



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 STANLEY

Constituency

TONBRIDGE & Malling

Office use only

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 1 / 3 / 06

to 31 / 3 / 06

Allowance year

05 / 06

Office use only

Allow or Exp/
A/c code Cat 5

Item 1

Constituency Association

Amount

£ : p

Item 2

Secretarial Services

£ 550 : 80 p

Item 3

East Coast Plastics Plastic folders

£ 493 : 50 p ✓

Item 4

Hire of room for surgery

£ 18 : 00 p

Item 5

Office materials

£ 59 : 36 p

Item 6

Telephone calls in constituency

£ 53 : 49 p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 1174 : 35 p

continued on page 2

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

12.4.06

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.

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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

[Initials] / /

Signature check

[Initials] / /

Funds check

[Initials] / /

Allowable expenditure

[Initials] / /

Member Res ID & Costc

[Initials] / /

Ext type/Cat 5 & subtotals added to form

[Initials] / /

Receipts/ documentation present

[Initials] / /

Processing

input

/ /

Input subtotals per Cat 5

£ 621.49
£ 59.36
£
£ 493.50
£
£
£
£ 1,174.35

Comments

[Empty Comments Box]

05/06

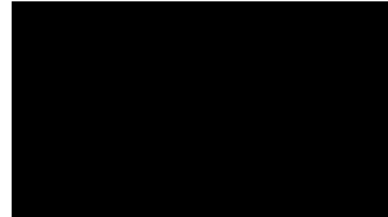
DELIVER TO
SIR JOHN STANLEY MP



INVOICE

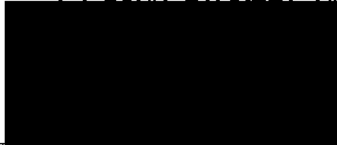


East Coast Plastics Ltd.



INVOICE TO

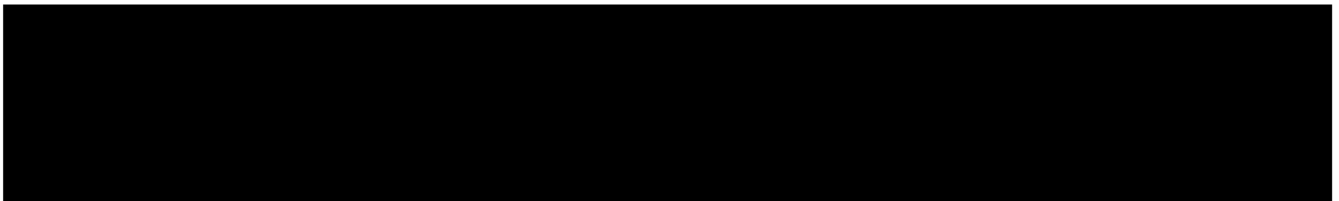
SIR JOHN STANLEY MP



ACCOUNT No.	REP.	C. ORDER No.	DEL. DATE	INVOICE DATE	INVOICE No.	TRANSACTION		
	H		16/03/06	20/03/06				
PRODUCT	DESCRIPTION			QUANTITY	PRICE	DISCOUNT	NET VALUE	VAT CODE
1186	ECP1/GC/297A 			1000	0.420		420.00	1

VAT CODE	GOODS	VAT RATE	VAT AMOUNT
	420.00	17.50	73.50

INVOICE GOODS	INVOICE VAT	INVOICE TOTAL
420.00	73.50	493.50





Member's reimbursement form

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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 STANLEY

Constituency

TOWN BRIDGE & MALLING

Office use only

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 1 / 12 / 06 to 31 / 12 / 06

Allowance year

05 / 06

Office use only

Allow or Exp/
A/c code Cat 5

	Description of service or goods	Amount
Item 1	Constituency Association	£ : p
Item 2	Secretarial services	£ 550 : 00 p
Item 3	East Coast Plastic Plastic folders	£ 270 : 25 p
Item 4	Telephone calls in constituency	£ 53 : 45 p
Item 5	Hire of room for surgery	£ 18 : 00 p
Item 6	Office materials	£ 135 : 46 p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Total

