

#### **Incidental Expenses Provision**

#### Member's reimbursement form





Page 1 of 3

HOUSE OF COMMERCS			raga totz
When to use this form	■ Use this form to ask us to reimburs on your Parliamentary duties.	se you for costs you have incurred	
About filling in	■ For details of costs you can claim t	for, see Green Book section 5.	
this form	If you have any doubt about wheth	er you can claim for a cost,	
	please call 020 7219 1340.		
Your details			
Name	DR RICHAR	LD TAYLOR	
in CAPITAL LETTERS	WYRE FOR	) +- C+	
Constituency	WYKE FUL	<u> </u>	
	Office use only		
	Costc/Cat 2		
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Claim details			
Please ensure	your claim totals more than £100	. d ta m m m m	
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You can only claim for	■ costs you have actually paid	·	
	office and surgery accommodation, communication and travel.	equipment and supplies, work com-	nissioned,
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Period of claim	from 15/12/07	<u> </u>	8
Allowance year	BO 150		Office use only
	Description of service or goods	Amount	Allow or Exp/ A/c code Cat 5
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item 2		£ : p	***
item 2		£ ; p	
item 3		<u>£</u> : p	
Item 4		£ : p	
Item 5		<u>£</u> : p	
Item 6		£ : p	
Item 7		<u>£</u> : p	
Item 8	L	<u>£</u> ; p	***************************************
Item 9		<u>£</u> : р	
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£ 41

Total

: 00 P

#### Authorisation and declaration

Signature

Date

| Claim reimbursement of these costs which Lincutred wholly, exclusively and necessarily

MP

#### 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

920 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

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Page 1 of 2

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

#### About filling in

Item 5

For details of costs you can claim for, see Green Book section 5.13.1.

this form	If you have any doubt about please call 020 7219 1340.	t whether you can clair	n for a d	eost,		
Your details						
Name in CAPITAL LETTERS Constituency	DR RICHA	DREST	OR			
	Office use only Costc/Cat 2 Supp/Res ID		,			
Claim details						
Please ensure	<ul> <li>your claim totals more than your claim more promptly</li> <li>any claims for petty cash do</li> <li>you attach all supplier invoice</li> </ul>	not exceed £250 per n		rocess		
You must specify	the Incidental Expenses Pro- surgery accommodation, eq				ravel.	
You can specify	the Incidental Expenses Pro include work commissioned	·-	llowano	e for costs th	nat	
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Item 4	L	Į£:	р		<u> </u>	

Office us	se only	
Allow or	Supplier Exp/	
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Claim details continued							
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	Suppliers	Amount			Allow or A/c code	Supplier ID	Exp/ Cat 5
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Item 7	L	Ę	_:_	p			<u> </u>
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	Total	£	<del></del>	р			
Authorisation and o	declaration						
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Send your completed form to	Validation Team, Operations Dir Department of Finance & Admir		use of	Commons	s, London S	W1A 0AA	
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Funds check

Altowable expenditure

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Receipts/ documentation present

Please use margin for comments

Processing

Input



## LANGFORD PRINTERS

Invoice/

Dr Richard Taylor FRCP MP

Invoice Number	
Date / Tax Point	10/12/2007

**Account Number** 

Details - · · · · · · · · · · · · · · · · · ·	- Net Price	VAT .
1250 x A4 Green House of Commons		
Letterheads	45.00	7.88
rs:		

Delivery Address:

VAT Registration I

Total Net Total VAT		45.00
Total VAT		7.89
INVOICE TOTAL	£	52.88



Item 5

#### Incidental Expenses Provision/Staffing Allowance

## **Direct payment of suppliers**



2 2 NOV 2007

Page 1 of 2

When to use this form	Use this form to ask us to p incurred on your Parliament	pay your suppliers for goods an tary duties.	id services
About filling in this form	•	i claim for, see Green Book se t whether you can claim for a c	
Your details			
Name in CAPITAL LETTERS  Constituency	DR RICK	tares Tayli	d YR
	Office use only Costc/Cat 2 Supp/Res ID 7 1		
Claim details			
Please ensure	<ul> <li>your claim totals more than your claim more promptly</li> <li>any claims for petty cash do</li> <li>you attach all supplier invoice</li> </ul>	not exceed £250 per month	rocess
You <i>must</i> specify	the Incidental Expenses Pro	vision for costs that include off	ice and
You can specify		uipment and supplies,commun ovision or the Staffing Allowand	ication and travel.
Date of claim Allowance year	19/11/03	7	
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Item 1	Suppliers LIST	Amount £ 81:52p	A/c code ID Cat 5
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Item 3		£ : p	
Item 4		£ : p	

Total £ 81 : 920

Claim details continued	d				·		
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Item 9	1	£	h H	р			
	Total	£		р			
Authorisation and	declaration						
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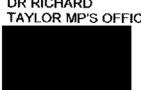
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Date 4 November 2007

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

**DR RICHARD** TAYLOR MP'S OFFICE





Bringing it all together



## **BT Business Plan**

Bill for

Cost of calls	£0.77
Service charges	£ 56.61
Payment charges	£ 14.50
VAT	£ 10.04

Total now due

£81.92

Mease make sure we receive the total now due by 15 November 2007.



