



Direct payment of suppliers

13 JUN 2006

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 RANDALL

Constituency

UKB2105E

Claim details

Please ensure

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

You must specify

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

You can specify

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

Date of claim

26 10 06

Allowance year

2005/2006

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	DELMA BEESE	£ 750 : 00 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

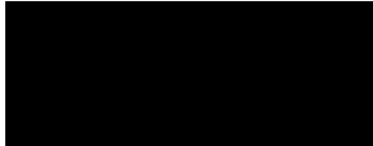
Total £ 750 : 00 p

13 JUN 2006



31 March 2006

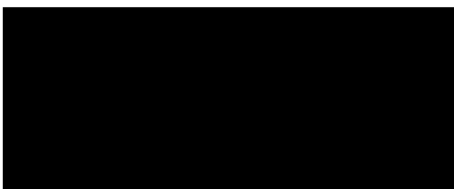
TO: John Randall Esq MP



I N V O I C E

In respect of expenses incurred for telephone, photocopying,
stationery, etc., whilst undertaking work at home
for the year ended March 2006

£750.00





Direct payment of suppliers

03 APR 2006

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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 RADFORD

Constituency

[Redacted]

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

30 103 / 2004

Allowance year

2005 / 2006

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	_____	£ : p
Item 2	_____	£ : p
Item 3	_____	£ : p
Item 4	_____	£ : p
Item 5	_____	£ : p
	Total	£ : p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	Parliamentary Resource Unit	£3877 : 50 p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Total		£3877 : 50 p

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

01 / 04 / 2006

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

Initials Date

Member ID added to form

	/	/
--	---	---

Payment codes added to form

	/	/
--	---	---

Receipts/ documentation present

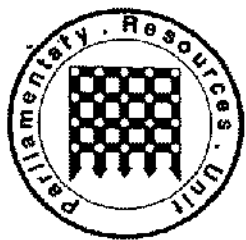
	/	/
--	---	---

Processing

input

	/	/
--	---	---

Please use margin for comments



Parliamentary Resources Unit

INVOICE

Customer

John Randall MP

Service

For the provision of research services:

Contract	£3,300
VAT	£577.50
Total	£3,877.50

23rd March 2006

WHSmith Retail Ltd

[REDACTED]

R FRON C/FLA FP PURP	10.99
R 15 W. BLK CARTS P	3.69
/06 WHS PKT WTV REFILL	4.49
S PKY 35 PINK RULED NOT	
x 1.35	2.70
T RANGER BROWN	30.00
tal	£51.87

PLEASE DEBIT MY ACCOUNT AS SHOWN.

sa 51.87

[REDACTED]

[REDACTED]

[REDACTED]

28/05/2005 [REDACTED]

[REDACTED]

Thank You

*** Customer Copy ***

JESSOPS LTD

Uxbridge T

TEL:

STORE ID:

ADVISOR :

SALES ORDER NO.

TAX INVOICE NO.

ORDERED	SUPPLIED	TOTAL
---------	----------	-------

JESSOPS FASTNET P/ BAG S BLUE

JESSBC405012131

1

1

29.99

JESSOPS COMPACTFLASH 256MB

JESSD5051018568

1

1

26.99

TOTAL ORDERED

56.98

TOTAL SUPPLIED

56.98

NON TAXABLE 0.00

NET VAT 48.49

VAT CHARGED 8.49

TOTAL

56.98

TOTAL TENDERED

56.98

CHANGE

0.00

BALANCE DUE

0.00

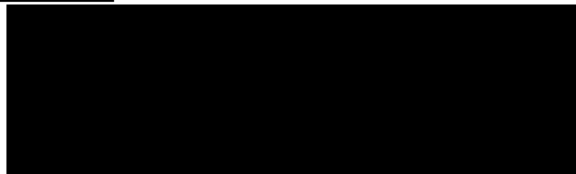
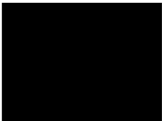
ADDRESS


UXBRIDGE THE CHIMES SHOPPING C

TEL:

CUSTOMER CODE :

