

**C2. DIRECT PAYMENT**

10 APR 2007

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

Invoice	Supplier's name	Amount £
1	[REDACTED]	400.68
2		
3	[REDACTED]	
4	[REDACTED]	
5	[REDACTED]	
6	[REDACTED]	
7	[REDACTED]	
8		
9		
10		
	[REDACTED]	£ 400.68

I certify that the expenses shown above have been wholly, exclusively and necessarily incurred on parliamentary [REDACTED]

SIGNED.....MP

PRINTED NAME.....

DATE 31/3/07.....CONSTITUENCY [REDACTED]

# Invoice

Invoice To:

**Peter Robinson MP**

Deliver To:

**Peter Robinson MP**

Invoice No:

Customer No:

Dell Order No:

Page 1 of 1

Your Ref/PO No.  
Despatch Note No.  
Despatch Date  
Payment Terms  
Invoice Date

Booking Reference:  
Account Manager  
Account Manager Tel  
Account Manager Fax  
Account Manager Email

Item No.	Description	Quantity	Unit Price	Net
	Standard Capacity Cyan Toner Cartridge for Dell Colour Laser Printer 5110cn - Kit	1	104.00	104.00
	Standard Freight - Toner	1	0.00	0.00
	Info - Laser Standard Consumables Delivery	1	0.00	0.00
	Standard Capacity Magenta Toner Cartridge for Dell Colour Laser Printer 5110cn - Kit	1	104.00	104.00
	Standard Capacity Yellow Toner Cartridge for Dell Colour Laser Printer 5110cn - Kit	1	104.00	104.00
	Standard Capacity Black Toner Cartridge for Dell Colour Laser Printer 5110cn - Kit	1	29.00	29.00

### VAT Summary

VAT Rate	GBP	GBP
%	Total Net £	VAT £
17.5	341.00	59.68

	GBP
Subtotal	341.00
Freight	0.00
VAT £	59.68
Total	400.68

Tag Nos.

Dual use goods: Subject to control if exported outside the European Union. These commodities, technology or software were exported in accordance with the US Export Administration Regulations. Reexport/retransfer to U.S. law prohibited. The purchaser agrees to indemnify the seller and hold the seller harmless from and against all claims, liabilities and damages whatsoever (including, but not limited to, reasonable attorneys' fees) arising out of the transfer of these commodities across national borders without proper government licenses and authorizations. Reexport/retransfer without prior authorization from the US Bureau of Export Administration is prohibited. Export, reexport, sale or retransfer to military end-users or end-uses in prohibited destinations and proliferation end-users and end-uses is prohibited without prior authorization from the US government.



# 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

PETER ROBINSON

Constituency

EAST BELFAST

## 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 1/8/06 to 31/3/07

Allowance year

06/07

	Description of service or goods	Amount
Item 1		£ 249 : 99 p
Item 2		£ 651 : 98 p
Item 3		£ 339 : 98 p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p
<b>Total</b>		<b>£ 654 : 95 p</b>

**Authorisation and declaration**

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

Signature

[Redacted Signature]

MP

Date

28/3/07

[Redacted]

**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	Input subtotals per Cat 5
Claims received	/	/	£ 69.98
Signature check	/	/	£
Funds check	/	/	£ 589.97
Allowable expenditure	/	/	£
Member Res ID & Costc	/	/	£
Ext type/Cat 5 & subtotals added to form	/	/	£ 659.95
Receipts/ documentation present	/	/	Comments
<b>Processing</b>			
Input	/	/	[Redacted]



STORE ID:  
ADVISOR :



D88

SALES ORDER NO.  
TAX INVOICE NO.



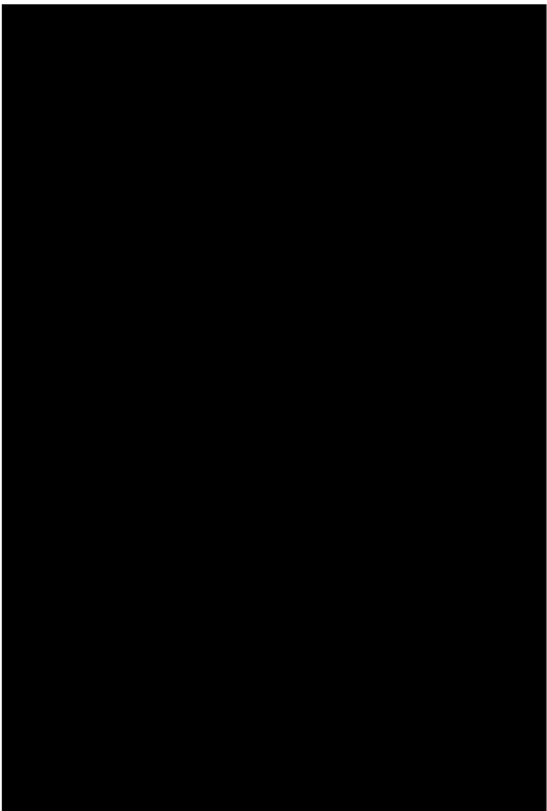
ORDERED	SUPPLIED	TOTAL
PENTAX OPTIO S7	DIGITAL CAMERA	
APENTCM105113736		
1	1	249.99
SANDISK ULTRA2 SD CARD 1GB		
		39.99
TOTAL ORDERED		289.98
TOTAL SUPPLIED		289.98

NON TAXABLE 0.00  
NET VAT 246.79  
VAT CHARGED 43.19

TOTAL 289.98  
TOTAL TENDERED 289.98  
SWITCH 289.98

CHANGE 0.00  
BALANCE DUE 0.00

ADDRESS



**SALE**

FASTCAD PNCHMSTRL NDSCPPR	£39.99
1 x 0000586866 @ £39.99	
GSP 3DLNDSCPE DELUX6	£29.99
1 x 0000391710 @ £29.99	
	<hr/>
AMOUNT DUE	£69.98
Cash	£80.00
	<hr/>
TOTAL DUE	£80.00
Cash Change	£10.02



Store Name  
Store No.  
Address

Postcode  
Tel. No.

Merchant No.  
Terminal  
App Label  
App. Id  
Card No.  
Card Type  
Expiry Date  
Start Date  
Issue No.  
Transaction  
Entry Method

Auth.  
V Ref.  
Trans No  
Payment No.  
Date

Amount : £339.93  
Total : £339.93

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**

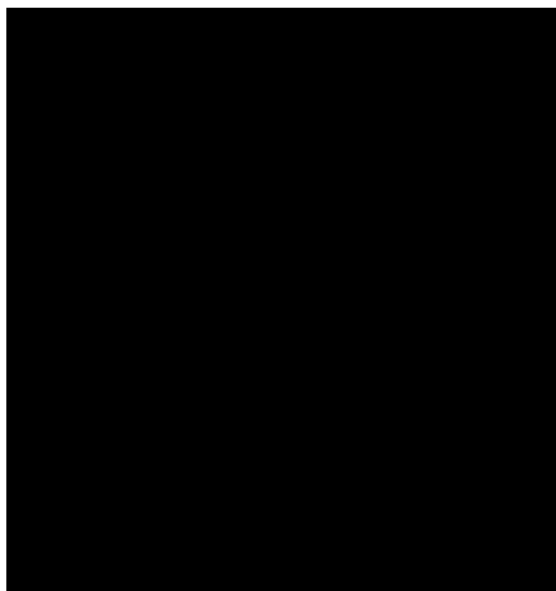
**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£...66.87....

