



Member's claim form

DFA

Members' Allowances

About filling in this form

- For details of costs you can claim for, see *Green Book* section 3.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1592.

Your details

Name
in CAPITAL LETTERS

ROSEMARY MCKENNA

Constituency

CUMMINGSVAULT & KILSYTH

Claim details

Notes

You can only claim for

- costs you have actually paid
- additional expenses wholly, exclusively and necessarily incurred to enable you to stay overnight away from your only or main home for the purpose of performing your Parliamentary duties.
- all items costing £250 or more and include receipts – except for food, for which receipts are not required.
- receipts or invoices for any hotel cost even if it is less than £250.

Please list

Please attach

Period of claim

from 1/04/04 to 30/10/04

Total cost of hotel stays
attach all receipts

£ : p

Mortgage payments
(interest only) or rent

£ 3500 : 00 p

Food

£ 650 : 00 p

Utilities

£ 50 : 00 p

Council Tax/Rates

£ : p

Telephone and telecommunications

£ 200 : 00 p

Cleaning

£ 200 : 00 p

Service/maintenance

£ 200 : 00 p

Repairs/insurance/security

£ 200 : 00 p

Other

£ : p

▶ please specify

Other

£ : p

▶ please specify

Other

£ : p

▶ please specify

Total

£ 5,000 : 00 p

Details of second home *if applicable*

Address of
second home
for Additional
Costs Allowance

Postcode

Declaration

I confirm that I incurred these costs wholly, exclusively and necessarily to enable me to stay overnight away from my only or main home for the purpose of performing

Signature

— MP

Date

29/06/04

Data protection

The rules governing payments made from the Additional Costs Allowance say we must keep the information we ask for on this form.

The information you give will be seen by:

- staff who are responsible for processing Members' Additional Costs Allowance claims and travel claims
- National Audit Office staff.

We will normally keep the information you give for three years following the year in which you incurred the expense.

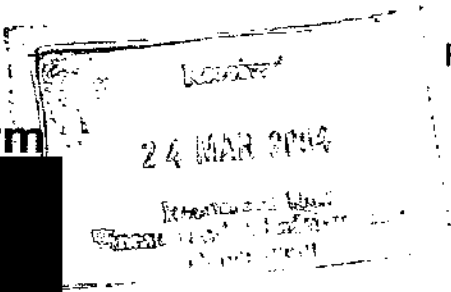
If you have any concerns about how your information is handled, please call our Data Protection Officer on 020 7219 3659, who acts on behalf of the Data Controller, Clerk of the House.

Send your completed
form to

Members' Allowances Section, Operations Directorate,
Department of Finance & Administration, 3rd Floor, 7 Millbank, LONDON SW1 0AA



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Constituency

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Please attach

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Total cost of hotel stays attach all receipts

£ : p

Mortgage payments (interest only) or rent

£ 3500 : 00 p

Food

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Utilities

£ : p

Council Tax/Rates

£ : p

Telephone and telecommunications

£ : p

Cleaning

£ : p

Service/maintenance

£ : p

Repairs/insurance/security

£ : p

Other

£ : p

please specify

Other

£ : p

please specify

Other

£ : p

please specify

Total

£ 3,500 : - p

Details of second home *if applicable*

Address of
second home
for Additional
Costs Allowance

Postcode

Declaration

I confirm that I incurred these costs wholly, exclusively and necessarily to enable me to stay overnight away from my only or main home for the purpose of performing

Signature

MP

Date

23/03/04

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Constituency

CUMBERWALD & KILSYTH

Claim details

Notes

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Please list

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Please attach

- receipts or invoices for any hotel cost even if it is less than £250

Period of claim

from 1 1 10 104 to 31 11 2 1 04

Total cost of hotel stays
attach all receipts

£ : p

Mortgage payments
(interest only) or rent

£ 3500 : 00 p

Food

£ 650 : 00 p

Utilities

£ 50 : 00 p

Council Tax/Rates

£ : p

Telephone and
telecommunications

£ 200 : 00 p

Cleaning

£ 200 : 00 p

Service/maintenance

£ 200 : 00 p

Repairs/insurance/
security

£ 200 : 00 p

Other

£ : p

▶ please specify

Other

£ : p

▶ please specify

Other

£ : p

▶ please specify

Total

£ 5,000 : 00 p

Details of second

Address of
second home
for Additional
Costs Allowance

Declaration

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Signature

MP

Date

11/10/04

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Please list

- all items costing £250 or more and include receipts – except for food, for which receipts are not required.

Please attach

- receipts or invoices for any hotel cost even if it is less than £250.

Period of claim

from 1 10 105 to 31 10 105

Total cost of hotel stays
attach all receipts

£ : p

Mortgage payments
(interest only) or rent

£ 3,500 : - - p

Food

£ 650 : - - p

Utilities

£ 50 : - - p

Council Tax/Rates

£ : - - p

Telephone and telecommunications

£ 200 : - - p

Cleaning

£ 200 : - - p

Service/maintenance

£ 200 : - - p

Repairs/insurance/security

£ 200 : 00 p

Other

£ : - - p

▶ please specify

Other

£ : - - p

▶ please specify

Other

£ : - - p

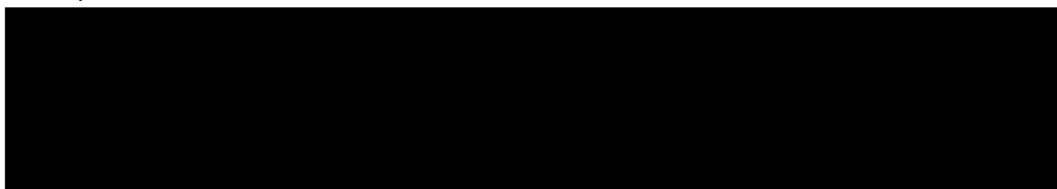
▶ please specify

Total

£ 5,000 : 00 p

Details of second home *if applicable*

Address of
second home
for Additional
Costs Allowance

**Declaration**

I confirm that I incurred these costs wholly, exclusively and necessarily to enable me to stay overnight away from my only or main home for the purpose of performing my duties as a Member of Parliament.