### Direct payment of suppliers

2 ° SEP 2007



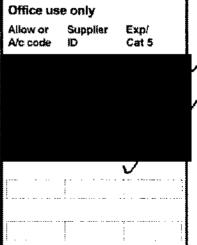
Page 1 of 2

When	to	use
thi	s f	orm

■ 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 deal of you have any doubt about please call 020 7219 1340.		•	
Your details  Name in CAPITAL LETTERS  Constituency	DR RICHM WYRE FOI  Office use only Costc/Cat 2  Supp/Res ID 7 1	FO TAYLOR		
Claim details				
Please ensure	your claim totals more than £ your claim more promptly any claims for petty cash do r you attach all supplier invoice	not exceed £250 per month	rocess	
You <b>must</b> specify	the Incidental Expenses Provi surgery accommodation, equi			
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Date of claim Allowance year	25 109 107 LO7108 /			•••
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Total £ 74:85 p



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Send your completed form to	Validation Team, Op Department of Final			e of Con	nmons, Lond	lon SW	1A 0AA	· <u>-</u> -
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Allowable expenditure

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Processing

Please use margin for comments

Input

#### **Statement**

office2office

Dr Richard Taylor MP

Customer Account

Statement Date

: 12/09/2007



Page :

Document Date Transaction Customer Status Transaction Outstanding Value Type Reference INV 29.99 24.35 20.51 INV 4 GCT 2007

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 Partly paid CRN Credit Note Invoice under query CASH Payment CADJ Credit Adjustment DADJ Debit Adjustment

Total:

74.85



### Direct payment of suppliers



Page 1 of 2

When	to	use
thi	s f	orm

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

About filling in this form	<ul> <li>For details of costs you can c</li> <li>If you have any doubt about v</li> <li>please call 020 7219 1340.</li> </ul>		
Your details  Name In CAPITAL LETTERS  Constituency	DR RICHA WYRE F  Office use only Costc  Supp/Res ID 7 1	RO TAYLOR	
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Your account and bill number

Date 2 August 2007

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





## **BT Business Plan**

Cost of calls	€ 0.15
Service charges	£ 54.65
Payment charges	£ 4.50
VAT	£ 9.59

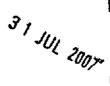
Total now due

£ 68.89

Please make sure we receive the total now due by 13 August 2007.



#### Direct payment of suppliers



Page 1 of 2

When	to	use
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■ 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

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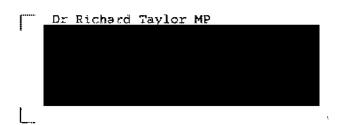
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Please use margin for comments

#### **Statement**



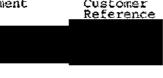


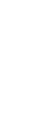
Customer Account Statement Date : 18/07/2007

Page :

Date 21/06/2007 10/07/2007 Transaction Type INV

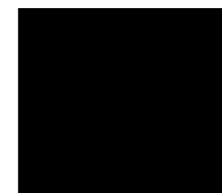
Customer Reference Document





Transaction Value

Outstanding Value 10.89 31.49



Status



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 Partly paid CRN Credit Note Invoice under query CASH Payment CADJ Credit Adjustment DADJ Debit Adjustment

Total :

42.38

10 89 31 49



## Direct payment of suppliers

0 3 JUL 2007

Page 1 of 2

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  Constituency	DR, RICHARD WYRE F  Office use only Costc/Cal 2 Supp/Res ID	DREST			
Claim details					
Please ensure	<ul> <li>your claim totals more than your claim more promptly</li> <li>any claims for petty cash do</li> <li>you attach all supplier invoice</li> </ul>	not exceed £250 per month	rocess		
You <i>must</i> specify	■ the Incidental Expenses Pro	wision for costs that include off ulpment and supplies,communi			
You can specify	the Incidental Expenses Pro include work commissioned	ovision or the Staffing Allowand			
Date of claim	25 10610 D71 D8	<del>}</del>			
***************************************	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		
	Incidental Expenses Pro		Office use only Allow or Supplier Exp/		
ltem 1	Suppliers  RANNER	Amount 67.71	A/c code ID Cal 5		
item 2	L //	£ (8 : 28 p			
Item 3	· · · · · · · · · · · · · · · · · · ·	E94:28 p			
Item 4		£ 26 : 63;	,		
Item 5	L	<u>£ : p</u>			

Total £ 36:90p

Claim details continued	t				<del></del>		
	Staffing Allowance	claims			Office u	ise only	
	Suppliers	Am	ount		Allow or A/c code	Suppl <del>ie</del> r ID	Exp/ Cat 5
item 6	L	E		:	_Р		
Item 7		<u>E</u>		:	<u> </u>		
item 8	<u> </u>	£			_р		
Item 9	<u> </u>	£	<b>v</b>	•	р		
		Total £		* •	р		
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	<ul> <li>I confirm that the pays</li> </ul>	ments reque	sted are i	n respe	ect of costs incurr	ed whoilv.	
	and mind and many				my Parliamentary		
Signature					_ MP		
	27,7	107					
Date	L ~ / / Ø	<del>'                                    </del>			-		
Data protection	The House of Commons Adr of administering and account accordance with the rules ag also be disclosed to the Natic	ting for the Ma reed by the H	mbers' Est ouse of Co	limate, i emmons	making payments ar and the inland Rev	nd keeping re enue. The inf	cords in formation will
	the House of Commons Adm	inistration or	by its agent	ts for th	e purpose of busine	ess analysis o	or research.
	For the purposes of the Free Authority and therefore the in scope of that Act.					ns Administra	tion is a P <b>ubl</b> ic
	Under the Data Protection Active House of Commons Adminotice or how your informational our Data Protection Official House).	inistration holin is handled	ds about yo or about yo	ou. If yo er rights	ou have questions a s under the Data Pro	bout the contr otection Act 1	ents of this 998, please
Send your completed form to	Validation Team, Operation Department of Finance &			e of Co	ommons, London	SW1A 0AA	
	Office use only			******			
	Validation In	itials Date		Vali	dation	Initials Dal	te
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	Funds check	- 1	,	Rec	eipts/ umentation present		7 7

Allowable expenditure

1

Processing

Please use margin for comments

Input

### **Statement**



Dr Richard Tavlor MP

Customer Account

Statement Date

: 19/06/2007



Page: 1

Date	Transaction Type	Document	Customer Reference	Status	Transaction Value	Outstanding Value
12/04/2007 28/04/2007 04/05/2007 10/06/2007	INV INV INV INV				47.71 18.28 44.28 26.63	47.71 18.28 44.28 26.63

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:		Stat	tus:
INV	Invoice	P	Partly paid
ÇRN	Credit Note	D	Invoice under query
	Payment		
CADJ	Credit Adjustment		
DADJ	Debit Adjustment		

E. M. Kry

Total:

136.90

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	Transaction N	
Financial Processing }	Registration N	
<u>Validation Claim Summary Sheet</u> Please write or print clearly & attach t		<i>C3</i>
Supplier ID	or	
	or	
		New Supplier
Volunteer Yes (No) Please check / amend relation		
Text		
Invoice No.		
Account code / Allowance		
Members cost centre (Cat1)		
Financial Year/PIRO (Cat2)		
Expenditure type (Cat5) :		7650
	nto the the att	£74.80
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		£
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		€
	नका नका जात	£
	and and the and	€
	***	£
TOTAL Comments:		£ 74.80.
* 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

0 4 JUL 2007

Page 1 of 2

When	tc	ŀ	use
thi	•	f	am

- 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	
_	DR PICHARD TAYLOR WYRE FOREST
Name in CAPITAL LETTERS	DI CIETINOS ITINAS
IN CAPHALLETTERS	1.2.00 Facor
Constituency	MYRE TOREST
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Ontalle of staff man	
Details of staff mo-	
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First name	
Surname	
in CAPITAL LETTERS	
Status	Permanent employee
	Temporary or casual employee
	C) Volunteer
Date of birth	
National Insurance	<u> </u>
number	- <del>Name Agent - Agent - Name -</del>
	Office use only
	Costc/Cat 2
	The state of the s
Payment details	
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Payslip address	
• •	
December of the 25th	
Bank details	Sort code   _   _   _   _   _ Account number   _   _   _   _   _   _   _   _
	Account name
	$\cdot$

NB For all one-off salary payments, please state overpage the month(s) in which the payment was earned so that NI contributions are correctly attributed.



#### Claim details

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

				,	, <del></del> .	A
	Amount		s Taxable		Allow & exp type	Initiats 5
One off salary	£ :	e	, 🔲 Yes	∏ No		
Season ticket loan	ξ :	<u>D</u>	Tes	∏ No	[	
Travel-trametowak	£ :	<u>p</u>	🗌 Yes	□ No		
Raitavel	ξ :	P	☐ Yes	□ No		
Car travel	£ :	<u>. p</u>	☐ Yes	∐ No		
Air travel	€ :	<u>p</u>	☐ Yes	□ No		
Texai	€ :	p	Tes.	□ No		
Meals and subsistence	€ :_	<u>.</u>	Yes	□ No		:
Healthcare	€ :	р	☐ Yes	□ No		
Childcare	£ :	B	Yes	□ No ■		
		<del></del>	•	<b>∐No</b>	<del></del>	
Home as office/telephone	<u>£ :</u>	B		ĎNo	<u>-</u>	
Office requisites	<u>e74 :8</u>	20 p	ez. vojsk	eserve e mai		
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	t confirm that nav	ments listed abn	We were w			arily incurred
				ne	ntary duties.	
Signature					MP	
	12	<b>~ □</b>				
Date	X 1 1 1			······		
Data protection	will process the infor- accounting for the Nagreed by the employed to the in- the disclosed to the in- The information will have questions about the Data Protection	mation you provid fembers' Estimate bying member, the National Audit Offic be processed in a ut the contents of Act 1998, includin	le on this for , making pay House of Ca ce for audit p occordance w this notice of g the right to	in for the purments and I winners and I winners and rurposes. If the proving thow your in see and re	rpose of stalf admini keeping records in ac d the Inland Revenue sions of the Data Pro Mormation is handled	of Commons Administrati- stration, administering an condance with the rules. The information may als atection Act 1998. If you for about your rights undi- personal data that the Hountact your employer.
Send your completed form to	Validation Team, Department of Fi			ouse of Co	ommons, Lendon (	SW1A OAA

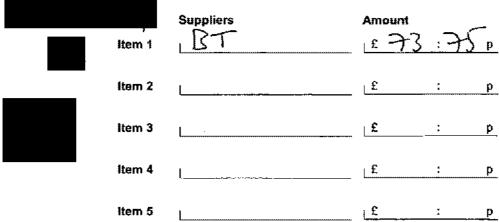
With Compliments DR. FIRMARK CASH (D. PARRY) Cartridge World Deries **Hidderminster** ZX HP. ROFILLS Black IXAP RELL \$9 Colour 3x4821 NON, \$35.85 1 × HP 22 NON \$13.98



#### Direct payment of suppliers

1 5 MAY 2007

Hot state Countries	• • • •		Page 1 of				
When to use this form	Use this form to ask us to pay your suppliers for goods and s incurred on your Parliamentary duties.	Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.					
About filling in this form	<ul> <li>For details of costs you can claim for, see Green Book section</li> <li>If you have any doubt about whether you can claim for a cost please call 020 7219 1340.</li> </ul>	•					
Your details							
Name in CAPITAL LETTERS Constituency	DR RICHARD TAYLOR WYRE FOREST						
	Office use only Costo/Cat 2 Supp/Res ID						
Claim details			•				
Please ensure	<ul> <li>your claim totals more than £100 – this will enable us to proof your claim more promptly</li> <li>any claims for petty cash do not exceed £250 per month</li> <li>you attach all supplier invoices.</li> </ul>	ess					
You <i>must</i> specify	the Incidental Expenses Provision for costs that include office surgery accommodation, equipment and supplies,communical						
You can specify	the Incidental Expenses Provision or the Staffing Allowance for include work commissioned or bought in services.						
Date of claim	14,05,07						
Allowance year	07/08						
	Suppliers Amount	Office use only Allow or Supplier Vc code ID	Exp/ Cat 5				
Item 1	$\mathbb{R}^{+}$						



Allow or Supplier Exp/ A/c code ID Cat 5	OHIO	e usi	е отку		- 1
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Total £73:75p