£...66.87....

**TOTAL**

*\* Financial Processing purposes only*

*Registered by (initials & date)*

.....

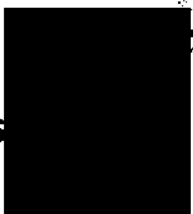
*Posted by (initials & date)*

.....





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



**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 ROBINSON

Constituency

EAST BELFAST

## Details of staff member

First name

Surname  
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

## Payment details

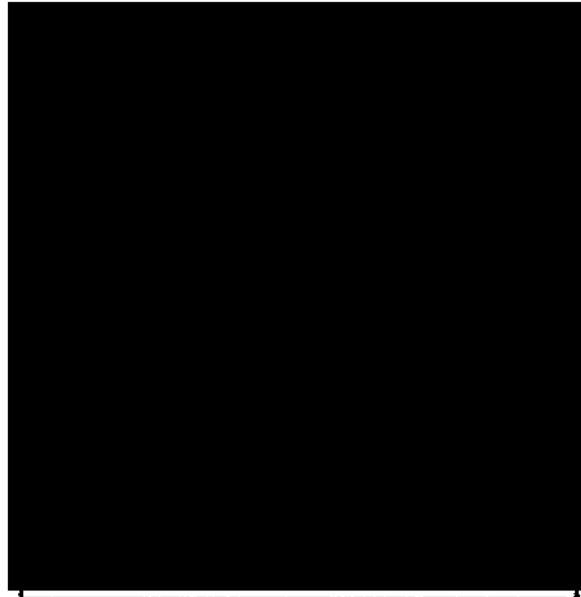
Payslip address

Bank details

**Claim details**

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

	Amount		
One-off salary	£	:	p
Season ticket loan	£	:	p
Travel – home to work	£	:	p
Rail travel	£	:	p
Car travel	£	:	p
Air travel	£	:	p
Taxi	£	:	p
Meals and subsistence	£	:	p
Healthcare	£	:	p
Childcare	£	:	p
Home as office/telephone	£	66 : 87	p
Office requisites	£	:	p
<b>Total</b>	<b>£</b>	<b>66 : 87</b>	<b>p</b>



**Authorisation and date**

Signature

Date

23 / 3 / 07

necessarily incurred

**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.

The information will be processed in accordance with the provisions of the Data Protection Act 1998. 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, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

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	/	/	

ROBINSON

## Quick breakdown

### Service charges

CTRA800+STCVP18M1000- texts <i>1 Mar to 31 Mar</i>	£42.55
1000 Texts @ 0 <i>1 Mar to 31 Mar</i>	£0.00
Video Calling	£0.00

### Usage charges *up to 28 Feb*

Calls	£0.95
Messaging, mobile browsing + data	£4.90
Purchases	£10.00

*Total before VAT* £58.40

VAT on this bill *see back for VAT details* £8.47

Total **£66.87**

by Direct Debit on or  
after 04 April 2007

## Your price plan

**Anytime 800** + Vodafone Stop The Clock +  
Vodafone Passport + 1000 text  
(CTRA800+STCVP18M1000texts)

► Your price plan's inclusive minutes to use this month.

Financial Processing }

Transaction No

Registration No

**C3**

**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**Supplier ID**

**Volunteer  (N)**  
**Please check / amend relation**

**Text**

**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£..... 87.20

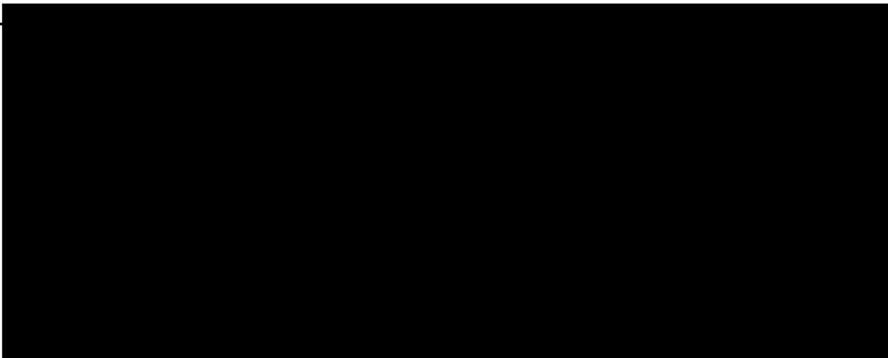
£..... 82.20

**TOTAL**

**Comments:**

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

*Posted by (initials & date)*





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

23  
03/10/2007 Page 1 of 2

**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 ROBINSON

Constituency

EAST BELFAST

## Details of staff member

First name

Surname  
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance  
number

## Payment details

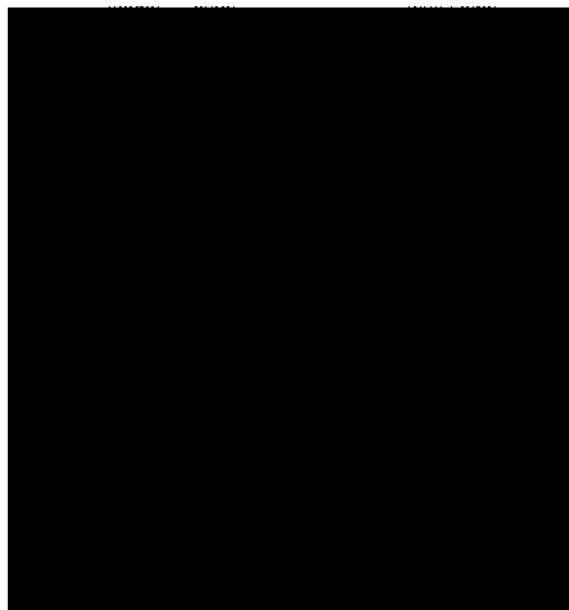
Payslip address

Bank details

**Claim details**

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

	Amount		
One-off salary	£	:	p
Season ticket loan	£	:	p
Travel – home to work	£	:	p
Rail travel	£	:	p
Car travel	£	:	p
Air travel	£	:	p
Taxi	£	:	p
Meals and subsistence	£	:	p
Healthcare	£	:	p
Childcare	£	:	p
Home as office/telephone	£	82 : 20	p
Office requisites	£	:	p
<b>Total</b>	<b>£</b>	<b>82 : 20</b>	<b>p</b>

**Authorisation and date**

I certify that the information is true and fairly incurred  
by

Signature

Date

28/2/07

**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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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		/	/	<b>Processing</b> Input		/	/
<i>Please use margin for comments</i>							

## Quick breakdown

ROBINSON

### Service charges

CTRA800+STCVP18M1000- texts <i>1 Feb to 28 Feb</i>	£42.55
1000 Texts @ 0 <i>1 Feb to 28 Feb</i>	£0.00
Video Calling	£0.00

### Usage charges *up to 31 Jan*

Calls	£1.82
Messaging, mobile browsing + data	£25.59

*Total before VAT* £69.96

VAT at 17.5% on £69.96 £12.24

Total **£82.20**

by Direct Debit on or  
after 05 March 2007



# 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

PETER ROBINSON

Constituency

EAST BELFAST

## 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 / / to / /

Allowance year

06/07

	Description of service or goods	Amount
Item 1		£ 12 : 00 p
Item 2		£ 34 : 99 p
Item 3		£ 73 : 70 p
Item 4		£ 78 : 23 p
Item 5		£ 289 : 98 p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p
<b>Total</b>		<b>£ 488 : 90 p</b>