27 JUL 05



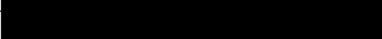
Your Assistant was 

S A L E

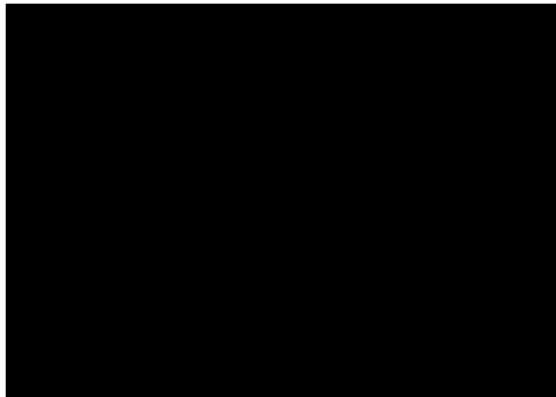
YESCOLOR/Yes Color Copy 100gm 500 sheets	
2 @ 8.95 Each	17.90
HP/C5010A (#14)/PreFill/Colour No 14	
1 @ 19.00 Each	19.00
HP/C5010A (#14)/OEM/Colour No 14	
1 @ 26.95 Each	26.95
HP/C5011A (#14)/PreFill/Black	
1 @ 16.00 Each	16.00
HP/C5011A (#14)/OEM/Black	
1 @ 21.95 Each	21.95

Total Value: 101.80

 101.80

Trans No: 



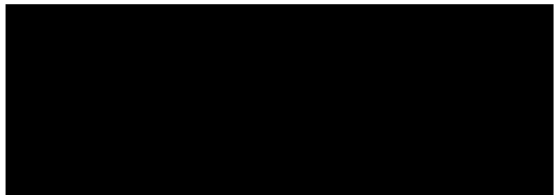


S A L E

YESCOLORINK/Yes Color Ink 90g 500sheets
1 @ 6.95 Each 6.95

Total Value: 6.95

 6.95





Member's reimbursement form

When to use this form

Use this form to ask us to reimburse you for costs you have incurred on your Parliame

About filling in this form

For details of costs you section 5.

If you have any doubt cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

JOHN RANDALL

Constituency

UXBRIDGE

Claim details

Please ensure

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

You can only claim for

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

Period of claim

from 01 / 05 / 05

to 28 / 02 / 06

Allowance year

2005 / 2006

Item 1

CARTRIDGES + PAPER

Amount

£ 101 : 80 p

Item 2

PAPER

£ 6 : 95 p

Item 3

VARIOUS STATIONERY

£ 51 : 87 p

Item 4

DIGITAL FLASHCAMS + CASE FOR CAMERA.

£ 56 : 98 p

Item 5

£ : p

Item 6

£ : p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 217 : 60 P

14 MAR 2006

Authorisation and declaration

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

Signature

[Redacted Signature]

Date

5 March 06

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			Input subtotals per Cat 5	
Validation	Initials	Date		
Claims received	[initials]	1 1	£	
Signature check	[initials]	1 1	£	217.60
Funds check	[initials]	1 1	£	
Allowable expenditure	[initials]	1 1	£	
Member Res ID & Costc	[initials]	1 1	£	
Ext type/Cat 5 & subtotals added to form	[initials]	1 1	£	217.60
Receipts/ documentation present	[initials]	1 1	Comments	
Processing Input		1 1		

RYMAN THE STATIONER



SALE

METRO STAPLING MACHINE 0701015577	£1.99
P/M ITALIC PEN MED BLACK 0890016101	£1.49
P/M ITALIC PEN FINE BLACK 0890016001	£1.49
P/M ITALIC PEN MED BLACK 0890016101	£1.49
MARKET SWIFEX F/P BLUE 0870018103	£8.49
INK CARTRIDGES 0864014701	£2.99
A-2 MAP LONDON 4033A 2305018081	£1.95
HP INK CART 050110 14 BLK 1302500160	£20.99
HP INK CART 050110 14 BLK 1302500160	£20.99
HP INK CART 050100 14 COL 1302508161	£26.99

TOTAL (10 items) £93.66

(VAT CONTENT £13.66)

PAID BY



£93.66

MERCH ID

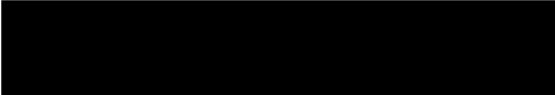


Amount

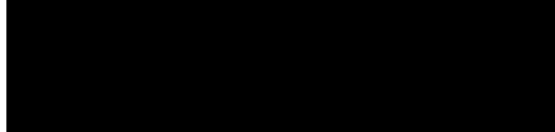
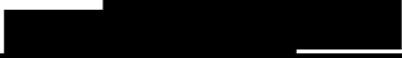
£93.66

