



# Member's claim form

Members' Allowances

About filling in this form

- For details of costs you can claim for, see *Green Book* section 3.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1592.

## Your details

Name  
in CAPITAL LETTERS

JOHN STANLEY

Constituency

TONBRIDGE & MALLING.

## Claim details

### Notes

You can only claim for

- costs you have actually paid
- additional expenses wholly, exclusively and necessarily incurred to enable you to stay overnight away from your only or main home for the purpose of performing your Parliamentary duties.

Please list

- all items costing £250 or more and include receipts – except for food, for which receipts are not required.

Please attach

- receipts or invoices for any hotel cost even if it is less than £250.

Period of claim

from 1 / 4 / 04 to 30 / 4 / 04

Total cost of hotel stays  
attach all receipts

£ : p

Mortgage payments  
(interest only) or rent

£ 1321 : 67 p

Food

£ 105 : 00 p

Utilities

£ 84 : 48 p

Council Tax/Rates

£ 153 : 63 p

Telephone and  
telecommunications

£ : p

Cleaning

£ 80 : 00 p

Service/maintenance

£ : p

Repairs/insurance/  
security

£ : p

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

▶ please specify \_\_\_\_\_

Total

£ 1744 : 78 p

**Details of second home** *if applicable*

Address of  
second home  
for Additional  
Costs Allowance

**Declaration**

I confirm that I incurred these costs wholly, exclusively and necessarily to enable  
the purpose of performing

Signature

Date

MP  
26.5.04

**Data protection**

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The information you give will be seen by:

- staff who are responsible for processing Members' Additional Costs Allowance claims and travel claims
- National Audit Office staff.

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Send your completed  
form to

Members' Allowances Section, Operations Directorate,  
Department of Finance & Administration, 3rd Floor, 7 Millbank, LONDON SW1 0AA



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Constituency

TONBRIDGE & MALLING

## Claim details

### Notes

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- receipts or invoices for any hotel cost even if it is less than £250.

Please list

Please attach

Period of claim

from 1 / 5 / 04

to 30 / 5 / 04

Total cost of hotel stays  
*attach all receipts*

£ : p

Mortgage payments  
*(interest only)* or rent

£ 1321 : 67 p

Food

£ 165 : 00 p

Utilities

£ ~~100~~ : ~~00~~ p

Council Tax/Rates

£ 158 : 00 p

Telephone and  
telecommunications

£ 75 : 32 p

Cleaning

£ 80 : 00 p

Service/maintenance

£ : p

Repairs/insurance/  
security

£ : p

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

▶ please specify \_\_\_\_\_

Total

£ 1799 : 99 p

**Details of second home** *if applicable*

Address of  
second home  
for Additional  
Costs Allowance

**Declaration**

I confirm that I incurred these costs wholly, exclusively and necessarily to enable me to stay overnight away from my only or main home for the purpose of performing

Signature

Date

24.7.04

**Data protection**

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Member's claim for

Members' Allowances

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Your details

Name in CAPITAL LETTERS

JOHN STANLEY

Constituency

TON BRIDGE & MALLING

Claim details

Notes

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- receipts or invoices for any hotel cost even if it is less than £250.

Please list

Please attach

Period of claim

from 1, 6, 04 to 30, 6, 04

Total cost of hotel stays  
attach all receipts

£ : p

Mortgage payments  
(interest only) or rent

£ 1321 : 67 p

Food

£ 180 : 00 p

Utilities

£ : p

Council Tax/Rates

£ 158 : 00 p

Telephone and telecommunications

£ : p

Cleaning

£ 80 : 00 p

Service/maintenance

£ : p

Repairs/insurance/  
security

£ : p

Other

£ : p

▶ please specify

Other

£ : p

▶ please specify

Other

£ : p

▶ please specify

Total

£ 1739 : 67 p

**Details of second home** *if applicable*

Address of  
second home  
for Additional  
Costs Allowance

**Declaration**

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Signature

Date

24.7.04.

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## Your details

Name  
in CAPITAL LETTERS

JOHN STANLEY

Constituency

TORRINGTON & MALLING.

## Claim details

### Notes

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Please attach

- receipts or invoices for any hotel cost even if it is less than £250.

