



Member's reimbursement form

02 JUN 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

PETER BOTTOMLEY

Constituency

WORTHING WEST

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 9 / 2005 to 31 / 3 / 2006

Allowance year

2005 / 2006 Seven months; thirty weeks

Table with 3 columns: Item, Description of service or goods, Amount. Includes items like petty cash, periodicals, computer screen, Cellhive pager, etc.

Total

£ 3,446 : 02 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 31 May 2006

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	<input checked="" type="checkbox"/>	1 1	<input type="text"/>	£3,251.02
Signature check	<input checked="" type="checkbox"/>	1 1	<input type="text"/>	£
Funds check	<input checked="" type="checkbox"/>	1 1	<input type="text"/>	£
Allowable expenditure	<input checked="" type="checkbox"/>	1 1	<input type="text"/>	£195.00
Member Res ID & Costc	<input checked="" type="checkbox"/>	1 1	<input type="text"/>	£
Ext type/Cat 5 & subtotals added to form	<input checked="" type="checkbox"/>	1 1	<input type="text"/>	£3,446.02
Receipts/ documentation present	<input checked="" type="checkbox"/>	1 1	<input type="text"/>	
Processing				
Input		1 1		
			Comments	
			<input type="text"/>	



Direct payment of suppliers

9 0 MAR 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

PETER BOTTOMLEY

Constituency

WEST WORTHING



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

1 / 1

Allowance year

05/06

Incidental Expenses Provision claims



	Suppliers	Amount
Item 1	DOD'S	£ 64 : 00 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p



Total £ 64 : 00 p

Claim details *continued*

Staffing Allowance claims

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

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

Authorisation and declaration

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

Signature _____ MP
 Date 29, 03, 2006.

Data protection

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Send your completed form to

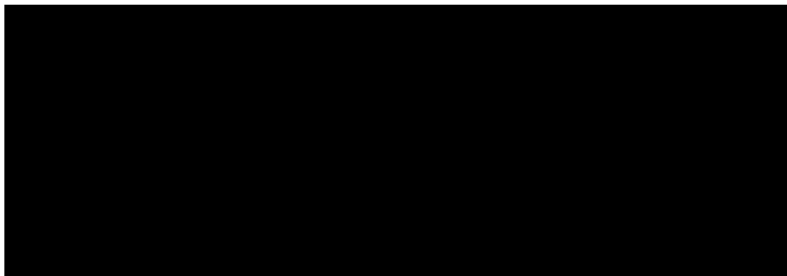
Validation Team, Operations Directorate,
 Department of Finance & Administration, House of Commons, London SW1A 0AA

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

Please use margin for comments



Dod's Parliamentary Communications



INVOICE

Invoice Address:

Mr Bottomley



Delivery Address:

Peter Bottomley Esq MP



Account Code:	Invoice Number ✓	Date: 06/03/2006 ✓
---------------	-------------------	--------------------

Reference	Title	Description	QTY	Value
	Vacher's Quarterly	Subscription for 4 Issue(s) from Spring 2006 to Winter 2006 inclusive	1	64.00

Package Total :

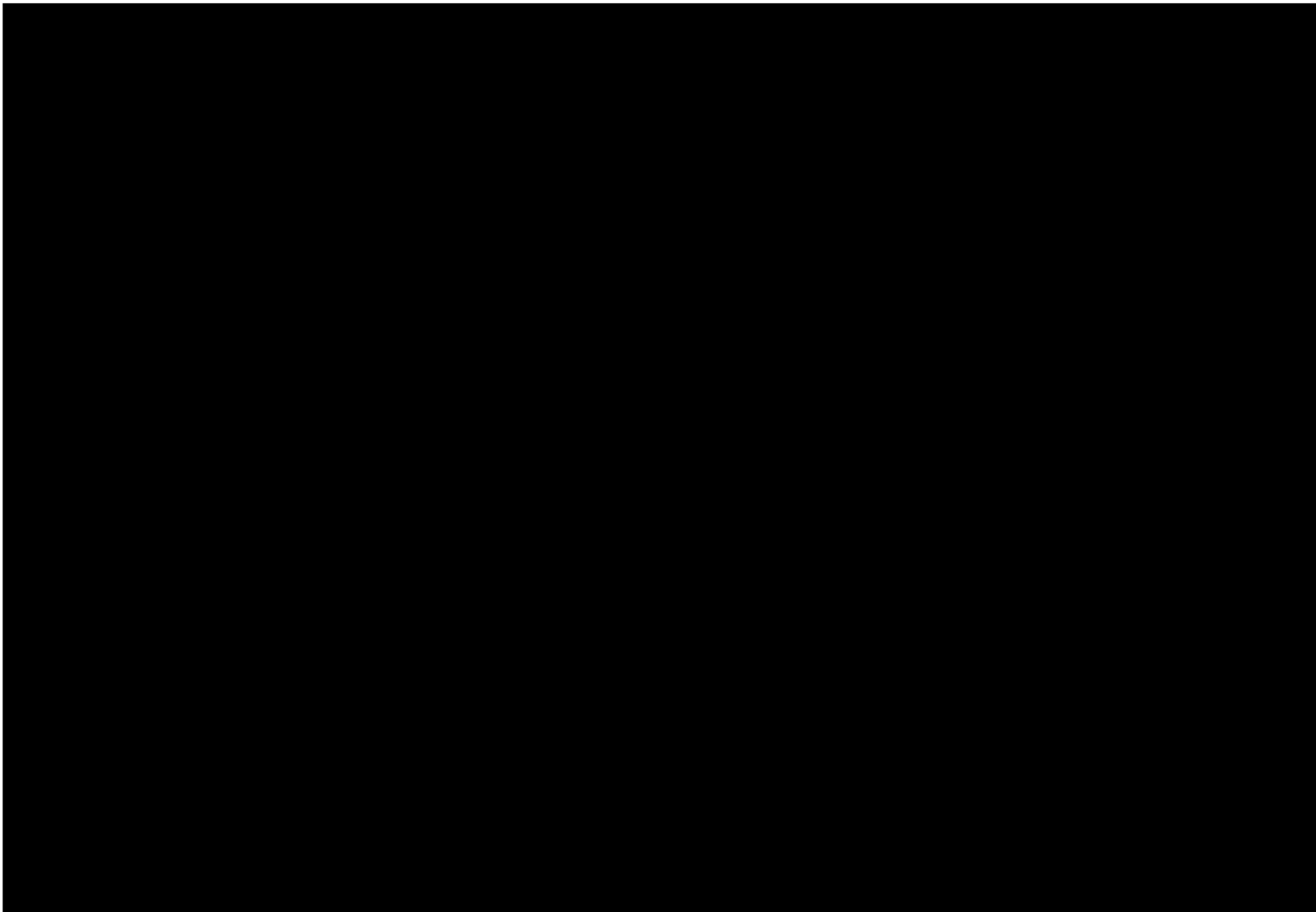
Payment Terms : Payment due within 28 days