PLEASE DEBIT MY CREDIT CARD ACCOUNT

OR OTHER



30-NOV-05





Member's reimbursement form

02 FEB 2006

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 RANDALL

Constituency

WARRINGHAM

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 01 / 08 / 05

to 31 / 12 / 05

Allowance year

05/06

	Description of service or goods	Amount
Item 1	VARIOUS SUNDRIES BATTERIES / STATIONERY etc	£ 28 : 00 p
Item 2	FAX RENTAL + LINE 4 MONTHS	£ 114 : 00 p
Item 3		
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Total

£ 272 : 00 p

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

30-01-06

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		Input subtotals per Cat 5
Validation	Initials Date	
Claims received	<input checked="" type="checkbox"/> / /	£244.00
Signature check	<input checked="" type="checkbox"/> / /	£28.00
Funds check	<input checked="" type="checkbox"/> / /	£
Allowable expenditure	<input checked="" type="checkbox"/> / /	£
Member Res ID & Costc	<input checked="" type="checkbox"/> / /	£
Ext type/Cat 5 & subtotals added to form	<input checked="" type="checkbox"/> / /	£272.00
Receipts/ documentation present	<input checked="" type="checkbox"/> / /	
Processing Input	/ /	
		Comments
		<div style="border: 1px solid black; height: 100px;"></div>



Member's reimbursement form

07 DEC 2005

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.

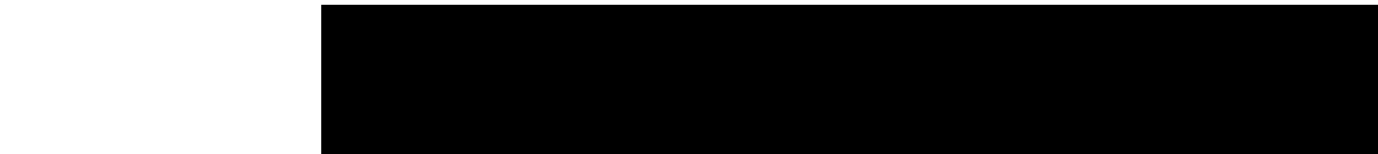
Your details

Name
in CAPITAL LETTERS

JOHN RANNOAL [REDACTED]

Constituency

WEXBRIDGE



Claim details

Please ensure

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

You can only claim for

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

Period of claim

from 30 / 11 / 05

to 1 / 12 / 05

Allowance year

05/06

	Description of service or goods	Amount
Item 1	<u>INK CAMERAZIPES</u>	<u>£ 93 : 66</u> [REDACTED]
Item 2	<u>+ SUNGLASSES</u>	£ : p
Item 3	[REDACTED]	£ : p
Item 4	[REDACTED]	£ : p
Item 5	[REDACTED]	£ : p
Item 6	[REDACTED]	£ : p
Item 7	[REDACTED]	£ : p
Item 8	[REDACTED]	£ : p
Item 9	[REDACTED]	£ : p
Item 10	[REDACTED]	£ : p

Total

£ 93 : 66 p

Authorisation and declaration

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

Signature

[Redacted Signature]

Date

2 Dec 05

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			Input subtotals per Cat 5	
Validation	Initials	Date		
Claims received	/	1 1	[Redacted]	£
Signature check	/	1 1	[Redacted]	£9366
Funds check	/	1 1	[Redacted]	£
Allowable expenditure	/	1 1	[Redacted]	£
Member Res ID & Costc	/	1 1	[Redacted]	£
Ext type/Cat 5 & subtotals added to form	/	1 1	[Redacted]	£9366
Receipts/ documentation present	/	1 1		
Processing Input		1 1		
			Comments	
			[Empty Box]	



Member's reimbursement form

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About filling in this form

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Your details

Name in CAPITAL LETTERS

JOHN RANDALL

Constituency

WALSLEY

Claim details

Please ensure

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

You can only claim for

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

Period of claim

from 11 / 01 / 05

to 1 / 1 /

Allowance year

2005 / 06

	Description of service or goods	Amount
Item 1	CARTRIDGES + TONER	£ 62 : 75 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

