



Member's reimbursement form

31 MAR 2008

When to use this form

- Use this form to ask us to reimburse you for costs you have incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see *Green Book* 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

JOHN BERLOW

Constituency

BUCKINGHAM

Office use only

Costs

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

Item / / to / /

Allowance year

07 / 08

Office use only

Allow or Exp/
A/c code Cat 5

	Description of service or goods	Amount
Item 1	PRINTER + CARTRIDGES FOR HOME OFFICE	£ 357 : 95 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

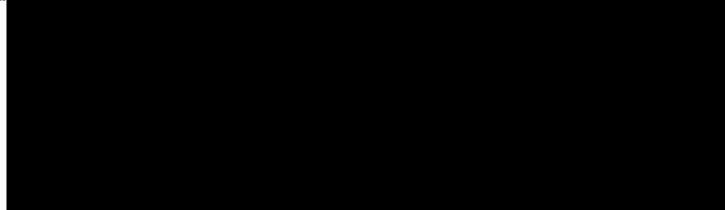
Total

£ 357 : 95 p

continued on page 2

Authorisation and declaration

Signature



ly and necessarily

Date

27.3.2008

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act.

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

Send your completed form to

Validation Team, Operations Directorate,
Department of Resources, 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

£
£
£
£
£
£
£
£

Comments

Delivery Address

PURCHASE DETAILS

PRODUCT DESCRIPTION	PRODUCT CODE	QTY	AMOUNT	DETAILS
HEWLETPACK 88 XL YELLOW	[REDACTED]	1	£22.99	[REDACTED]
HEWLETPACK 88 XL BLACK	[REDACTED]	1	£31.99	[REDACTED]
HEWLETPACK 88 XL CYAN	[REDACTED]	1	£22.99	[REDACTED]
HEWLETPACK 88 XL MAGEN	[REDACTED]	1	£18.99	[REDACTED]
HEWLETPACK HPL7680	[REDACTED]	1	£254.99	[REDACTED]
D&I DELIVERY SMALL	[REDACTED]	1	£0.00	[REDACTED]

PAYMENT DETAILS

Card: [REDACTED] Expiry: 09/09 Amount Debited: £351.95 Authorisation: [REDACTED]

VATCODE	RATE	GROSS	VAT	NET
A	17.50%	£351.95	£52.42	£299.53



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

17 APR 2007

62

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

JOHN BERCOW

Constituency

BUCKINGHAM

Office use only

Costs

Supp/Res ID

Claim details

Please ensure

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

You must specify

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

You can specify

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

Date of claim

4 / 04 / 2007

Allowance year

07 / 08

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Row 1: MP SERVICES, £ 1925 : 78 p. Total: £ 1925 : 78 p.

Office use only

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

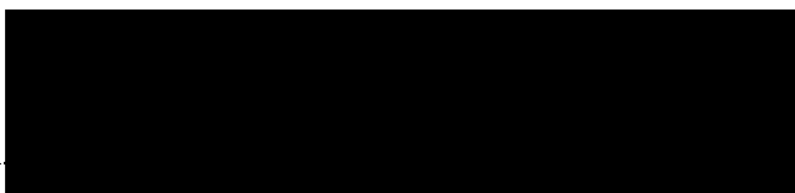
Claim details *continued*
Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ 1925 : 78 p

Office use only

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

Authorisation and declaration

Signature olly,

Date 4 / 4 / 07

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Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only

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

Please use margin for comments

invoice

Mr John Bercow MP

Number: [REDACTED]

Account: [REDACTED]

Date: 02 April 2007

Orders

Order	Quantity	Product		VAT	Price
[REDACTED]	[REDACTED]	- MP Newsletters	Apr07	£0.00	£1,645.78

Additional Costs

Order	Cost Description	VAT	Price
[REDACTED]	Dispatch from Printers	£0.00	£280.00

Total (excl): £1,925.78

VAT: £0.00

TOTAL £1,925.78 ✓

Financial Processing)

Transaction No.

Registration No.

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

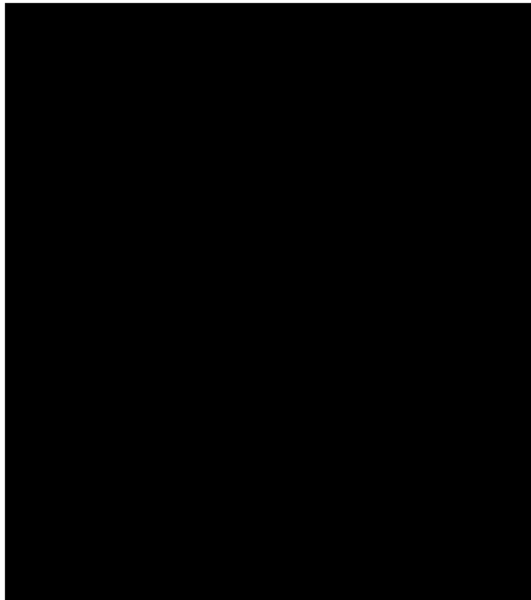
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

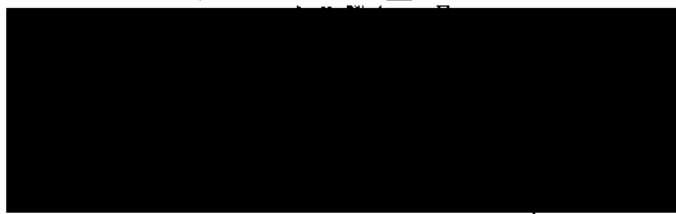
Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

2-5-07.



