



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

MARTYN JONES

Constituency

CLWYD SOUTH



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 / 3 / 06 to 31 / 3 / 06 ✓

Allowance year 05/06

	Description of service or goods	Amount
Item 1	Scotch Power	£ 425 : 64 p ✓
Item 2	Insurance renewal	£ 371 : 19 p ✓
Item 3	O ₂	£ 89 : 66 p
Item 4	BT [Redacted]	£ 54 : 20 p
Item 5	BT [Redacted]	£ 59 : 44 p
Item 6	BT [Redacted]	£ 73 : 08 p
Item 7	BT [Redacted]	£ 395 : 35 p ✓
Item 8	PRINTER CARTRIDGES	£ 49 : 98 p
Item 9	PETTY CASH	£ 200 : 00 p
Item 10		£ : p

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

Total £ 1718 : 54 p ✓

Authorisation and declaration

wholly, exclusively and necessarily

SI

MP

31-3-06

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	<input checked="" type="checkbox"/>	1 1
Signature check	<input checked="" type="checkbox"/>	1 1
Funds check	<input checked="" type="checkbox"/>	1 1
Allowable expenditure	<input checked="" type="checkbox"/>	1 1
Member Res ID & Costc	<input checked="" type="checkbox"/>	1 1
Ext type/Cat 5 & subtotals added to form	<input checked="" type="checkbox"/>	1 1
Receipts/ documentation present	<input checked="" type="checkbox"/>	1 1
Processing		
Input		1 1

Input subtotals per Cat 5

£	1,668.56	✓
£	49.98	✓
£		
£		
£		
£		
£		
£		
£	1,718.54	

Comments

Empty box for comments.

Direct Debit

– the smart way to pay.



Your account and bill number

MR M JONES MP

Date
8 March 2006

If you have a query
please see reverse for
our contact details.

Reminder

Total now overdue
£ 395.35

Please pay this bill
immediately

If you have paid this amount in full within the
last few days

- thank you for your payment
- please accept our apologies for this reminder
- there is no need to call us.

If you have not yet paid this amount in full
please do so immediately. See back of the
reminder for payment options.