£ 62 : 75 p

Authorisation and declaration

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

Signature



Date

11/11/05

Data protection

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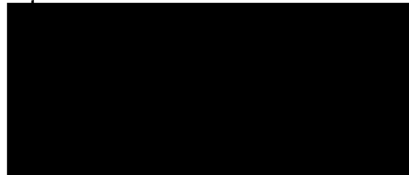
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Send your completed form to

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

Office use only			Input subtotals per Cat 5	
Validation	Initials	Date		
Claims received	/	1 1	£	
Signature check	/	1 1	£	62.75
Funds check	/	1 1	£	
Allowable expenditure	/	1 1	£	
Member Res ID & Costs	/	1 1	£	
Ext type/Cat 5 & subtotals added to form	/	1 1	£	62.75
Receipts/ documentation present	/	1 1	Comments	
Processing Input		1 1		



COPY PAPER 31	*4.95
COPY PAPER 31	*4.95
COPY PAPER 31	*4.95
COPY PAPER 31	*4.95
COPY PAPER 31	*4.95
PRE-FILL 31	*14.00
PRE-FILL 31	*24.00
TAXABLE 1	*62.75
NET1 AMT	*53.40
TAX1 AMT	*9.35
TOTAL	*62.75
ACCOUNT	*62.75

TIME 12:25



Financial Processing }

Transaction #

Registration #

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

JUNE - SEP 05

Invoice No.



Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04_05 / 05_06

Expenditure type (Cat5) :



£ 297.12

£

£

£

£

£

£

£

£

£ 297.12

TOTAL

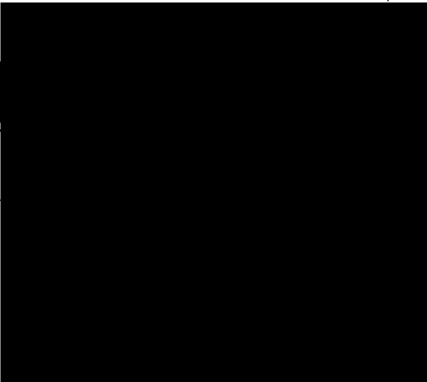
Comments:

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



Posted by (initials & date)

.....2.9 SEP. 2005.....





Member's reimbursement form

22 SEP 2005

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

About filling in this form

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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 Randall

Constituency

WYBRIDGE

Claim details

Please ensure

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

You can only claim for

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

Period of claim

from 01 / 06 / 05

to 07 / 09 / 05

Allowance year

2005 / 2006

	Description of service or goods	Amount
Item 1	Subscription for mobile domain names	£ 297 : 12 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

£ 297 : 12 p

Authorisation and declaration

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

Signature

[Redacted Signature]

Date

20 / Sept / 05

Data protection

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Office use only			Input subtotals per Cat 5	
Validation	Initials	Date		
Claims received	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	[Redacted]	£ <input type="text"/>
Signature check	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		£ <input type="text"/>
Funds check	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		£ <input type="text"/>
Allowable expenditure	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		£ <input type="text"/>
Member Res ID & Costc	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		£ <input type="text"/>
Ext type/Cat 5 & subtotals added to form	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		£ <input type="text"/>
Receipts/ documentation present	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		Comments <input type="text"/>
Processing Input	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		

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

AUG 05

Invoice No.

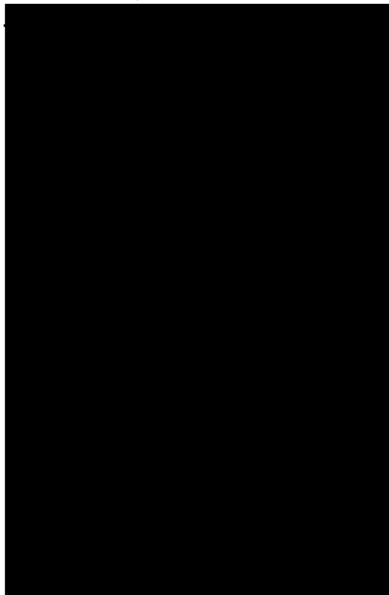
Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

~~04_05~~ / 05_06

Expenditure type (Cat5) :



£.....