Total Excl VAT : 64.00
 Total VAT : 0.00
 Total Incl VAT :

VAT Analysis :

Code	Description	Goods	VAT %	VAT	Total
1	Zero Rated	64.00	0.00%	0.00	64.00

Currency : UK Pounds





Direct payment of suppliers

When to use this form

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

About filling in this form

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

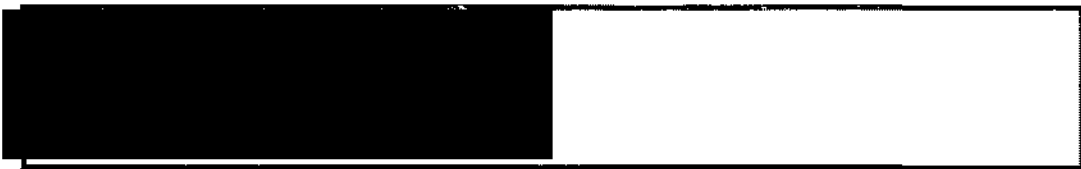
Your details

Name
in CAPITAL LETTERS

PETER BOTTOMLEY MP

Constituency

WORTHING WEST



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

____ / ____ / ____

Allowance year

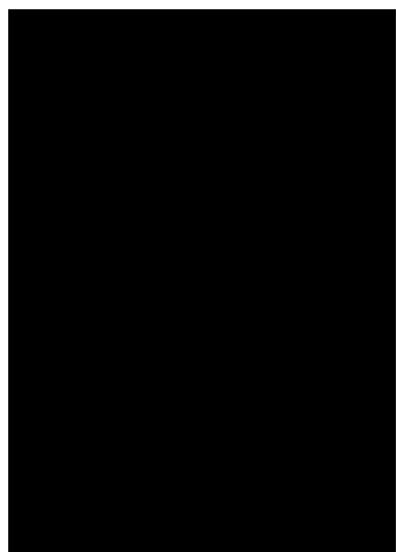
05 / 06

Incidental Expenses Provision claims



	Suppliers	Amount
Item 1	LANGFORDS PRINTERS	£ 49 : 35 p
Item 2	_____	£ _____ : _____ p
Item 3	_____	£ _____ : _____ p
Item 4	_____	£ _____ : _____ p
Item 5	_____	£ _____ : _____ p

Total **£ 49 : 35. p**



Claim details continued

Staffing Allowance claims

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

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

Authorisation and declaration

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

Signature _____ MP
 Date 16 / 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

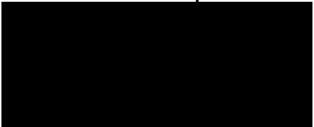
Office use only							
Validation		Initials Date		Validation		Initials Date	
Claims received			/ /	Member ID added to form			/ /
Signature check			/ /	Payment codes added to form			/ /
Funds check			/ /	Receipts/ documentation present			/ /
Allowable expenditure			/ /	Processing Input			/ /


Please use margin for comments

LANGFORD PRINTERS

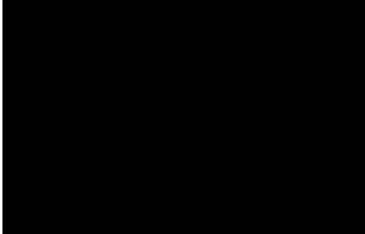
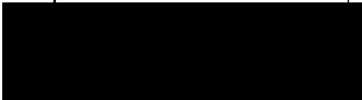


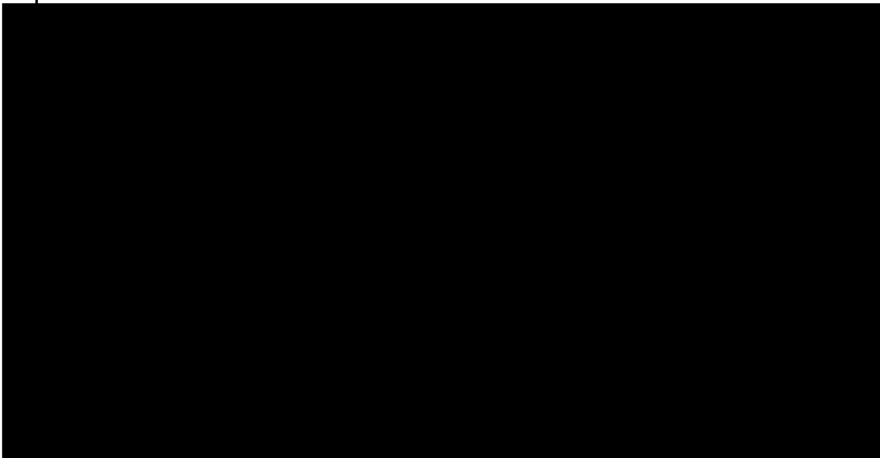
Invoice

Peter Bottomley MP


INVOICE NUMBER 
DATE / TAX POINT 09/03/2006

ACCOUNT NUMBER 

DETAILS	NET PRICE	VAT
1000 x A6 Green House of Commons Comp Slips	42.00	7.35
		



TOTAL NET	42.00
TOTAL VAT	7.35
INVOICE TOTAL £	49.35



Direct payment of suppliers

14 FEB 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

PETER BOTTONLEY

Constituency

WEST WORTHING



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

10 / 02 / 06

Allowance year

016

Incidental Expenses Provision claims

Item	Suppliers	Amount
Item 1	BANNER	£ 214 : 75 p. ¹²²²⁶
Item 2	"	£ 8 : 81 p.
Item 3	"	£ 168 : 50 p.
Item 4	"	£ 14 : 48 p.
Item 5	"	£ 10 : 70 p.

Total

£ 214 : 75 p.

Claim details *continued*


Staffing Allowance claims

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

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

Authorisation and declaration

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

Signature _____  _____ MP

Date 12 / 02 / 2006

Data protection

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

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

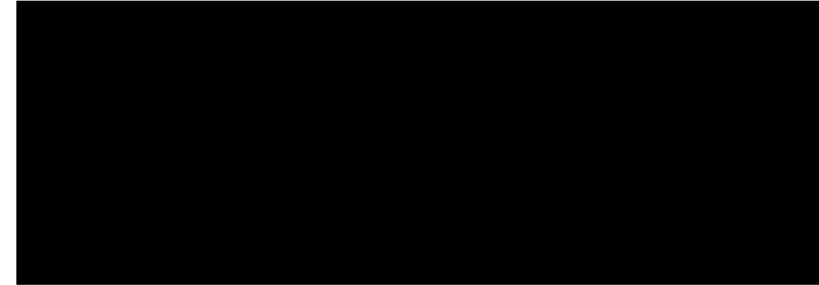
Please use margin for comments

Statement



Peter Bottomley MP

Customer Account : [REDACTED]
 Statement Date : 07/02/2006



Page : 1

Date	Transaction Type	Document	Customer Reference	Status	Transaction Value	Outstanding Value
14/07/2005	INV	[REDACTED]	[REDACTED]	[REDACTED]	12.26	12.26
27/08/2005	INV	[REDACTED]	[REDACTED]	[REDACTED]	8.81	8.81
29/09/2005	INV	[REDACTED]	[REDACTED]	[REDACTED]	168.50	168.50
20/10/2005	INV	[REDACTED]	[REDACTED]	[REDACTED]	14.48	14.48
15/12/2005	INV	[REDACTED]	[REDACTED]	[REDACTED]	10.70	10.70

EB 2006

OVERDUE

FAILURE TO MAKE PAYMENT MAY
 RESULT IN ORDERS BEING HELD

The items listed are outstanding on your account.
 Payment is awaited, also if appropriate your instructions for use of any credit items.
 Please ignore items under query or paid within the last 10 days.