Claim details continue	ed			
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		Total £ :	. p	
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Signature			MP	
Date	14 105 1	1 67	<del></del>	
Data protection	The House of Commons Admi of administering and accountin accordance with the rules agre also be disclosed to the Nation the House of Commons Admir	ng for the Members' Esti eed by the House of Cor nal Audit Office for audit	imate, making payments an immons and the Inland Revi purposes. The information	nd keeping records in venue. The information will n may also be used within
	For the purposes of the Freedo Authority and therefore the info scope of that Act.	lom of Information Act 20	000 the House of Common	
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Send your completed form to	Validation Team, Operation Department of Finance & A		of Commans, London	SW1A 0AA
	Correction and			
	Office use only  Validation Init	itials Date	l Validation	Initials Date
	Claims received	lais vale	Member ID	Initials use
	Signature check		Payment codes added to form	
	Funds check		Receipts/ documentation present	
	Allowable excenditure		Processing	<u> </u>

Input

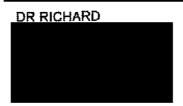
Please use margin for comments



Your account and bill number

Date 3 May 2007

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





Bringing it all together

## BT Business Plan

Bill fo

**********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Cost of calls	£ 0.36
Service charges	£ 53.90
One-off charges	£ 10.00
VAT	£9.49

#### Total now due

£ 73.75

Please make sure we receive the total now due by 14 May 2007.





## **Direct payment of suppliers**



3 D APR 2008

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Page 1 of 2

When	tç	•	U:	se
thi	s	Ŧ	ÒF	m

- 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.

this form	If you have any doubt about please call 020 7219 1340.	whether you can claim for a o	osi,
Your details  Name In CAPITAL LETTERS  Constituency	LICHARD :	TAYLOR GREST	
	Office use only Costc/Cat 2 Supp/Res ID		
Claim details			
Please ensure	<ul> <li>your claim totals more than £ your claim more promptly</li> <li>any claims for petty cash do not you attach all supplier invoice</li> </ul>	not exceed £250 per month	ocess
You must specify	the Incidental Expenses Provi surgery accommodation, equi	sion for costs that include offic pment and supplies,communic	
You can specify	the Incidental Expenses Provi include work commissioned o		for costs that
Date of claim	29 /4 108		
Allowance year	107/6		<u>.</u>
	Incidental Expenses Prov	vision claims	Office use only
×	Suppliers	Amount	Allow or Supplier Exp/ A/c code ID Cat 5
em 1	BANNER X5	= q 00 : 2813	
item 2	L	£ : p	[ <u></u> ]
Item 3	L	£ : p	
item 4	L	£ : p	
Item 5	l	£ : p	
	Total	£ 185 : ∞ p	

Claim details continued	<b>d</b>	<u>-</u>						
	Staffing Allowan	ce claim:	s			Office u	se only	
	Suppliers		Amount			Allow or A/c code	Supplier ID	Exp/ Cat 5
Item 6			<u>E</u>	:	<u>p</u>			
ltem 7			£	:	р			<u> </u>
Item 8			£	:	р			
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Item 9	<u> </u>	<del>_</del>	E	:	<u>p</u>			
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Authorisation and	declaration							
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Data protection	The House of Commons of administering and accordance with the rules also be disclosed to the Nather House of Commons A	ounting for the agreed by the lational Audi	ie Member he House it Office for	s' Estima of Comm audit pui	te, making p ops and the rposes. The	ayments an Inland Reve information	d keeping re mue. The inf may also be	cords in ormation will used within
	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 the House of Commons A notice or how your inform call our Data Protection C the House).	Administratio ation is hand	n holds ab ded or abo	out you. I out your ri	f you have o ghis under ti	juestions ab he Data Pro	out the contr tection Act 1	ents of Ihis 998, please
Send your completed form to	Validation Team, Open Department of Finance			louse of	Commons	, London S	SW1A OAA	
	Office use only							
	Validation	initials Da	ate	į,	Validation		Initials Dat	e
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	Allowable expenditure		1 1	1	Processing	,		

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Please use margin for comments

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#### **Statement**



Dr Richard Taylor MP

Customer Account : 11/03/2008 Statement Date

Page :

Date	Transaction Type	Document	Customer Reference
24/01/2008 25/01/2008 25/01/2008 27/01/2008 05/03/2008	INV INV CRD INV INV		

Outstanding Value Status Transaction Value 61.21X 9.35X -5.59X 44.37X 75.66X 61.21 9.35 -5.59 **-**44.37 75.66 -

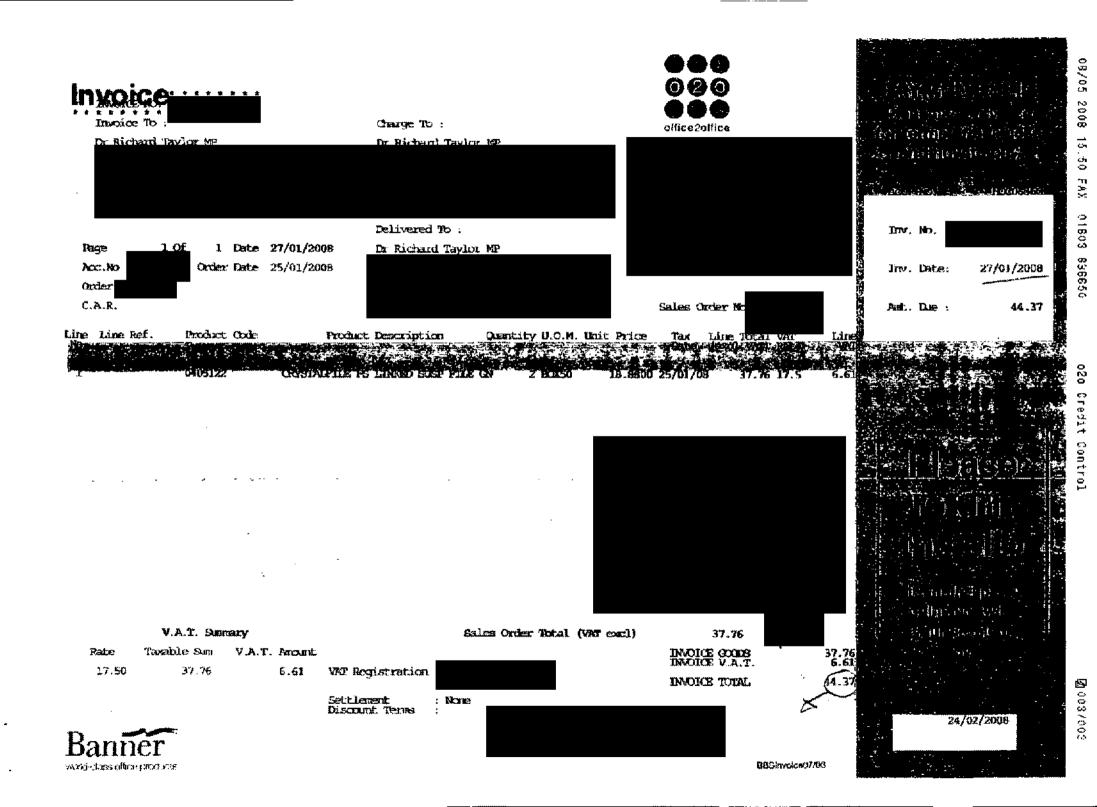
The items listed are outstanding on your account. Payment is awaited, also if appropriate your instructions for use of any credit items. Please ignore items under query or paid within the last 10 days.