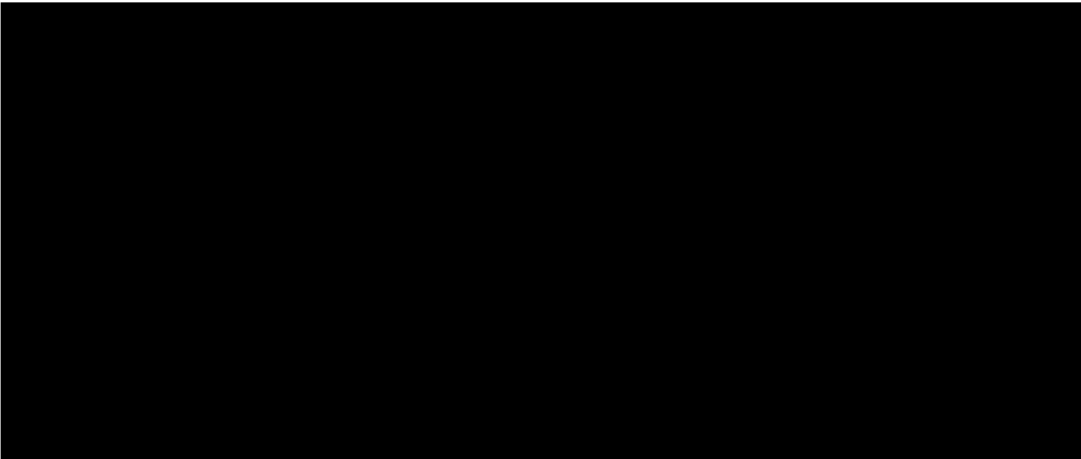


20 February 2006

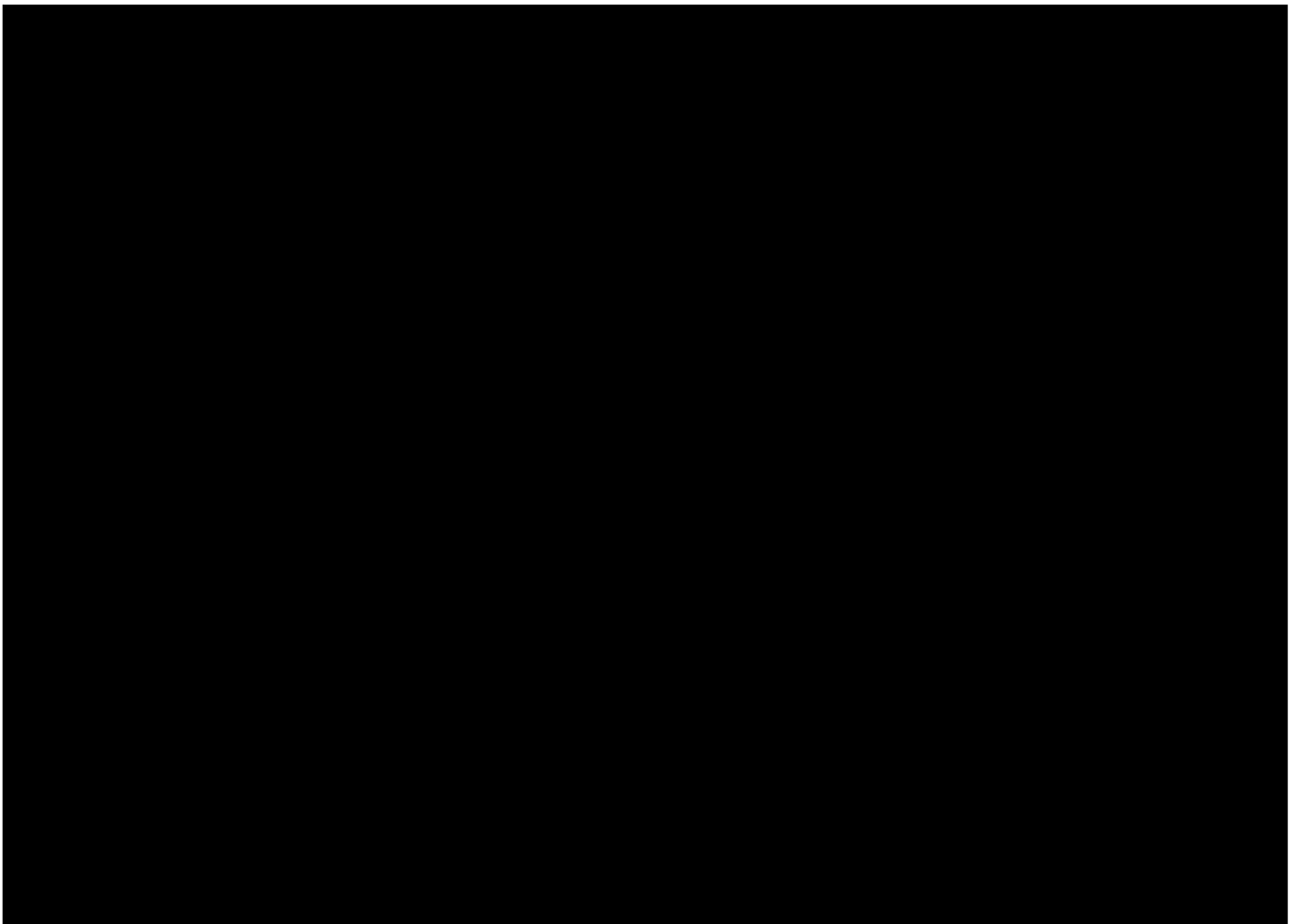
Martyn D Jones M P



Dear Mr Jones

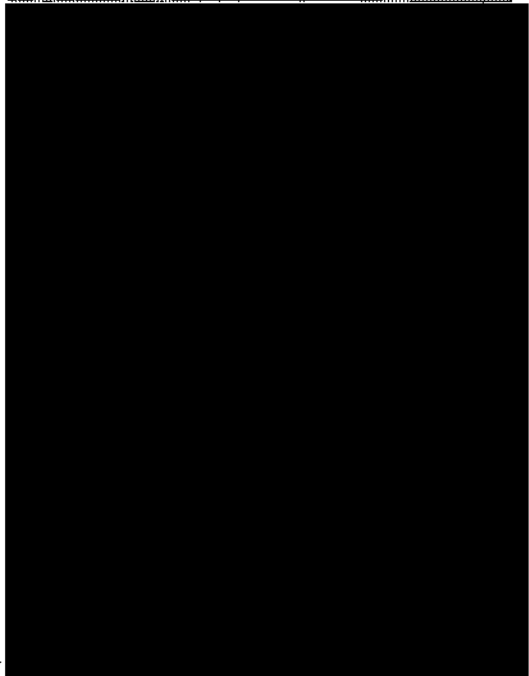


1. Our invoice in the required renewal premium of £371.19



gas and electricity

MR M JONES

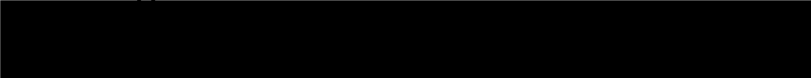


Your electricity bill

Account Number: [Redacted]