Period of claim

from 1, 7, 04 to 31, 7, 04

Total cost of hotel stays  
*attach all receipts*

£ : p

Mortgage payments  
*(interest only) or rent*

£ 1321 : 67 p ✓

Food

£ 160 : 00 p

Utilities

£ : p

Council Tax/Rates

£ 158 : 00 p

Telephone and telecommunications

£ 26 : 53 p

Cleaning

£ 80 : 00 p

Service/maintenance

£ : p

Repairs/insurance/  
security

£ : p

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

▶ please specify \_\_\_\_\_

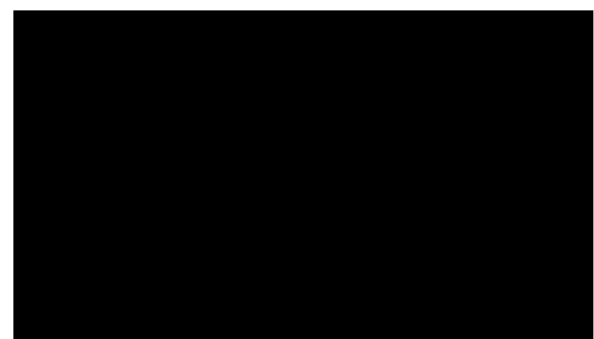
Other

£ : p

▶ please specify \_\_\_\_\_

Total

£ 1746 : 20 p



5 claims July - Nov 04.  
£ 8,967.15 /



**Details of second home** *if applicable*

Address of  
second home  
for Additional  
Costs Allowance

**Declaration**

I confirm that I incurred these costs wholly, exclusively and necessarily to enable  
for the purpose of performing

Signature

MP

Date

22.12.04.

**Data protection**

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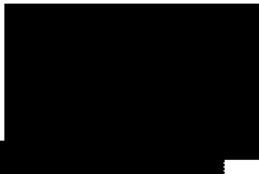
# Member's claim form

FEB 07  
29 DEC 2004  
FEB

Members' Allowances

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this form

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## Your details

Name  
in CAPITAL LETTERS

JOHN STANLEY

Constituency

TONBRIDGE & MALLING

## Claim details

### Notes

You can only claim for

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Please list

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Please attach

- receipts or invoices for any hotel cost even if it is less than £250.

Period of claim

from 1, 8, 04 to 31, 8, 04

Total cost of hotel stays  
attach all receipts

£ : p

Mortgage payments  
(interest only) or rent

£ 1321 : 67 p ✓

Food

£ 120 : 00 p

Utilities

£ 100 : 02 p

Council Tax/Rates

£ 158 : 00 p

Telephone and  
telecommunications

£ 169 : 31 p

Cleaning

£ 80 : 00 p

Service/maintenance

£ : p

Repairs/insurance/  
security

£ : p

Other

£ : p ▶ please specify \_\_\_\_\_

Other

£ : p ▶ please specify \_\_\_\_\_

Other

£ : p ▶ please specify \_\_\_\_\_

Total

£ 1949 : 00 p

**Details of second home** *if applicable*

Address of  
second home  
for Additional  
Costs Allowance

**Declaration**

I confirm that I incurred these costs wholly, exclusively and necessarily to enable me to stay overnight away from my only or main home for the purpose of performing

Signature

[Redacted Signature]

MP

Date

22.12  
Nov. 0. 04

**Data protection**

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Constituency

TONBRIDGE and MALLING

Claim details

Notes

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Please list

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Please attach

- receipts or invoices for any hotel cost even if it is less than £250.

Period of claim

from 1 1 9 104 to 30 1 9 104

Total cost of hotel stays attach all receipts

£ : p

Mortgage payments (interest only) or rent

£ 1321 : 67 p ✓

Food

£ 140 : 00 p

Utilities

£ : p

Council Tax/Rates

£ 158 : 00 p

Telephone and telecommunications

£ 44 : 23 p

Cleaning

£ 80 : 00 p

Service/maintenance

£ : p

Repairs/insurance/security

£ : p

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

▶ please specify \_\_\_\_\_

Total

£ 1743 : 90 p

**Details of second home** *if applicable*

Address of  
second home  
for Additional  
Costs Allowance

**Declaration**

I confirm that I incurred these costs wholly, exclusively and necessarily to enable me to stay overnight away from my only or main home for the purpose of performing