Signature

 MP

Date

29/12/04

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Member's claim form

08 MAR 2005

Members' Allowances

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Constituency

CUMBERNAULD & KILSYTH

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Please list

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Please attach

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Period of claim

from 1 10 1 05 to 31 10 3 05

Total cost of hotel stays
attach all receipts

£ : p

Mortgage payments
(interest only) or rent

£ : p

Food

£ 397 : 37 p

Utilities

£ 200 : - - p

Council Tax/Rates

£ : p

Telephone and
telecommunications

£ 240 : - - p

Cleaning

£ 240 : - - p

Service/maintenance

£ : p

Repairs/insurance/
security

£ 100 : 00
143 : 19 p

Other

£ 1,182 : 44 p

▶ please specify

Purchase bathroom fittings

Other

£ : p

▶ please specify

Other

£ : p

▶ please specify

Total

£ 2402 : 00 p

Details of second home *if applicable*

X
Address of
second home
for Additional
Costs Allowance

Declaration

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Signature

MP

Date

8/03/05

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22 MAR 2005

Financial Processing }

Transaction No

Registration No



Validation Claim Summary Sheet

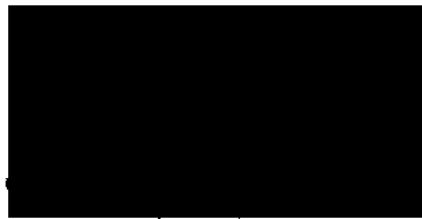
ACA

Please write or print clearly & attach to claim

Member Supplier ID

Pay recipient

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



Text (40 characters max)

ACA 1/1/05 - 31/3/05

Invoice date (i.e. date of claim)

8/3/05

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



Total

£2402-00

Comments:

* Validation purposes only (please tick to indicate compliance)

Mortgage documentation held
Addresses comply with central records
Invoices relate to 2 nd home address
Budget checked
Claim signed
Claim correctly dated

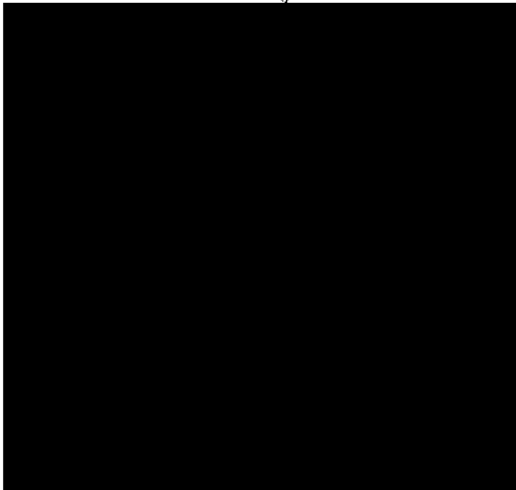
* Financial Processing purposes only

Registered by (initials & date)

Posted by (initials & date)

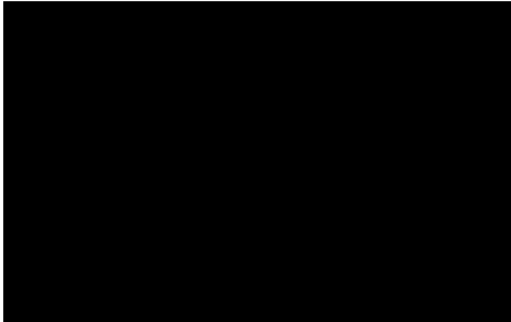


SB Max



TOTAL SALE

£1182.44



MCKENNA

Expected delivery on 09 Mar 05
Customer Order / Deposit

BDC CONTACT

BEN

TIME	DATE	DOCUMENT NO.	ACCOUNT No.	CUSTOMER ORDER No / TELEPHONE No			
	09 Feb 2005						
DESCRIPTION	EACH	QUANTITY	UNIT	TOTAL			
Order from quotation Q39746 by BEN							
*** SIMPSONS SPECIALS SUPREME 1200 X 900	700.00	1	Each	658.00			
PENT ENCLOSURE BI-FOLD DOOR CHROME/CLEAR	Disc 20%						
BONDED RESIN SHOWER TRAY NEO ANGLE 1200 X	241.10	1	Each	254.96			
900 PERGAMON	Disc 10%						
BDC 11/2" TOP ACCESS SHOWER TRAY WASTE	15.00	1	Each	14.10			
CHROME E385	Disc 20%						
*** BARKING GROHE GROETHERM 1000 SHOWER	180.00	1	Each	179.78			
MIXER WALL MOUNT EXPOSED CP 34 624	Disc 15%						
GROHE SHOWER HOSE CHROME 28105	12.51	1	Each	12.49			
	Disc 15%						
GROHE SLIDE BAR 600 MM CHROME 28666	26.50	1	Each	31.14			
GROHE EXQUISIT HANDSET CHROME 28216	32.01	1	Each	31.97			
	Disc 15%						
				TOTAL	1182.44		
				090205 MAESTRO	1182.44		

Deliver to :- MCKENNA

