6			
7			
8			
9			
10			
		£ 105.28	

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

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

PRINTED NAME..... HUMPHREY MALINS CBE MP .....

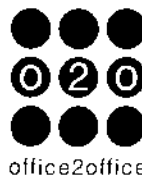
DATE..... 8/2/04 ..... CONSTITUENCY..... WOKING .....

# Invoice

\*\*\*\*\*  
 \* INVOICE NO: [REDACTED]  
 \* \*\*\*\*\*

Invoice To :  
 Humfrey Malins CBE MP  
 [REDACTED]

Charge To :  
 Humfrey Malins CBE MP  
 [REDACTED]



office2office

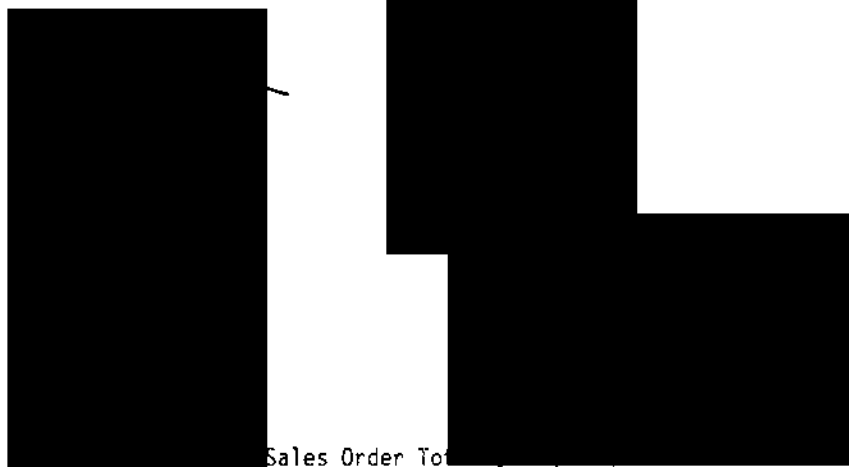
Banner Business Supplies Ltd

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

Page 1 Of 1 Date 25/08/2004  
 Acc.No [REDACTED] Order Date 29/07/2004  
 Order ORDER NO [REDACTED]  
 C.A.R.

Acc. No. : [REDACTED]  
 Inv. No. : [REDACTED]  
 Inv. Date: 25/08/2004  
 Amt. Due : 105.28

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 HUMFREY MALINS MP DETAILS PRINTED IN GREEN 8 X BX250 ARTWORK SUPPLIED	8	EACH	11.2000	29/07/04 29/07/04 29/07/04 29/07/04 29/07/04	89.60	17.50	15.68



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	89.60	15.68

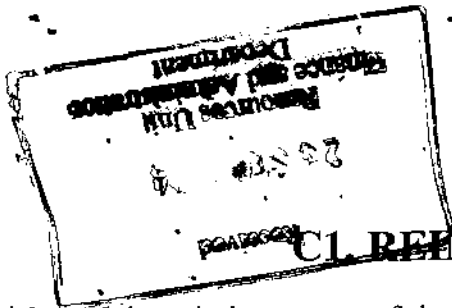
Sales Order To [REDACTED]

INVOICE GOODS 89.60  
 INVOICE V.A.T. 15.68  
 INVOICE TOTAL 105.28

Settlement : None  
 Discount Terms :

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

22/09/2004



Transaction code. [Redacted]

### CL REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period July to Sept 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	various car per chits including		[Redacted]
2	mobile phone, fax ink,		
3	computer ink, <del>software</del>		
4	stationery etc travelling		
5	as below		
6			
7	[Redacted]		
8	[Redacted]		
9	[Redacted]		
10			
		£ 416-65	

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

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


PRINTED NAME..... H J MACHENS .....

DATE..... 29/9/04 ..... CONSTITUENCY..... WOLWING .....

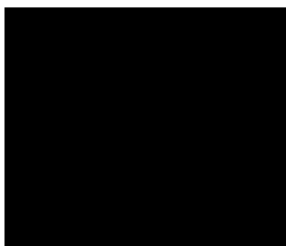
# INVOICE

## S.J. CLEAR & CO. LTD.



BRANCH <i>v/c</i>	DATE <i>1/1</i>	TELEPHONE	CUSTOMER No.
NAME <i>Martha</i>			
ADDRESS 			
			POSTCODE

T.V.	MAKE <i>S</i>	CHARGE	NO CHARGE	U/J	INSURANCE	RENTAL	MAINTAINED
VID/CAM	MODEL <i>PC458</i>	FAULT REPORTED/SYMPTOMS/WORK REQUIRED/ACCESSORIES <i>Invt.</i>					
SATELLITE	SERIAL						
AUDIO	D.O.P.						
APPLIANCE	INVOICE						
	DATE TO CALL						
		AM	PM	A S A P	LOAN	SPECIAL INSTRUCTIONS	

ENGINEERS REPORT & WORK DONE 	DATE <i>2.9.4</i>	ENGINEERS NAME	SERVICE CALL CHARGE	£	
			COLLECTION/ DELIVERY	£	
			PROFESSIONAL FEES	£	<i>19</i>
				£	<i>3 45</i>
			TOTAL	£	<i>22 65</i>
			VAT %	£	<i>3 93</i>
			SUB TOTAL	£	<i>26 38</i>
			LESS PREPAYMENT	£	<i>15 00</i>
			BALANCE TO PAY	£	<i>11 38</i>
			METHOD OF PAYMENT AGREED		

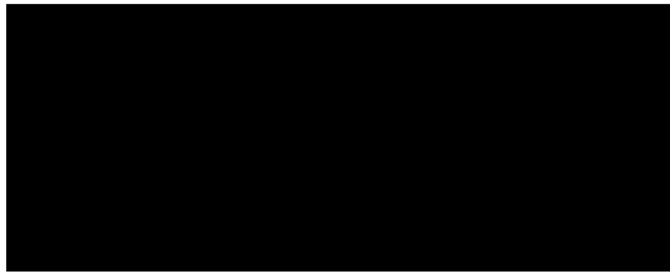
### CONDITIONS OF REPAIR

All Repairs to be paid on completion are strictly net. A/c are subject to 2% interest per month on overdue accounts.  
Any complaints to be notified within 7 days.

ALL ELECTRICAL APPLIANCE REPAIRS to give our customers satisfaction and we guarantee that either faults or work on the same day, and Electrical Appliances are of component parts and in carrying have been replaced. The breakdown may give rise to symptoms identical to those which prior to the repair.

£	<i>11</i>	<i>38</i>
---	-----------	-----------





---

HOOK HANDY  
Sku 533792 2 @ £1.99 3.98 a

---

SALE Total 3.98

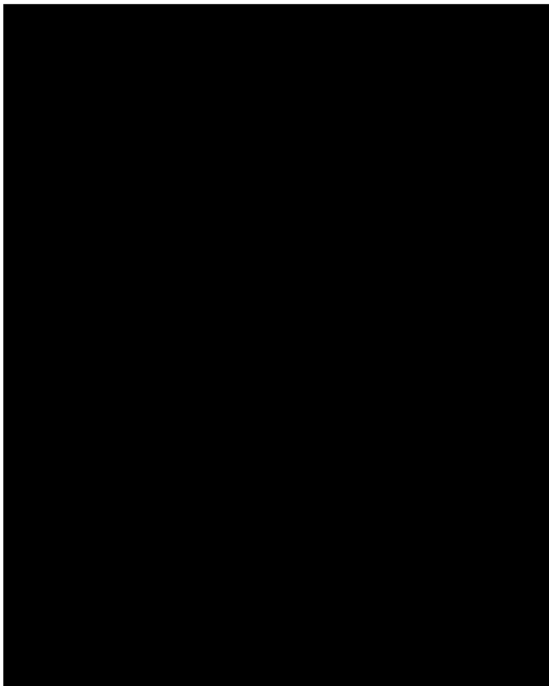
---

**£3.98**

---

Cash 10.00-  
Change 6.02

---



10000 .

FOX'S STORES LTD

251 TIGHEBROOK CT

28/05/2004 13:46

CLEANERS	*2.95
CLEANERS	*1.49
SUBTOTAL	*4.44

***TOTAL	<b>*4.44</b>
CASH	*4.44
CHANGE	*0.00

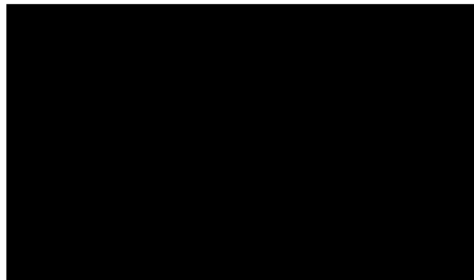
Robert D'...