**Authorisation and declaration**

wholly, exclusively and necessarily

Signature

MP

Date

23<sup>rd</sup> February 2007

**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		/ /	£
Signature check		/ /	£
Funds check		/ /	£
Allowable expenditure		/ /	£
Member Res ID & Costc		/ /	£
Ext type/Cat 5 & subtotals added to form		/ /	£
Receipts/ doc		/ /	
Pre			
Imp		/ /	

Comments

1	CARRYFLAP HEK FOLDER PK 50262920 1858	2.99	1
2	A4 ASSORTED RULED 5015142100101	9.96	1
2	A4 WHITE RULED NOT 5015142100149	6.98	1
1	A4 MANILLA NOTEP 5015142100695	3.49	1
3	HEAVY DUTY 3 FLAP FOLDER 3148240169037	6.57	1
	SUBTOTAL	34.99	

VAT Code	Ex VAT	VAT	TOTAL
1 17.5%	29.78	5.21	34.99

TOTAL £34.99

Cash 40.00  
Cash Change £5.01



30/01/07 11:54

Order No:

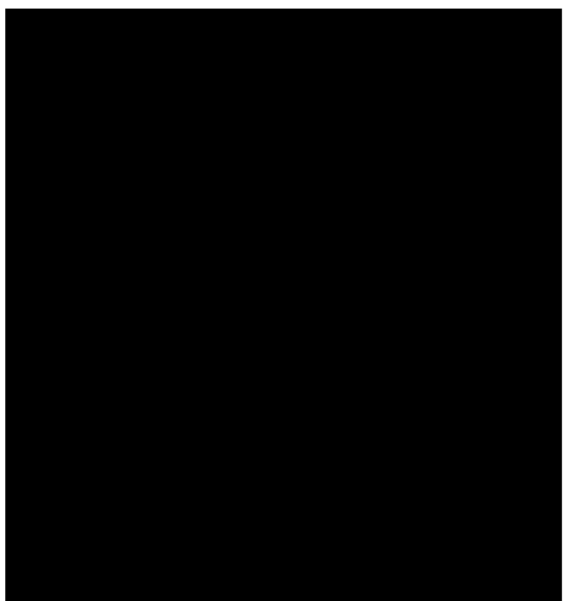


Amount Tendered:

289.98

TOTAL:

289.98





REFILL BP F BLACK  
3x 4,00 12,00

EAN: 

Ticket total GBP 12,00  
CASH 20,00  
CHANGE  
CASH 8,00

17,50% VAT of  
12,00 1,79  
NET SALES after VAT 10,21





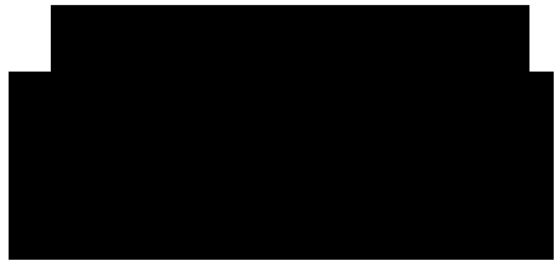
22/12/06  
15:49:15

BEL002  
48MM 60WT BC TWISTED FROST CDLE  
24 @ 2.50 -15.0% 51.00  
CLO12  
CANDLE 40W SES CLEAR  
6 @ 0.75 -10.0% 4.05  
LGF022  
25W SES CLEAR GOLF BALL  
6 @ 1.00 -15.0% 5.10  
LGF022  
25W SES CLEAR GOLF BALL  
6 @ 1.00 -15.0% 5.10  
CLO20  
CANDLE 35MM 60WT BC CLEAR  
12 @ 0.75 -10.0% 8.10  
TWC120  
60W BC FROST TWIST LANDLE 35MM  
2 @ 1.40 -15.0% 2.38  
22  
\*\*Dept. 22 2.50  
BULB

TOTAL DUE 78.23

Cash 78.23

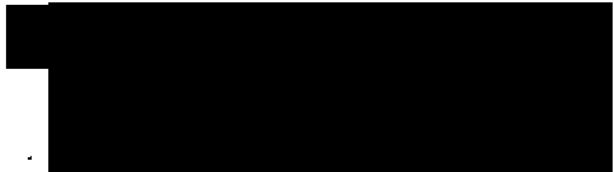




2007 A4 YEAR PLANNER VERT	4.25
A4 TO DO RDF	3.70
A4 BLANK INDEX SUBJECT 6	4.50
2007 A4 WTV+APPTS FYDR RD	14.25
A4 IDENTITY BLACK RDF	47.00
LY7 FY VOUCHER BARCODE SPE	0.00
#5 OFF DECS & CRACKERS	0.00

Total	£73.70
-------	--------

Cash	74.00
Cash Change	£0.30



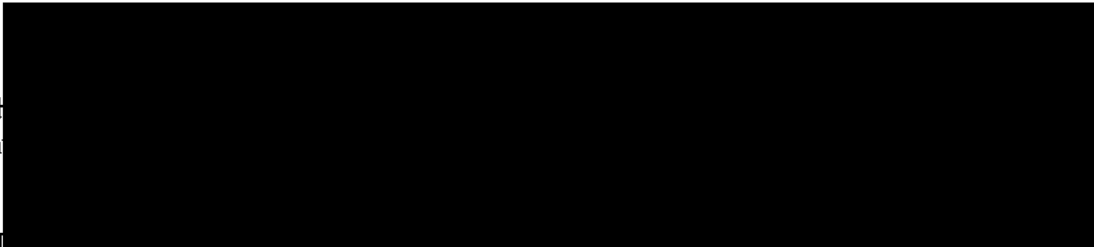
**C2. DIRECT PAYMENT**

I enclose ..... certified invoices to allow direct payments to be made from my  
Incidental Expenses provision

Invoice	Supplier's name	Amount £
1		217.63
2		
3		
4		
5		
6		
7		
8		
9		
10		
		£ 217.63

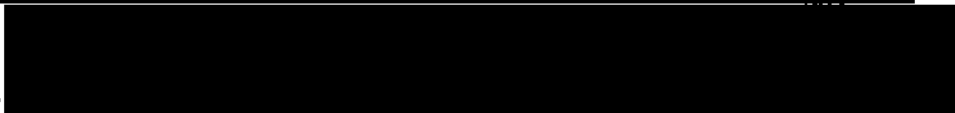


I certify that  
parliamentary

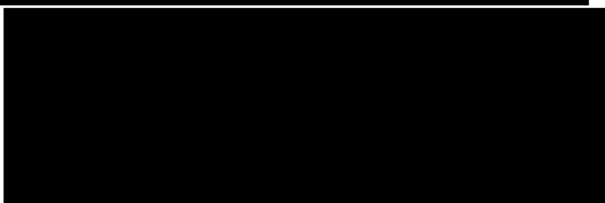


SIGNED.....

PRINTED NAME..



DATE.. 21/2/07 ..... CONSTITUENCY...