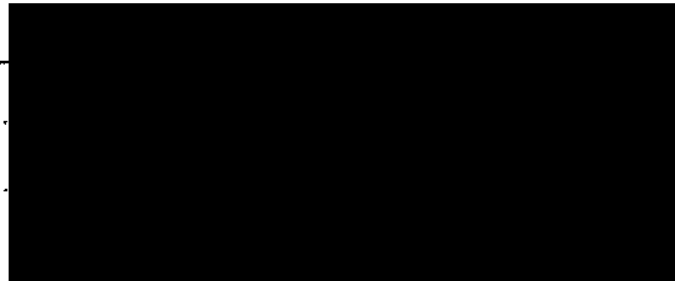
~~04-05 / 05-06~~ 07/08.

£ 171.65 ✓
£
£
£
£
£
£
£
£
£ 171.65

Comments:

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

Posted by (initials & date)



PIXmania.com

Date : 26/04/2007

PIXmania Ultra Compact 9.5 x 2.7 x 6.5 cm PIX leather case	1	£ 8.51
Fuji FinePix Z5fd raspberry	1	£ 131.87
Delivery costs		£ 5.70
Total vat excl.		£ 146.09
VAT		£ 25.56
Total order		£ 171.65



Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer Y/N

Please check / amend relation

Text

12-4-07

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

06-07 07/08

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£ 189.90

£.....

£.....

£.....

£ 189.90

TOTAL

Comments:

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

Posted by (initials & date)





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

SA3

13 APR 2007

When to use this form

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

About filling in this form

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

Your details

Name
in CAPITAL LETTERS

JOHN BENLOW

Constituency

BUCKINGHAM

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

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

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ 189 : 90 p
Rail travel	£ : p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 189 : 90 p

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

Authorisation and declaration

Signature: [Redacted] necessarily incurred

Date: 12/6/2007

Data protection

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

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

Send your completed form to: Validation Team, Operations Directorate, Department of Finance & Administration, House of Commons, London SW1A 0AA

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

Please use margin for comments



Description	Number(s)	Total
1 TICKET	[REDACTED]	£21.10M

Issuing office	Date & Time
[REDACTED]	[REDACTED]

VAT Registration No. [REDACTED]



Chiltern Railways

[REDACTED]

£21.10

TOTAL £21.10

Cash £21.10

VAT £0.00

[REDACTED]

Have a pleasant journey!

[REDACTED]

Chiltern Railways

[REDACTED]

£21.10

TOTAL	£21.10
Cash	£21.10
VAT	£0.00

[REDACTED]

Have a pleasant journey!

[REDACTED]

Chiltern Railways

[REDACTED]
[REDACTED] £21.10

TOTAL	£21.10
Cash	£21.10
VAT	£0.00

[REDACTED]

Have a pleasant journey!

[REDACTED]

Chiltern Railways

[REDACTED]

£21.10

TOTAL £21.10

Cash £21.10

VAT £0.00

[REDACTED]

Have a pleasant journey!

[REDACTED]



Direct payment of suppliers

2002 NOV 5 1

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

JOHN BERLOW

Constituency

BUCKINGHAM

Office use only

Costs

Supp/Res ID

Claim details

Please ensure

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

You must specify

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

You can specify

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

Date of claim

13 10 07

Allowance year

07, 08

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Rows include BANNER (£17:31 p), BANNER (£24:70 p), LANGFORD'S (£124:55 p), and empty rows for Item 4 and Item 5.

Total £166:56 p

Office use only

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

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ p

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

Authorisation and declaration

_____ incurred wholly, _____
_____ary duties.

Signature: _____

Date: 16.1.2007

Data protection

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

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

Please use margin for comments

RECEIVED 08 JUN 2007



Invoice

Invoice To :

John Bercow MP

[Redacted]

Charge To :

John Bercow MP

[Redacted]

Banner Business Supplies Ltd

[Redacted]

Customer Services

Telephone No :

Fax No :

[Redacted]

Page 1 of 1 Date 07/06/2007

Order Date 06/06/2007

[Redacted]

[Redacted]

C.A.R.

[Redacted]

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total (excl VAT)	VAT Rate	Line VAT
1		9410403	BANNER A4 MW FLUSH FOLDER 105mu AS	1	BOX100	14.7300	06/06/07	14.73	17.5	2.58

[Redacted]

[Redacted]

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	14.73	2.58

Sales Order Total (VAT excl) 14.73

INVOICE GOODS	14.73
INVOICE V.A.T.	2.58
INVOICE TOTAL	17.31

VAT Registration : [Redacted]

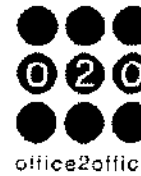
Settlement : None

Discount Terms :

[Redacted]

Invoice

RECEIVED 12 APR 2007



Invoice To :

John Bercow MP

Charge To :

John Bercow MP

Banner Business Supplies Ltd

Delivered To :

Customer Services

Telephone No :

Fax No :