042604 RAWL HEAVY DUTY	1.29
109208 COMBINATION PLI	5.99

Total To Pay	£7.28
--------------	-------

Cash Tendere :	5.	£10.00
Change		£2.72



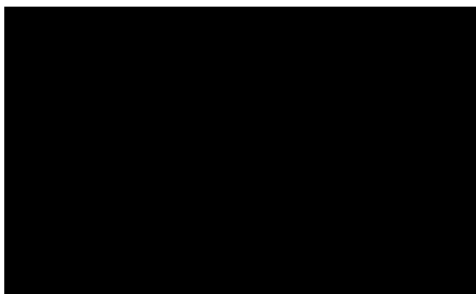
Robert Dyas



	£
091347 COCO MAT No5 55	17.99
120352 WOODEN 35CM WAX	1.19
100527 ADDI FOODSAVER	3.49

Total To Pay	£22.67
--------------	--------

Visa Delta Tendered	£22.67
Change	£0.00



Robert Dyas

[REDACTED]

Visa Delta Tendered	£22.67
---------------------	--------

[REDACTED]

23-09-04

3X


0.25 @  
2 \*0.75

2X

3 00 @  
2 \*6.00

\*6.75 π  
\*10.00 ←  
\*3.25 →

15-46



Robert Dyas



113445 VILEDA PLASTIC	£ 1.99
Total To Pay	£1.99
Cash Tendered	£2.00
Change	£0.01



DEWINS  
HARDWARE LTD  
VAT No 200 8790 0



31\*07\*04

8...1215

...1215 TL

...1215 AT

...0.00 CG



10.32



CUMMINS



31\*07\*04

8....400

....400 TL

CA....400 AT

....000 CG



11.17





25/08/04

12:12pm



3

---

FORGET NAILS 250ML SQUEEZE TUBE  
SKU 243777 1 @ £3.75 3.75 a

---

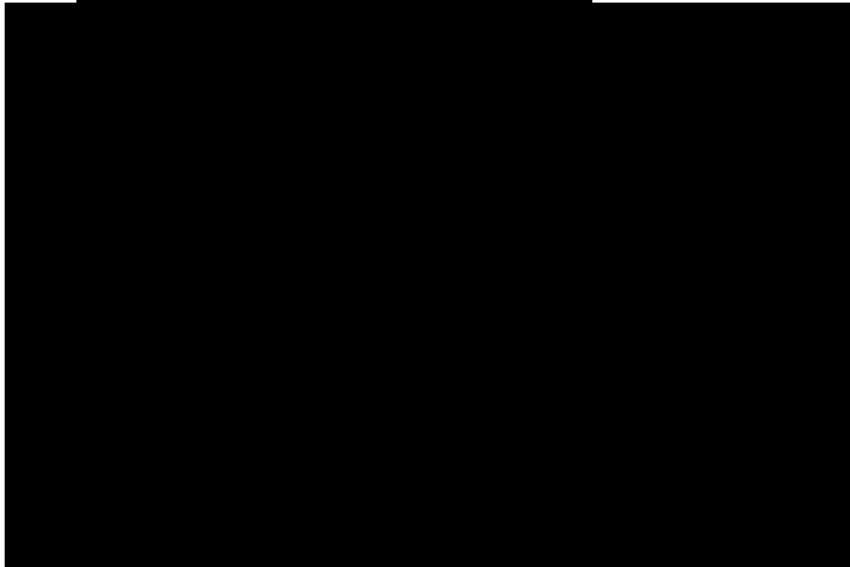
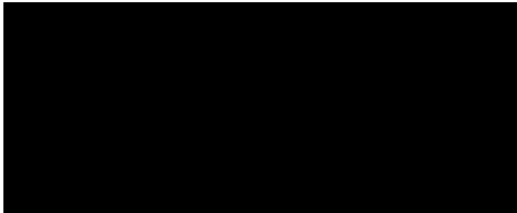
SALE Total 3.75

---

**£3.75**

---

Cash 3.75-



WORKING STATIONERS

DATE 08.25.2004 WED

✓

STATIONARY 01 -10.44

STATIONARY 01 -4.23

SUBTOTAL -14.69

TAXABLE 1 -14.69

NET AMT -12.50

TAX AMT -2.19

TOTAL -14.69

CASH -14.70

CHANGE -0.01

CLERK 1

TIME 10:58 0000



06/09/04 10:43am



---

EDPM E SEAL WHITE 10M		
SKU 210804 1 @ £4.99	4.99	a
ULTRA DRAUGHT EXCLUDER WHITE 10M		
SKU 218020 1 @ £2.19	2.19	a

---

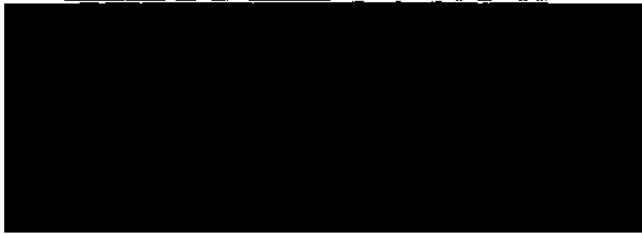
SALE Total	7.18	
------------	------	--

---

**£7.18**

---

Cash	20.00-
Change	12.82



 **ROWES LTD**



TO STATIONERY:

Date 21/8/04



£4.24



 **ROWES LTD**





TO STATIONERY:

Date 15-9-04

  
A1-60




TEL: [Redacted]

TO STATIONERY:

Date 23.9.04

*£5.90*







**ROWES LTD**

TO STATIONERY:

Date 6.09.04,

ROCKETS.

LAWS D24 POW

PRIT STICK.

£ 4-63.





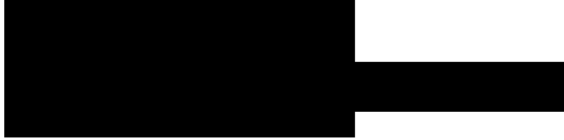
# Statement of Account

Account No:  
Statement No:  
Statement Date:



04/08/2004

H Malins



## Summary of Account

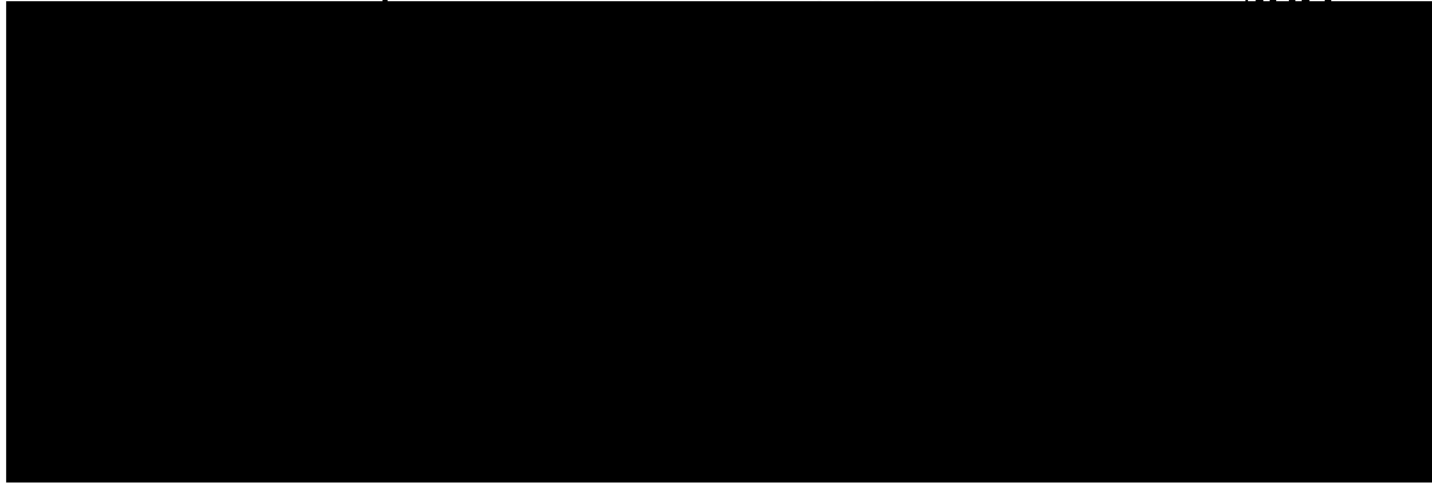
This is not a VAT Invoice

£

04/07/2004	Balance from previous Statement	(including VAT) 95.95
	Payment Received - Thank you	95.95 CR
	Mobile Phone Charges	52.22

**Amount to be taken by Direct Debit on or after 18/08/2004**

**52.22**



||  
||  
||



SINGLEPOINT

# Statement of Account

Account No:  
Statement No:  
Statement Date:

04/09/2004

H Malins  
Highbury  
Westcott Street Westcott  
Dorking  
RH4 3NU

Customer Services Number: 0870 9000 700  
Customer Services Fax: 0870 9000 333  
Opening Hours: 08.00 - 20.00 Monday - Friday  
09.00 - 18.00 Saturday - Sunday