Type:	Status:
INV Invoice	P Partly paid
CRN Credit Note	D Invoice under query
CASH Payment	
CADJ Credit Adjustment	
DADJ Debit Adjustment	

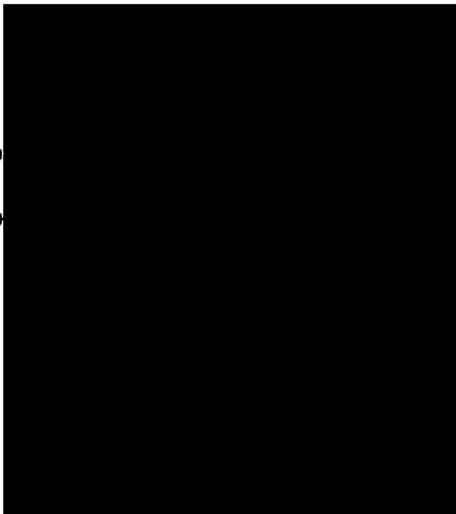
Total : 214.75



Financial Processing }

Transaction No

Registration No



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

Invoice No.

Nov 8 2005

Account code / Allowance

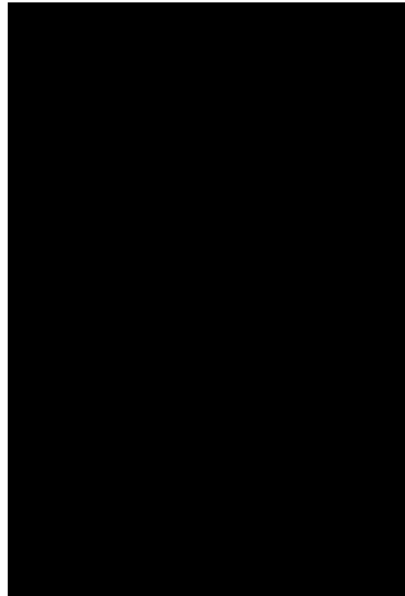


Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

04_05 / 05_06

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£ 182.35

£.....

£.....

£ 182.35

TOTAL

Comments:

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



18/1/06

Posted by (initials & date)

19/01

politicos design

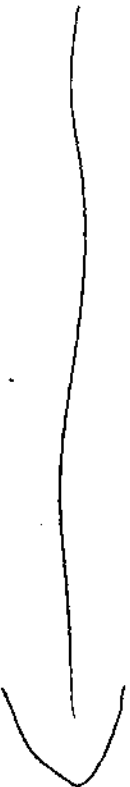
invoice

Peter Bottomley MP

November 8 2005

service	amount	vat
Hosting, security management and software upgrades: 12 months @£85/month 1/12/05 - 30/11/06.	£1020.00	£178.50
Postal address file license, (for constituent identifier)	£282.00	£49.35
Re-registration and management of URL's; Peter Bottomley, [REDACTED]	£300.00	£52.50
	<u>£1602.00</u>	<u>£280.35</u>

total now due: £1882.35



14 DEC 2005

2

haecceitas

invoice

Peter Bottomley MP

December 8 2005

service	amount	vat
Hosting, security management and software upgrades: 6 months @£85/month 1/12/05 - 30/5/06.	£510.00	£89.25
Postal address file license, (for constituent identifier) 1/12/05 - 30/5/06.	£141.00	£24.68
Re-registration and management of URL's; Peter Bottomley. [REDACTED]	£300.00	£52.50
	<u>£951.00</u>	<u>£166.42</u>
<u>total now due: £1117.43</u>		

TRANSACTION REFERENCE
(for Finance Office use)

RO/

NOTIFICATION OF CHEQUE RECEIPT - MEMBERS VOTE

**THIS FORM SHOULD ONLY BE USED TO NOTIFY THE FINANCE OFFICE OF CHEQUE RECEIPTS.
CASH RECEIPTS SHOULD BE TAKEN IN AS PETTY CASH.**

This form serves as the authority to bank and account for cheques as well as the Finance Office's computer input document. Please ensure that the form is completed as fully as possible before passing to the Finance Office. Incomplete or inaccurate details may result in the form being returned by the Finance Office.

This form may be used for multiple cheques which are coded to the same account and analysis codes. In this case, the total value of cheques should be given in the amount column and a note of the number of cheques included in the total should be made in the remarks box. A general description for the receipts may be given, but details of the invoice/reference for each payment should be written on the reverse of each cheque.

1. TO BE COMPLETED BY DEPARTMENTS

Date of Cheque: 1 | 2 | 1 | 2 | 0 | 5

Cheque Number: [REDACTED]

Cheque Payee: _____

Account Code	Amount £ p		Cost C	Piro	Who	Exp_Type	Description
[REDACTED]	197	94	[REDACTED]	05-06		[REDACTED]	Refund from supplier + MP
Total	197	94					

COMPLETED BY:

Signature: [REDACTED]

Name: [REDACTED]

Date: 13/12/2005

REMARKS:

Please send this form together with the cheque and any background documentation (e.g. invoice or request for payment) to the Finance Office for processing.

See overleaf for Finance Office action.

Financial Processing }

Transaction No.

Registration No.