Page 1 of 1 Date 06/04/2007

Order Date 05/04/2007

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		9410003	BANNER A4 CUT FLUSH PP FOLDER CLEAR	1	PK100	6.2900	05/04/07	6.29	17.5	1.10
2		9410403	BANNER A4 MW FLUSH FOLDER 105mm AS	1	BOX100	14.7300	05/04/07	14.73	17.5	2.58

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	21.02	3.68

Sales Order Total (VAT excl) 21.02

INVOICE GOODS	21.02
INVOICE V.A.T.	3.68
INVOICE TOTAL	24.70

VAT Registration :

Settlement : None

Discount Terms :

RECEIVED 13 JUN 2007

LANGFORD PRINTERS

Invoice

John Bercow MP

Invoice Number

Date / Tax Point

12/06/2007

Account Number

Details

Net Price

VAT

5000 x A4 Green House of Comons Letterheads

106.00

18.55

Delivery Address:

Total Net

106.00

Total VAT

18.55

INVOICE TOTAL

£

124.55



Direct payment of suppliers

27/06/2007

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

Your details

Name in CAPITAL LETTERS

JOHN BERLOW

Constituency

BUCKINGHAM

Office use only

Costs

Supp/Res ID

Claim details

Please ensure

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

You must specify

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

You can specify

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

Date of claim

26/06/07

Allowance year

07/08

Incidental Expenses Provision claims

Suppliers

BANNER

Amount

£ 175 : 36 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 175 : 36 p

Office use only

Allow or A/c code

Supplier ID

Exp/Cat 5

Claim details *continued*

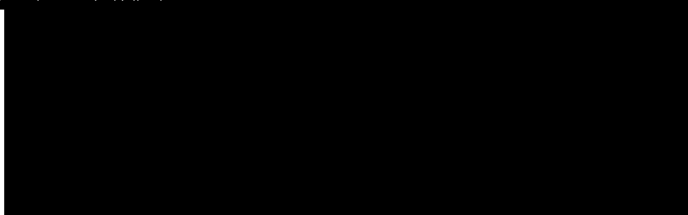
Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ p

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

Authorisation and declaration

Signature



costs incurred wholly, elementary duties.

Date

26.6.2007

Data protection

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Office use only			
Validation	Initials	Date	
Claims received	_____	____/____/____	
Signature check	_____	____/____/____	
Funds check	_____	____/____/____	
Allowable expenditure	_____	____/____/____	
Validation			Initials Date
Member ID added to form	_____	____/____/____	_____
Payment codes added to form	_____	____/____/____	_____
Receipts/ documentation present	_____	____/____/____	_____
Processing input	_____	____/____/____	_____

Please use margin for comments

Invoice

RECEIVED
RECEIVED 26 JUN 2007



Invoice To :

John Bercow MP

Charge To :

John Bercow MP

Banner Business Supplies Ltd

[Redacted]

Delivered To :

John Bercow MP

Customer Services

Telephone No :

Fax No :

Page 1 of 1 Date 20/06/2007

Order Date 12/06/2007

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		7903081	OSCILLATING DESK FAN 3 SPEED 12in	2	FAN	41.6700	12/06/07	83.34	17.5	14.58
2		0985697	TONER BLACK DELL 1700N 3K USE AND R	1	EACH	58.2400	19/06/07	58.24	17.5	10.19
3		0080573	POST-IT NOTE 76x76 WARM PASTEL RBOW	1	PACK12	7.6700	12/06/07	7.67	17.5	1.34

[Redacted]

[Redacted]

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	149.25	26.11

Sales Order Total (VAT excl) 149.25

INVOICE GOODS	149.25
INVOICE V.A.T.	26.11
INVOICE TOTAL	175.36

VAT Registration : [Redacted]

Settlement : None
Discount Terms :

[Redacted]

Financial Processing }

Transaction N

Registration N

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

or

Volunteer Yes/No

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

16/07/07

07_08



£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....
£.....

£ 11.30

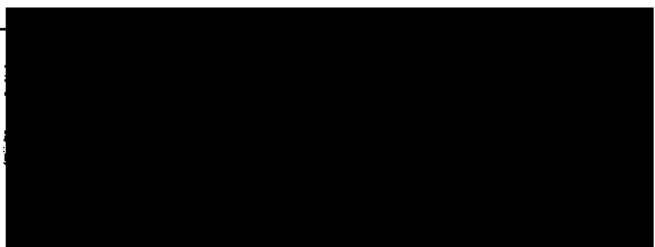
£ 11.30

TOTAL

Comments:

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

Posted by (initials & date)





10 JUL 2007

Staffing Allowance/Incidental Expenses Provision

SA5 Page 1 of 2

C3

Authority for the reimbursement of expenses to a non salaried individual

About this form

- Use this form to reimburse out of pocket expenses to any individual not in receipt of a salary e.g. intern, volunteer or student.
- Use an SA3 to reimburse out of pocket expenses to salaried employees.
- If you have any questions about this form, please call: 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

JOHN BERLOW

Constituency

BUCKINGHAM

for DFA use only

Details of individual

Name
in CAPITAL LETTERS

for DFA use only

Home address

Contact telephone no:

Bank or Building
Society details

Claim details

Notes

Please claim actual amounts incurred, not notional sums and attach a#

- Staffing Allowance Incidental Expenses Provision
- *please select allowance and confirm financial year

Travel home to work	£ 11.30
Meals	£
Telephone expenses	£
Subsistence (council tax/rent)	£
Incidentals/stationery	£
Total	£ 11.30

Authorisation and declaration

I confirm that payments listed were wholly, exclusively and necessarily incurred by this individual for the purpose of supporting my Parliamentary duties.