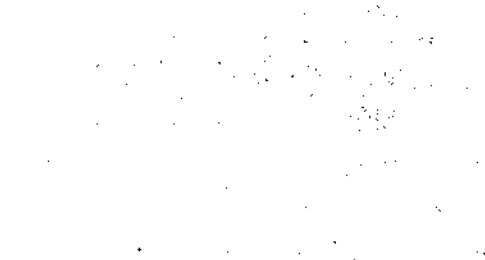
For the period: 31/10/05 to 30/01/06

Service supplied to: MR M JONES



Balance on your account before this new bill	£0.00
Your electricity charges	£339.53
Levies	£22.72
VAT	£63.39

Your total now due is £425.64



The energy people



Member's reimbursement form

03 MAR 2006

C1

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Your details

Name
in CAPITAL LETTERS

MARTYN JONES

Constituency

CLWYD SOUTH

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 / 02 / 06

to 28 / 02 / 06

Allowance year

05 / 06

Office use only


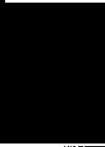
Allow or Exp/
A/c code Cat 5

	Description of service or goods	Amount
Item 1	OFFICE INSURANCE	£ 371 : 19 p
Item 2	SCOTTISH POWER	£ 425 : 64 p
Item 3	WABC - SURGERY HIRE	£ 6 : 65 p
Item 4	OFFICE PAPERS	£ 67 : 03 p
Item 5	WALES YEARBOOK	£ 55 : 00 p
Item 6	O ₂	£ 71 : 09 p
Item 7	O ₂	£ 70 : 52 p
Item 8	BT	£ 59 : 44 p
Item 9	BT	£ 395 : 35 p
Item 10	PETTY CASH	£ 200 : 00 p

Total

£ 1721 : 91 p

Authorisation and declaration

Signature  I incurred wholly, exclusively and necessarily
 MP 
 Date 2.3.06

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		/ /
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

£	<i>511</i>	1 544.88
£	12203	
£		
£	<i>11604</i>	12203
£		
£		
£		
£		

Comments

WINDINGS

[Redacted]

20 February 2006

Martyn D Jones M P

[Redacted]

[Redacted]

Dear Sirs

Renewal Invoice

[Redacted]

Renewal Date 01 March 2006

Premium	353.51
Premium Tax	17.68
Small Business Fee	

Total Premium Due

371.19

[Redacted]

gas and electricity

MR M JONES



Am y cyfnod: 31/10/05 i 30/01/06

Cyflenwir y gwasanaeth i : MR M JONES

balans eich cyfrif cyn y bil newydd hwn	£0.00
ïch prisiau trydan	£339.53
irdoll	£22.72
AW	£63.39
Cyfanswm sy'n ddyledus nawr	£425.64

The energy people

More connections.
More possibilities.



Your account and bill number

MR M JONES MP

Date
16 February 2006

If you have a query
please see reverse for
our contact details.

BT Commitment

Cost of calls	£ 385.29
Package benefits	- £ 95.22
BT Commitment	
Service charges	£ 46.40
VAT	£ 58.88

Total now due £ 395.35

*Please make sure we receive the total now due by
27 February 2006*

OneBillPlus

Financial Processing }

Tra

Reg

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

E 170-00

E.....

E.....

E.....

E.....

E.....

E.....

E.....

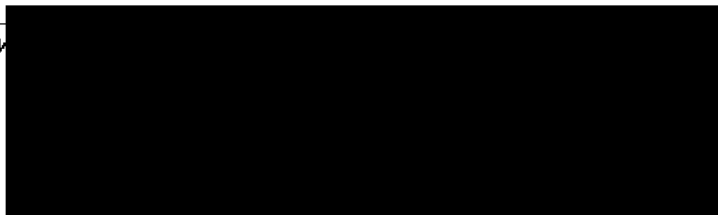
E.....

E 170 00

Comments:

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

Posted by (initials & date)





**Incidental Expenses Provision /
Staffing Allowance**

Form B
Page 1 of 2

Periodic payment form

**About filling in
this form**

Use this form to request regular payments to a supplier on a monthly, quarterly, bi annual or annual basis from either your Staffing Allowance or Incidental Expenses Provision.

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
Constituency

MARTYN JONES
CHWYD SOUTH

£ 85.00



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

MARTYN JONES

Constituency

CLWYD SOUTH

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 01/01/06

to 31/01/06

Allowance year

05/06

	Description of service or goods	Amount
Item 1	02	£ 65 : 29 p
Item 2	office letters	£ 37 : 10 p
Item 3	petty cash	£ 100 : 00 p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