£1027 : 16 p

continued on page 2

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

9.4.06

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

Validation

Initials Date

Claims received

[Initials] / /

Signature check

[Initials] / /

Funds check

[Initials] / /

Allowable expenditure

[Initials] / /

Member Res ID & Costs

[Initials] / /

Ext type/Cat 5 & subtotals added to form

[Initials] / /

Receipts/ documentation present

[Initials] / /

Processing

Input

[Initials] / /

Input subtotals per Cat 5

£621.45
£405.71
£
£
£
£
£
£1,027.16

Comments

[Empty box for comments]

05/06

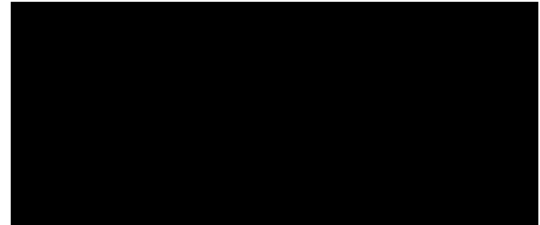
DELIVER TO
SIR JOHN STANLEY MP



INVOICE

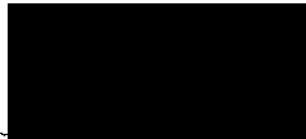


East Coast Plastics Ltd.



INVOICE TO

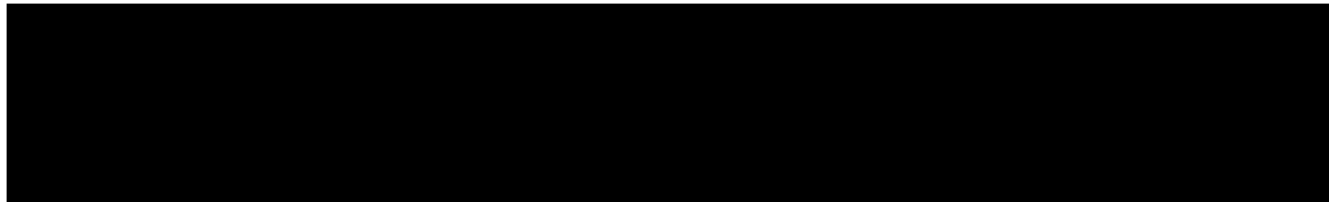
SIR JOHN STANLEY MP



ACCOUNT No.	REP.	C. ORDER No.	DEL. DATE	INVOICE DATE	INVOICE No.	TRANSACTION		
	H		19/12/05	20/12/05	OP/I115488			
PRODUCT	DESCRIPTION			QUANTITY	PRICE	DISCOUNT	NET VALUE	VAT CODE
1186	ECP1/GC/297A 			500	0.460		230.00	1

VAT CODE	GOODS	VAT RATE	VAT AMOUNT
1	230.00	17.50	40.25

INVOICE GOODS	INVOICE VAT	INVOICE TOTAL
230.00	40.25	270.25





Member's reimbursement form

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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 STANLEY

Constituency

TONBRIDGE & MALLING

Office use only

Costs/Cat 2 M Supp/Res ID 7 1

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 1 / 2 / 06 to 28 / 2 / 06

Allowance year

05 / 06

Office use only

Allow or Exp/
A/c code Cat 5

	Description of service or goods	Amount
Item 1	Advertisements for secretary	£ 173 : 90 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 £ 173 : 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]

MP

Date

9.4.06

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

Validation	Initials	Date
Claims received	[initials]	1/1
Signature check	[initials]	1/1
Funds check	[initials]	1/1
Allowable expenditure	[initials]	1/1
Member Res ID & Costs	[initials]	1/1
Ext type/Cat 5 & subtotals added to form	[initials]	1/1
Receipts/documentation present	[initials]	1/1
Processing input		1/1

Input subtotals per Cat 5

[Redacted]	£173.90	✓
[Redacted]	£	
[Redacted]	£	
[Redacted]	£	
[Redacted]	£	
[Redacted]	£	
[Redacted]	£	
[Redacted]	£173.90	

Comments

[Empty comments box]

05/06 ✓



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Your details

Name
in CAPITAL LETTERS

JOHN STANLEY
IONIA, BE & MALLING

Constituency

Office use only

Costo/Cat 2 M

Supp/Res ID 7 1

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
- 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 communication and travel.