I confirm t



Member's Signature

Date..... 10-7-2007

Data Protection:

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

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

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

Office use only					
Validation	Initials	Date	Validation	Initials	Date
Claim rec'd		/ /	Member ID added to form		/ /
Signature check		/ /	Receipts present		/ /
Funds check		/ /	Individual not on payroll		/ /
Allowable expenditure		/ /	NB check all MPs		/ /

Send your completed form to: Validation Section, Operations Directorate, Department of Finance & Administration, House of Commons, London SW1A 0AA



Direct payment of suppliers

24 JUL 2007

When to use this form

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

About filling in this form

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

Your details

Name in CAPITAL LETTERS

JOHN BERELOW

Constituency

BUCKINGHAM

Office use only

Costs

Supp/Res ID

Claim details

Please ensure

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

You must specify

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

You can specify

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

Date of claim

23 107/07

Allowance year

07/08

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

CCN Ltd £164:40p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£164:40p

Office use only

Allow or A/c code

Supplier

Exp/ Cat 5

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ p

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

Authorisation and declaration

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

Signature

Date

23, 7, 2007

Data protection

The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act.

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Send your completed form to

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

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

Please use margin for comments

PROFORMA INVOICE

NAME: John Bercow MP

ADDRESS:

DATE: 17th July 2007

TO SUPPLY:

The Bucks Advertiser for 52 weeks @ £67.60

The Bucks Herald for 52 weeks @ £96.80

PLEASE POST CHEQUE TO

SUBSCRIPTIONS AT THE ADDRESS BELOW.

SUB TOTAL

£164.40

TOTAL DUE

£164.40



Incidental Expenses Provision

Member's reimbursement form

15/11/07 C1

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

JOAN BERCON

Constituency

BUCKINGHAM

Office use

Costs

Claim details

Please ensure

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

You can only claim for

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

Period of claim

from / / to / /

Allowance year

07/08

Table with columns: Description of service or goods, Amount. Row 1: ENTRY WITH INFO. COMMISSIONER'S OFFICE, £ 35 : 00 p. Total: £ : p

Authorisation and declaration

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

Signature

[Redacted Signature]

Date

10/1/2008

Data protection

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Send your completed form to

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

Office use only

Validation	Initials	Date
Claims received		/ /
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

£	35
£	
£	
£	
£	
£	
£	
£	35

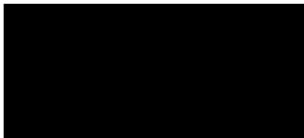
Comments

[Empty Comments Box]



Information Commissioner's Office

JOHN BERCOW MP



RECEIVED 07 JAN 2008

17 December 2007

Data Controller Name: JOHN BERCOW MP

Registration Number: [REDACTED]