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer *W/N*

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

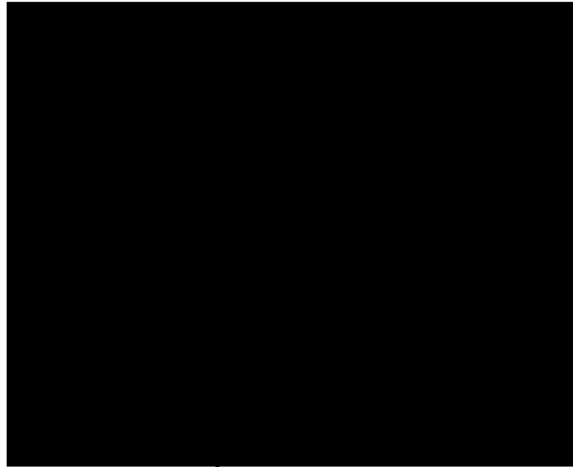
Financial Year/PIRO (Cat2)

Who code? (Cat3)

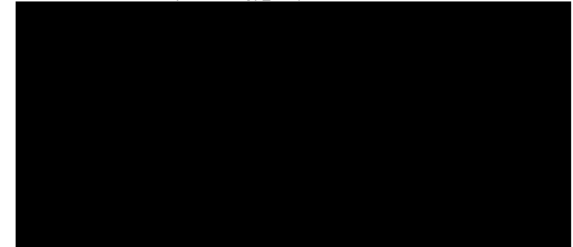
Expenditure type (Cat5) :



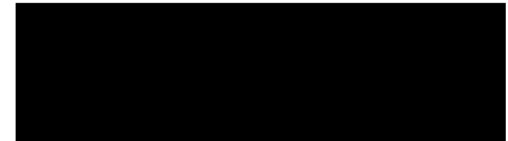
3112



31/5/05



04-05 / 05_06



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

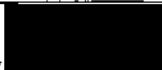
£ *77.97*

£ *77.97*


TOTAL

Comments:

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

.....  *10 JUN 2005*

Posted by (initials & date)

..... *2-1 JUN 2005* 



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

SA3
01 JUN 2009

When to use this form

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

About filling in this form

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

Your details

Name
in CAPITAL LETTERS

PETER BOTTOMLEY MP

Constituency

WORTHING WEST

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

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

	Amount	Taxable	Allow & exp type	Initials
One-off salary	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel – home to work	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ : p	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ 77 : 97 p	<input checked="" type="checkbox"/> No		
Office requisites	£ : p	<input checked="" type="checkbox"/> No		
Total	£ 77 : 97 p			

Authorisation and declaration

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

Signature _____ MP

Date 31 May 2005

Data protection

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

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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		/ /	
<i>Please use margin for comments</i>			
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing Input		/ /	



More connections.
More possibilities.



Date
22 May 2005

Your account and bill number

Your phone number

Summary and detail

Bill totals

This is a summary of your main bill totals, together with where to find information of each total.

Cost of calls	£ 0.17
Your benefits	£ 0.00
Service charges	£ 104.66
VAT	£ 18.34
Total	£ 123.17

see below

see page 3

see pages 3 to 4

see page 4

Date
22 May 2005

Your account and bill number

Your phone number

Summary and detail

Service charges continued

Package fees/ line rental

£ 95.72



Cost
66.36
29.36

Total 95.72

Network Services

£ 8.94

Date/period
1 May-31 Jul

Description
Network Services rental

66.36
VAT £ 11.61

TOTAL £ 77.97

Cost
8.94

Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer Y/N
Please check / amend relation

Text

8/4/05

Invoice No. invoice date 08/04

Account code / Allowance

Members cost centre (Cat1)

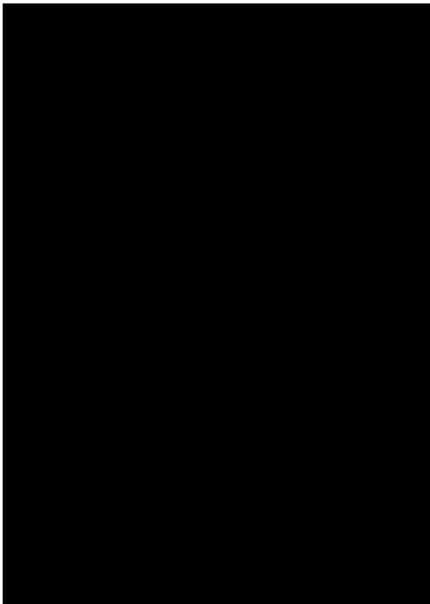
Financial Year/PIRO (Cat2)

05_05 / 05_06

Who code? (Cat3)

or

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 99.99

£ 99.99

TOTAL

Comments:

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

Posted by (initials & date)



Return to:
Members Claims, Fees Office, 3rd floor,
7, Millbank,
London SW1P 3JA

Transaction code.

C3 DIRECT PAYMENT

Certain expenses to Members' employees and volunteers (To exclude travel between home and normal place of work)

I hereby authorise the Fees Office to pay the undermentioned person the following sums from my Incidental Expenses Provision.

Name.....
Address.....
..... Post code.....

Only complete the bank details if this is the first time of payment or if your details have changed.

Bank name and address.....
Sort code..... Account No.....
Account name.....

Payment for	Amount £	Description - if further clarification required
Travel - (rail/air/taxi) *** Please see below		
Other travel - (car) *** Please see below		
Telephone	99.99	Bluetooth Headset
Home as office		
Office requisites		
TOTAL	£ 99.99	

I certify that these expenses have been wholly, exclusively and necessarily incurred on parliamentary duties.

Signed (Member).....
Printed name..... PETER BOTTOMLEY
Date..... 8 April 05 Constituency..... WORTHING WEST

Data Protection notice. We are required to keep this information under the rules governing payments made to Members of Parliament and their staff. This information will only be seen by staff who process salaries and claims or staff from the National Audit Office. Personal information will only be kept as long as it is accurate. If you have any concerns about the handling of such information, please contact this Departments Data Protection Officer on 020 7219 5973, who acts on

Warehouse

better mobile life

1

190 191 192 193 194 195 196 197 198 199 200

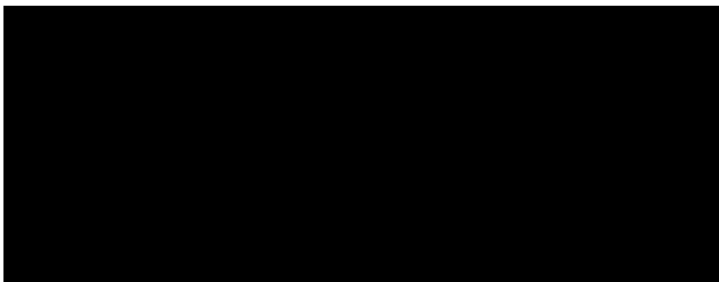
201 202 203 204 205 206 207 208 209 210

211 212 213 214 215 216 217 218 219 220

221 222 223 224 225 226 227 228 229 230

231 232 233 234 235 236 237 238 239 240

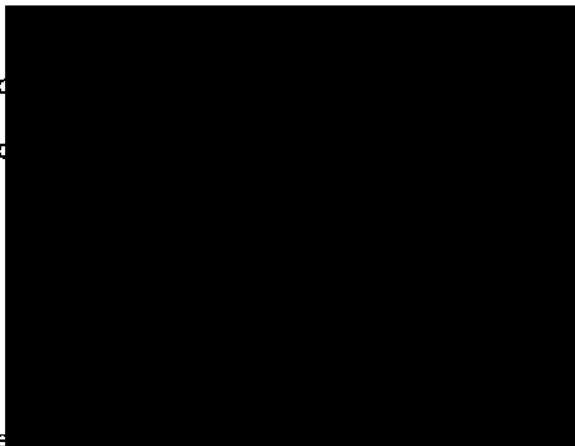
241 242 243 244 245 246 247 248 249 250



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

APRIL 05

Invoice No. invoice date 08104105

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

~~04_05~~ / 05_06

Expenditure type (Cat5) :



£ 155.84

£.....