Period of claim

from 1 / 1 / 06 to 31 / 1 / 06 ✓

Allowance year

05, 06 /

	Description of service or goods	Amount
Item 1	Hire of rooms for surgeries	£ 102 : 00 p
Item 2	Telephone calls on holiday	£ 15 : 00 p
Item 3	Office materials	£ 27 : 55 p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

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

Total

£144 : 55 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

9.4.06

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

Validation	Initials	Date
Claims received	[initials]	1 / 1
Signature check	[initials]	1 / 1
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
Receipts/ documentation present	[initials]	1 / 1
Processing		
Input		

Input subtotals per Cat 5

[Redacted]	£117.00
[Redacted]	£ 27.55
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£144.55

Comments

[Empty Comments Box]

05/06 ✓



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Your details

Name in CAPITAL LETTERS

JOHN STANLEY

Constituency

TONBRIDGE & MALLING

Office Cost Supp

Claim details

Please ensure

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



You can only claim for

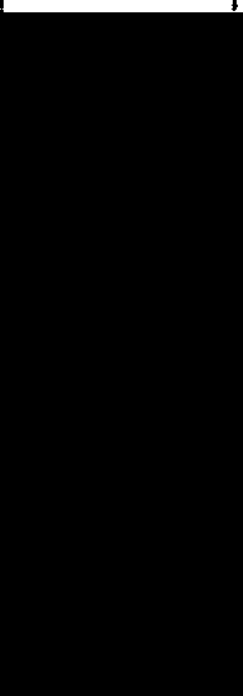
- costs you have actually paid
- office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

Period of claim from 1 / 11 / 05 to 30 / 11 / 05

Allowance year 05 / 06

Item	Description of service or goods	Amount
Item 1	Subscription to <i>Edenbridge Courier</i>	£ 156 : 00 p
Item 2	Office materials	£ 11 : 96 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

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



Total

£ 167 : 96 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

10.12.05

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]	£ 156.00
Signature check	/	1 1	[Redacted]	£ 11.96
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]	£ 167.96
Receipts/ documentation present	/	1 1	[Redacted]	
Processing				
Input		1 1		
			Comments	
			[Redacted]	



Incidental Expenses Provision

C1

Member's reimbursement form

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Your details

Name in CAPITAL LETTERS

JOHN STANLEY

Constituency

TOWNSHIRE & MALLING

Office use

Cost/Cat 2

Claim details

Please ensure

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

You can only claim for

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

Period of claim

from 1 / 10 / 05 to 31 / 10 / 05

Allowance year

05 / 06

	Description of service or goods	Amount	
Item 1	Subscription to Townsend Courier	£ 156 : 00	p
Item 2	Telephone calls on holiday	£ 15 : 00	p
Item 3*	Transcriber No 235941	£ 175 : 08	p
Item 4*	Transcriber No 232179	£ 175 : 08	p
Item 5*	Portable dictaphone No 399107	£ 77 : 55	p
Item 6*	Portable dictaphone No 874660	£ 77 : 55	p
Item 7		£ :	p
Item 8		£ :	p
Item 9		£ :	p
Item 10		£ :	p