# Invoice

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

Invoice To : [REDACTED]

Peter Robinson MP

Charge To :

Peter Robinson MP

[REDACTED]

[REDACTED]

Delivered To :

Peter Robinson MP

Page 1 Of 1 Date 06/02/2007

Acc.No. [REDACTED] Order Date 05/02/2007

Order [REDACTED]

C.A.R. [REDACTED]

Sales Order No : [REDACTED]

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		8320014	STORAGE BOX WITH LID 250x390x320mm	4	PACK10	20.1600	05/02/07	80.64	17.50	14.11
2		0400085	RAPESCO FOLD PVC CLIPBOARD ES RD	30	BOARD	2.8400	05/02/07	85.20	17.50	14.91
3		9240109	BANNER RETRACTABLE BALLPOINT	3	PACK10	6.4600	05/02/07	19.38	17.50	3.39

[REDACTED]

### V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	185.22	32.41

Sales Order Total (VAT excl) 185.22

INVOICE GOODS	185.22
INVOICE V.A.T.	32.41
<b>INVOICE TOTAL</b>	<b>217.63</b>

Settlement :  
 Discount Terms :

## PAYMENT SLIP

Please see reverse  
 for terms of business  
 and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 06/02/2007

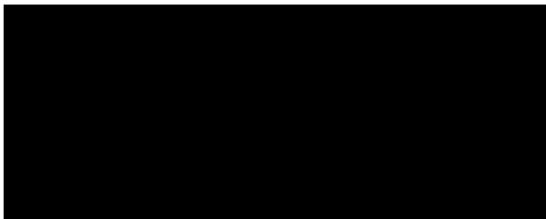
Amt. Due : 217.63

**Please  
 return  
 the slip**

from final page  
 of invoice with  
 your payment  
 by

06/03/2007





Financial Processing }

Transaction No.

Registration No.

**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**C3**

**Supplier ID**

or

**Volunteer ~~Y~~/N**

**Please check / amend relation**

**Text**

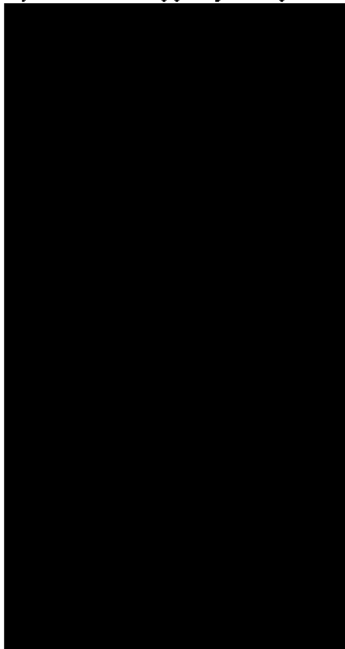
**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

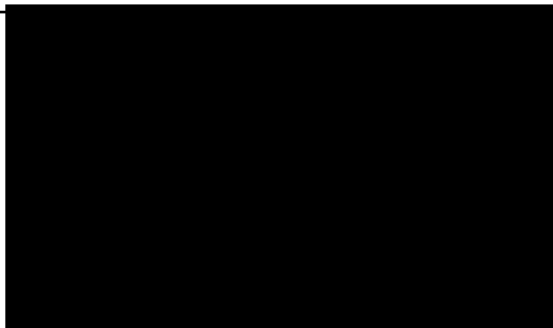
£ **89.73**

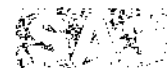
£.....

**TOTAL**

**Comments:**

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





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

**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 ROBINSON MP MLA

Constituency

EAST BELFAST

## Details of staff member

First name

Surname  
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance  
number

## Payment details

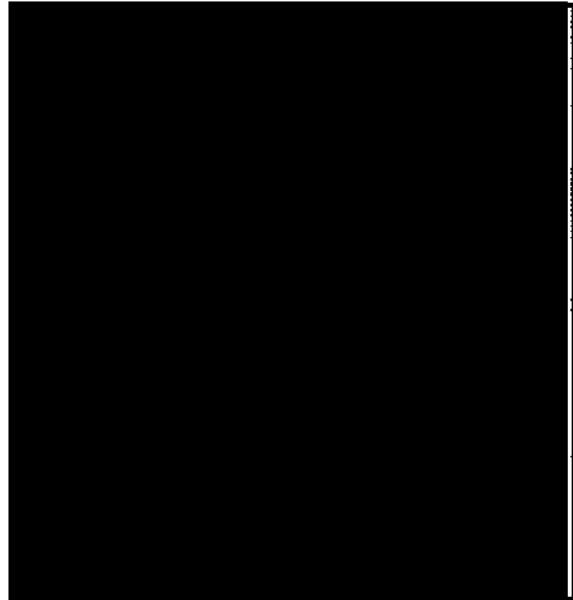
Payslip address

Bank details

**Claim details**

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

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ : p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ 89 : 73 p
Office requisites	£ : p
<b>Total</b>	<b>£ 89 : 73 p</b>



**Authorisation and date**

[Redacted Signature] necessarily incurred

Signature

Date

29<sup>th</sup> Jan 07

**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	/	/	

Account  
088 60

Account ID  
01-270887

Contract  
01-00-0007

Date

22 Jan 07

ROBINSON

# your vodafone bill

## Quick breakdown

ROBINSON

### Service charges

CTRA800+STCVP18M1000- texts 1 Jan to 31 Jan	£42.55
1000 Texts @ 0 1 Jan to 31 Jan	£0.00
Video Calling	£0.00

### Usage charges up to 31 Dec

Calls	£17.93
Messaging, mobile browsing + data	£3.97
Purchases	£14.01

Total before VAT £78.46

VAT on this bill see back for VAT details £11.27

Total **£89.73**

by Direct Debit on or  
after 05 February 2007

## C2. DIRECT PAYMENT

2002 NOV 9 2

I enclose [redacted] certified invoices to allow direct payments to be made from my Incidental Expenses Provision

Invoice	Supplier's name	Amount £
1	[redacted]	149.00
2		
3	[redacted]	
4	[redacted]	
5		
6		
7		
8		
9		
10		

[redacted] £ 149.00

I certify that the expenses [redacted] necessarily incurred on parliamentary business

SIGNED..... [redacted] .....MP

PRINTED NAME..... [redacted] .....

DATE... 22/1/07 ..... CONSTITUENCY. [redacted]

SOLD TO

ADDRESS

DELIVERY INSTRUCTIONS:

WHERE DID YOU HEAR ABOUT US:

Cash	Cheque	Visa	M/Card	Visa/Debit	Switch	Electron	Finance	Other	DEPOSIT	BALANCE	INVOICE DATE
							Mths.....		£	£	22/1/07

QTY. MAKE DESCRIPTION

MODEL

SERIAL No.

149.00

DELIVERY/INSTALL CHARGE £

£ 149.00

**C2. DIRECT PAYMENT**

JAN 2007

VALIDATION

12 JAN 2007

RECEIVED

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

Invoice	Supplier's name	Amount £
1	[REDACTED]	58.54
2	[REDACTED]	
3	[REDACTED]	
4	[REDACTED]	
5	[REDACTED]	
6	[REDACTED]	
7	[REDACTED]	
8	[REDACTED]	
9	[REDACTED]	
10	[REDACTED]	
		£ 58.54



I certify that the  
parliamentary

incurred on

SIGNED.....

.....MP

PRINTED

.....