£ 121 . 83

£.....

£.....

£.....

£.....

£.....

£.....

£.....

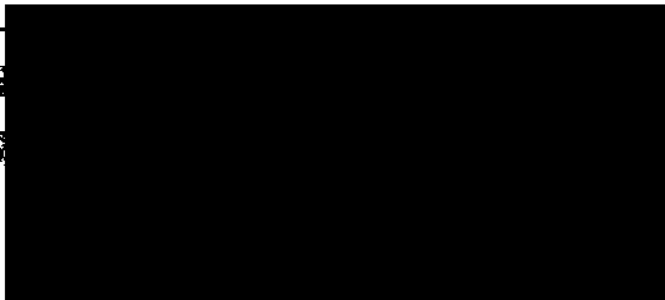
£ 121 . 83

TOTAL

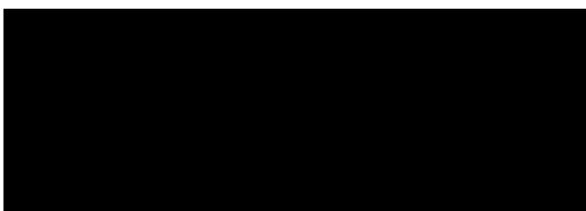
Comments:

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

Posted by (initials & date)



WHSmith Retail Ltd



HP NO.17 TRI-COLOUR INK C	28.99
HP NO.15 BLACK INK CART (27.99

Total £56.98

PLEASE DEBIT MY ACCOUNT AS SHOWN



56.98



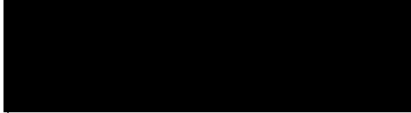
Cryptogram

APS No.



Pin Verified

Please retain for your records

CARTRIDGE WORLD



COPY PAPER X1	*8.95
COPY PAPER X1	*8.95
COPY PAPER X1	*8.95
PRE-FILL X1	*14.00
PRE-FILL X1	*24.00
TAXABLE 1	*64.85
NET1 AMT	*55.19
TAX1 AMT	*9.66
TOTAL	*64.85
ACCOUNT	*64.85

CLEH  
TIME 11:20

Authorisation and declaration

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

Signature

Date

06-09-05

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			Input subtotals per Cat 5	
Validation	Initials	Date		
Claims received		/ /		£
Signature check		/ /		£
Funds check		/ /		£
Allowable expenditure		/ /		£
Member Res ID & Costs		/ /		£
Ext type/Cat 5 & subtotals added to form		/ /		£
Receipts/ documentation present		/ /		£
Processing				
Input		/ /		
			Comments	

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

MAY - JULY '05

Invoice No.

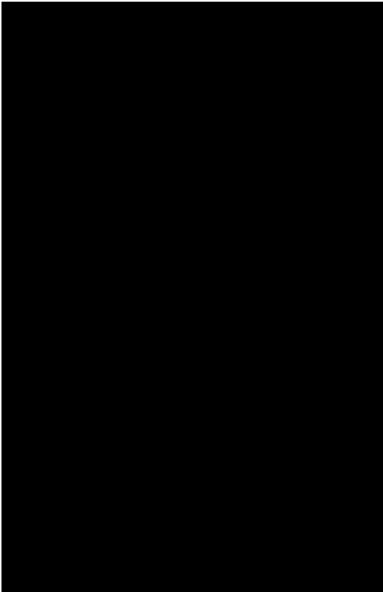
Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04_05 / 05_06

Expenditure type (Cat5) :



£.....

£.....

£ 150.00

£ 108.48

£.....

£.....

£.....

£.....

£.....