Office use only

Allow or Exp/
A/c code Cat 5

* Items 3-6 are all replacements of existing machines

Total

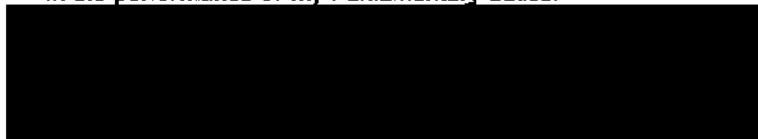
£676 : 26 p

continued on page 2

Authorisation and declaration

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

Signature



Date

10.12.05

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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	/	/ /
Member Res ID & Costs	/	/ /
Ext type/Cat 5 & subtotals added to form	/	/ /
Receipts/ documentation present	/	/ /
Processing		/ /
Input		/ /

input subtotals per Cat 5

	£171.00
	£
	£
	£505.26
	£
	£
	£
	£
	£676.26

Comments

Courier NEWSPAPERS

Sir Stanley M P

04 October 2005

Dear Sir/Madam,

Thank you for your subscription to our Newspaper which we hope you have enjoyed reading. You may be surprised to learn that this expires on 14/10/2005.

To continue receiving your weekly newspaper, please complete the form below and return it with your payment in the prepaid envelope enclosed.

13 weeks (2nd class postage)

Kent & Sussex Courier	£3.00	£39.00
Sevenoaks Chronicle	£2.45	£31.85
East Grinstead Courier	£1.00	£13.00
News In Focus	£0.46	£5.98
Appointment SE	£2.47	£32.11
Homebuyer Weekly	£2.35	£30.55
Today Magazine	£2.08	(Monthly only)

Please renew my subscription to the TONBRIDGE edition

of the Kent & Sussex Courier for a period of 52 weeks.

Remittance of £ 156.00 is enclosed herewith, by cheque dated 20.10.05.

Name:

Address:

Telephone No:

Signed:

DMCL

Dictating Machine Company Limited

Invoice To:

Mr. J. Stanley

Delivery Address:

Date/Tax Point: 21st October 2005

Account No:

DELIVERY NOTE

QUANTITY	DESCRIPTION	CODE	UNIT PRICE	TERMS	LINE VALUE	VAT CODE
	To supplying					
1 x	Grundig 3220 s/n: 235941 inc Headset / Foot Control Transcriber	149			149	
	Paid Credit Card					
		OUR TERMS ARE 30 DAYS NETT DATE OF INVOICE. TITLE TO GOODS WILL ONLY PASS TO PURCHASER WHEN INVOICE IS PAID IN FULL.				
				TOTAL GOODS	149 —	
				TOTAL		
				TOTAL V.A.T.	26.08	
				TOTAL DUE	175.08	

DMCL

Dictating Machine Company Limited

Invoice To:

Mr J Stanley

Delivery Address:

Date/Tax Point: 21st October 2005

Account No:

DELIVERY NOTE

QUANTITY	DESCRIPTION	CODE	UNIT PRICE	TERMS	LINE VALUE	VAT CODE
To Supplying						
1x	Corundum 3220 S/n 232179 Transcriber w/o Headset Foot Control				149 —	
					TOTAL GOODS	149 —
					TOTAL	26.08
					TOTAL V.A.T.	175.08
					TOTAL DUE	

OUR TERMS ARE 30 DAYS NETT DATE OF INVOICE.
TITLE TO GOODS WILL ONLY PASS TO PURCHASER
WHEN INVOICE IS PAID IN FULL.

DMCL

Dictating Machine Company Limited

Invoice To:

M. J. Stanley

Delivery Address:

Date/Tax Point: 21st October 2005

Account No:

DELIVERY NOTE

QUANTITY	DESCRIPTION	CODE	UNIT PRICE	TERMS	LINE VALUE	VAT CODE
10	Supplies					
1 x	Grundig SH10 Portable	S/n 399107				
20 x	AA Alkaline Batteries				66	

OUR TERMS ARE 30 DAYS NETT DATE OF INVOICE.
TITLE TO GOODS WILL ONLY PASS TO PURCHASER
WHEN INVOICE IS PAID IN FULL.