DATE... 8/1/07 ..... CONSTITUENCY



# INVOICE



Invoice to: **MR. P. ROBINSON**



Transaction	Please Bring Invoice With Payment To Office/Centre	Page	Date	Invoice No.	Account No.		
Invoice	* PAYMENT DUE WITHIN 14 DAYS OF INVOICE DATE *	1	30/11/2006				
	YOUR REF.	DESCRIPTION		QUANTITY	RATE	VALUE	VAT CODE

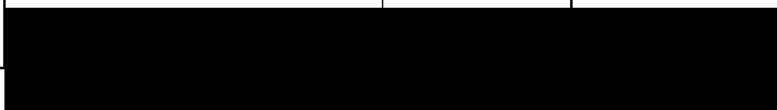


**RECOUPMENT FOR MOBILE PHONE CHARGES  
AUGUST AND SEPTEMBER 2006**

0      1.00      58.54      58.54      0



Code	Rate	Taxable	V.A.T.		Total Goods	Total VAT	AMOUNT PAYABLE
0	0.00	58.54	0.00		58.54	0.00	58.54





Financial Processing }

Transaction No.

Registration No.

**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**Supplier ID**

**Volunteer ~~Y~~/N**

**Please check / amend relation**

**Text**

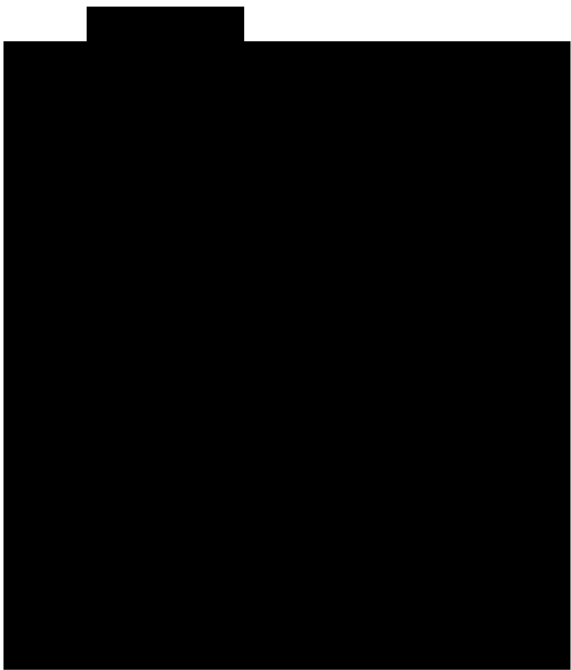
**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 52.60

£ 52.60

**TOTAL**

**Comments:**

*\* Financial Processing purposes only*

*Registered by (initials & date)*

.....

*Posted by (initials & date)*

.....



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

12 JAN 2007

11 JAN 2007

RECEIVED

**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 ROBINSON

Constituency

EAST BELFAST

## 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

	<b>Amount</b>
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ : p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ 52 : 60 p
Office requisites	£ : p
<b>Total</b>	<b>£ 52 : 60 p</b>



**Authorisation and date**

Signature: [Redacted] necessarily incurred

Signature

Date: 8/1/07

**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.

The information will be processed in accordance with the provisions of the Data Protection Act 1998. 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, including the right to see and receive a copy of any personal data that the House of Commons Administration holds about you on behalf of your employer, please contact your employer.

Send your completed form to

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

<b>Office use only</b>			
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	/	/	
<b>Processing</b>			
Input	/	/	

Bill  
IS of

Account  
number

Invoice  
number

Date

21 Dec 06

ROBINSON

## Quick breakdown

### Service charges

CTRA800+STCVP18M1000- texts <i>1 Dec to 31 Dec</i>	£42.55
1000 Texts @ 0 <i>1 Dec to 31 Dec</i>	£0.00
Video Calling	£0.00

### Usage charges *up to 30 Nov*

Calls	£0.76
Messaging, mobile browsing + data	£0.62
Purchases	£0.99

VAT  
out of scope

*Total before VAT* £44.92

VAT on this bill *see back for VAT details* £7.68

Total **£52.60**

by Direct Debit on or  
after 04 January 2007

Financial Processing }

Transaction No.

Registration No.

**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**Supplier ID**

*or*

**Volunteer /N**

**Please check / amend relation**

**Text**

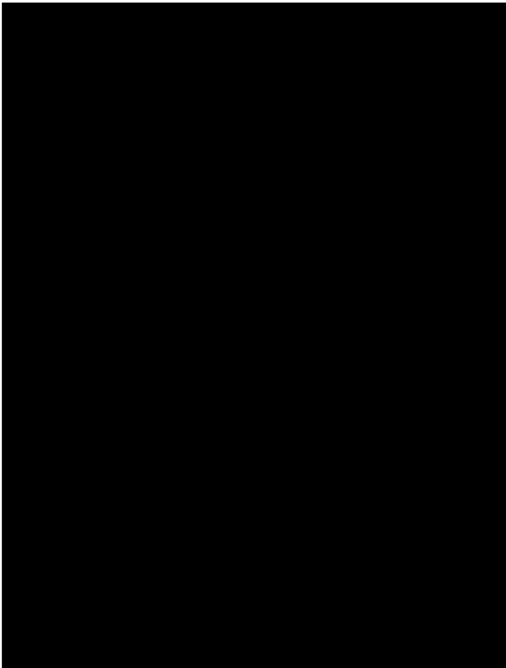
**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 92.67.....

£ 92.67.....

**TOTAL**

**Comments:**

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

*Posted by (initials & date)*



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

11 DEC 2006 Page 1 of 2

**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 ROBINSON MP MLA

Constituency

EAST BELFAST

## Details of staff member

First name

Surname  
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance  
number

## Payment details

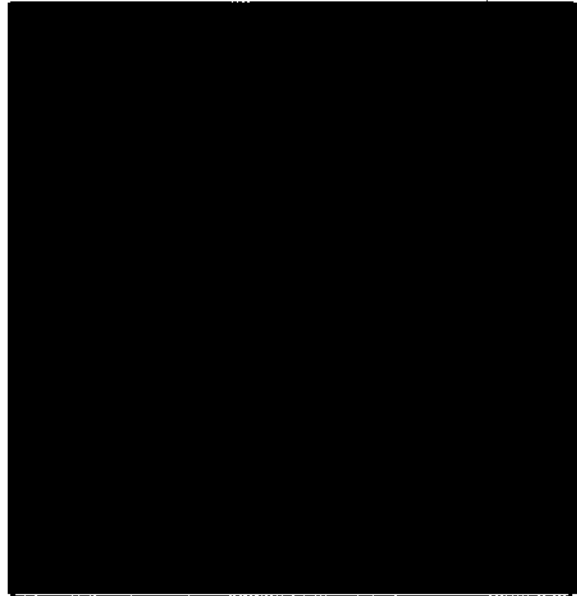
Payslip address

Bank details

**Claim details**

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

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ : p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ : p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ 92 : 67 p
Office requisites	£ : p
<b>Total</b>	<b>£ 92 : 67 p</b>



**Authorisation and declaration**

I confirm that the above amounts are necessarily incurred by me

Signature

Date

1<sup>st</sup> December 2006

**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	/	/	
<b>Processing</b>			
Input	/	/	

Account  
number

Invoice  
number

Date

21 Nov 06

MISS REBEKAH ROBINSON

## Quick breakdown

ROBINSON

### Service charges

CTRA800+STCVP18M1000- texts <i>1 Nov to 30 Nov</i>	£42.55
--	--------

1000 Texts @ 0 <i>1 Nov to 30 Nov</i>	£0.00
---------------------------------------	-------

Video Calling	£0.00
---------------	-------

### Usage charges *up to 31 Oct*

Calls	£10.95
-------	--------

Messaging, mobile browsing + data	£25.37
--------------------------------------	--------