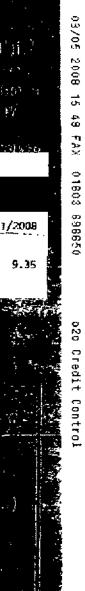


Type: Status: Invoice Partly paid Gredit Note Invoice under query CASH Payment CADJ Credit Adjustment DADJ Debit Adjustment

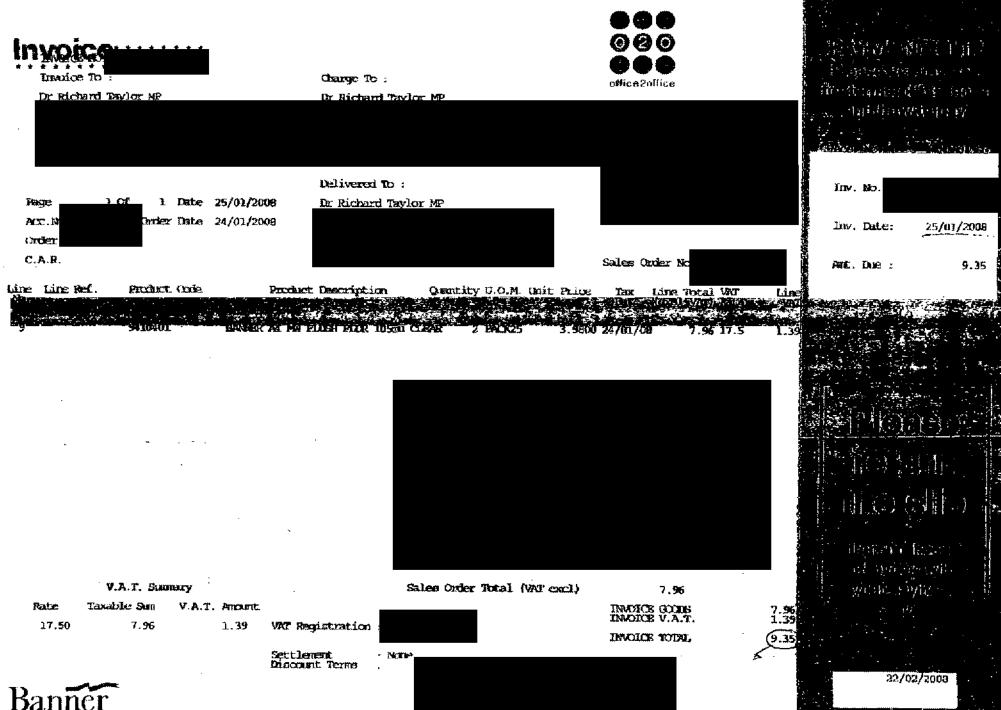
Total :

185.00



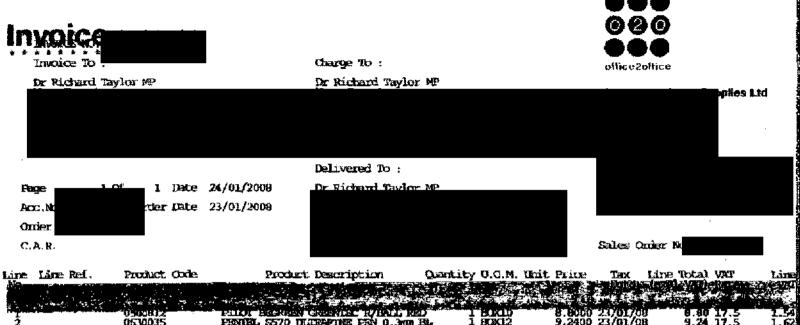






BRSInvoices///(X)

white-class diffee products



PANIAL SEVO HARMANIS FON O. MOR BL. I BIXIS 8.8056 23/01/68 9.2400 23/61/08 7.5100 23/61/68 1.4050 23/01/08 3.7100 23/01/08 3.7100 23/01/68 3.7100 23/01/68 9.24 17.5 7.51 17.5 0530035 BCK12 POSE-IT NOTE 76066 WARM PRETEL RISM POST-IT INDEX PLAG DISP 25044ms BL BACKUZ DISP 0060573 1.40 17.5 9.25 17.5 3.71 17.5 3.71 17.5 3.71 17.5 4.76 17.5 0000100 9420001 PANNER PE SQUARE CUT PLER 1800EM AS COLORADO ES LEVISY ARCH PILE 80mm PK PCK100 0402453 1 PILE 1 PILE 2 BINDER 0402454 COLORINO PE LEMER ARCH FILE COMP PU 0403052 9410101 COLURADO ES LESSER ARCH FILE GORM BL. BANNER AS PP 20 1965 R/BIOD 38cm BL. 3.7100 23/01/08 2.3800 23/01/08

V.A.T. SECURELY

Sales Order Total (VAT excl)

52.49

V.A.T. ACCURE Rate laxable Sum 52.09

INVOICE V.A.T.