£.....

£.....

£.....

£.....

£.....

£.....

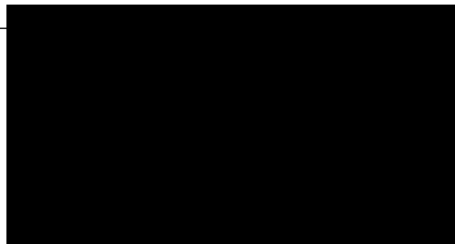
£.....

£ 155.84

TOTAL

Comments:

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



Posted by (initials & date)

Transaction code.

C1. REIMBURSEMENT

I wish to claim reimbursement of the following amounts from my Office Costs Allowance for the period 1 February to as detailed below.

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

Item	Description of service / goods	Amount £	Fees Office use only
1	Orange Account No [REDACTED]	155.84	
2			
3			
4			
5			
6			
7	[REDACTED]		
8	[REDACTED]		
9	[REDACTED]		
10	[REDACTED]		
		£ 155.84	

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

SIGNED [REDACTED] MP

PRINTED NAME PETER BOTTOMLEY MP

DATE 8 April 05 CONSTITUENCY WORTHING WEST

orange^{tv}

Date and Tax Point:
15 Mar 2005

Invoice

Mr P Bottomley

This month's charges

Charges excluding VAT	124.12
VAT at 17.50%	21.72
Other charges	10.00
Total	£155.84

Your account summary

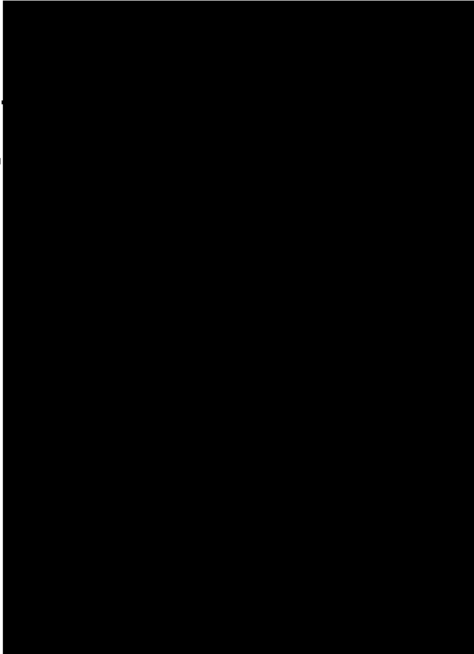
Balance brought forward from last invoice	152.46
Payment received	-152.46
Total charges for this invoice	155.84

Amount due £155.84

Financial Processing }

Transaction No

Registration No



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

Invoice No.

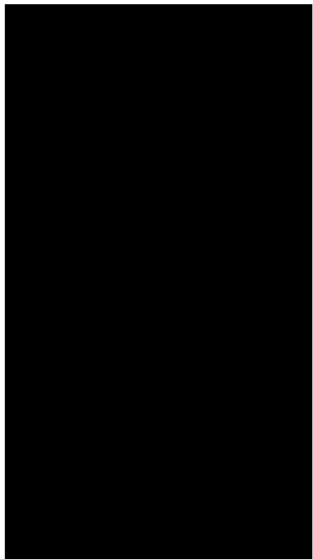
Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

04_05 / 05_06



21/3

£ 470

£

£

£

£

£

£

£

£

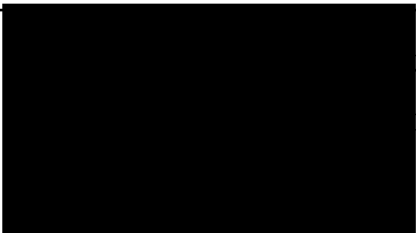
£ 470

TOTAL

Comments:

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

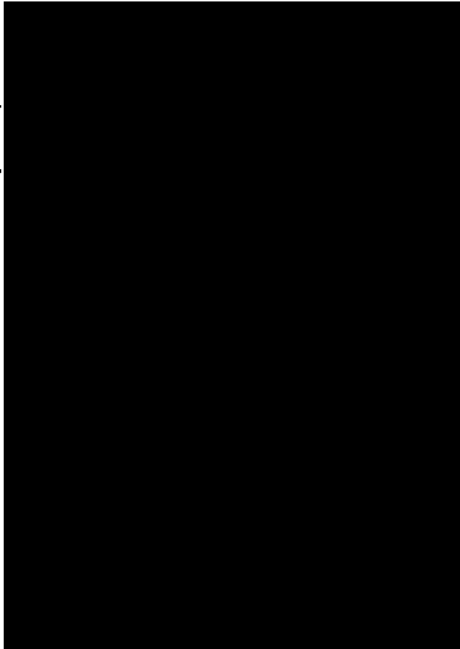
Posted by (initials & date)



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) :



TOTAL

25/3

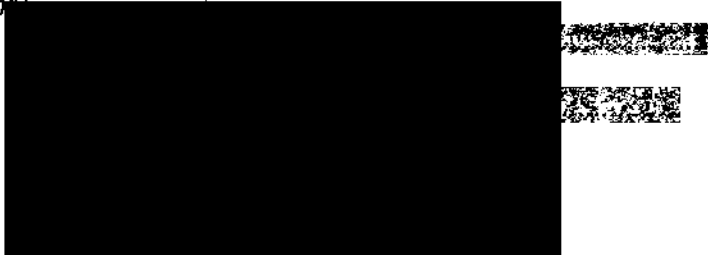
04_05 / 05_06

£.....
 £ 106.69
 £.....
 £.....
 £.....
 £.....
 £.....
 £.....
 £.....
 £ 106.69

Comments:

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

Posted by (initials & date)



C2. DIRECT PAYMENT

I enclose 2 certified invoices to allow direct payments to be made from my Incidental Expenses Provision

Invoice	Supplier's name	Amount £	
1	Lawes Business Supplies	106.69	
2	Politicos Design	470.00	
3			
4			
5			
6			
7			
8			
9			
10			
		£576.69	

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

SIGNED..... [REDACTED]MP

PRINTED NAME..... PETER BOTTOMLEY

DATE..... 8 April CONSTITUENCY..... WORTHING WEST

05

politicos design

invoice

Peter Bottomley MP



March 21 2005

service

amount

vat

Creation and installation of accessible,
printer friendly version of we bsite at



£400.00

£70.00

£400.00

£70.00

total now due: £470

Invoice

* * * * *
 * INVOICE NO. [REDACTED] *
 * * * * *



Invoice To :

Charge To :

Banner Business Supplies Ltd

Peter Bottomley MP

Peter Bottomley MP



Page 1 Of 1 Date 25/03/2005
 Acc.No. [REDACTED] Order Date 24/03/2005
 Order [REDACTED]
 C.A.R.