<i>Total before VAT</i>	<i>£78.87</i>
-------------------------	---------------

VAT at 17.5% on £78.87	£13.80
------------------------	--------

Total	<b>£92.67</b>
-------	---------------

by Direct Debit on or  
after 05 December 2006



Financial Processing }

Transaction No. [REDACTED]

Registration No. [REDACTED]

**Validation Claim Summary Sheet**

Please write or print clearly & attach to claim

**Supplier ID**

or

**Volunteer /N**

**Please check / amend relation**

**Text**

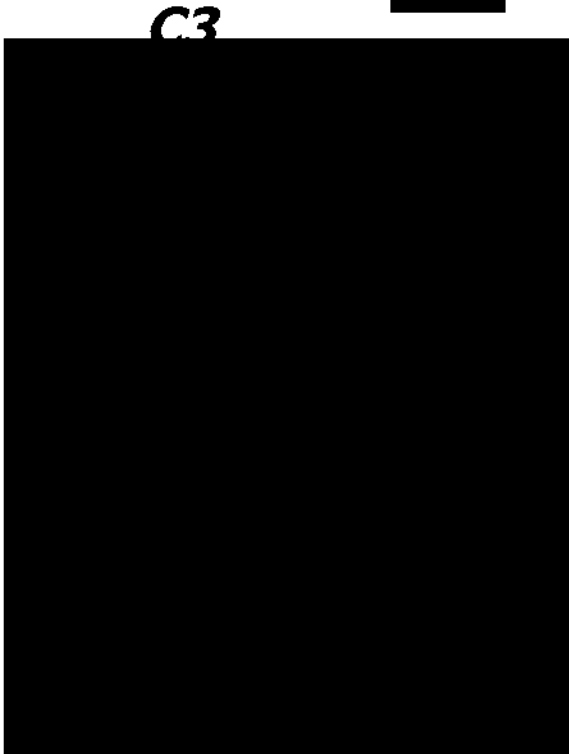
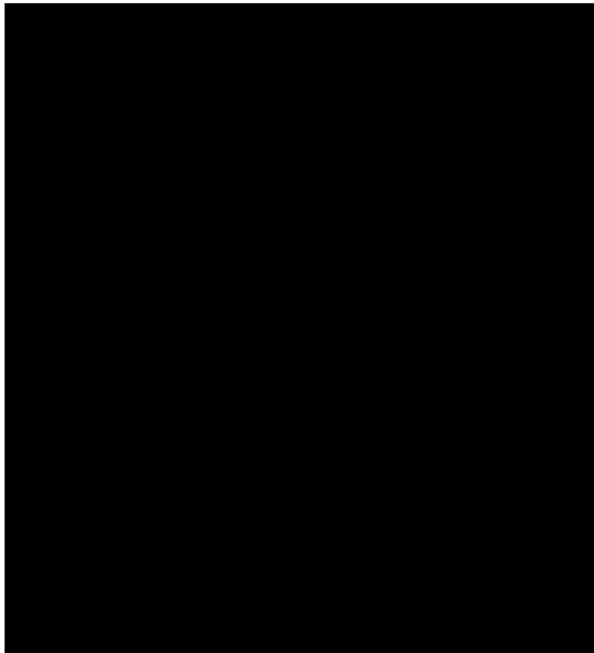
**Invoice No.**

**Account code / Allowance**

**Members cost centre (Cat1)**

**Financial Year/PIRO (Cat2)**

**Expenditure type (Cat5) :**



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 170.51

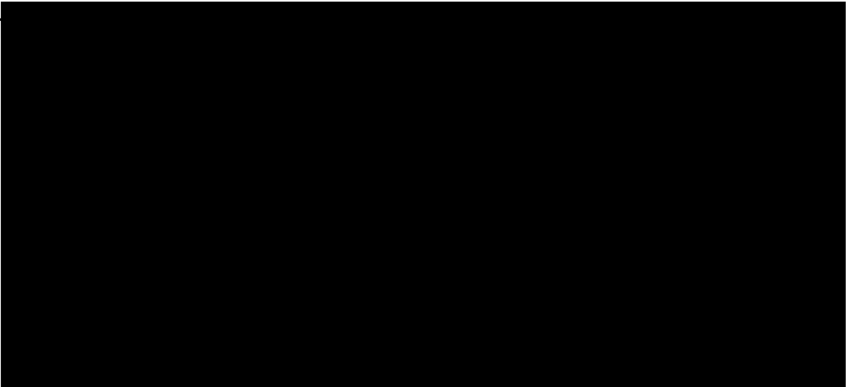
£ 170.51 [REDACTED]

**TOTAL**

**Comments:**

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

*Posted by (initials & date)*



17 NOV 2006

C3



Staffing Allowance/Incidental Expenses Provision

SA3

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

Page 1 of 2

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 ROBINSON MP MIA

Constituency

EAST BELFAST

Details of staff member

First name

Surname in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number



**Claim details**

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

	Amount
One off salary	£ _____ : _____ p
Season ticket loan	£ _____ : _____ p
Travel-home to work	£ _____ : _____ p
Rail travel	£ _____ : _____ p
Car travel	£ _____ : _____ p
Air travel	£ _____ : _____ p
Taxi	£ _____ : _____ p
Meals and subsistence	£ _____ : _____ p
Healthcare	£ _____ : _____ p
Childcare	£ _____ : _____ p
Home as office/telephone	£ 170 : 51 p
Office requisites	£ _____ : _____ p



Total     £ 170 : 51 p

**Authorisation and**

Signature \_\_\_\_\_  
 Date 13/11/06

**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



Small  
as at

Account  
number

Invoice  
number

Date

MISS REBEKAH ROBINSON

## Quick breakdown

CTRA800+STCVP18M1000- texts <i>17 Sep to 31 Oct</i>	£62.41
1000 Texts @ 0 <i>17 Sep to 31 Oct</i>	£0.00
Video Calling	£0.00
<b>Usage charges up to 30 Sep</b>	
Calls	£39.85
Messaging, mobile browsing + data	£7.08
Purchases	£42.04
<b>Total before VAT</b>	<b>£151.38</b>
VAT on this bill <i>see back for VAT details</i>	£19.13
<b>Total</b>	<b>£170.51</b>

## Your price plan

by Direct Debit on or  
after 03 November 2006

Finance and Administration

Prepared by

Authorised

Date: 25/8/06

Reason for Amendment: Transfer of Expenditure type

Members

Transfer Description	Account Code	Cost Centre	Cat 2	Cat 3	Cat 4	Cat 5	Cat 6	Cat 7	Debit	Credit
									£	£
			06 07							430.00
			06 07							430.00
			06 07							430.00
			06 07							430.00
			06 07						430.00	
			06 07						430.00	
			06 07						430.00	
			06 07						430.00	
			06 07						430.00	

Total	2,150.00	2,150.00
-------	----------	----------

All backing documentation must be attached to this form and filed in the Correction Journal file.

Transaction Reference: .....