52.09 9.12

17.50

9,12

VAT Registration

INVOICE TOTAL

Sett lement Discount Teams · Name

stationary or vitro exists interest

BBStrypice07403

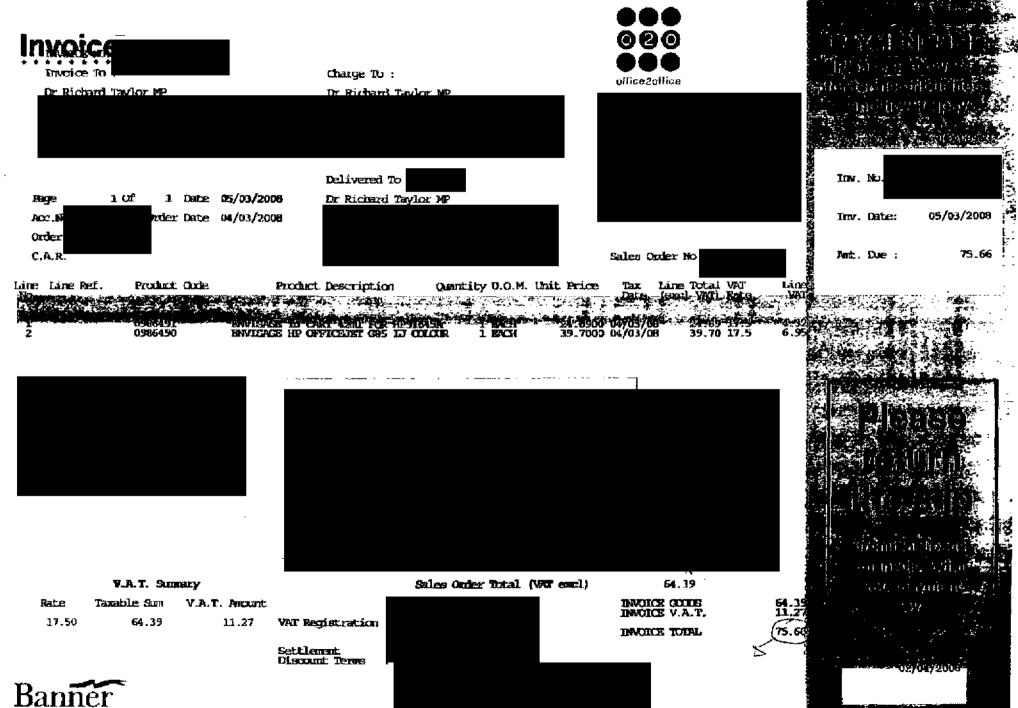
Inv. No. :

Inv. Date:

24/01/2008

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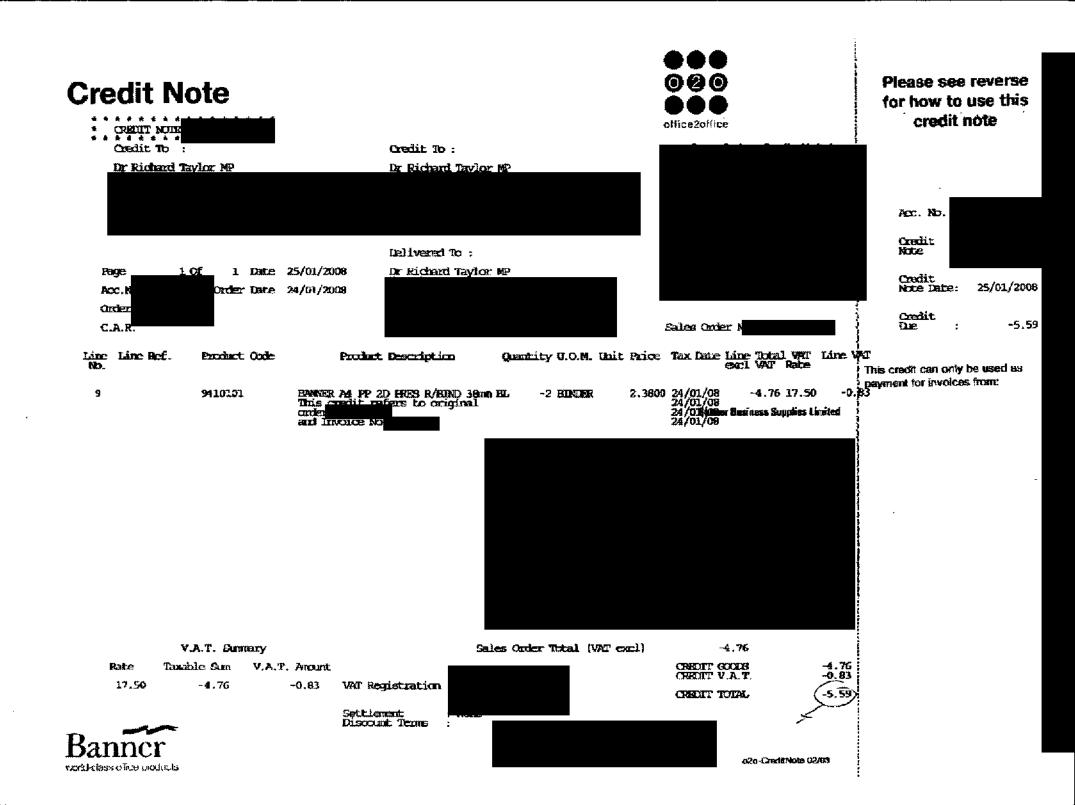
61.21



world-class office products

300/100@

BBSInvaice07A03





### Direct payment of suppliers



Page 1 of 2

When	to	use
thi	s i	form

Item 5

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

About filling in this form	<ul> <li>For details of costs you can claim for, see Green Book section 5.13.1.</li> <li>If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.</li> </ul>							
Your details								
Name in CAPITAL LETTERS Constituency	Dr Richard Taylor WYRE FOREST							
	Office use only Costo/Cat 2 Supp/Res ID							
Claim details								
Please ensure	<ul> <li>your claim totals more than £100 – this will enable us to process your claim more promptly</li> <li>any claims for petty cash do not exceed £250 per month</li> <li>you attach all supplier invoices.</li> </ul>							
You <i>must</i> specify	■ the Incidental Expenses Pro	wision for costs that include off uipment and supplies,communi						
You can specify	the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.							
Date of claim	12 13 10	8						
Allowance year	107-10f							
	Incidental Expenses Pro	ovision claims	Office use only Allow or Supplier Exp/					
Item 1	L BT	<u>ε 81 : 42</u> p	A/c code ID Cat 5					
Item 2	<u> </u>							
Item 3	L	£ : p						
item 4	<u>L</u>	£ ; p						