Signature

MP

Date

22. 12. 04

**Data protection**

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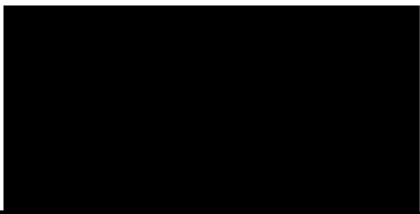
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# Member's claim form



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## Your details

Name in CAPITAL LETTERS

JOHN STANLEY

Constituency

TOWNRIDGE and MALLING

## Claim details

### Notes

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Please list

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Please attach

- receipts or invoices for any hotel cost even if it is less than £250.

Period of claim

from 1 / 10 / 04 to 31 / 10 / 04

Total cost of hotel stays  
*attach all receipts*

£ : p

Mortgage payments  
*(interest only)* or rent

£ 1321 : 67 p ✓

Food

£ 130 : 00 p

Utilities

£ 70 : 38 p

Council Tax/Rates

£ 158 : 00 p

Telephone and telecommunications

£ : p

Cleaning

£ : p

Service/maintenance

£ : p

Repairs/insurance/  
security

£ : p

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

▶ please specify \_\_\_\_\_

Total

£ 1680 : 05 p

**Details of second home** *if applicable*

Address of  
second home  
for Additional  
Costs Allowance

**Declaration**

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Signature

MP

Date

22. 12. 04

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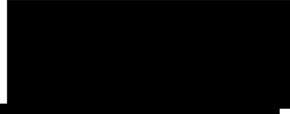


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Constituency

TOWNRISE & MALLING

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### Notes

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Please attach

- receipts or invoices for any hotel cost even if it is less than £250.

Period of claim

from 1 / 11 / 04 to 30 / 11 / 04

Total cost of hotel stays  
attach all receipts

£ : p

Mortgage payments  
(interest only) or rent

£ 1321 : 67 p ✓

Food

£ 140 : 00 p

Utilities

£ : p

Council Tax/Rates

£ 158 : 00 p

Telephone and telecommunications

£ 68 : 33 p

Cleaning

£ 160 : 00 p

Service/maintenance

£ : p

Repairs/insurance/  
security

£ : p

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

▶ please specify \_\_\_\_\_

Total

£ 1848 : 00 p

**Details of second home** *if applicable*

Address of  
second home  
for Additional  
Costs Allowance

**Declaration**

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Signature

MP

Date

22.12.04

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TONBRIDGE and MALLING

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Please list

Please attach

Period of claim

from 1, 12, 04 to 31, 12, 04

Total cost of hotel stays attach all receipts

£ : p

Mortgage payments (interest only) or rent

£ 1321 : 67 p ✓

Food

£ 130 : 00 p

Utilities

£ : p

Council Tax/Rates

£ 158 : 00 p

Telephone and telecommunications

£ 62 : 83 p

Cleaning

£ 80 : 00 p

Service/maintenance

£ : p

Repairs/insurance/security

£ : p

Other

£ : p

▶ please specify

Other

£ : p

▶ please specify

Other

£ : p

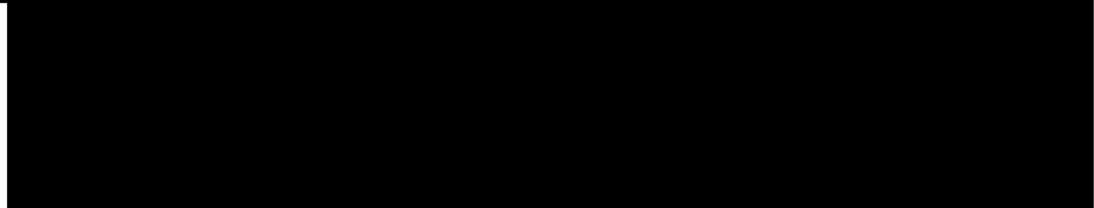
▶ please specify

Total

£ 1752 : 50 p

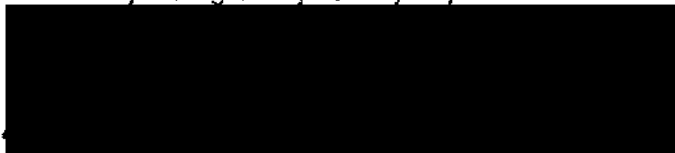
**Details of second home** *if applicable*