Date received: .....

Input by: (Signature) .....

Date Input onto Computer: .....

Checked by: (Signature) .....

Peter Robinson MP

TransNo	Trans.date	Period	Account	Allowance	Expenditur	Expenditur Text	Amount	Supplier	Supplier(T)
	17/04/2006	200602					123.33		
	13/04/2006	200602					23.35		
	12/06/2006	200603					173.31		
	01/08/2006	200605					408.6		
	01/08/2006	200605					144.25		
	01/08/2006	200605					51.87		
	15/06/2006	200603					12.56		
	22/04/2006	200601					430		
	22/05/2006	200602					430		
	21/06/2006	200603					430		
	20/07/2006	200604					430		
	21/08/2006	200605					430		
	25/05/2006	200603					324.3		
							3,411.57		

## C2. DIRECT PAYMENT

I enclose [redacted] certified invoices to allow direct payments to be made from my Incidental Expenses Provision [redacted]

Invoice	Supplier's name	Amount £
[redacted]	[redacted]	588.64
	<del>Paid 2/6/06 Trans</del>	[redacted]
	[redacted]	12.56
5	[redacted]	
6		
7		
8		
9		
10		
		£ 925.50



I certify that the [redacted], exclusively and necessarily incurred on parliamentary [redacted]

SIGNED..... [redacted] .....MP

PRINTED NAME..... [redacted] .....

DATE... 22/6/06 ..... CONSTITUENCY [redacted]



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

VALIDATION

10 AUG 2006

When to use this form

RECEIVED

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 ROBINSON

Constituency

EAST BELFAST

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

01/08/06

Allowance year

06/07

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	[REDACTED]	144.25 £ 196 : 12 p
Item 2	[REDACTED]	£ 51 : 87 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Total		£ 196 : 12 p



**Claim details continued**

**Staffing Allowance claims**

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
<b>Total</b>		<b>£ _____ : _____ p</b>

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 \_\_\_\_\_

Date 1 / 8 / 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. 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**

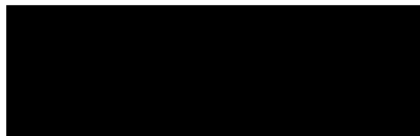
Validation Team, Operations Directorate,  
Department of Finance & Administration, House of Commons, London SW1A 0AA

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

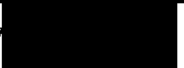
**INVOICE**



Peter Robinson



Your bill to pay



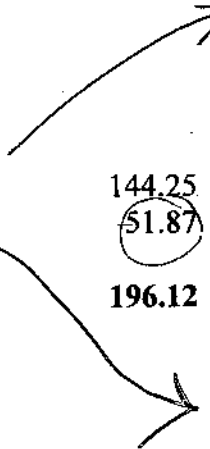
June:  
July:

144.25

~~51.87~~

**Total**

**196.12**





Incidental Expenses Provision

Member's reimbursement form

VALIDATION

C1

10 AUG 2006

Page 1 of 2

RECEIVED

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 ROBINSON

Constituency

EAST ARLIST

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 1/6/06 to 31/7/06

Allowance year

06/07

	Description of service or goods	Amount
Item 1		£ 63 : 30 p
Item 2		£ 100 : 00 p
Item 3		£ 245 : 30 p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p
Total		£ 408 : 60 p

**Authorisation and declaration**

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

Signature

Date

1/8/06

**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.

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	Input subtotals per Cat 5
Claims received	/	/	£608.60
Signature check	/	/	£
Funds check	/	/	£
Allowable expenditure	/	/	£
Member Res ID & Costs	/	/	£
Ext type/Cat 5 & subtotals added to form	/	/	£403.60
Receipts/ documentation present	/	/	Comments
<b>Processing</b>			
Input	/	/	

INVOICE

No: [REDACTED]  
 Date: 15/06/06 [REDACTED]

Account No: [REDACTED]

Invoice To:

Peter D Robinson MP

Our Order No

Your Order Reference

Deliver To:

Peter D Robinson MP

Date Order Received

Date Despatched

Product Code	Description Serial Nos.	Unit	Qty Ordered	Qty Supplied	To Follow	Nett Price	Nett Value	v/c
	Serial No [REDACTED] Meter No [REDACTED] IRC3100 COLOUR COIL Meter Title [REDACTED]  Previous reading [REDACTED] Actual reading of [REDACTED]  [REDACTED] at 0.6700 each						10.69	1

Authorised by:  
 Insp/Del By:  
 Date:

v/c	Vat Rate	Goods Amount	VAT Amount
	17.50	10.69	1.87

RECEIVED IN GOOD CONDITION BY:

SIGNATURE: \_\_\_\_\_

TOTAL VALUE 10.69

VAT 1.87

TOTAL DUE 12.56

STRICTLY NETT MONTHLY ACCOUNT

Invoice No. [REDACTED]

# INVOICE

### Customer

Name Peter Robinson MP  
Address [REDACTED]  
City [REDACTED]  
Phone [REDACTED]

Date 17-Mar-2006  
Order No. \_\_\_\_\_  
Rep \_\_\_\_\_  
FOB \_\_\_\_\_

Qty	Description	Unit Price	TOTAL
4	Hours to move constituency database to new PC	£30.00	£120.00
2	Hours to install backup drives and software & data transfer	£30.00	£60.00
3	Backup Drives	£79.99	£239.97
3	Software licence backups	£27.00	£81.00

*Paid 2/6/6*

### Payment Details

- Cash
- Cheque
- Credit Card

Name \_\_\_\_\_  
CC # \_\_\_\_\_  
Expires \_\_\_\_\_

SubTotal	500.97
Shipping & Handling	£0.00
Taxes VAT	£87.67
<b>TOTAL</b>	<b>£588.64</b>

Office Use Only

Invoice No. \_\_\_\_\_

# INVOICE

### Customer

Name Peter Robinson MP  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone \_\_\_\_\_

Date 25-May-2006  
Order No. \_\_\_\_\_  
Rep \_\_\_\_\_  
FOB \_\_\_\_\_

Qty	Description	Unit Price	TOTAL
1	Backup Drive 300 gig	£169.00	£169.00
1	TV tuner usb	£77.00	£77.00
1	PC Repair	£30.00	£30.00

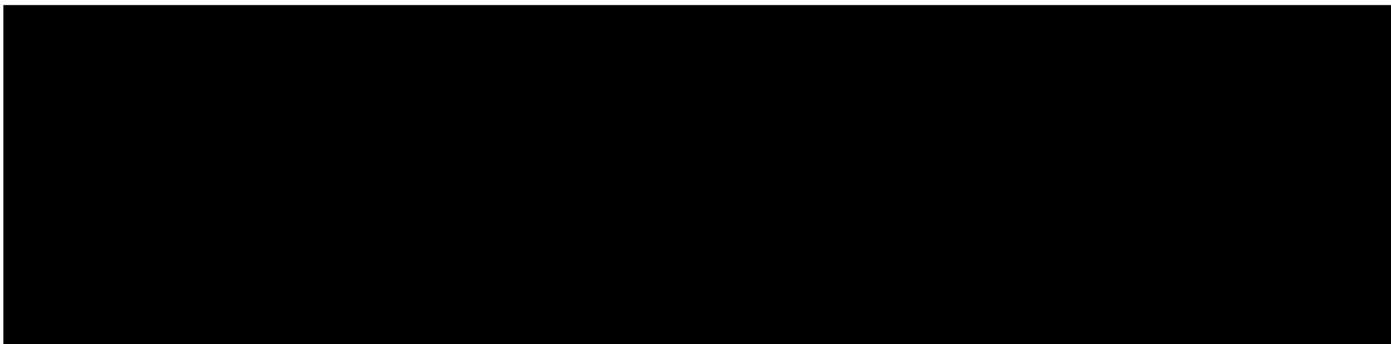
### Payment Details

- Cash
- Cheque
- Credit Card

Name \_\_\_\_\_  
CC # \_\_\_\_\_  
Expires \_\_\_\_\_

SubTotal	276.00
Shipping & Handling	£0.00
Taxes VAT	£48.30
<b>TOTAL</b>	<b>£324.30</b>