Total £ 87 : C/2 p

Claim details continued	d					<u> </u>	
	Staffing Allowance clain	าร			Office us	e only	
	Suppliers	Amount			Allaw ar A/c code	Supplier ID	Exp/ Cat 5
ltem 6		£	<u>:</u>	р			
Item 7	L	Ĺ£	:	р_			
Item 8	<u></u>	£	<del>.</del> .	р			
Item 9	t	£		р			
	Total	£	;	р			
Authorisation and	declaration						
	L confirm that the payments	ranuaetad	are in m	senect of o	nete innurna	rt whally	
					iamentary		
Signature		,		. MP			
Date	12/3/	of.					
	***************************************			*******		******	
Data protection	The House of Commons Administra of administering and accounting for accordance with the rules agreed by also be disclosed to the National Au the House of Commons Administrat	the Member the House dit Office for	s' Estima of Come audit pu	ite, making p nons and the rposes. The	ayments are inland Reve information	d keeping re nue. The int may also be	cords in formation will used within
	For the purposes of the Freedom of Authority and therefore the informati scope of that Act.	Information	Act 2000	) the House			
	Under the Data Protection Act 1998						
	the House of Commons Administrat notice or how your information is ha call our Data Protection Officer on 0 the House).	ndled or abo	out your r	ights under t	he Data Prof	tection Act 1	998, please
Send your completed	Validation Team, Operations Dir	ectorate					
form to	Department of Finance & Admir		louse of	Commons	, London S	W1A 0AA	
	Office use only						<del></del>
	Validation Initials	Date	ì	Validation		Initials Dat	te
	Claims received	1 1		Member ID added to for	m		1 1
	Signature check		.	Payment coo added to for	tes		1 1
	Funds check	f f		Receipts/ documentati			1 1
	Allowable exceediture		1	Processing			

1

Please use margin for comments



## Direct Debit

- the smart way to pay.

Your account and hill member

Date 28 February 2008

If you have a query please see reverse for our contact details. DR RICHARD TAYLOR MP'S OFFICE



### Reminder

for

Total now overdue £ 81.42

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

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

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



#### Direct payment of suppliers

S S JAN Kuub

Page 1 of 2

When	to	use
thi	c f	orm

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	DR RICHARD TAYLOR
in CAPITAL LETTERS  Constituency	WYRE FOREST
	Office use only
	Costc/Cat 2
	Supp/Res ID
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

18 11 108

Allowance year

	incidental Expenses Provision claims						
	Suppliers	Amount 3: 17					
Item 1	BANNER	1239 -51 p					
Item 2	05CC	1 14: 65 1 1 6 2 : 1 S p					
ltem 3	Brawner	1£ 8 : 4\p					
tamete de	BANNER	10:89					
item 4	Browner	(£ 55:89p					
ltem 5	BANNER	F 143 20					

idantal Ermanaga Provinces alaima

£401:66 p

Office use only

Allow or Supplier Exp/ Cat 5

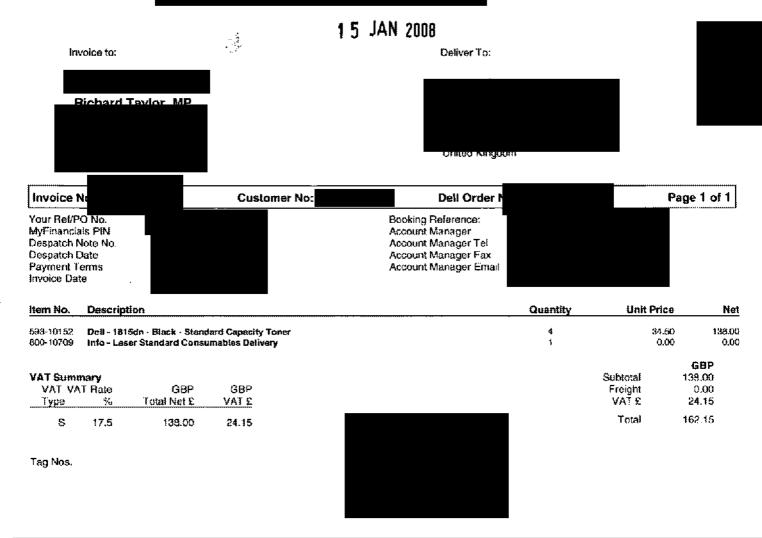
Claim details continued	1				****				
	Staffing Allowand	ce claim	s			Office us	se only		
	Suppliers		Amount			Allow or A/c code	Supplier ID	Exp/ Cat 5	
Item 6	<u> </u>		1. <u>£</u>	<u>:</u>	<u>p</u>		Ī		
Item 7	<u> </u>	<del></del>	£	:	р				
ltem 8	·	<del> </del>	£	:	p				
Item 9	1		L £	;	p			-	
		Total	£	:	р				
Authorisation and	declaration		<u>.</u>						
	I confirm that the p	savments r	equested :	are in r	espect of c	osts incurre	ed wholly.		
	= 1 00/m/m (not group	аутопо	equodioa		-	fiamentary	_		
Signature			,		MP				
Date	18,1		38					•	
Data protection	The House of Commons of administering and accordance with the rules also be disclosed to the Nother House of Commons A	ounting for t agreed by lational Auc	he Member the House hi Office for	s' Estim of Corre r audit pr	ate, making promise and the proposes. The	payments and ≥ Inland Reve • Information	d keeping re mue. The inf may also be	cords in ormation ( used with	will iin
	For the purposes of the F Authority and therefore th scope of that Act.	reedom of	information	Act 200	0 the House				
	Under the Data Protection the House of Commons Anotice or how your inform call our Data Protection Cathe House).	Administrationalistration after the state of	on holds ab idled or abo	iout you. Dut your	if you have rights under	questions ab the Data Pro	out the conti lection Act 1	ents of thi 998, pleas	\$ 50
Send your completed form to	Validation Team, Opera Department of Finance			louse d	f Common	s, London S	SW1A OAA		
	Office use only								
	Validation	Initials C	ate	1	Validation		Initials Dat	te	
	Claims received		1 1		Member ID added to for	ren			
	Signature check		1 1		Payment co added to for	des			
	Funds check		1 1		Receipts/ documentat		· · · · · · · · · · · · · · · · · · ·	1 1	
	Allowable expenditure	T	, ,	[	Processing				

