

I wish to claim reimbursement of the following amounts in respect of additional costs which I have necessarily incurred for overnight stays away from my main home (as notified to the Fees Office) on Parliamentary duties during the period from 05/05/04 to 06/05/04..... made up as follows:-

Hotel Accommodation

£ 131.60

Residential Accommodation

£

(i) Rent/Rates

(ii) Heat and Light

(iii) Telephone

(iv) Cleaning

(v) Repairs and Maintenance

(vi) Other (please specify)

Food

Other Expenses (please specify)

TAXI 10.00

TAXI 15.00

£ 25.00 X

Total £ 156.60

Signed .....

M.P.

Print Name

PHILIP HAMMOND MP

Date

12 MAY 2004

Constituency

RUNNYMEDE & WEYBRIDGE



Mr P Hammond



| Date       | Reference            | Charge | Credit |
|------------|----------------------|--------|--------|
| [Redacted] | Accommodation Charge | 130.00 |        |
| [Redacted] | Mini Bar             | 2.60   |        |
| [Redacted] | : [Redacted]         |        | 131.60 |
| [Redacted] | [Redacted]           | 131.60 | 131.60 |



I wish to claim reimbursement of the following amounts in respect of additional costs which I have necessarily incurred for overnight stays away from my main home (as notified to the Fees Office) on Parliamentary duties during the period from 01/01/04 to 31/03/04 made up as follows:-

Hotel Accommodation

£

Residential Accommodation

£

(i) Rent/Rates

5082

(ii) Heat and Light

.....

(iii) Telephone

.....

(iv) Cleaning

(v) Repairs and Maintenance

.....

(vi) Other (please specify)

.....

Food

£

Other Expenses (please specify)

£

Total £ 5082

.....

Signature.....M.P.

Print Name PHILIP HAMMOND

Date 15/05/04 Constituency RUNNYMEDE & WENDBURGH

|  |  |   |
|--|--|---|
| <b>Finance and Administration</b>      |  | <b>Reason for Amendment:</b><br><br>Correct allocation of expenditure from ACA 04/05 to IEP 04/05 |
| Prepared by: <i>(print and sign)</i>   |  |   |
| Authorised by: <i>(print and sign)</i> |  |   |
| Date:                                  |  |   |

| Transfer Description                | Account Code | Cost Centre | Cat 2 | Cat 3 | Cat 4 | Cat 5 | Cat 6 | Cat 7 | Debit    | Credit   |
|-------------------------------------|--------------|-------------|-------|-------|-------|-------|-------|-------|----------|----------|
|                                     |              |             |       |       |       |       |       |       | £        | £        |
| Corr. iro ACA should be             |              |             | 04/05 |       |       |       |       |       | £ 131.60 |          |
| Correction of Account Code on Trans |              |             | 04/05 |       |       |       |       |       |          | £ 131.60 |
|                                     |              |             |       |       |       |       |       |       |          |          |
|                                     |              |             |       |       |       |       |       |       |          |          |
|                                     |              |             |       |       |       |       |       |       |          |          |
|                                     |              |             |       |       |       |       |       |       |          |          |
|                                     |              |             |       |       |       |       |       |       |          |          |
|                                     |              |             |       |       |       |       |       |       |          |          |
|                                     |              |             |       |       |       |       |       |       |          |          |
|                                     |              |             |       |       |       |       |       |       |          |          |
|                                     |              |             |       |       |       |       |       |       |          |          |

|       |        |        |
|-------|--------|--------|
| Total | 131.60 | 131.60 |
|-------|--------|--------|

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)* .....