Total

£ 202 : 39 p

Office use only

Allow or Exp/
A/c code Cat 5

Authorisation and declaration

...urred wholly, exclusively and necessarily

Signature

MP

1-02-06

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

Office use only

Validation

Initials Date

Input subtotals per Cat 5

Claims received

✓ | | |

£165.29

Signature check

✓ | | |

£37.60

Funds check

✓ | | |

£

Allowable expenditure

✓ | | |

£

Member Res ID & Costc

✓ | | |

£

Ext type/Cat 5 & subtotals added to form

✓ | | |

£

£

£

£202.39

Receipts/ documentation present

✓ | | |

Comments

Processing

Input

| | |



Incidental Expenses Provision

Member's reimbursement form

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Your details

Name
in CAPITAL LETTERS

MARTYN JONES

Constituency

CLWYD SOUTH

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 / 12 / 05

to 31 / 12 / 05

Allowance year

DST 06

	Description of service or goods	Amount
Item 1	OFFICE PAPERS	£ 31 : 80 p
Item 2	CONSTITUENCY SURGERY NOV. 5 th	£ 5 : 00 p
Item 3	PETTY CASH	£ 200 : 00 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

£ 236 : 80 p

continued on page 2

Authorisation and declaration

wholly, exclusively and necessarily

Signature

MP

Date

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Office use only

Validation

Initials Date

Input subtotals per Cat 5

Claims received

✓ | | |

£ 236.80

Signature check

✓ | | |

£

Funds check

✓ | | |

£

Allowable expenditure

✓ | | |

£

Member Res ID & Costc

✓ | | |

£

Ext type/Cat 5 & subtotals added to form

✓ | | |

£

£

£

£ 236.80

Receipts/ documentation present

✓ | | |

Comments

Processing

Input

| | |



Member's reimbursement form DEC 2005

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About filling in this form

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Your details

Name in CAPITAL LETTERS

MARTYN JONES

Constituency

CLWYD SOUTH

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

2005/2006

Office use only

Allow or Exp/ A/c code Cat 5

Description of service or goods

Amount

Table with 2 columns: Description of service or goods, Amount. Rows include: MOTO V66 MAINS LK (£14:99 P), RYMAN'S - CARTRIDGES (£42:98 P), Patel 15m. Maylin (£14:99 P), O2 October (£61:32 P), Dunsell batteries sent (£31:48 P), Freeview box - office/Amint (£89:93 P), Data collection (£35:00 P), Scottish power (£134:99 P), O2 September (£53:42 P), Petty cash (£200:00 P)

£ 679:10 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

6.12.05

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Office use only

Validation

Initials Date

Input subtotals per Cat 5

Claims received

[Initials] [Date]

£589.65

(499.72)

Signature check

[Initials] [Date]

£89.45

Funds check

[Initials] [Date]

£89.93

Allowable expenditure

[Initials] [Date]

£

Member Res ID & Costs

[Initials] [Date]

£

Ext type/Cat 5 & subtotals added to form

[Initials] [Date]

£679.10

Receipts/ documentation present

[Initials] [Date]

Comments

Processing

Input

[Initials] [Date]

[Comments box]



Member's reimbursement form

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About filling in this form

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Your details

Name in CAPITAL LETTERS

MARTYN JONES

Constituency

CLWYD SOUTH

Claim details

Please ensure

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You can only claim for

- costs you have actually paid
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Period of claim

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

Allowance year

05/06

Office use only

Allow or Exp/
A/c code Cat 5

Description of service or goods

Amount

	Description of service or goods	Amount
Item 1	OFFICE PAPERS	£ 47:24 p
Item 2	1GB DISCO USB2 MEMORY	£ 59:99 p
Item 3	TREVOR COMMUNITY CENTRE SURGERY	£ 5:00 p
Item 4	ICE AGE MEDIA - WEBSITE CHARGE	£ 1850:00 p
Item 5	PETTY CASH	£ 100:00 p
Item 6		: p
Item 7		: p
Item 8		: p
Item 9		£ : p
Item 10		£ : p

Total

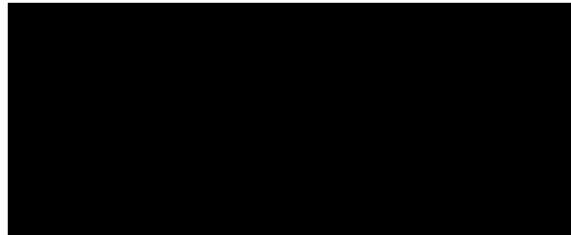
£ 2062:23 p

continued on page 2

Authorisation and declaration

occurred wholly, exclusively and necessarily

Signature



MP

Date

31-10-05

Data protection

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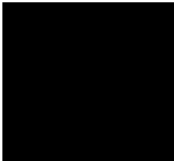
Office use only

Validation	Initials	Date	Input subtotals per Cat 5
Claims received	/	1 1	£ 105.00
Signature check	/	1 1	£ 47.24
Funds check	/	1 1	£
Allowable expenditure	/	1 1	£ 59.99
Member Res ID & Costs	/	1 1	£ 1850.00
Ext type/Cat 5 & subtotals added to form	/	1 1	£ 2,062.23
Receipts/ documentation present	/	1 1	
Processing			
Input		1 1	