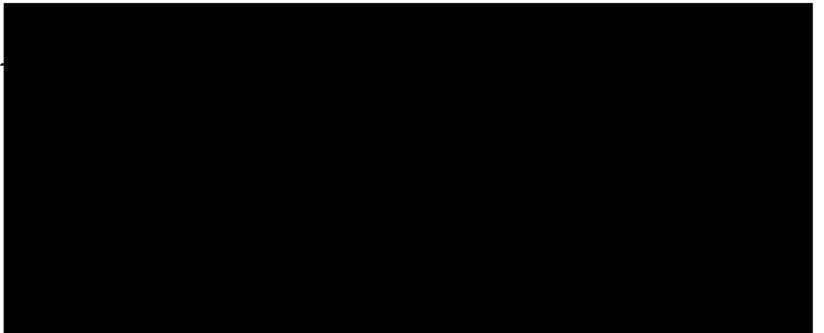
£ 258.48

TOTAL

Comments:

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

Posted by (initials & date)





Member's reimbursement form

When to use this form

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

About filling in this form

- For details of costs you can claim for, see *Green Book* section 5.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

JOHN RANDALL

Constituency

UX32MOT E

Claim details

Please ensure

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

You can only claim for

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

Period of claim from 06 / 05 / 05 to 30 / 07 / 05

Allowance year 1

	Description of service or goods	Amount
Item 1	FAX MACHINE + BATTERIES	£ 108 : 48 p
Item 2	FAX RENTAL / 3 mths + CHARGES.	£ 85 : 00 p
Item 3		
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Total £ 258 : 48 p

Authorisation and declaration

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

Signature

[Redacted Signature]

Date

27/07/05

Data protection

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Office use only			Input subtotals per Cat 5	
Validation	Initials	Date		£
Claims received		/ /	[Redacted]	
Signature check		/ /	[Redacted]	
Funds check		/ /	[Redacted]	
Allowable expenditure		/ /	[Redacted]	
Member Res ID & Costc		/ /	[Redacted]	
Ext type/Cat 5 & subtotals added to form		/ /	[Redacted]	
Receipts/ documentation present		/ /		
Processing				
Input		/ /		
			Comments	

Thank you for s



Till: [Redacted]
Operator: [Redacted]

Date: 25/07/05
Time: [Redacted]



SALE

Assistant: [Redacted]

BRIT TELE PJ56E*FAX £99.50

1 x 0000607682 @ £99.50

DURACELL AA M3 BPK £4.49

1 x 0000849493 @ £4.49

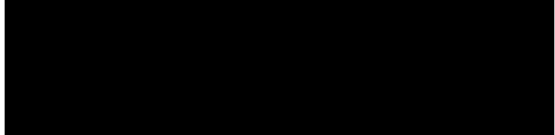
DURACELL AA M3 BPK £4.49

1 x 0000849493 @ £4.49

AMOUNT DUE £108.48



£108.48



TOTAL TENDERED £108.48

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) :

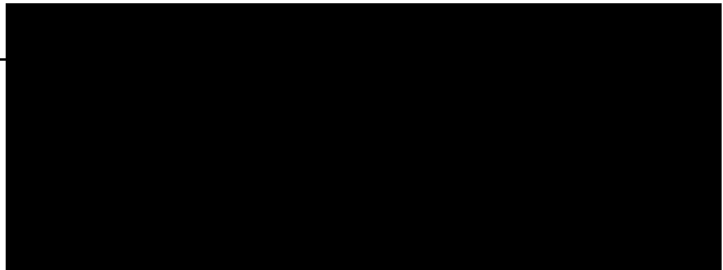


TOTAL

Comments:

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

Posted by (initials & date)



JUNE '05



04_05 / 05_06

£.....
£162.90

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£162.90.



Member's reimbursement form

12 JUL 2005

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 RANDALL

Constituency



Claim details

Please ensure

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

You can only claim for

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

Period of claim

from 01 / 06 / 05

to 30 / 06 / 05

Allowance year

2005 / 2006

	Description of service or goods	Amount
Item 1	<u>PRINTER CARTRIDGES + PAPER.</u>	<u>£ 162 : 90 p</u>
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

£ 162 : 90 p

Authorisation and declaration

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

Signature

[Redacted Signature]

Date

11/07/05

Data protection

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Office use only			Input subtotals per Cat 5	
Validation	Initials	Date		£
Claims received		/ /	[Redacted]	
Signature check		/ /	[Redacted]	
Funds check		/ /	[Redacted]	
Allowable expenditure		/ /	[Redacted]	
Member Res ID & Costs		/ /	[Redacted]	
Ext type/Cat 5 & subtotals added to form		/ /	[Redacted]	
Receipts/ documentation present		/ /		
Processing				
Input		/ /		