TOTAL GOODS

66 —

TOTAL**TOTAL V.A.T.**

11.55

TOTAL DUE

77.55

DMCL

Dictating Machine Company Limited

Invoice To:

Mr. J. Stanley

Delivery Address:

Date/Tax Point: 21st October 2005

Account No:

DELIVERY NOTE

QUANTITY	DESCRIPTION	CODE	UNIT PRICE	TERMS	LINE VALUE	VAT CODE
To supply						
1x	Grounding Stt 10 Portable s/n 874660 incl 20x AA Alkaline Batteries	60 6			66 —	
TOTAL GOODS					66 —	
TOTAL						
TOTAL V.A.T.					11 - 55	
TOTAL DUE					77 - 55	

OUR TERMS ARE 30 DAYS NETT DATE OF INVOICE.
TITLE TO GOODS WILL ONLY PASS TO PURCHASER
WHEN INVOICE IS PAID IN FULL.



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 STANLEY

Constituency

TONBRIDGEBE & MALKING.

Claim details

Please ensure

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

You can only claim for

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

Period of claim from 1 / 9 / 05 to 30 / 9 / 05

Allowance year 05 / 06

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

Table with 3 columns: Item, Description of service or goods, Amount. Includes entries for 'Subscription to Sevenoaks Chronicle', 'Association Secretarial Services', 'Office materials', 'Taxi to constituency', and 'Subscription to Kent Messenger'.

* Borough Green station to Mexton and back to station.

Total £854 : 67 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  MP

Date 10.12.05

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		
Validation	Initials	Date
Claims received	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Signature check	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Funds check	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Allowable expenditure	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Member Res ID & Costc	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Ext type/Cat 5 & subtotals added to form	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Receipts/ documentation present	<input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Processing		
Input	<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>

Input subtotals per Cat 5	
	£ 844.20 278.20
	£ 10.47
	£
	£
	£ 16.00
	£
	£ 550.00
	£ 854.27

Comments

Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

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) :

[REDACTED]

TOTAL

£ 255.02

£

£

£

£

£

£

£

£

£ 255.02

Comments:

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

Posted by (initials & date)

20 09 2005

07/10/5



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 STANLEY

Constituency

TONBRIDGE & MALLING

Claim details

Please ensure

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

You can only claim for

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

Period of claim

from 1 / 8 / 05 to 31 / 8 / 05

Allowance year

05 / 06

	Description of service or goods	Amount
Item 1	Room hire for surgeries	£ 40 : 00 p
Item 2	Telephone calls in constituency	£ 25 : 00 p
Item 3	Office materials	£ 190 : 02 p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Office use only

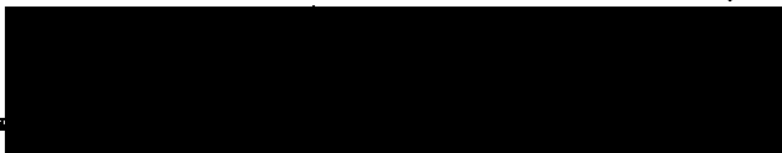
Total

£ 255 : 02 p

Authorisation and declaration

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

Signature



Date

10.9.05

Data protection

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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		/ /		£
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. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C1

Member Supplier ID [REDACTED]

Pay recipient

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

Text

JUL 05

Invoice No. [REDACTED]

Account code / Allowance [REDACTED]

Members cost centre (Cat1) [REDACTED]

Financial Year/PIRO (Cat2)

04/05 / 05/06

Expenditure type (Cat5) :

[REDACTED]

£ 92-00

£

£

£

£

£

£

£

£

£ 92-00

TOTAL

Comments:

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

[REDACTED]

Posted by (initials & date)

[REDACTED]