## Summary of Account

This is not a VAT Invoice

£

04/08/2004	Balance from previous Statement	(Including VAT) 52.22
	Payment Received - Thank you	52.22 CR
	Mobile Phone Charges	115.77

**Amount to be taken by Direct Debit on or after 18/09/2004**

**115.77**



# INVOICE

Invoice/Tax Date:	23 Sep 2004
Time Order Taken:	16:42
Order Taken By:	[REDACTED]
Your Order Ref:	[REDACTED]
Our Order Ref:	[REDACTED]
INVOICE No:	[REDACTED]

Find us at [www.idsuk.net](http://www.idsuk.net)

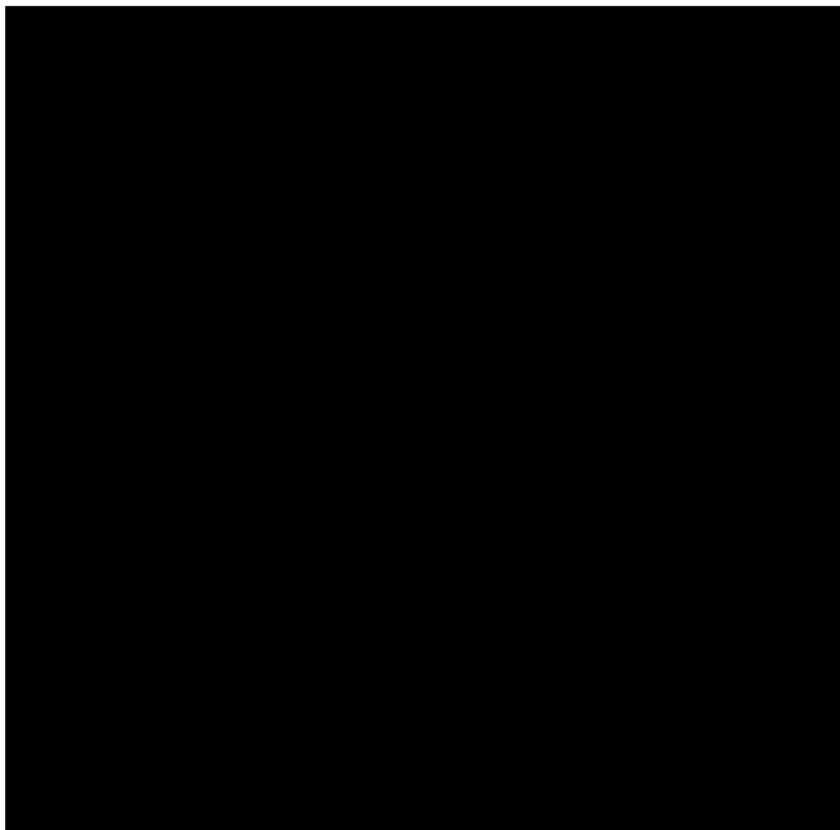
A/C No: [REDACTED]

Customer Name & Address

Delivery Address (if different)

[REDACTED]	[REDACTED]
------------	------------

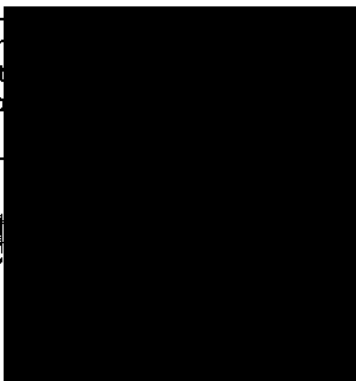
Description	Qty	Unit Price	Disc.	Total
INK-M40/ROW SAMSUNG	1	29.00	0.00	29.00



Goods Total	32.82
Post&Packing	3.82
VAT Total	5.74
Invoice Total	<b>38.56</b>

38.56

38.56

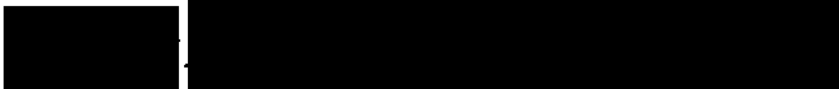


## C2. DIRECT PAYMENT

I enclose .....<sup>1</sup>..... certified invoices to allow direct payments to be made from my Incidental Expenses Provision

Invoice	Supplier's name	Amount £	Transaction code <i>For Fees office use only</i>
1	BANNER BUSINESS SUPPLIES	63.11	
2			
3			
4			
5			
6			
7			
8			
9			
10			
		£	

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

SIGNED...  .....MP

PRINTED NAME... HUMFREY MALINS CBE MP .....

DATE... 22/9/04 ..... CONSTITUENCY... WORKING .....

# Invoice

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

Invoice To :  
Humfrey Malins CBE MP  
[REDACTED]

Charge To :  
Humfrey Malins CBE MP  
[REDACTED]



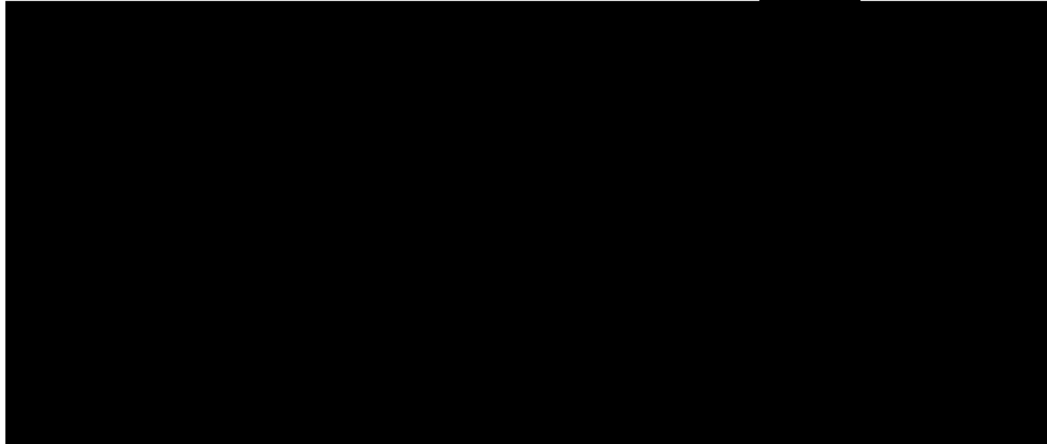
Banner Business Supplies Ltd

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

Page 1 Of 1 Date 21/09/2004  
Acc.No [REDACTED] Order Date 20/09/2004  
Order [REDACTED]  
C.A.R. [REDACTED]

Acc. No. : [REDACTED]  
Inv. No. : [REDACTED]  
Inv. Date: 21/09/2004  
Amt. Due : 63.11

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total	VAT Rate	Line VAT
1		0982807	HP LASERJET 1200 TONER CARTRIDGE HP TONER CARTRIDGE LASERJET 1200/1220 3500 PAGE HPC7115X	1	CRTRDG	53.7100	20/09/04 20/09/04 20/09/04	[REDACTED]	17.50	9.40



### V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	53.71	9.40

Sales Order Total (VAT excl) 53.71

INVOICE GOODS	53.71
INVOICE V.A.T.	9.40
<b>INVOICE TOTAL</b>	<b>63.11</b>

Settlement : None  
Discount Terms :

**Please  
return  
the slip**

from final page  
of invoice with  
your payment  
by

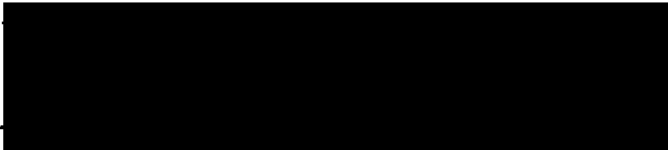
19/10/2004

## C2. DIRECT PAYMENT

I enclose 1 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	DATA PROTECTION	35.00	
2			
3			
4			
5			
6			
7			
8			
9			
10			
		£ 35.00	

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

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

PRINTED NAME..... HUMFREY MALINS CREMP .....

DATE..... 18/10/04 ..... CONSTITUENCY..... WORKING .....

**DP**

Data Protection

[REDACTED]  
C/O HUMFREY MALINS CBE MP  
[REDACTED]



08 September 2004

Data Controller Name: [REDACTED]  
Registration Number: [REDACTED]

For the attention of: [REDACTED]

**Data Protection Act 1998 – Reminder to Renew**

Your register entry [REDACTED] has an expiry date of **20 October 2004**.

The fee for renewal of the entry is £ 35.00 (VAT nil). The payment options are listed below. You may find that the most convenient way of renewing is to pay by direct debit because you would not need to take any action to renew in subsequent years (see over). A direct debit form is enclosed.

**Whichever payment method you choose we must receive your payment on or before 20 October 2004.**

If you have not sent your renewal request to reach us by this date you will need to make a new application to notify. In this event you should telephone the notification help line on 01625 545740 or alternatively, start the process by completing a notification form on-line at [www.dpr.gov.uk](http://www.dpr.gov.uk).