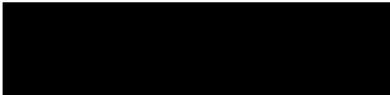
Comments

ICE AGE

m e d i a



Invoice

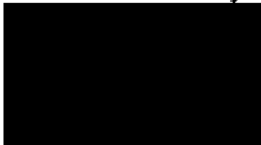


Invoice Date: 27.09.2003



Bill To:

The Office of Martyn Jones MP



Items	Total
The design and implementation of a website that includes 9 main sections including an Educational Resource section, RSS Feeds, Flash animation and the design of a corporate logo. The price also includes a mirror site that will be entirely text-based and will be linked to the home page.	£1800.00
Search Engine Submission by Ice Age Media.	£50.00
Total Balance Due	£1850.00



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 ex

Text

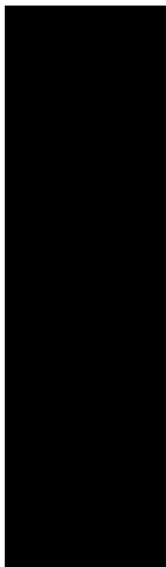
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

E 1143.53

E 11.64

E

E

E

E

E 452.38

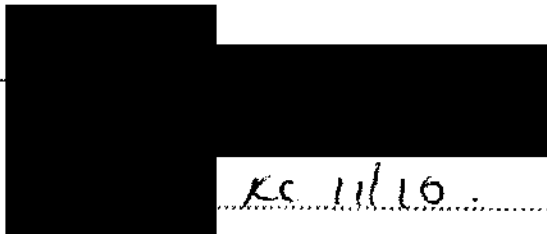
E

E

E 1607.60

Comments:

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



Posted by (initials & date)

KC 11/10



Member's reimbursement form

05 OCT 2005

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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

MARTYN JONES

Constituency

CLWYD SOUTH

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

2005/6

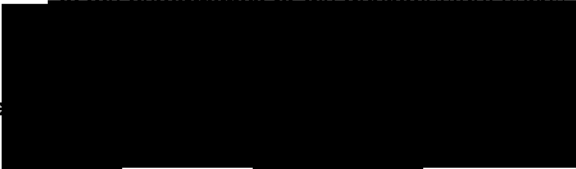
Table with 3 columns: Item, Description of service or goods, Amount. Includes items like Scottish Power, August O2, BT, H.W. Fisher Accountants, BT, BT, BT, Next ideas, O2 September, and WT Grant overprinting.

Office use only section with Allow or Expl A/c code Cat 5 and a large blacked-out area.

Total £ 1607: 60 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 4 - Oct. - 2005

Data protection


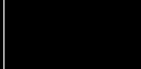
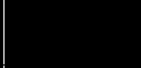
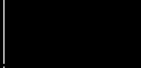
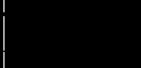

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Send your completed form to

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		/ /		
Signature check		/ /		
Funds check		/ /		
Allowable expenditure		/ /		
Member Res ID & Costc		/ /		
Ext type/Cat 5 & subtotals added to form		/ /		
Receipts/ documentation present		/ /		
Processing				
Input		/ /		
			Comments	

DATE 28 September 2005

Martyn D Jones Esq MP

REQUEST FOR PAYMENT
THIS IS NOT A VAT INVOICE

£

Professional services provided for the period to date including the preparation of your 2004/05 Tax Return.	360.00
Disbursements	25.00
TOTAL (Ex VAT)	<u>385.00</u>
VAT at 17.5%	67.38
TOTAL	<u>£452.38</u>

TERMS: DUE FOR IMMEDIATE PAYMENT

WITH COMPLIMENTS

Direct Debit

– the smart way to pay.



Your account number

Bill number

Date
6 September 2005

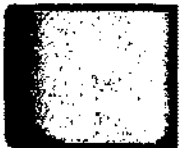
If you have a query
please see reverse for
our contact details.

MR M JONES MP

Reminder

Total now overdue
£ 459.84

Have you thought of
paying by Direct Debit?