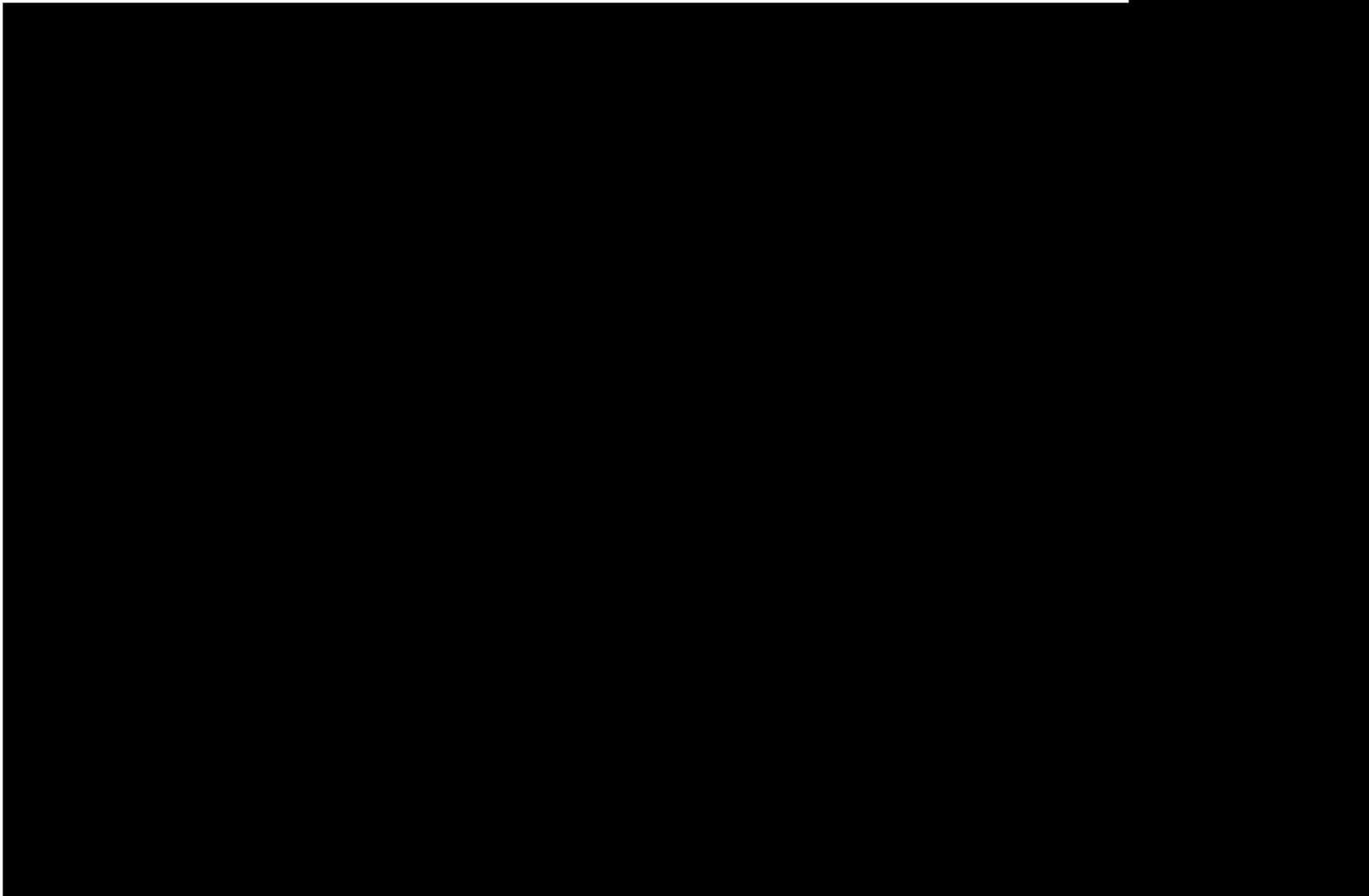
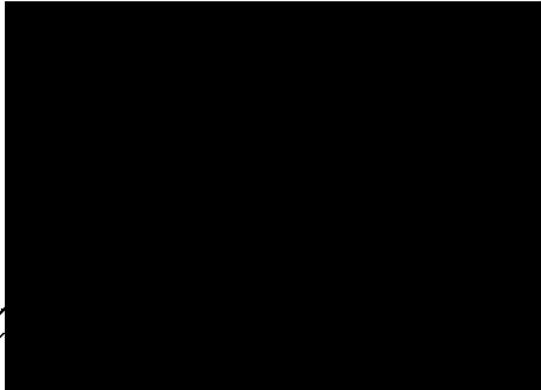
For the attention of : JOHN BERCOW MP

Data Protection Act 1998 – Reminder to Renew (Direct Debit)

Your register entry [REDACTED] has an expiry date of **27 January 2008**.

To renew your register entry

Our records show that you have a current direct debit instruction. You do not need to take any further action. We will collect the renewal fee of £ 35.00 (VAT nil) **on or immediately after 27 January 2008**. You will receive confirmation of renewal in due course.





Incidental Expenses Provision/Staffing Allowance
Direct payment of suppliers

C2

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

JOHN BERCON

Constituency

BUCKINGHAM

Office use only

Costs

Supp/Res ID

Claim details

Please ensure

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

You must specify

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

You can specify

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

Date of claim

28 / 01 / 08

Allowance year

07 / 08

Incidental Expenses Provision claims



Item 1

Suppliers

LANGFORDS

Amount

£ 394.80 p

Item 2

£ _____ : _____ p

Item 3

£ _____ : _____ p

Item 4

£ _____ : _____ p

Item 5

£ _____ : _____ p

Total

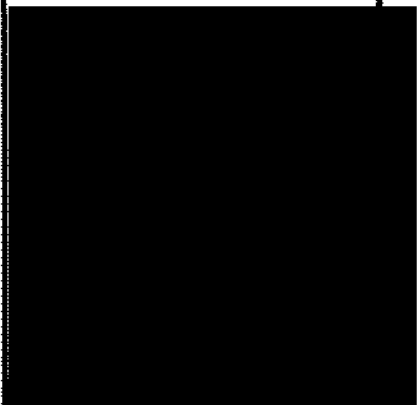
£ 394.80 p

Office use only

Allow or A/c code

Supplier ID

Exp/ Cat 5



Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

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

Authorisation and declaration

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

Signature

MP

Date

28.1.2008

Data protection

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Send your completed form to

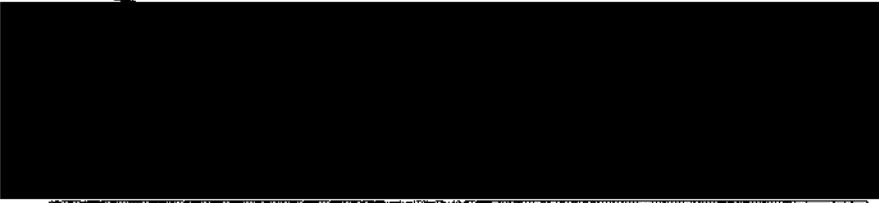
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
Validation	Initials	Date	
Claims received		/ /	
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



LANGFORD PRINTERS



Invoice

John Bercow MP

Invoice Number
Date / Tax Point 28/01/2008

Account Number

Details	Net Price	VAT
5000 x 3 Colour A4 House of Commons Letterheads including artwork and plates 	336.00	58.80

Delivery Address:



Total Net	336.00
Total VAT	58.80
INVOICE TOTAL £	394.80



Direct payment of suppliers

25 SEP 2007

When to use this form

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

About filling in this form

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

Your details

Name in CAPITAL LETTERS

JOHN BENLOW

Constituency

BUCKINGHAM

Office use only

Costs

Supp/Res ID

Claim details

Please ensure

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

You must specify

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

You can specify

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

Date of claim

24 / 09 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

BANNER

£ 24 : 70 p

Item 2

"

£ 51 : 01 p

Item 3

"

£ 17 : 31 p

Item 4

"

£ 6 : 96 p

Item 5

£ : p

Total

£ 99 : 97 p

Office use only

Allow or A/c code

Supplier ID

Exp/ Cat 5

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : p

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

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly,
 _____ary duties.