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

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 25/03/2005
 Amt. Due : 106.69

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total excl VAT	VAT Rate	Line VAT
1		9361186	IMASTR 1J FOR EPSON STY PHOT0870 BK	8	EACH	11.3500	24/03/05	90.80	17.50	15.89

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	90.80	15.89

Sales Order Total (VAT excl) 90.80

INVOICE GOODS 90.80
 INVOICE V.A.T. 15.89
 INVOICE TOTAL 106.69

Settlement : None
 Discount Terms :



Please return the slip
 from final page of invoice with your payment by

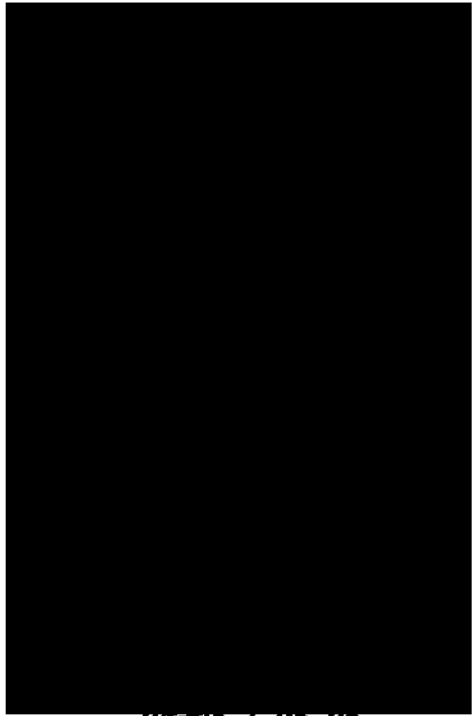
22/04/2005



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) :



£.....-

£ 186 - 54 ✓

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

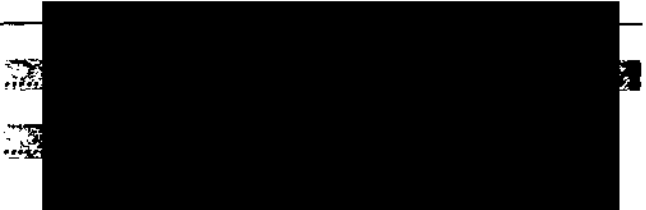
£.....-

£ 186 - 54

TOTAL

Comments:

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

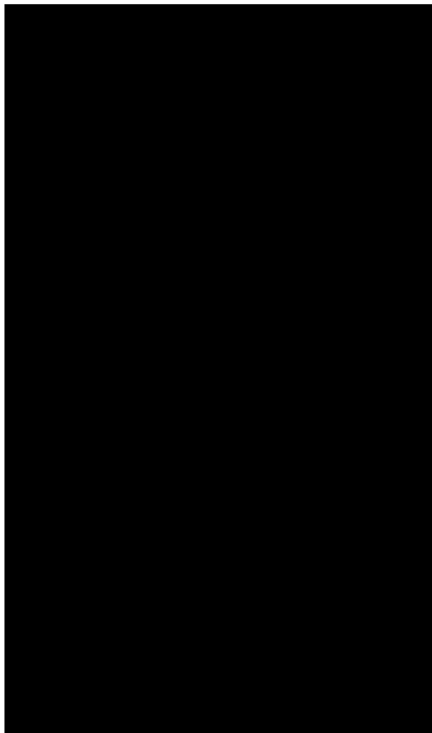


Posted by (initials & date)

Financial Processing }

Transaction No.

Registration No.



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

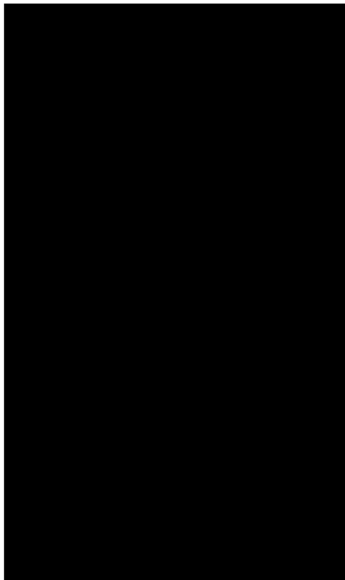
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



~~04_05~~ / 05_06

£.....-

£ 24 . 00 ✓

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

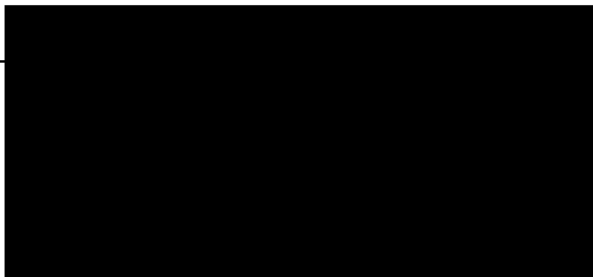
£ 24 . 00

TOTAL

Comments:

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

Posted by (initials & date)

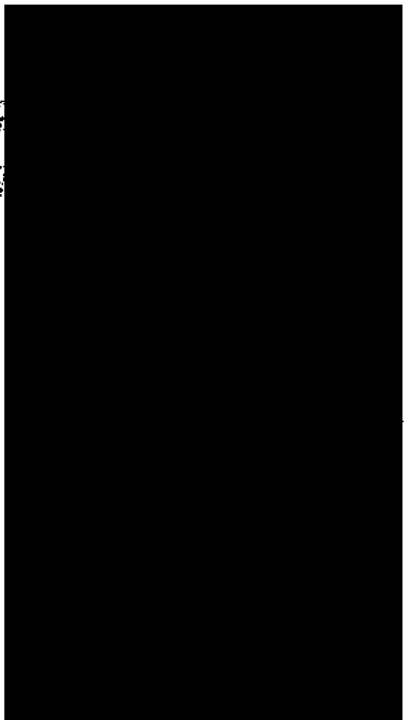


7005

Financial Processing }

Transaction No.

Registration No.



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

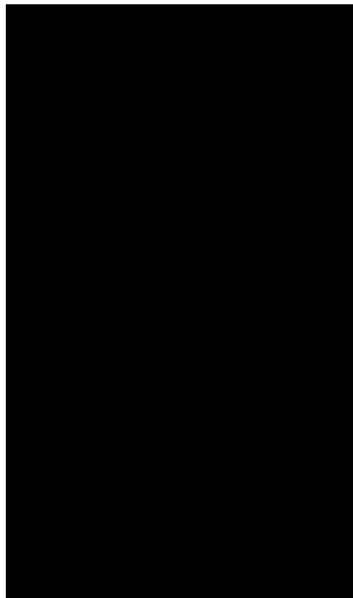
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



TOTAL

£.....-

£ 5 65 ✓

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

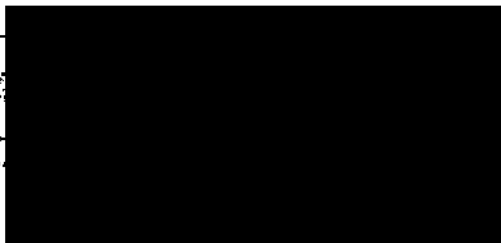
£.....-

£ 5 65

Comments:

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

Posted by (initials & date)

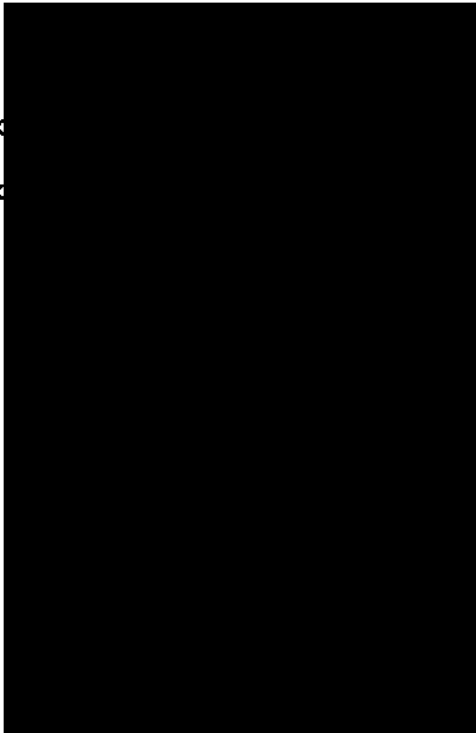


SEP 2005

Financial Processing }

Transaction No

Registration No



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

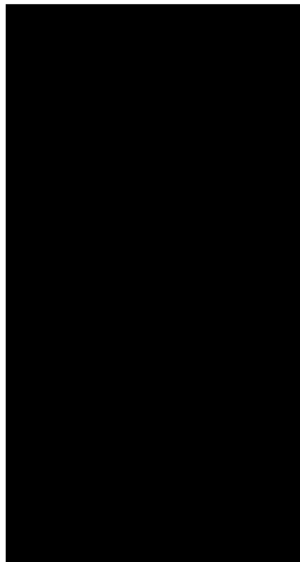
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....-

£ 7.14 ✓

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

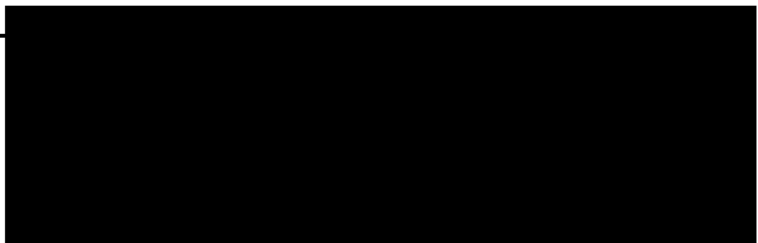
£ 7.14

TOTAL

Comments:

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

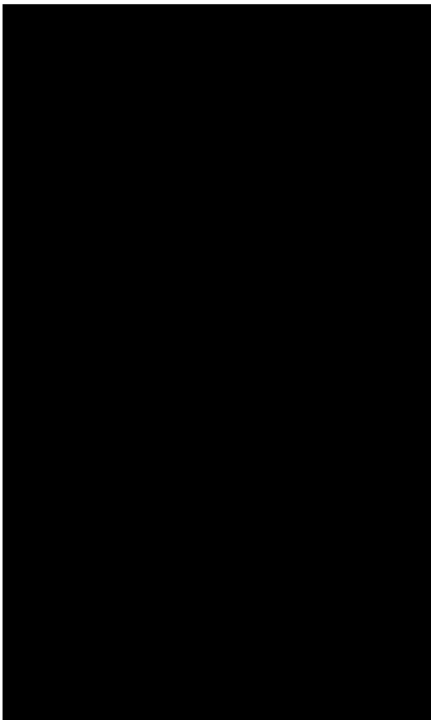
Posted by (initials & date)



Financial Processing }

Transaction No.

Registration No.



Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

Text

Invoice No.

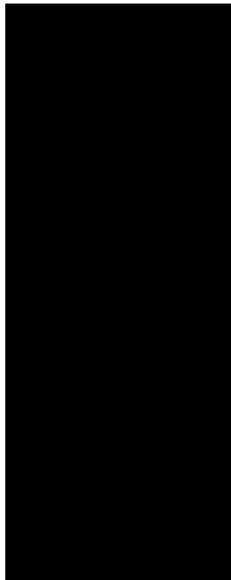
Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :

~~04_05~~ / 05_06



£.....-

£ 20.43 ✓

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

£.....-

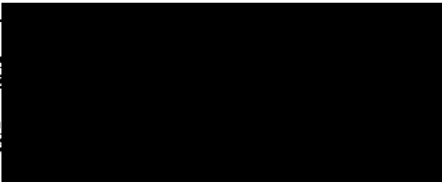
£ 20.43

TOTAL

Comments:

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

Posted by (initials & date)



21 SEP 2005



Direct payment of suppliers

12 SEP 2005

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

Peter Bottomley

Constituency

West Worthing

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

08 / 09 / 05

Allowance year

2005

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	Banner	£ 186 : 54 p
Item 2	Banner	£ 24 : 00 p
Item 3	Banner	£ 5 : 65 p
Item 4	Banner	£ 7 : 14 p
Item 5	Banner	£ 20 : 43 p

Total £ 243 : 76 p

Claim details continued

Staffing Allowance claims

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

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

Authorisation and declaration

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

Signature _____ MP

Date 09 / 10 / 2005

Data protection

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

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

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

Send your completed form to

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

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

Please use margin for comments

Invoice

 * INVOICE NO. [REDACTED] *
 * ***** *



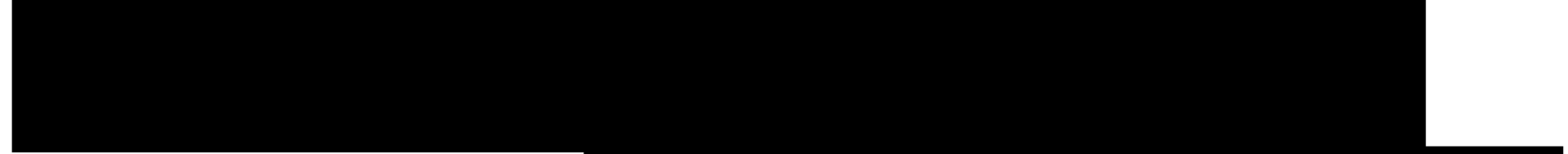
office2office

Invoice To :
 Peter Bottomley MP

Charge To :
 Peter Bottomley MP

Banner Business Supplies Ltd

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



Page 1 Of 1 Date 22/05/2005
 Acc.N [REDACTED] Order Date 20/05/2005
 Order [REDACTED]
 C.A.R.