**I wish to renew:**

Registration Number: [REDACTED]  
Data Controller Name: [REDACTED]

Expiry Date: **20 October 2004**

Method of payment:  
(please tick as appropriate)

Direct Debit   
Cheque   
BACS

(please refer overleaf for  
further instructions  
regarding payment)

**You should return this letter with your payment in the envelope provided.**

Name: HUMFREY MALINS CBE MP Job Title: MEMBER OF PARLIAMENT

X Signature: [REDACTED]

Date: 20/9/2004 Tel No: [REDACTED]

If any of the details within your entry have changed or if notification is no longer required please refer to the enclosed alteration form.



**NOTIFICATION MANAGER**





FOX'S STORES LTD

13/11/2004 15:36

ELECTRICIAN \*3.50  
SUBTOTAL \*3.50

\*\*\*TOTAL \*3.50  
CASH \*5.00  
CHANGE \*1.50

FOX'S STORES LTD

13/11/2004 14:32

CLEANERS . \*1.49  
SUBTOTAL \*1.49

\*\*\*TOTAL \*1.49  
CASH \*1.50  
CHANGE \*0.01

HARDWARE LTD.

10# 1 1/4

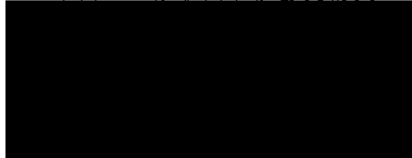
3 1/2 5.25

5.25

1

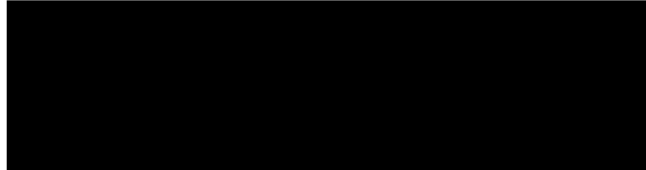
13.16

RYAN THE STALLION



SALE

VIQUEL ELASTIC BOX CLEAR	£3.99
Q160360420	
VIQUEL ELASTIC BOX CLEAR	£3.99
Q160360420	
	-----
TOTAL (2 Items)	£7.98
LOW CONTACT	£1.00
PAID BY	
CASH	£9.00
CHANGE	-£1.02



**YOUR RECEIPT**  
Thank you  
**Call again**

28.10.04

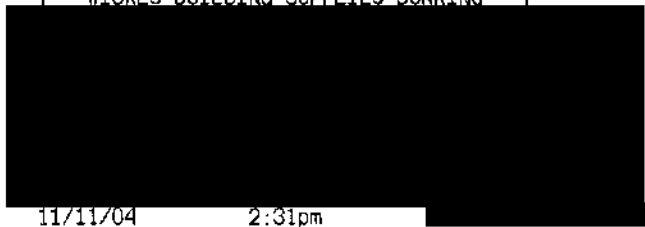
1 \*0.59  
1 \*0.49  
\*1.08 ST  
2 Q



3th



WICKES BUILDING SUPPLIES DORKING



11/11/04 2:31pm



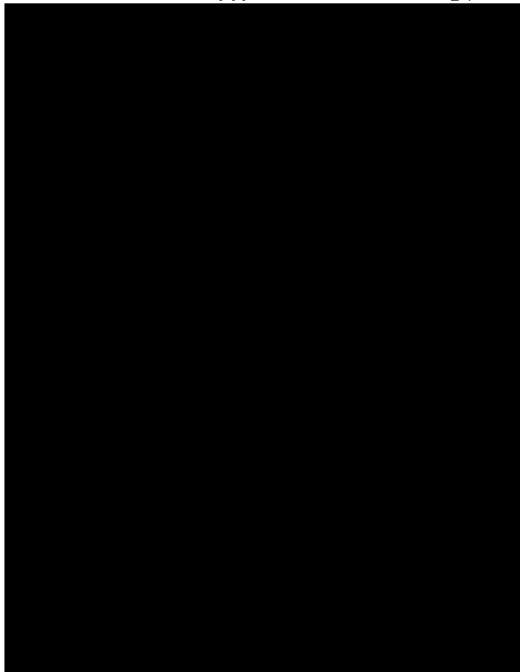
BULB GLS PEARL BC 100W PK10  
Sku 701320 1 @ £1.49 1.49 a

SALE Total 1.49

**£1.49**

Cash 1.50-  
Change 0.01

V.A.T Breakdown  
a 1.49 @ 17.500% VAT 0.22  
Total VAT 0.22

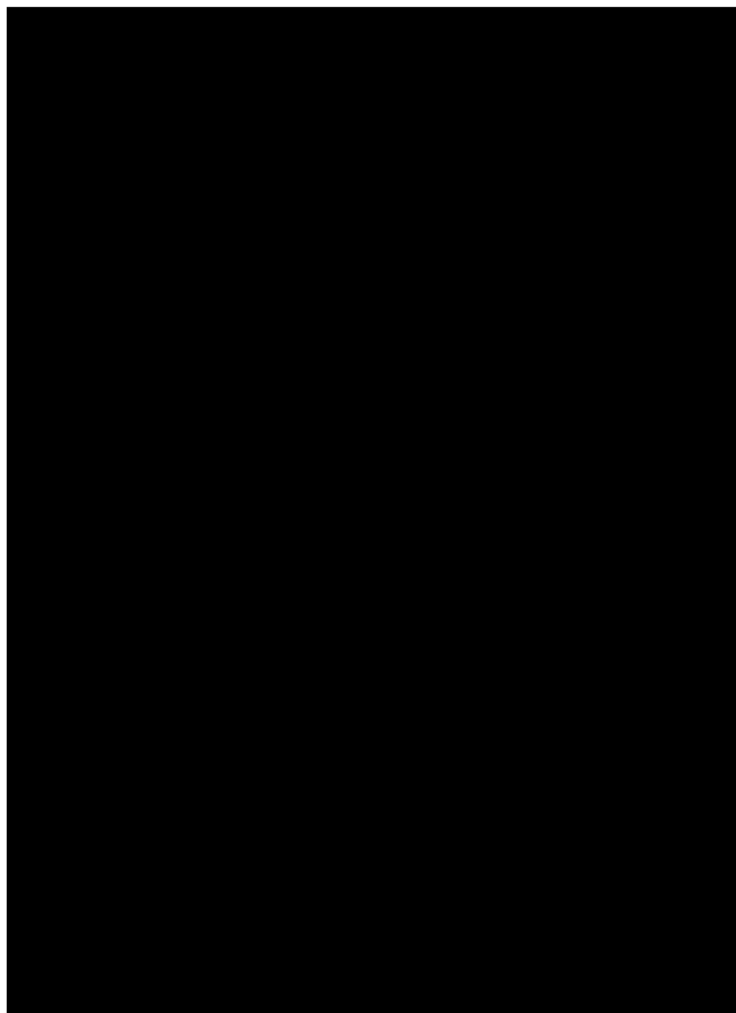


PETER JONES



Software			
830.41067	1		49.95
	TOTAL		49.95

Please keep this for your records



RECEIVED

16 NOV 2004

Transaction code.



### C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period: Sept to November 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	50. <sup>56</sup> <del>86</del>	
2	el	83.42.	
3	sundries	79.23	
4			
5			
6			
7			
8			
9			
10			
		£ 243.21	

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

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

PRINTED NAME..... H M ALLEN MALINS .....

DATE 15/11/04..... CONSTITUENCY WOKING .....





# Statement of Account

Account No:  
Statement No:  
Statement Date:

[Redacted]  
**04/10/2004**

[Redacted]  
H Malins  
[Redacted]

[Redacted]

Customer Services Number:  
Customer Services Fax:  
Opening Hours:

[Redacted]

## Summary of Account

This is not a VAT Invoice

£

04/09/2004	Balance from previous Statement	115.77
	Payment Received - Thank you	115.77 CR
	Mobile Phone Charges	83.42

**Amount to be taken by Direct Debit on or after 18/10/2004**

**83.42**

[Large Redacted Area]

—  
—  
—

[Redacted]



# Statement of Account

Account No:  
Statement No:  
Statement Date:

04/11/2004

H Malins

Customer Services Number:  
Customer Services Fax:  
Opening Hours:

## Summary of Account


This is not a VAT Invoice

£

04/10/2004	Balance from previous Statement	83.42
	Payment Received - Thank you	83.42 CR
	Mobile Phone Charges	50.56