Signature _____

Date _____



22.9.2007

Data protection

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Send your completed form to

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

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

Please use margin for comments

Invoice



Banner Business Supplies Ltd

Invoice To :
John Bercow MP

Charge To :
John Bercow MP

Customer Services
Telephone No :
Fax No :

Page 1 Of 1 Date 21/08/2007
Order Date 20/08/2007

Delivered To :
John Bercow MP

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		9410003	BANNER A4 CUT FLUSH PP FOLDER CLEAR	1	PCK100	6.2900	20/08/07	6.29	17.5	1.10
2		9410403	BANNER A4 MW FLUSH FOLDER 105mu AS	1	BOX100	14.7300	20/08/07	14.73	17.5	2.58

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	21.02	3.68

Sales Order Total (VAT excl) 21.02

INVOICE GOODS	21.02
INVOICE V.A.T.	3.68
INVOICE TOTAL	24.70

Settlement : None
Discount Terms :

EEE Producer Registration No:

Invoice

RECEIVED 05 JUL 2007



[Redacted]

Invoice To :

John Bercow MP

Charge To :

John Bercow MP

[Redacted]

Banner Business Supplies Ltd

[Redacted]

Customer Services
Telephone No [Redacted]
Fax No [Redacted]

Page 1 OF 1 Date 29/06/2007

Delivered To [Redacted]

John Bercow MP

Order Date 28/06/2007

[Redacted]

Sales 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		0070184	AVERY LASER LABEL 99.1x34 16/S WH	1	PCK250	43.4100	28/06/07	43.41	17.5	7.60

[Redacted]

[Redacted]

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	43.41	7.60

Sales Order Total (VAT excl) 43.41

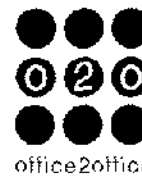
INVOICE GOODS	43.41
INVOICE V.A.T.	7.60
INVOICE TOTAL	51.01

VAT Registration : [Redacted]

Settlement : None
Discount Terms :-

Invoice

RECEIVED 29 JUN 2007



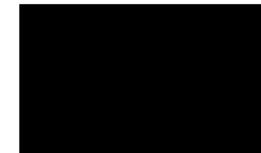
Banner Business Supplies Ltd

Invoice To :

Charge To :

John Bercow MP

John Bercow MP



Customer Services

Telephone No :
Fax No :

Page 1 Of 1 Date 27/06/2007

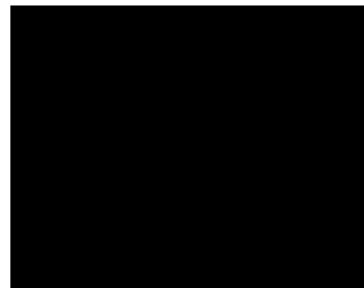
Delivered To :

John Bercow MP

Order Date 26/06/2007

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		9410403	BANNER A4 MW FLUSH FOLDER 105mu AS	1	BOX100	14.7300	26/06/07	14.73	17.5	2.58



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	14.73	2.58

Sales Order Total (VAT exci) 14.73

VAT Registration :

Settlement : None
Discount Terms :

INVOICE GOODS	14.73
INVOICE V.A.T.	2.58
INVOICE TOTAL	17.31

Invoice



Banner Business Supplies Ltd

RECEIVED 17 SEP 2007

Invoice To :

John Bercow MP

Charge To :

John Bercow MP

Customer Services

Telephone No :

Fax No :

Page 1 Of 1 Date 12/09/2007

Delivered To :

John Bercow MP

Order Date 11/09/2007

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		0500001	BIC CRISTAL MEDIUM BALLPOINT PEN BK	1	BOX20	2.9600	11/09/07	2.96	17.5	0.52
2		0500002	BIC CRISTAL MEDIUM BALLPOINT PEN BL	1	BOX20	2.9600	11/09/07	2.96	17.5	0.52

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	5.92	1.04

Sales Order Total (VAT excl) 5.92

INVOICE GOODS	5.92
INVOICE V.A.T.	1.04
INVOICE TOTAL	6.96

Settlement : None
Discount Terms :