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 22/05/2005
 Amt. Due : 5.65

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total excl VAT	VAT Rate	Line VAT
1		0570236	REXEL AQUARIUS STAPLER BLACK	1	EACH	4.8100	23/05/05	4.81	17.50	0.84

OVERDUE
URGENT PAYMENT REQUIRED

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	4.81	0.84

Sales Order Total (VAT excl)	4.81
INVOICE GOODS	4.81
INVOICE V.A.T.	0.84
INVOICE TOTAL	5.65

Settlement : None
 Discount Terms :

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

Invoice

INVOICE NO. [REDACTED]



Banner Business Supplies Ltd

Invoice To :
Peter Bottomley MP

Charge To :
Peter Bottomley MP

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

[REDACTED]

Page 1 Of 1 Date 19/05/2005
Acc.N [REDACTED] Order Date 18/05/2005
Order [REDACTED]
C.A.R.

[REDACTED]

Acc. No. : [REDACTED]
Inv. No. : [REDACTED]
Inv. Date: 19/05/2005
Amt. Due : 24.00

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total excl VAT	VAT Rate	Line VAT
1		0600220	SELLOTAPE DIAM TAPE 19mmx15m + DISP	2	ROLL	1.5200	18/05/05	3.04	17.50	0.53
2		0570236	REXEL AQUARIUS STAPLER BLACK	1	EACH	0.0000	18/05/05	0.00	17.50	0.00
3		0061042	NYREX CKF FLUSH FLDR EMBOSSED PP CL	1	BOX100	17.3900	18/05/05	17.39	17.50	3.04

OVERDUE
URGENT PAYMENT REQUIRED

V.A.T. Summary			Sales Order Total (VAT excl)		20.43	
Rate	Taxable Sum	V.A.T. Amount				
17.50	20.43	3.57	[REDACTED]			
			INVOICE GOODS			20.43
			INVOICE V.A.T.			3.57
			INVOICE TOTAL			24.00

Settlement : None
Discount Terms :

Please return the slip
from final page of invoice with your payment by

[REDACTED]

Invoice

INVOICE NO. [REDACTED]



Invoice To :

Charge To :

Peter Bottomley MP

Peter Bottomley MP

Banner Business Supplies Ltd

Page 1 Of 1 Date 09/06/2005
Acc.N [REDACTED] Order Date 08/06/2005
Order [REDACTED]
C.A.R.

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

Acc. No. : [REDACTED]
Inv. No. : [REDACTED]
Inv. Date: 09/06/2005
Amt. Due : 7.14

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total excl VAT	VAT Rate	Line VAT
1		0630959	BIC ZA BRITELINER HIGHLIGHT AS	1	PACKS	5.1000	08/06/05	5.10	17.50	0.89
2		0570062	RAPESCO 101 STAPLE EXTRACTOR AS	1	EACH	0.9800	08/06/05	0.98	17.50	0.17

OVERDUE
URGENT PAYMENT REQUIRED

V.A.T. Summary			Sales Order Total (VAT excl)	
Rate	Taxable Sum	V.A.T. Amount		
17.50	6.08	1.06	[REDACTED]	6.08
				INVOICE GOODS 6.08
				INVOICE V.A.T. 1.06
				INVOICE TOTAL 7.14

Settlement : None
Discount Terms :

Please return the slip
from final page of invoice with your payment by

Invoice

*** INVOICE NO. [REDACTED] ***
*** Invoice To : ***



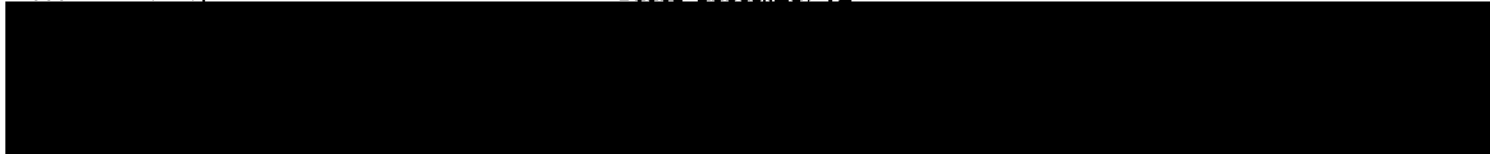
Banner Business Supplies Ltd

Peter Bottomley MP

Charge To :

Peter Bottomley MP

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



Page 1 Of 1 Date 30/06/2005
Acc.No. [REDACTED] Order Date 29/06/2005
Order [REDACTED]
C.A.R.

Acc. No. : [REDACTED]
Inv. No. : [REDACTED]
Inv. Date: 30/06/2005
Amt. Due : 20.43

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total excl VAT	VAT Rate	Line VAT
1		0061042	NYREX CKF FLUSH FLDR EMBOSSED PP CL	1	BOX100	17.3900	29/06/05	17.39	17.50	3.04

OVERDUE
URGENT PAYMENT REQUIRED

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	17.39	3.04

Sales Order Total (VAT excl) 17.39

INVOICE GOODS 17.39
INVOICE V.A.T. 3.04
INVOICE TOTAL 20.43

Settlement : None
Discount Terms :

Please return the slip

from final page of invoice with your payment by

Invoice

 * INVOICE NO. [REDACTED] *
 * * * * *



office2office

Invoice To :

Charge To :

Peter Bottomley MP

Peter Bottomley MP

Banner Business Supplies Ltd



Page 1 OF 1 Date 11/05/2005
 Acc.N [REDACTED] Order Date 10/05/2005
 Order [REDACTED]
 C.A.R.

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

Acc. No. : [REDACTED]
 Inv. No. : [REDACTED]
 Inv. Date: 11/05/2005
 Amt. Due : 186.54

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total excl VAT	VAT Rate	Line VAT
1		0988058	HP DESKJET 810CS NO.15 CART 25ML BK	4	EACH	21.6800	10/05/05	86.72	17.50	15.18
			HP DESKJET 810C/PSC500/ 840C/843C NO.15 BLACK CARTRIDGE C6615D				10/05/05			
2		0981672	HP DESKJET 990XCI NO.78 38ml C6578A	2	EACH	31.5200	10/05/05	63.04	17.50	11.03
			HP DESKJET 990XCI/990CM/980CXI/970XCI/959C/950C/930C/1220C/OFFICEJET G55/G85/G95/K60/K80 HP PHOTO SMART PRINTER				10/05/05			
3		9210062	BANNER ORGANISER KIT	1	EACH	5.9300	10/05/05	5.93	17.50	1.04
			Product code 0623667 has been superseded by product code 9210062 which is of equal or higher specification.				10/05/05			
4		9210031	BANNER WHITEBOARD FOAM CLEANER	1	CAN	3.0600	10/05/05	3.06	17.50	0.54

OVERDUE
URGENT PAYMENT REQUIRED

V.A.T. Summary			Sales Order Total (VAT excl)	158.75
Rate	Taxable Sum	V.A.T. Amount		
17.50	158.75	27.79	[REDACTED]	INVOICE GOODS 158.75 INVOICE V.A.T. 27.79
				INVOICE TOTAL 186.54

Settlement : None
 Discount Terms :

Please return the slip
 from final page of invoice with your payment by