**Amount to be taken by Direct Debit on or after 18/11/2004**

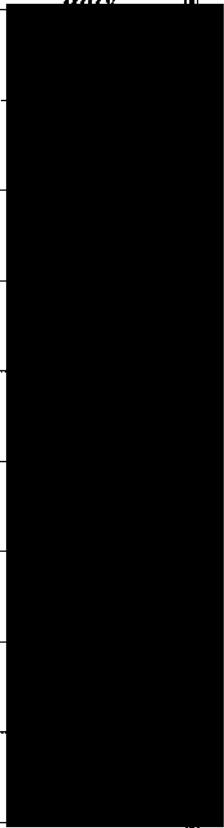
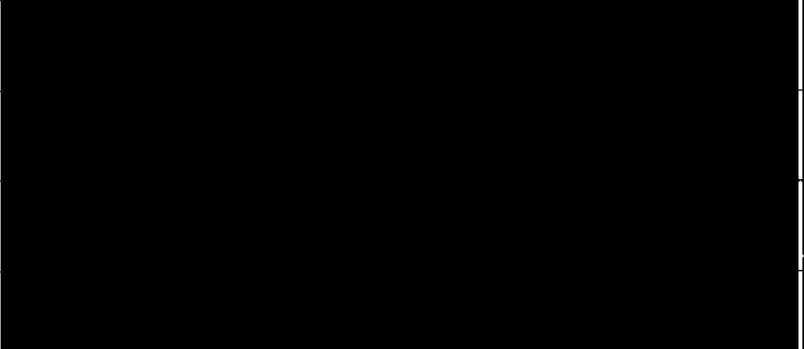
**50.56**

Transaction code 

### C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period Dec 04 to Jan 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	family incl mobile phone	166.77	
2	bill.		
3			
4			
5			
6			
7			
8			
9			
10			
		£ 166.77	

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

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

PRINTED NAME..... H. J. M. ALINS .....

DATE..... 30/1/05 ..... CONSTITUENCY..... WORKING .....



# Statement of Account

Account No:  
Statement No:  
Statement Date:

04/01/2005

H Malins

Customer Services Number:  
Customer Services Fax:  
Opening Hours:

## Summary of Account

This is not a VAT Invoice

£

04/12/2004	Balance from previous Statement	(including VAT) 56.90
	Payment Received - Thank you	56.90 CR
	Mobile Phone Charges	72.67

**Amount to be taken by Direct Debit on or after 18/01/2005**

**72.67**



# Statement of Account

Account No:  
Statement No:  
Statement Date:

**04/12/2004**

H Malins  
Highbury  
Westcott Street Westcott  
Dorking  
RH4 3NU

Customer Services Number:  
Customer Services Fax:  
Opening Hours:

0870 9000 700  
0870 9000 333  
08.00 - 20.00 Monday - Friday  
09.00 - 18.00 Saturday - Sunday

## Summary of Account

This is not a VAT Invoice

£

		(including VAT)
04/11/2004	Balance from previous Statement	50.56
	Payment Received - Thank you	50.56 CR
	Mobile Phone Charges	56.90

**Amount to be taken by Direct Debit on or after 18/12/2004**


**56.90**

05-01-05

4 \*1.70

\*1.70 CA

13-59



HARDWARE LTD  
UNIT NO. 20, 5788

19\*01\*05

4.....315

.....TL

.....AT

.....CG

IND  
[REDACTED]

4\*10:4

10. 1.25  
[REDACTED]

CA  
[REDACTED]



TRANS-AMERICA



26#1100

18#0AT

18#0AT

8.21 CG



**WESTCOTT NEWSAGENCY**



.....  
-----  
From Week Ending:

1-12-04

To Week Ending:

WEEKLY PAPERS

MAGAZINES

Handwritten notes: "1-10" and "Paid Cash" written in a cursive script.

-----  
BALANCE OUTSTANDING

-----  
TOTAL AMOUNT DUE

-----  
*Please make Cheques payable to:*

E. & O.E.



Accounts Strictly Net



**ROWES LTD**



TO STATIONERY:

Date 14.1.05

E7.05

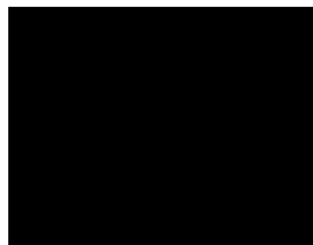


 **ROWES LTD**

**TO STATIONERY:**

Date 19/1/05

L3-30



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.....

Address.....

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	6100	Travel cab 2 walks.	
Other travel - (car) *** Please see below			
Telephone			
Home as office			
Office requisites			
<b>TOTAL</b>	£ 100	*** 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.....

H. MALINS

Date.....

5/2/05

Constituency.....

Woking

595971

**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.

28 FEB 2005

Transaction code.



### C1. REIMBURSEMENT

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

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

Item	Description of service / goods	Amount £	Fees office use only
1	Sundry, bus duty	215-39	
2	note, tapes, ink cartridges		
3	etc & stationary items.		
4			
5			
6			
7			
8			
9			
10			
		£215-39	

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

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

PRINTED NAME..... H J MALINS .....

DATE..... 27/2/05 ..... CONSTITUENCY..... Woking .....



# Statement of Account

Account No:  
Statement No:  
Statement Date:



**04/02/2005**

H Malins  
Highbury  
Westcott Street Westcott  
Dorking  
RH4 3NU



Customer Services Number:  
Customer Services Fax:  
Opening Hours:

0870 9000 700  
0870 9000 333  
08.00 - 20.00 Monday - Friday  
09.00 - 18.00 Saturday - Sunday

## Summary of Account

This is not a VAT Invoice

£

		(including VAT)
04/01/2005	Balance from previous Statement	72.67
	Payment Received - Thank you	72.67 CR
	Mobile Phone Charges	52.09

**Amount to be taken by Direct Debit on or after 18/02/2005**

**52.09**



# Ryman

## the stationer

Ryman House, Swallowfield Way, Hayes, Middx. UB3 1DQ  
Telephone: 020 8569 3000 Fax: 020 8867 5367

BRANCH	<i>Victoria</i>	No.	[REDACTED]
BRANCH No.	[REDACTED]	DATE	<i>22/2/05</i>

CUSTOMER NAME	[REDACTED]	SALES RECEIPT	<input type="checkbox"/>	MACHINE RECEIPT	<input checked="" type="checkbox"/>	OTHER RECEIPT	<input type="checkbox"/>
---------------	------------	---------------	--------------------------	-----------------	-------------------------------------	---------------	--------------------------

ADDRESS	<i>House of Commons London</i>	PAYMENT METHOD	
	<i>SWIA OVA</i>	CASH	<input type="checkbox"/>
POST CODE		MASTERCARD / VISA	<input checked="" type="checkbox"/>
TEL. No.		SWITCH / CHEQUE	<input type="checkbox"/>
		DIRECT DELIVERY	<input type="checkbox"/>
		PURCHASE ORDER	<input type="checkbox"/>
		AUTHORISATION CODE	[REDACTED]

QTY.	TILL CODE	PRODUCT CODE (machines only)	DESCRIPTION	SERIAL No. (if applicable)	Total (inc. VAT)	
					£	p
<i>1</i>			<i>REPRODUCTION 80060160 256</i>	[REDACTED]	<i>31</i>	<i>99</i>

MACHINE SALES ONLY: THIS MACHINE IS GUARANTEED FOR <input checked="" type="checkbox"/> MONTHS PARTS AND <input type="checkbox"/> MONTHS LABOUR GUARANTEE VALID ONLY ON UK MAINLAND	TILL RECEIPT No. [REDACTED]	Total including VAT	
	THIS DOES NOT AFFECT YOUR STATUTORY RIGHTS	Balance Due	<i>31-99</i>

<b>Ryman is committed to providing excellent customer service.</b> We thank you for your custom. You have been served by [REDACTED]. Should you require any further assistance please telephone [REDACTED]	<b>VAT INVOICE SUMMARY</b>	Total (excl VAT)	
		VAT @	%
<b>TOTAL</b>			<i>31-99</i>

P. CODE: 990370/09/99



HARDWARE LTD

01\*02\*15

9...350

350TL

350

HARDY REYL



00028-5..

4...1750

•...1750 TL

00...2000 AT

•2000 CG



INS  
HARDWARE LTD



03\*02\*15

5. . . . 4.15

. . . . 4.1 TL

03 . . . . 5.00 AT

0.85 CC





**ROWES LTD**

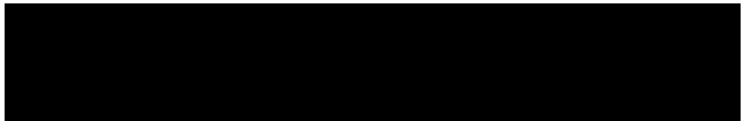
TO STATIONERY:

Date 3.2.05

£1.45.



**WESTCOTT NEWSAGENCY**



VI .....  
.....  
.....

From Week Ending: 9-2-08  
To Week Ending:

**WEEKLY PAPERS**

**MAGAZINES**

Handwritten notes: 5-1-2, 1-1, H, 9-2-08, 1-1, 1-1



**BALANCE OUTSTANDING**

**TOTAL AMOUNT DUE**

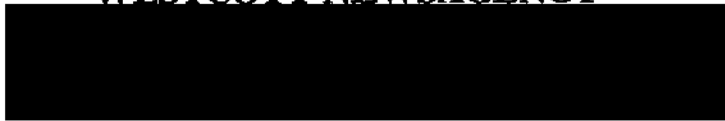
*Please make Cheques payable to:*

E. & O.E.



Accounts Strictly Net

**WESTCOTT NEWSAGENCY**



M .....