Comments

CARTRIDGE WORLD

PRE-FILL X1	*20.00
PRE-FILL X1	*25.00
PRE-FILL X1	*15.00
PRE-FILL X1	*15.00
PRE-FILL X1	*19.00
PRE-FILL X1	*19.00
PRE-FILL X1	*16.00
PRE-FILL X1	*16.00
COPY PAPER X1	*8.95
COPY PAPER X1	*8.95
TAXABLE 1	*162.90
NET1 AMT	*138.64
TAX1 AMT	*24.26
TOTAL	*162.90
ACCOUNT	*162.90

Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Member Supplier ID

Text Box

Pay recipient

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

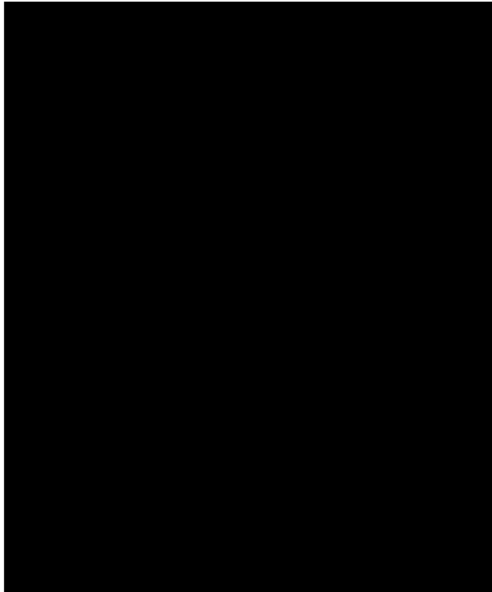
Invoice No.

Account code / Allowance

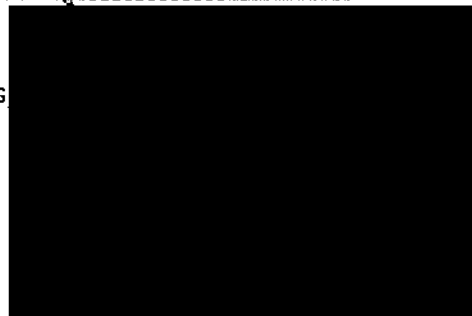
Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



APM 05



~~04_05~~ / 05_06

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 750.00

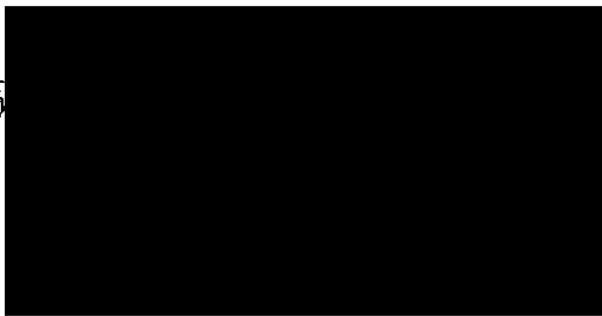
£ 750.00

TOTAL

Comments:

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

Posted by (initials & date)



07 APR 2005



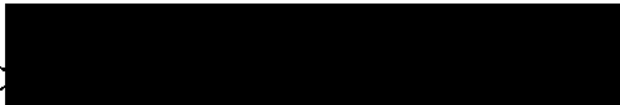
C1. REIMBURSEMENT

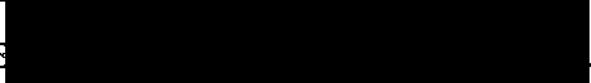
I wish to claim reimbursement of the following amounts from my Incidental Expenses Provision for the period 1st APRIL 2004 to 1st APRIL 2005 as detailed below.


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

Item	Description of service / goods	Amount £
1	SECRETARIAL EXPENSES	750.00
2		
3		
4		
5		
6		
7		
8		
9		
10		
		£ 750.00

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

SIGNED .....MP

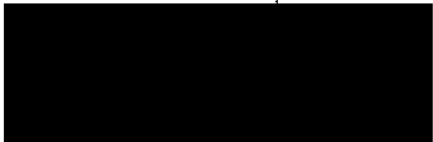
PRINTED NAME .....

DATE 5/04/04.....CONSTITUENCY. 



31 March 2005

TO: John Randall Esq MP



I N V O I C E

In respect of expenses incurred for telephone, photocopying, stationery, etc., whilst undertaking work at home for the year ended March 2005

£750.00