EEE Producer Registration No



Direct payment of suppliers

28 MAY 2008

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

JOHN BENCOW

Constituency

BUCKINGHAM

Office use only

Cost

Supp/Res ID

Claim details

Please ensure

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

You must specify

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

You can specify

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

Date of claim

27 10 08

Allowance year

07 08

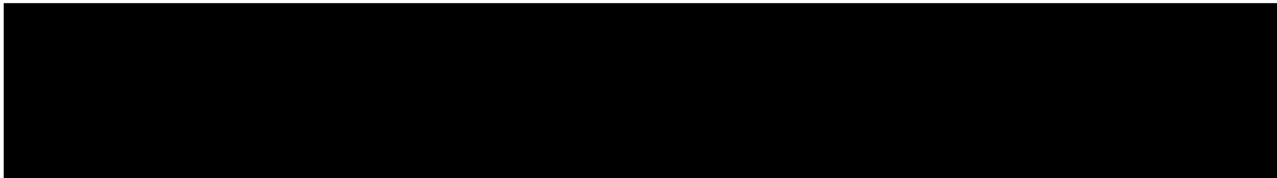
Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	WILKINS KENNEDY	£ 487 : 62 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 487 : 62 p

Office use only

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



J Bercow



30 April 2008



TO PROFESSIONAL SERVICES rendered in connection with:

Preparation and submission of your self assessment tax return for the year ended 5th April 2007 and supporting schedules; to advising you of your tax position and to general correspondence with H M Revenue & Customs.

415.00

VAT @ 17½%

72.62

£ 487.62



Direct payment of suppliers

13 DEC 2007

When to use this form

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

About filling in this form

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

Your details

Name in CAPITAL LETTERS

JOAN BERLOW

Constituency

BUCKINGHAM

Office use only

Costs

Supp/Res ID

Claim details

Please ensure

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

You must specify

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

You can specify

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

Date of claim

04 / 12 / 2007

Allowance year

07 / 08

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	BANNER	£ 90 : 52 p
Item 2	u	£ 17 : 31 p
Item 3	u	£ 29 : 26 p
Item 4	u	£ 11 : 00 p
Item 5		£ : p

Total

£ 148 : 09 p

Office use only

Allow or A/c code

Supplier ID

Exp/ Cat 5

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
Total		£ : p

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

Authorisation and declaration

I confirm that the payments requested are in respect of costs incurred wholly, **Parliamentary duties.**

Signature

_____ MP

Date

5.12.07

Data protection

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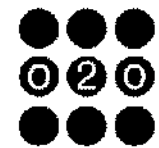
Send your completed form to

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

Office use only			
Validation	Initials	Date	
Claims received		/ /	
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



office2office

RECEIVED 03 DEC 2007
Banner Business Supplies Ltd

Invoice To :

John Bercow MP

Charge To :

John Bercow MP



Customer Services
Telephone No
Fax No



Page 1 Of 1 Date 28/11/2007
Order Date 27/11/2007

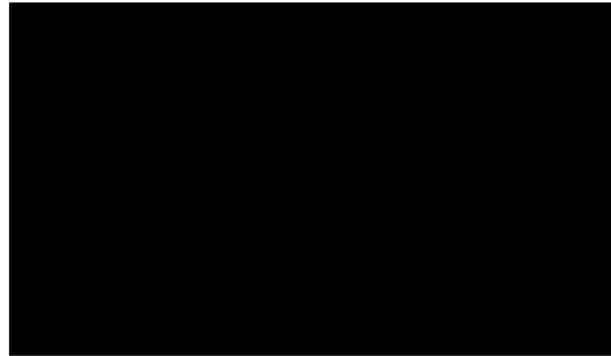
Delivered To :

John Bercow MP



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		0982999	SAMSUNG SF-330/335T INK CARTRIDGE SAMSUNG SF-330/335T INK CARTRIDGE INK-M40	2	EACH	38.5200	27/11/07 27/11/07 27/11/07	77.04	17.5	13.48



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	77.04	13.48

Sales Order Total (VAT excl) 77.04

VAT Registration :

Settlement : None
Discount Terms :

EEE Producer Registration No:

INVOICE GOODS	77.04
INVOICE V.A.T.	13.48
INVOICE TOTAL	90.52



Invoice



RECEIVED

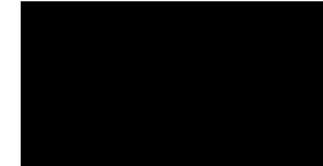
Invoice To :

John Bercow MP

Charge To :

John Bercow MP

Banner Business Supplies Ltd



Customer Services
Telephone No :
Fax No :

Page 1 Of 1 Date 06/11/2007

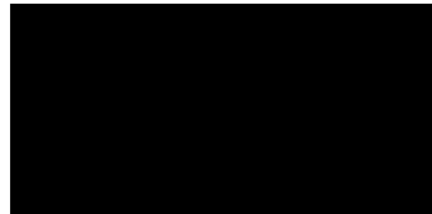
Delivered To :

John Bercow MP

Order Date 05/11/2007

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		9410403	BANNER A4 MW FLUSH FOLDER 105mm AS	1	BOX100	14.7300	05/11/07	14.73	17.5	2.58



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	14.73	2.58

Sales Order Total (VAT excl) 14.73

VAT Registration :

Settlement : None
Discount Terms :

EEE Producer Registration No

INVOICE GOODS	14.73
INVOICE V.A.T.	2.58
INVOICE TOTAL	17.31

Invoice

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

Invoice To : John Bercow MP
Charge To : John Bercow MP

Banner Business Supplies Ltd

Page 1 OF 1 Date 30/10/2007
Order Date 26/10/2007

Delivered To : John Bercow MP

Customer Services
Telephone No :
Fax No :