From Week Ending:

8/2/85

To Week Ending:

WEEKLY PAPERS

MAGAZINES

F1-10  
Paid

AMOUNT OUTSTANDING

TOTAL AMOUNT DUE

*Please make Cheques payable to:*

& O.E.



Accounts Strictly Net



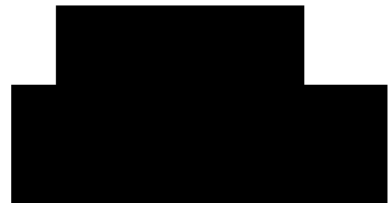
**ROWES LTD**



TO STATIONERY:

Date 1-2-05

£11-96



RYMAN THE STATIONER



SALE

STORE N GO USB 256MB RED	831.99
1405206063	
HP C6615D NO 15 DLX	227.97
1302506901	
SAMSUNG INKCARTR M40	131.99
1302006160	

TOTAL (3 items)	1191.95
TAX CONTENT 214.147	
PAID BY	
DELTA	1191.97

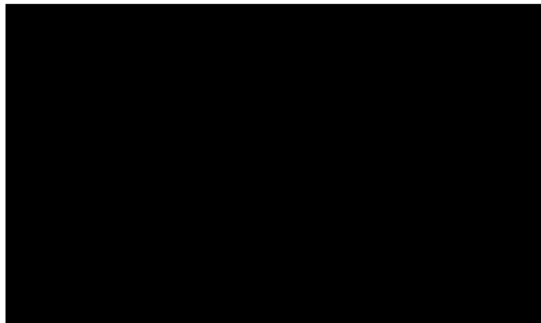
EXPIRES : 08/2007 AUTH :

MERCH ID:

Amount: 1191.97

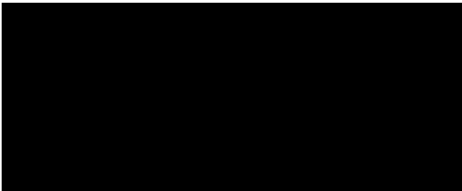
YOUR ACCOUNT WILL BE DEBITED WITH THE ABOVE AMOUNT

TRANSACTION CONFIRMED



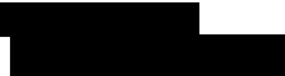


RYMAN THE STATIONER



TAPE	£11.99
1502056060	
TAPE	£11.99
1502056060	<u>          </u>
SNOPRE POLYFILE A4 CLEAR	
0459020420	
5 X £0.99	<del>£4.95</del>
TOTAL (7 items)	<u>£20.93</u>
CVAT CONTENT £4.32	<u>23.98</u>
PAID BY	
DELTA	£28.93

EXPIRES :



MERCH ID:



Amount: £28.93

YOUR ACCOUNT WILL BE DEBITED WITH THE  
ABOVE AMOUNT  
TRANSACTION CONFIRMED



## C2. DIRECT PAYMENT

I enclose <sup>4</sup>..... 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 B BUSINESS SUPPLIES	102.23	
2	" "	93.72	
3		93.72	
4	" "	26.59	
5			
6			
7			
8			
9			
10			

£316.26

09 MAR 2005

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

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

PRINTED NAME..... HUMPHREY MALINS CRE MP.....

DATE 8/3/05..... CONSTITUENCY WOKING.....

# Invoice

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



Invoice To :  
 Humfrey Malins CBE MP  
 [REDACTED]

Charge To :  
 Humfrey Malins CBE MP  
 [REDACTED]

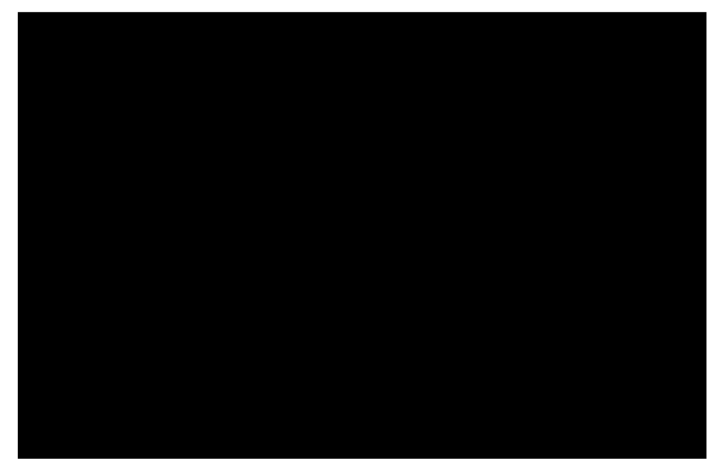
**Banner Business Supplies Ltd**  
 Cashier

Page 1 of 1 Date 22/02/2005  
 Acc.No [REDACTED] Order Date 18/02/2005  
 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: 22/02/2005  
 Amt. Due : 26.59

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		9390001	BANNER STORAGE BOX WHITE	1	PACK10	22.6300	18/02/05	22.63	17.50	3.96



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	22.63	3.96

Sales Order Total (VAT excl)	22.63
INVOICE GOODS	22.63
INVOICE V.A.T.	3.96
<b>INVOICE TOTAL</b>	<b>26.59</b>

Settlement : None  
 Discount Terms :



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

22/03/2005

# Invoice

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



Banner Business Supplies Ltd

Charge To :  
 Humfrey Malins CBE MP

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

Humfrey Malins CBE MP

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Page 1 Of 1 Date 26/02/2005  
 Acc.No [REDACTED] Order Date 22/02/2005  
 Order ORDER NO [REDACTED]  
 C.A.R. [REDACTED]

Inv. Date: 26/02/2005

Amt. Due : 102.23

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 HUMPHREY MALINS CBE MP DETAILS PRINTED IN GREEN 4 X BX250 ARTWORK SUPPLIED	4	EACH	21.7500	25/02/05 25/02/05 25/02/05 25/02/05	87.00	17.50	15.23

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
<b>INVOICE TOTAL</b>	<b>102.23</b>

Settlement : None  
 Discount Terms :

**Please  
 return  
 the slip**

from final page  
 of invoice with  
 your payment  
 by

26/03/2005

# Invoice

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

Invoice To :  
 Humfrey Malins CBE MP  
 [REDACTED]

Charge To :  
 Humfrey Malins CBE MP  
 [REDACTED]



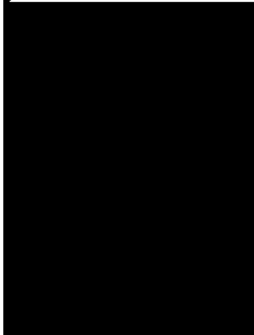
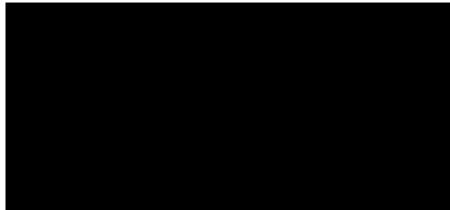
Banner Business Supplies Ltd

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

Page 1 of 1 Date 26/02/2005  
 Acc.No [REDACTED] Order Date 22/02/2005  
 Order ORDER NO [REDACTED]  
 C.A.R.

Acc. No. : [REDACTED]  
 Inv. No. : [REDACTED]  
 Inv. Date: 26/02/2005  
 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 HUMFREY MALINS CBE MP DETAILS PRINTED IN GREEN 4 X BX250 ARTWORK SUPPLIED	4	EACH	19.9400	25/02/05 25/02/05 25/02/05 25/02/05	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

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

Settlement : None  
 Discount Terms :

**Please  
 return  
 the slip**

from final page  
 of invoice with  
 your payment  
 by

26/03/2005

# Invoice

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



office2office

Invoice To :  
 Humfrey Malins CBE MP

Charge To :  
 Humfrey Malins CBE MP

Banner Business Supplies Ltd

[REDACTED]

[REDACTED]

Page 1 of 1 Date 26/02/2005  
 Acc.No [REDACTED] Order Date 22/02/2005  
 Order ORDER NO [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: 26/02/2005  
 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	HC19-117GA OVERPRINTED WITH HUMFREY MALINS CBE MP DETAILS PRINTED IN GREEN 4 X BX250 ARTWORK SUPPLIED	4	EACH	19.9400	25/02/05 25/02/05 25/02/05 25/02/05 25/02/05	79.76	17.50	13.96

[REDACTED]

V.A.T. Summary

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

Sales Order Total (VAT excl)

79.76

INVOICE GOODS	79.76
INVOICE V.A.T.	13.96
<b>INVOICE TOTAL</b>	<b>93.72</b>

Settlement : None  
 Discount Terms :

**Please  
 return  
 the slip**

from final page  
 of invoice with  
 your payment  
 by

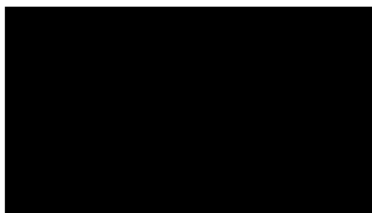
26/03/2005

H. Malins MP

Financial Processing }

Transaction No.