Address of  
second home  
for Additional  
Costs Allowance

**Declaration**

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Signature



Date

4.1.05

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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 dedi

**Text**

**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

04\_05 / 05\_06

**Expenditure type (Cat5) :**

*\* Validation purposes only (please tick to indicate compliance)*

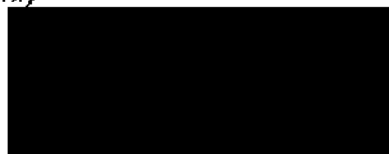
Mortgage documentation held
Addresses comply with central records
Invoices relate to 2 <sup>nd</sup> home address
Budget checked
Claim signed
Claim correctly dated

✓
✓
✓
✓
✓
✓

*\* Financial Processing purposes only*

Registered by (initials & date)

Posted by (initials & date)





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Constituency

TONBRIDGE & MALLING

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### Notes

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- receipts or invoices for any hotel cost even if it is less than £250.

Please list

Please attach

Period of claim

from 1 / 2 / 05 to 28 / 2 / 05

Total cost of hotel stays  
*attach all receipts*

£ : p

Mortgage payments  
*(interest only)* or rent

£ 1321 : 67 p ✓

Food

£ 120 : 00 p

Utilities

£ : p

Council Tax/Rates

£ : p

Telephone and telecommunications

£ 72 : 04 p

Cleaning

£ 80 : 00 p

Service/maintenance

£ : p

Repairs/insurance/  
security

£ : p

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

▶ please specify \_\_\_\_\_

Other

£ : p

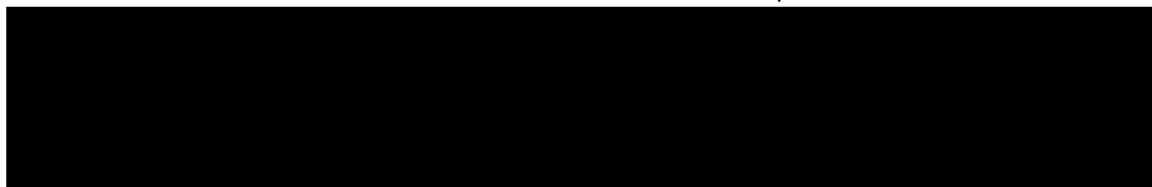
▶ please specify \_\_\_\_\_

Total

£ 1593 : 71 p

**Details of second home** *if applicable*

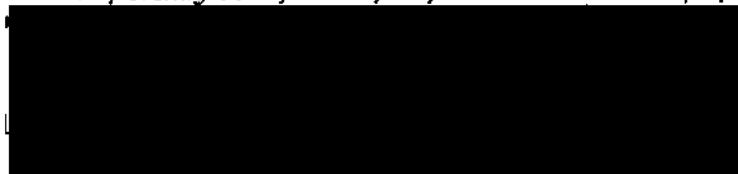
Address of  
second home  
for Additional  
Costs Allowance



**Declaration**

I confirm that I incurred these costs wholly, exclusively and necessarily to enable me to stay overnight away from my only or main home for the purpose of performing

Signature



Date

21.5.05

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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 dedicat

**Text**

**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

04\_05 // 05\_06

**Expenditure type (Cat5) :**

\* Validation purposes only (please tick to indicate compliance)

Mortgage documentation held	<input checked="" type="checkbox"/>
Addresses comply with central records	<input checked="" type="checkbox"/>
Invoices relate to 2 <sup>nd</sup> home address	<input checked="" type="checkbox"/>
Budget checked	<input checked="" type="checkbox"/>
Claim signed	<input checked="" type="checkbox"/>
Claim correctly dated	<input checked="" type="checkbox"/>

\* Financial Processing purposes only

Registered by (initials & date)

BO MAR

Posted by (initials & date)

30/3/05



# Member's claim form

## Members' Allowances

About filling in this form

- For details of costs you can claim for, see *Green Book* section 3.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1592.