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 ex

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

£ 402.49

£

£

£

£

£

£

£

£

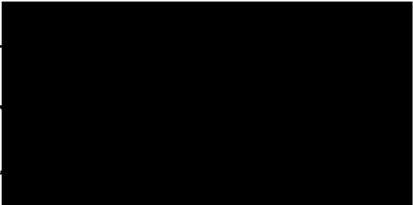
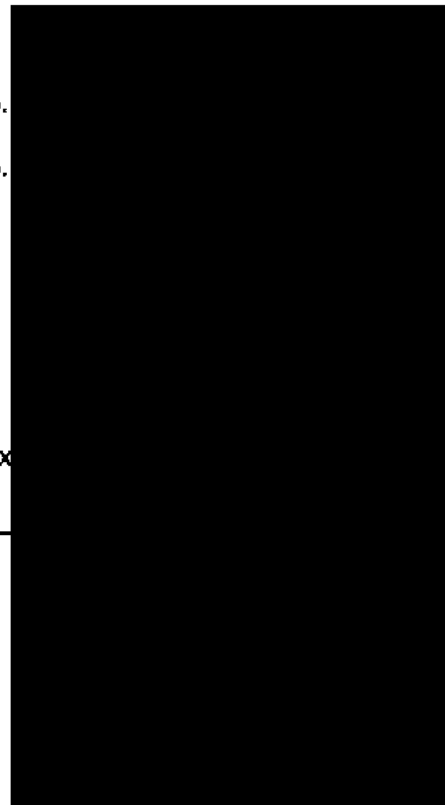
£ 402.49

Comments:

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

Posted by (initials & date)

1.6 SEP 2005





Member's reimbursement form

06 SEP 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

MARTYNS JONES

Constituency

CLWYD SOUTH

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 8 05

to 31 8 05

Allowance year

05/06

Description of service or goods

Amount

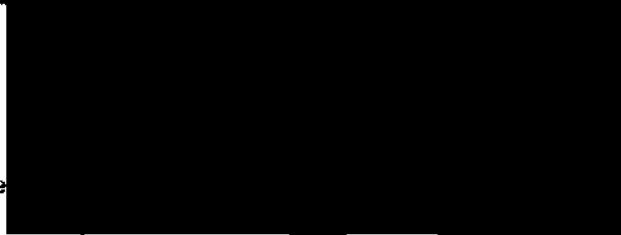
Item	Description of service or goods	Amount
Item 1	SCOTTISH POWER	£ 130 : 11 p
Item 2	TREVOR COMM. CENTRE	£ 5 : 00 p
Item 3	O2 mobile	£ 67 : 38 p
Item 4	Petty cash	£ 200 : 00 p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

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

Total

£ 402 : 49 p

Authorisation and declaration

Signature  MP

Date 5-8-05

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 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"/>
Funds check	<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"/>
Member Res ID & Costc	<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"/>
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"/>

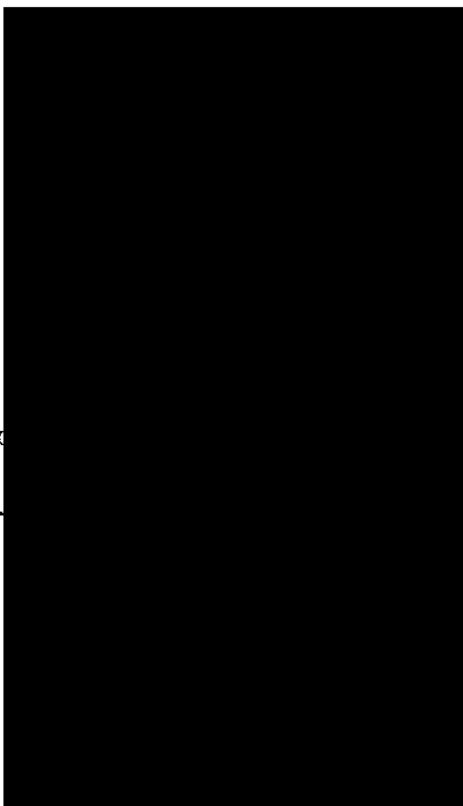
Input subtotals per Cat 5	
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>

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 ex

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£ 576.12

£

£

£

£

£

£ 90.00

£

£

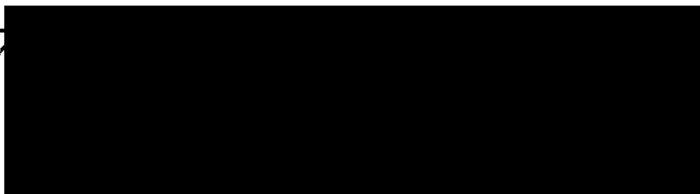
£ 666.12 /

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

MARTYN JONES

Constituency

CLWYD SOUTH

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 1 7 105

to 31 7 105

Allowance year

2004/2005

	Description of service or goods	Amount
Item 1	<u>Office Paper July</u>	<u>£ 46: 84 p</u>
Item 2	<u>Neat Idem</u>	<u>£ 11: 69 p</u>
Item 3	<u>Bangor on Dee Surgery</u>	<u>£ 8: 00 p</u>
Item 4	<u>Cerriog Surgery</u>	<u>£ 4: 70 p</u>
Item 5	<u>O2 June</u>	<u>£ 48: 85 p</u>
Item 6	<u>O2 July</u>	<u>£ 53: 54 p</u>
Item 7	<u>NPH computer repair</u>	<u>£ 90: 00 p</u>
Item 8	<u>Petty Cash</u>	<u>£ 200: 00 p</u>
Item 9	<u>Dod's Parkway Companion</u>	<u>£ 202: 50 p</u>
Item 10		<u>£ : p</u>