Registration No.

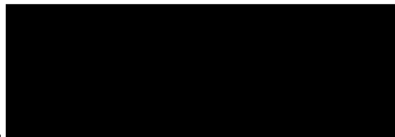


**C1**

**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**Member Supplier ID**



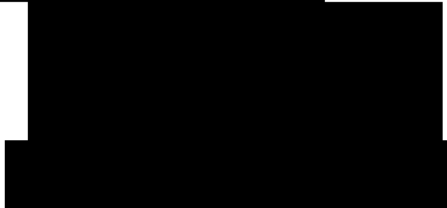
**Pay recipient**

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

**Text**

MARCH 05

**Invoice No.**



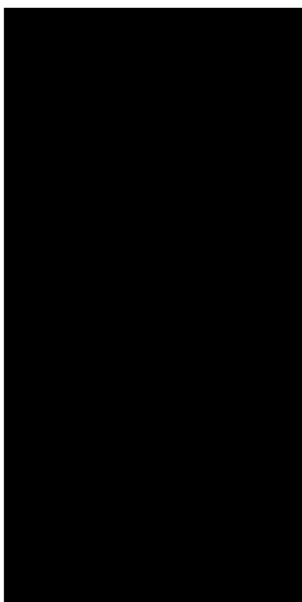
**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

04\_05 / ~~05\_06~~

**Expenditure type (Cat5) :**



£ 104.35

£.....

£.....

£.....

£.....

£.....

£.....

£.....

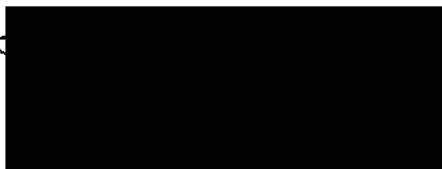
£.....

£ 104.35

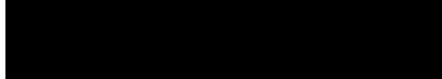
**TOTAL**

**Comments:**

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



Posted by (initials & date)







W.H. SMITH RETAIL LTD

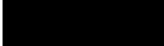
Customer Name



Cashier: [REDACTED]

	£
HFH0002 INSIDE THIS	1.79
100 DL BROWN GUM ENV	2.29
2 BAL DUE	4.08
CASH	26.00
CHANGE	15.92

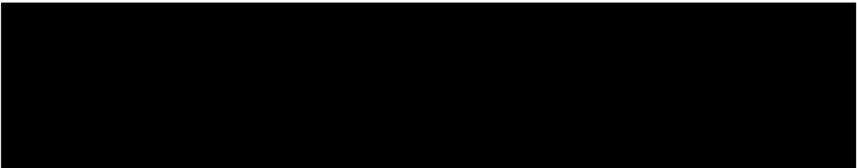
2/84



12:02 09MAR05

CHECK OUT OUR GREAT OFFERS  
AT [WWW.WHSMITH.CO.UK](http://WWW.WHSMITH.CO.UK)!

**WESTCOTT NEWSAGENCY**



From Week Ending:

5/3/05

To Week Ending:

WEEKLY PAPERS

6-45

MAGAZINES

*Paulson*

BALANCE OUTSTANDING

TOTAL AMOUNT DUE

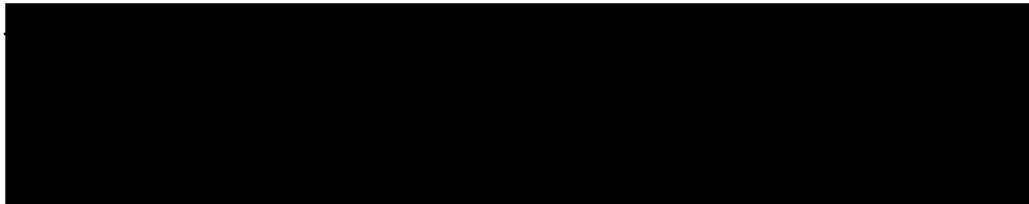
*Please make Cheques payable to:*

E. & O.E.



Accounts Strictly Net

**WESTCOTT NEWSAGENCY**



From Week Ending:

6/3/05

To Week Ending:

WEEKLY PAPERS

*Handwritten signature*

MAGAZINES

*Handwritten signature*

BALANCE OUTSTANDING

TOTAL AMOUNT DUE

*Please make Cheques payable to:*

E. & O.E.



Accounts Strictly Net



# Statement of Account

[REDACTED]

H Malins  
 Highbury  
 Westcott Street Westcott  
 Dorking  
 RH4 3NU

[REDACTED]

Account No:  
 Statement No:  
 Statement Date:

[REDACTED]

**04/03/2005**

Customer Services Number:  
 Customer Services Fax:  
 Opening Hours:

0870 9000 700  
 0870 9000 333  
 08.00 - 20.00 Monday - Friday  
 09.00 - 18.00 Saturday - Sunday

## Summary of Account

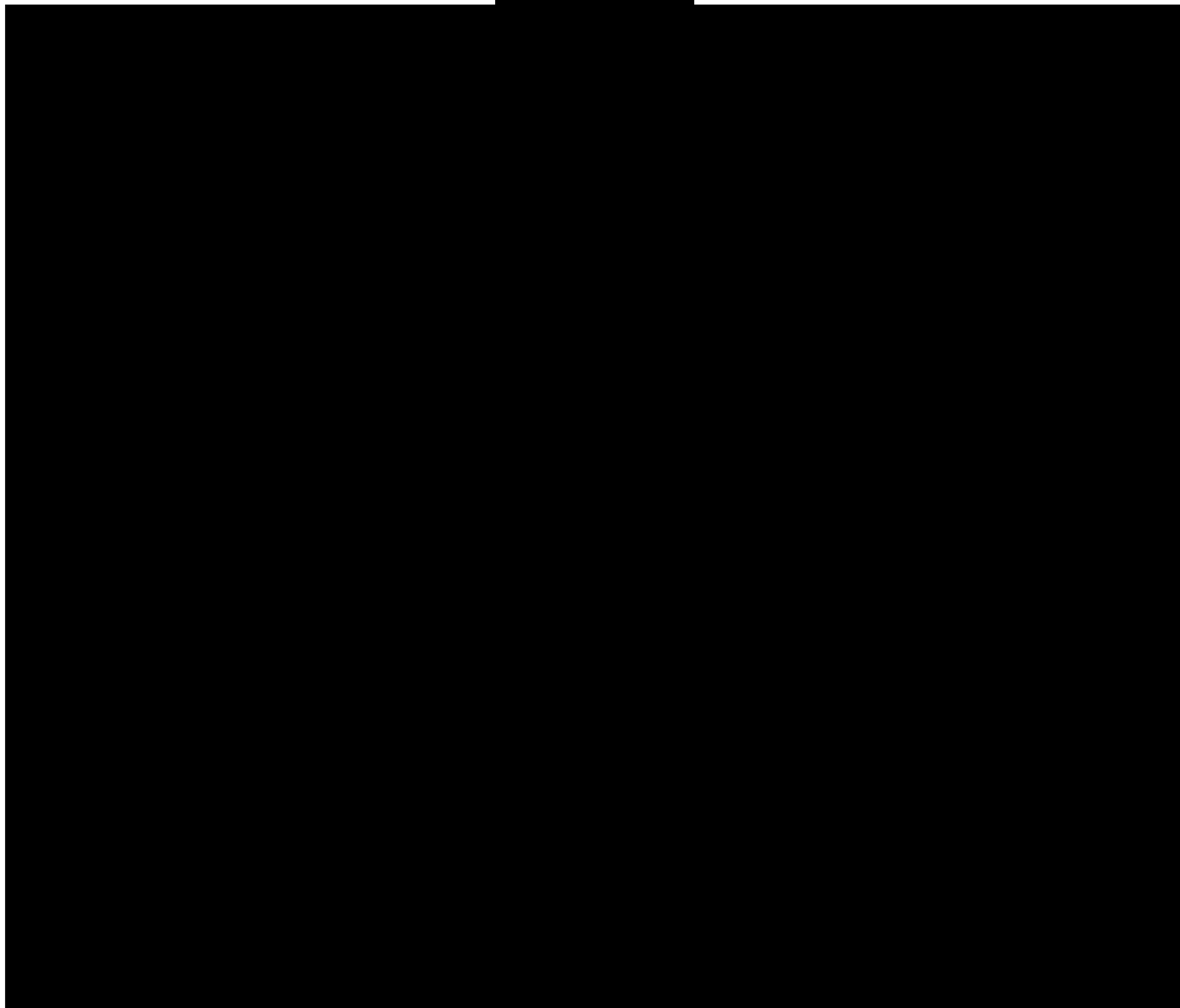
This is not a VAT Invoice

£

		(including VAT)
04/02/2005	Balance from previous Statement	52.09
	Payment Received - Thank you	52.09 CR
	Mobile Phone Charges	51.57