Office Use Only



## C2. DIRECT PAYMENT

I enclose [redacted] certified invoices to allow direct payments to be made from my  
Incidental Expenses Provision [redacted]

Invoice	Supplier's name	Amount £
1	[redacted]	88.49
2	[redacted]	173.31
3		
4		
5		
6		
7		
8		
9		
10		
		£261.80

I certify that [redacted] were exclusively and necessarily incurred on  
parliamentary business

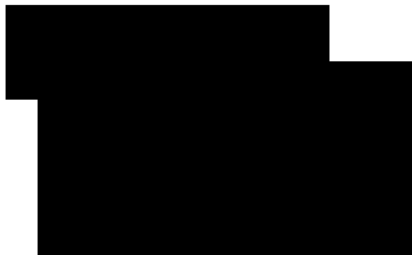
SIGNED [redacted] .....MP

PRINTED [redacted] .....

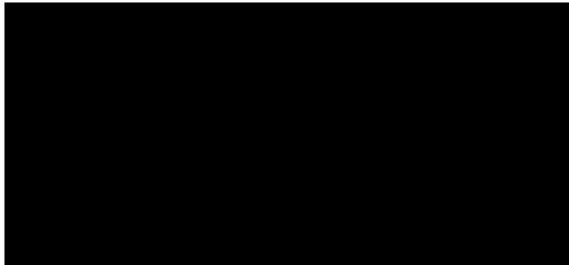
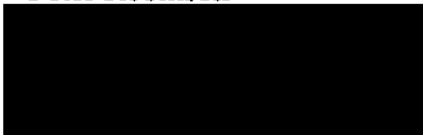
DATE 12/16/06 ..... CONSTITUENCY East Belfast .....



**INVOICE**



Peter Robinson



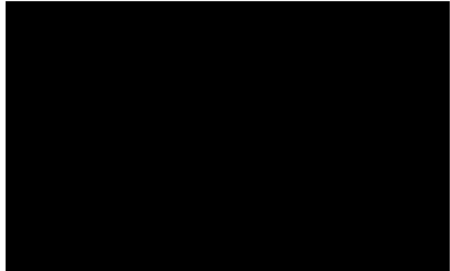
Your bill to pay to



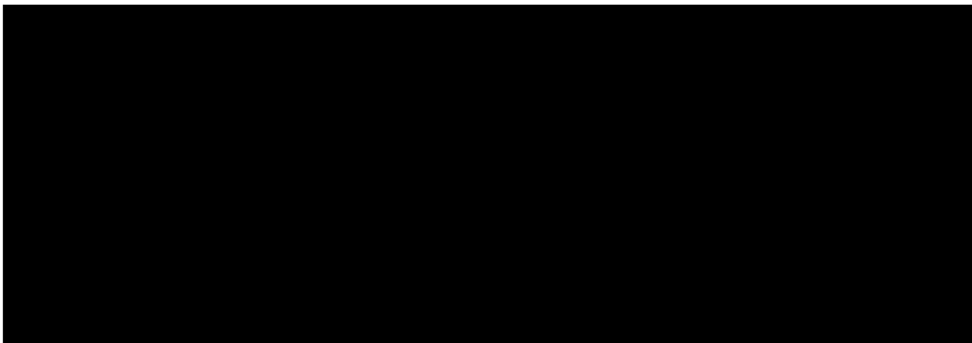
February: 38.31  
March: 50.18

**Total**

**88.49**



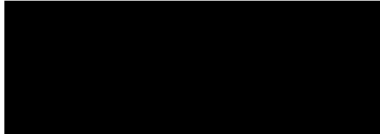
05/06



**INVOICE**



Peter Robinson



Your bill to pay

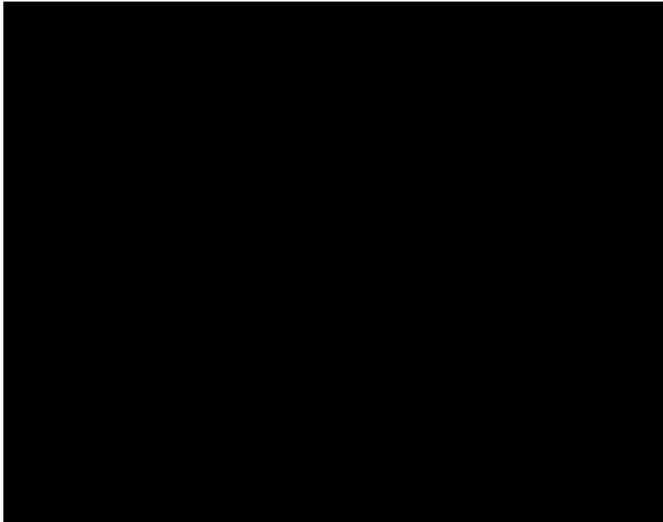


April:  
May:

93.08  
80.23

**Total**

**173.31**



## C2. DIRECT PAYMENT

I enclose [redacted] certified invoices to allow direct payments to be made from my  
Incidental Expenses Provision [redacted]

Invoice	Supplier's name	Amount £
1	[redacted]	123.33
2	[redacted]	23.35
3		
4		
5		
6		
7		
8		
9		
10		
		£

I certify that the [redacted]  
parliamentary b [redacted]

SIGNED..... [redacted]

PRINTED N [redacted]

DATE 24/4/06..... CONSTITUENCY EAST BELFAST.....

More connections.  
More possibilities.

PETER ROBINSON

Date  
**17 April 2006**

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

## Internet Services

Bill for account number

Service charges £ 104.97

VAT £ 18.36

**DIRECT DEBIT OPTION**

**Total now due £ 123.33**

*Please make sure we receive the total now due by  
28 April 2006.*

*Peter Robinson*

PETER ROBINSON

# your vodafone bill

## Quick breakdown

### Service charges

[REDACTED] 0 1 Apr to 30 Apr	£16.59
Itemised Billing	£0.00
[REDACTED] GPRS Starter	£0.00

### Usage charges up to 22 Mar

Purchases	£3.00	VAT out of scope
<i>Total before VAT</i>	<i>£19.59</i>	
VAT on this bill <i>see back for VAT details</i>	£2.90	
<i>Total for this bill</i>	<i>£22.49</i>	
Overdue balance	£0.86	

Total **£23.35**

Please pay £0.86 straightaway;  
the rest is due by 09 May 2006

## Your price plan

You're on Vodafone 60 . At the start of April, you had:

**120 inclusive minutes** ; 60 from your last bill and 60 in your price plan.

## Paid your last bill?

See the back of this page.