Total

£ 666: 12 p

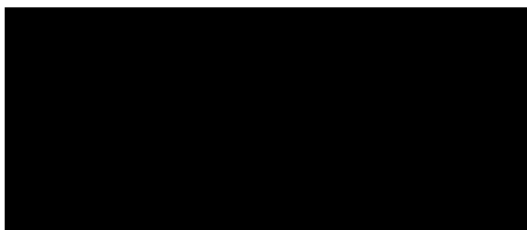
Office use only

Allow or Exp/
A/c code Cat 5

Authorisation and declaration

incurred wholly, exclusively and necessarily
S.

Signature



MP

Date

31.7.05

Data protection

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Send your completed form to

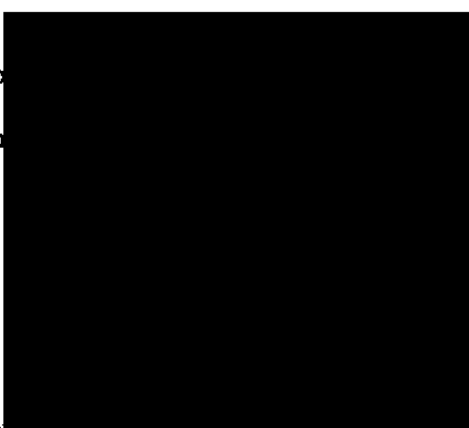
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			Input subtotals per Cat 5	
Validation	Initials	Date		£
Claims received		/ /		£
Signature check		/ /		£
Funds check		/ /		£
Allowable expenditure		/ /		£
Member Res ID & Costc		/ /		£
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

JUNE '05

Invoice No.

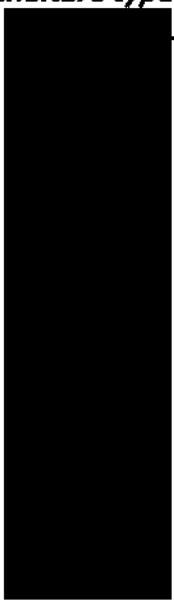


Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£1644.09

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£1644.09

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

MARTYN JONES

Constituency

CLWYD SOUTH

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 1 6 105 to 30 1 6 105

Allowance year 05106

	Description of service or goods	Amount
Item 1	PETTY CASH	£ 200:00 P
Item 2	BT [REDACTED]	£ 500:31 P ✓
Item 3	OFFICE PAPERS	£ 51:15 P
Item 4	SURGERY HIRE	£ 8:25 P
Item 5	NEAT IDEAS	£ 113:73 P
Item 6	BT [REDACTED]	£ 390:42 P ✓
Item 7	BT [REDACTED]	£ 121:81 P
Item 8	BT [REDACTED]	£ 96:78 P
Item 9	BT [REDACTED]	£ 109:66 P
Item 10	O ₂ MOBILE	£ 51:98 P

Total £ 1644:09 P

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

Authorisation and declaration

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

Signature

[Redacted Signature]

MP

Date

1-7-05

Data protection

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

Office use only

Validation

Initials Date

Input subtotals per Cat 5

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

[Large empty box for comments]

More connections.
More possibilities.



Your account and bill number

MR M JONES MP

Date
18 May 2005

If you have a query
please see reverse for
our contact details.

BT Commitment

Cost of calls	£ 493.48
Package benefits	- £ 114.08
BT Commitment	
Service charges	£ 46.40
VAT	£ 74.51
Total now due	£ 500.31

*Please make sure we receive the total now due by
29 May 2005.*

Who will you call?

Direct Debit

– the smart way to pay.



Your account and bill number

MR M JONES MP

Date
8 March 2005

If you have a query
please see reverse for
our contact details.

Reminder

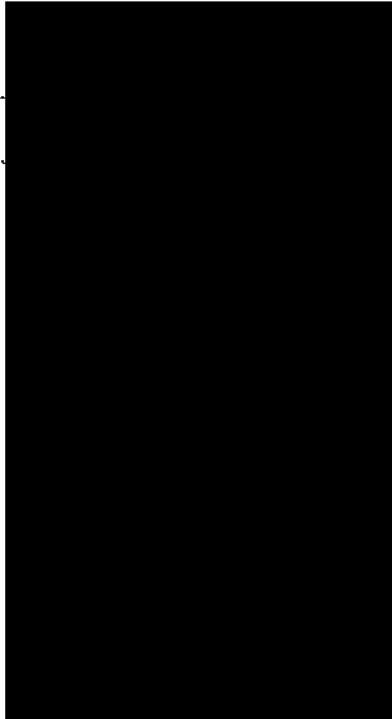
Total now overdue
£ 390.42

Have you thought of
paying by Direct Debit?