21/50



Member's reimbursement form

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About filling in this form

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Your details

Name
in CAPITAL LETTERS

JOHN STANLEY

Constituency

TOW BRIDGE & MALLING

Claim details

Please ensure

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

You can only claim for

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

Period of claim

from 1 / 7 / 05 to 31 / 7 / 05

Allowance year

05 / 06

	Description of service or goods	Amount
Item 1	Room hire for surgeries	£ 22 : 00 p
Item 2	Office materials	£ 70 : 00 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

Office use only

Total

£ 92 : 00 p

continued on page 2

Authorisation and declaration

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

Signature

John Hanley MP

Date

10.9.05

Data protection

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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. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C1

Member Supplier ID

Pay recipient

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

Text

30/06

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04/05 / 05/06

Expenditure type (Cat5) :

[REDACTED]

£.....72.....-00 ✓

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....556.....-00 ✓

£.....623.....-00 ✓

TOTAL

Comments:

20 05 2005

* 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

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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 STANLEY

Constituency

Tonbridge & Malling



Claim details

Please ensure

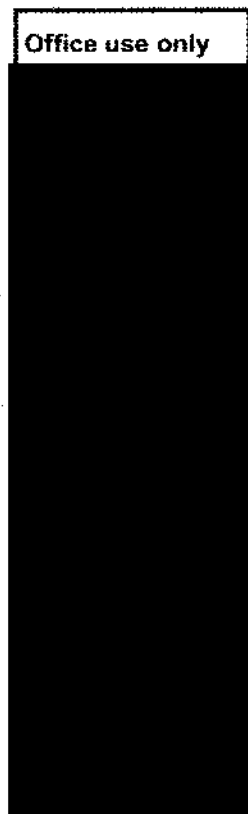
- your claim totals more than £100
- you provide journey details of all taxi journeys
- you attach all receipts or invoices for items of £250 and above
- any claims for petty cash do not exceed £250 per month.

You can only claim for

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

Period of claim from 1 / 6 / 05 to 30 / 6 / 05

Allowance year 05 / 06



	Description of service or goods	Amount
Item 1	Constituency Association	£ : p
Item 2	Secretarial services	£ 550 : 00 p ✓
Item 3	Room hire	£ 18 : 00 p ✓
Item 4	Law surgery	£ 35 : 00 p
Item 5	Data Protection Act renewal	£ 20 : 00 p
Item 6	Telephone calls in constituency	£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Total

£623 : 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]

Date

10. 9. 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	
			[Empty box for comments]	

From: The Rt. Hon. Sir John Stanley, M.P.



HOUSE OF COMMONS

LONDON SW1A 0AA

1 June 2005

[REDACTED]
Tonbridge and Chatham Conservative Association
91 High Street
West Malling
Maidstone
Kent ME19 6NA

[REDACTED]
I attach a payment of £550 for secretarial services provided by the
Tonbridge and Chatham Conservative Association in respect of my
Parliamentary duties.

John Stanley

[REDACTED]
Received from Sir John Stanley MP
The sum of £550 being payment provided
against the cost of services provided by TCCA
in respect of his duties as Member of Parliament.

[REDACTED]
10/6/05

Agent & Secretary

Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

C1

Member Supplier ID [REDACTED]

Pay recipient

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

Text

MAY 05

Invoice No. [REDACTED]

Account code / Allowance [REDACTED]

Members cost centre (Cat1) [REDACTED]

Financial Year/PIRO (Cat2)

~~04_05~~ / 05_06

Expenditure type (Cat5) :

[REDACTED]

£ 34.07

£

£

£

£

£

£

£

£

£ 34.07

TOTAL

Comments:

20 09 2005

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

Posted by (initials & date)

[REDACTED]



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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 STANLEY

Constituency

TONBRIDGE and MALLING

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 6 / 5 / 05 to 31 / 5 / 05

Allowance year 05 / 06

	Description of service or goods	Amount
Item 1	Office materials	£ 34 : 07 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

Office use only

Total £ 34 : 07 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 10.9.05

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"/>		£ <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"/>		
Processing				
input	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
			Comments	
			<input style="width: 100%; height: 100%;" type="text"/>	