## Your details

Name  
in CAPITAL LETTERS

JOHN STANLEY

Constituency

TONBRIDGE & MALLING

## Claim details

### Notes

You can only claim for

- costs you have actually paid
- additional expenses wholly, exclusively and necessarily incurred to enable you to stay overnight away from your only or main home for the purpose of performing your Parliamentary duties.
- all items costing £250 or more and include receipts – except for food, for which receipts are not required.
- receipts or invoices for any hotel cost even if it is less than £250.

Please list

Please attach

Period of claim

from 1 / 1 / 05 to 31 / 1 / 05

Total cost of hotel stays  
attach all receipts

£ : p

Mortgage payments  
(interest only) or rent

£ 1321 : 67 p ✓

Food

£ 120 : 00 p

Utilities

£ 117 : 47 p

Council Tax/Rates

£ : p

Telephone and  
telecommunications

£ : p

Cleaning

£ 80 : 00 p

Service/maintenance

£ : p

Repairs/insurance/  
security

£ : p

Other

£ : p

▶ please specify

Other

£ : p

▶ please specify

Other

£ : p

▶ please specify

Total

£ 1639 : 14 p

**Details of second home** *if applicable*

Address of  
second home  
for Additional  
Costs Allowance

**Declaration**

I confirm that I incurred these costs wholly, exclusively and necessarily to enable me to stay overnight away from my only or main home for the purpose of performing my duties as a Member of Parliament

Signature



MP

Date

21.3.05.**Data protection**

The rules governing payments made from the Additional Costs Allowance say we must keep the information we ask for on this form.

The information you give will be seen by:

- staff who are responsible for processing Members' Additional Costs Allowance claims and travel claims
- National Audit Office staff.

We will normally keep the information you give for three years following the year in which you incurred the expense.

If you have any concerns about how your information is handled, please call our Data Protection Officer on 020 7219 3659, who acts on behalf of the Data Controller, Clerk of the House.

Send your completed  
form to

Members' Allowances Section, Operations Directorate,  
Department of Finance & Administration, 3rd Floor, 7 Millbank, LONDON SW1 0AA



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

**Text**

**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

04\_05 / 05\_06

**Expenditure type (Cat5) :**

*\* Validation purposes only (please tick to indicate compliance)*

Mortgage documentation held
Addresses comply with central records
Invoices relate to 2 <sup>nd</sup> home address
Budget checked
Claim signed
Claim correctly dated

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

*\* Financial Processing purposes only*

Registered by (initials & date)

Posted by (initials & date)



# Member's claim form

13 APR 2005

04/05

## Members' Allowances

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Name  
in CAPITAL LETTERS

JOHN STANLEY

Constituency

TOWERS, B& and MALLING

## Claim details

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- additional expenses wholly, exclusively and necessarily incurred to enable you to stay overnight away from your only or main home for the purpose of performing your Parliamentary duties.

Please list

- all items costing £250 or more and include receipts – except for food, for which receipts are not required.

Please attach

- receipts or invoices for any hotel cost even if it is less than £250.

Period of claim

from 1, 3, 05 to 31, 3, 05

Total cost of hotel stays  
attach all receipts

£ : p

Mortgage payments  
(interest only) or rent

£ 1321 : 67 p ✓

Food

£ 137 : 70 p ✓

Utilities

£ 106 : 02 p

Council Tax/Rates

£ : p

Telephone and  
telecommunications

£ 19 : 67 p ✓

Cleaning

£ 80 : 00 p ✓

Service/maintenance

£ : p

Repairs/insurance/  
security

£ : p

Other

£ : p ▶ please specify \_\_\_\_\_

Other

£ : p ▶ please specify \_\_\_\_\_

Other

£ : p ▶ please specify \_\_\_\_\_

Total

£ 1665 : 06 p

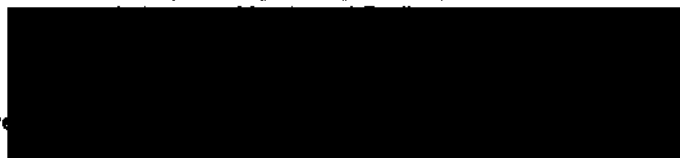
**Details of second home** *if applicable*

Address of  
second home  
for Additional  
Costs Allowance

**Declaration**

I confirm that I incurred these costs wholly, exclusively and necessarily to enable me to stay overnight away from my only or main home for the purpose of performing

Signature



MP

Date

11. 4. 05

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