Financial Processing }

Transaction No. ...

Registration No. ...



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

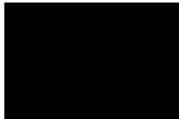
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£7977.86

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£7977.86

TOTAL

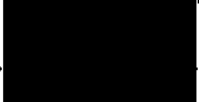
Comments:

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



Posted by (initials & date)

18 JUN 2005



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

Date

... of costs incurred wholly, ... by Parliamentary duties.

MP

Data protection

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Office use only			
Validation	Initials	Date	
Claims received	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature check	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funds check	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allowable expenditure	<input type="text"/>	<input type="text"/>	<input type="text"/>
Validation	Initials	Date	
Member ID added to form	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment codes added to form	<input type="text"/>	<input type="text"/>	<input type="text"/>
Receipts/ documentation present	<input type="text"/>	<input type="text"/>	<input type="text"/>
Processing			
Input	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please use margin for comments			

Carlton (North Wales) 1990Ltd

INVOICE

Customer

Name Martyn Jones M. P.

Date 18/05/2005

Due Date 31/05/2005

Rep

FOB

Qty	Description	Unit Price	TOTAL
1	Rent + S/charge for [REDACTED] Period 22/01/2005 - 21/01/2006 less half month	£6,789.67	£6,789.67
		SubTotal	£6,789.67
		Shipping & Handling	£0.00
		Taxes VAT	£1,188.19
		TOTAL	£7,977.86

[REDACTED]

[REDACTED]

[REDACTED]



Incidental Expenses Provision
Member's reimbursement

26 MAY 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

MARTYN JONES

Constituency

CLWYD SOUTH

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 5105105 to 31105105

Allowance year

05106

	Description of service or goods	Amount
Item 1	BT [REDACTED]	£ 53 : 76 p
Item 2	BT [REDACTED]	£ 55 : 30 p
Item 3	BT [REDACTED]	£ 115 : 12 p
Item 4	SCOTTISH POWER	£ 322 : 51 p
Item 5	02 MARCH	£ 34 : 39 p
Item 6	02 APRIL PART	£ 47 : 74 p
Item 7	PETTY CASH	£ 125 : 00 p
Item 8	SIEMENS FINANCIAL	£ 2937 : 50 p
Item 9		£ : p
Item 10		£ : p

Office use only

Allow or Exp/
A/c code Cat 5

Total

£3691 : 32p

continued on page 2

Authorisation and declaration

I incurred wholly, exclusively and necessarily
expenses.

Signature

[Redacted Signature]

MP

Date

31. 5. 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

Input subtotals per Cat 5

Claims received

£ 753.82

Signature check

£

Funds check

£

Allowable expenditure

£

£ 2937.30

Member Res ID & Cost

£

Ext type/Cat 5 & subtotals added to

£

£

£ 3691.32

Receipts/ documentation present

Comments

Processing

Input

gas and electricity

MR M JONES

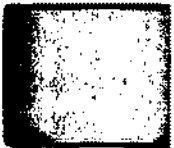
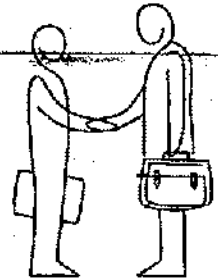
Eich cyfrif trydan
Your electricity account

Am y cyfnod (For the period) : 31/01/05 i (to) 03/05/05

Cyflenwir y gwasanaeth i (Service supplied to): MR M JONES

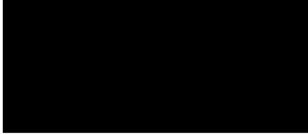
Y cyfanswm sy'n rhaid i chi ei dalu **£322.51**
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SIEMENS

Martyn Jones MP



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Department
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Our reference
Date



03 May 2005

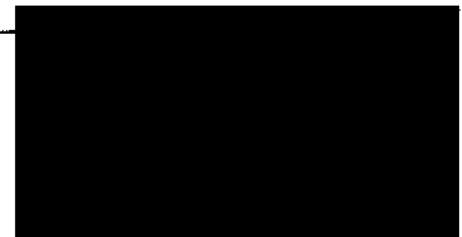
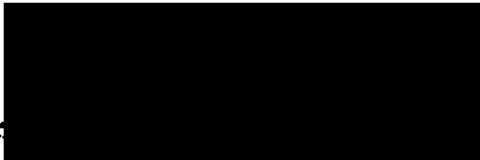
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Dear Mr Jones,

Arrears £2937.50



Yours sincerely



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SALE

Total

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