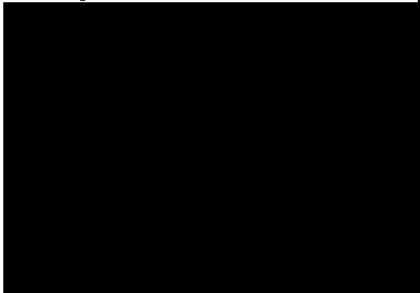
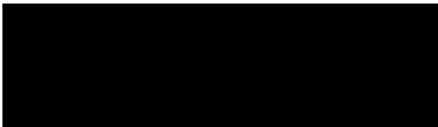
**Amount to be taken by Direct Debit on or after 18/03/2005**

**51.57**

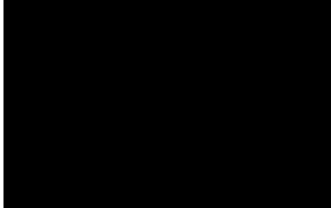


**Manderley  
Press Limited**

**Map Publishers**



**MALINS, HUMFREY CBE, MP**



**Invoice**

Invoice /Tax Date 03/03/2005

Your ref./Order No.



Invoice No./ Account Ref:



Quantity	Product Description	Price each	Net Amount	VAT Amount (Zero rated)
1	Large Poster-style Wallchart Map/s of WOKING	£ 35.00	£ 35.00	£ 0.00

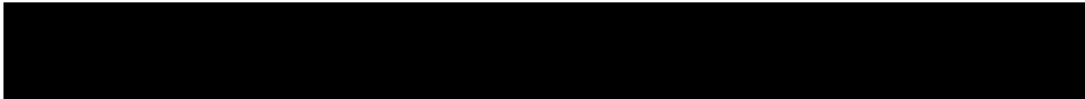


*17/3 by cheque*

Delivery to:

Net Amount	£ 35.00
VAT Amount (Zero rated)	£ 0.00
Carriage	£ 0.00
<b>Invoice Total</b>	<b>£ 35.00</b>

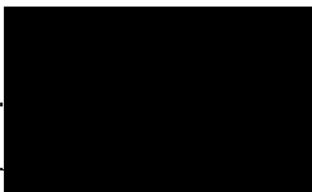
JTH



Financial Processing }

Transaction No. ....

Registration No. ....



**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**C2**

**Supplier ID**

**Text**

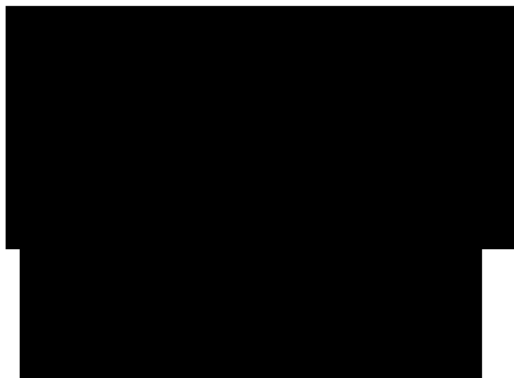
**Invoice No.**

**Account code / Allowance**

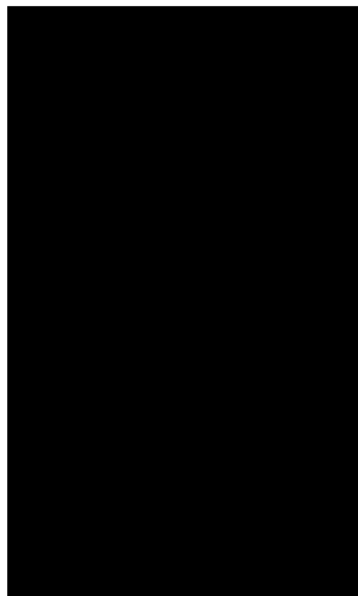
**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



04\_05 / ~~05\_06~~



£.....

£ 63.11

£.....

£.....

£.....

£.....

£.....

£.....

£.....

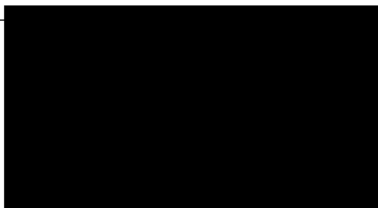
£ 63.11

**TOTAL**

**Comments:**

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

Posted by (initials & date)



.....  
.....

## C2. DIRECT PAYMENT

31 MAR 2005

I enclose .....<sup>1</sup>..... 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	63.11	
2			
3			
4			
5			
6	[REDACTED]		
7	[REDACTED]		
8	[REDACTED]		
9	[REDACTED]		
10	[REDACTED]		

£ 63.11

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

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

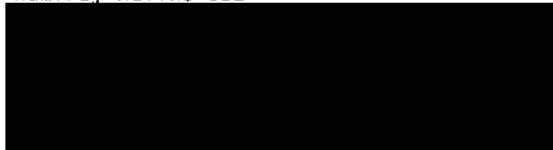
PRINTED NAME..... HUMFREY MALINS CRE MP .....

DATE..... 30/3/05 ..... CONSTITUENCY..... WORKING .....

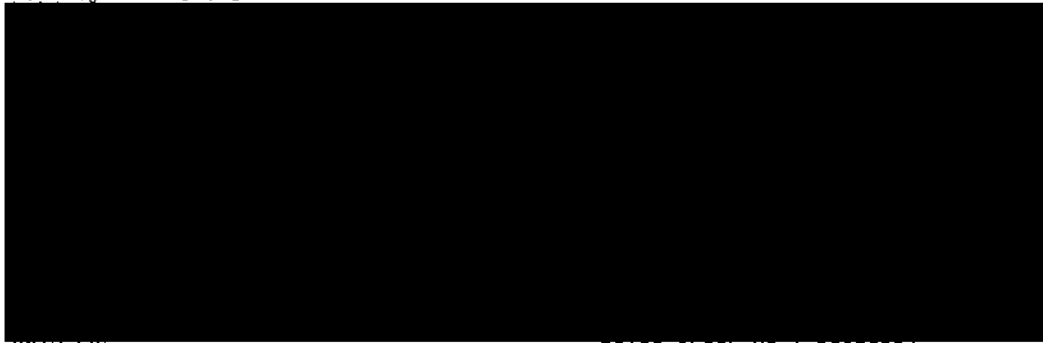
# Invoice

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

Humfrey Malins CBE MP



Charge To :  
Humfrey Malins CBE MP



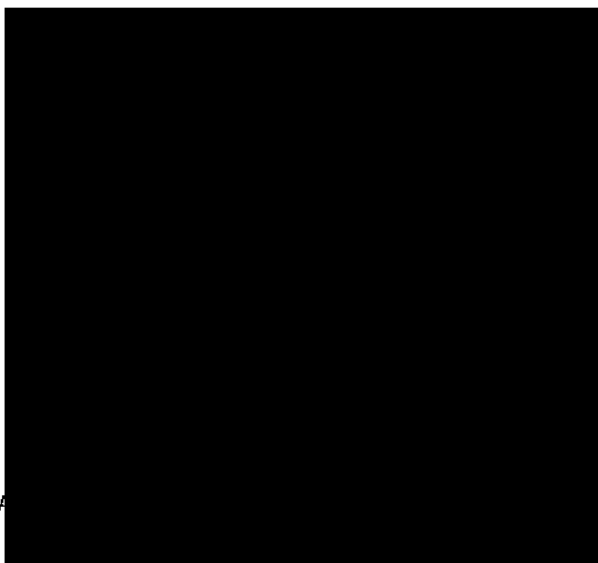
Banner Business Supplies Ltd

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

Page 1 of 1 Date 09/02/2005  
Acc.No [REDACTED] Order Date 08/02/2005  
Order [REDACTED]  
C.A.R.

Acc. No. : [REDACTED]  
Inv. No. : [REDACTED]  
Inv. Date: 09/02/2005  
Amt. Due : 63.11

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		0982807	HP LASERJET 1200 TONER CARTRIDGE HP TONER CARTRIDGE LASERJET 1200/1220 3500 PAGE HPC7115X	1	CRTRDG	53.7100	08/02/05 08/02/05 08/02/05	53.71	17.50	9.40



V.A.T. Summary		
Rate	Taxable Sum	V.A.T.
17.50	53.71	

Total (VAT excl)	53.71
INVOICE GOODS	53.71
INVOICE V.A.T.	9.40
INVOICE TOTAL	63.11

Settlement : None  
Discount Terms :

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