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		2040310	EVOLVE OFFICE PAPER A4 80gsm WHITE	1	BX2500	9.9500	28/10/07	9.95	17.5	1.74
2		0160395	BUBBLE PAK IN A BOX 50m	1	EACH	14.9500	26/10/07	14.95	17.5	2.62

Acc. No. :
Inv. No. :
Inv. Date: 30/10/2007
Amt. Due : 29.26

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	24.90	4.36

Sales Order Total (VAT excl) 24.90

INVOICE GOODS	24.90
INVOICE V.A.T.	4.36
INVOICE TOTAL	29.26

Settlement : None
Discount Terms :

EEE Producer Registration No:



27/11/2007

Invoice

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

* INVOICE NO. [REDACTED]

Invoice To :

Charge To :

John Bercow MP

John Bercow MP

Banner Business Supplies Ltd



Delivered To :

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

Page 1 Of 1 Date 09/10/2007

John Bercow MP

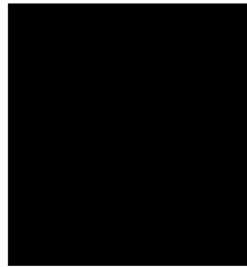
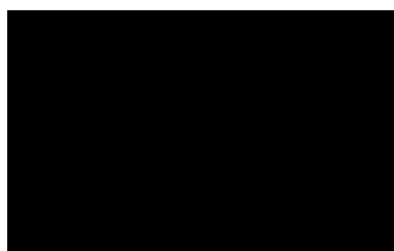
Order Date 08/10/2007

C.A.R.

Sales Order No [REDACTED]

Acc. No. : [REDACTED]
Inv. No. : [REDACTED]
Inv. Date: 09/10/2007
Amt. Due : 11.00

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		0080574	POST-IT NOTE 76x76 WARM NEONS RBOW	1	PACK6	4.6800	08/10/07	4.68	17.5	0.82
2		0080577	POST-IT NOTE 76x76mm COOL NEON RBOW	1	PACK6	4.6800	08/10/07	4.68	17.5	0.82



V.A.T. Summary

Sales Order Total (VAT excl) 9.36

Rate Taxable Sum V.A.T. Amount
17.50 9.36 1.64

VAT Registration : [REDACTED]

INVOICE GOODS 9.36
INVOICE V.A.T. 1.64
INVOICE TOTAL 11.00

Settlement : None
Discount Terms :

EEE Producer Registration No: [REDACTED]

**Please
return
the slip**

from final page
of invoice with
your payment
by

06/11/2007



Direct payment of suppliers



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

JOHN BERLOW

Constituency

BUCKINGHAM

Office use only

Costs

Supp/Res ID

Claim details

Please ensure

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

You must specify

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

You can specify

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

Date of claim

8 / 11 / 2008

Allowance year

08 / 08

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Rows for Item 1 to Item 5 and a Total row.

Office use only

Table with 3 columns: Allow or A/c code, Supplier ID, Exp/Cat 5. Multiple rows for data entry.

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	SUSAN HAMILTON	£ 264 : 60 p
Item 7	u	£ 282 : 85 p
Item 8		£ : p
Item 9		£ : p
Total		£ 547 : 45 p

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, or partly, in respect of my parliamentary duties.

Signature

[Redacted Signature]

Date

10.1.2008

Data protection

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

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

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

Send your completed form to

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

Office use only			
Validation	Initials	Date	
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



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JOHN BERCOW MP



Invoice Number



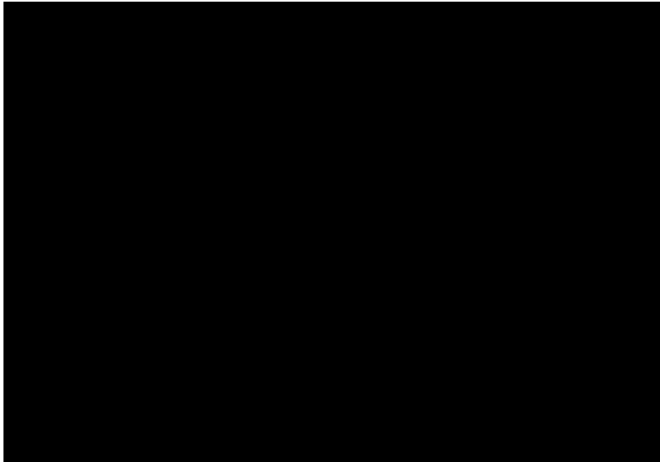
Invoice Date 13/12/2007 ✓

Account Number



Page 1

T/S YOUR REF	W/E DATE	LOCATION JOB DESCRIPTION	NAME OF WORKER HOURS	RATE	TOTAL
	09/12/07	PERSONAL ASSISTANT	14.50	15.530	225.19
			Total before VAT		225.19
			VAT @ 17.50% of	225.19	39.41



PAYMENT TERMS 7 DAYS

TOTAL 264.60 ✓





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JOHN BERCOW MP

Invoice Number
Invoice Date 20/12/2007
Account Number
Page

T/S YOUR REF	W/E DATE	LOCATION JOB DESCRIPTION	NAME OF WORKER HOURS	RATE	TOTAL
	16/12/07	PERSONAL ASSISTANT	 15.50	15.530	240.72
Total before VAT					240.72
VAT @ 17.50% of					42.13



PAYMENT TERMS 7 DAYS TOTAL 282.85