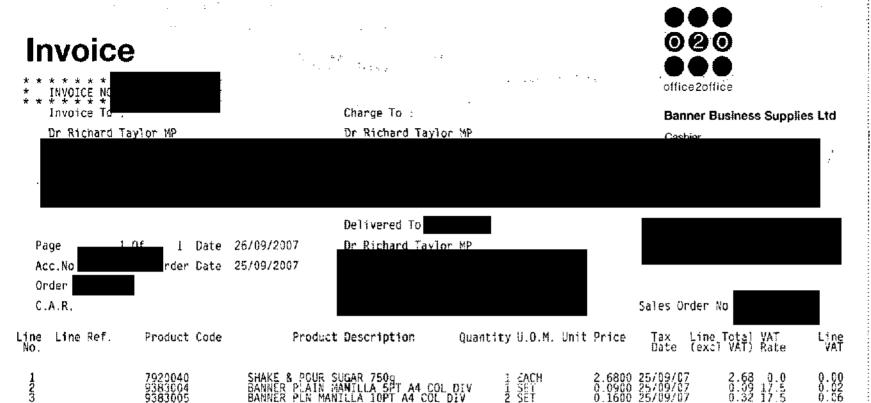
Please use margin for comments





#### Invoice







V.A.T. Summary

Rate Taxable Sum V.A.T. Amount

O.00 2.68 0.00 VAT Registration
17.50 0.141 0.08

Sectlement : None
Discount Terms :



EEE Producer Registration No:

**PAYMENT SLIP** 

Please see reverse for terms of business and how to pay

Acc. No. :

Inv. No. :

inv. Date:

26/09/2007

Amt. Que :

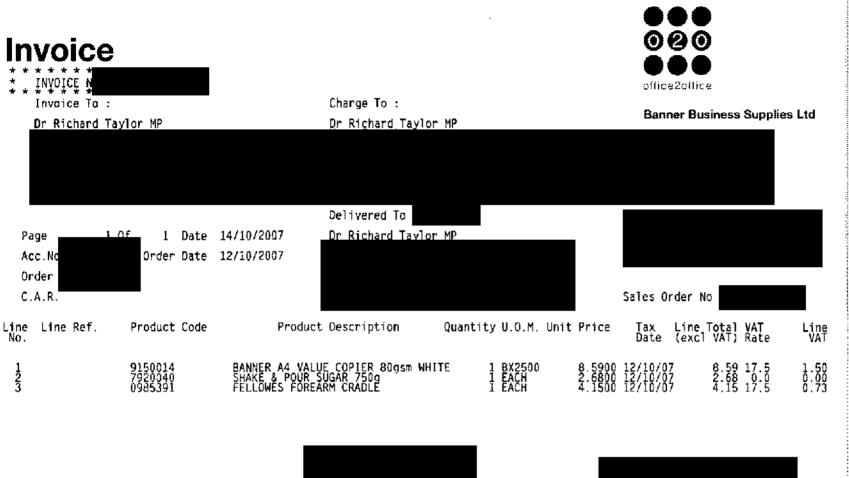
3.17

## Please return the slip

from final page of invoice with your payment by

24/10/2007

inve:ce07/03





Settlement Discount Terms : None

EEE Producer Registration No:

No:

BBS:nvoice07/03

#### \*\*\*\*\*\*\*

#### **PAYMENT SLIP**

Please see reverse for terms of business and how to pay

Acc. No.

Inv. Date:

14/10/2007

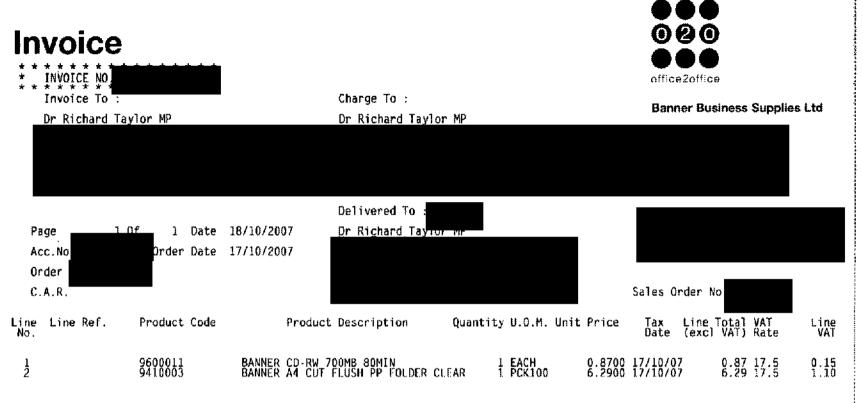
Amt. Due :

17.65

## Please return the slip

from final page of invoice with your payment by

11/11/2007





BBSInvoice07/03

7.16 V.A.T. Summary Sales Order Total (VAT excl) Rate Taxable Sum V.A.T. Amount 7.16 1.25 1.25 17.50 7.16 VAT Registration INVOICE TOTAL 8.41 Settlement Discount Terms : None EEE Producer Registration No

Banner world-class office products

**PAYMENT SLIP** 

Please see reverse for terms of business and how to pay

Acc. No. :

Inv. Date:

18/10/2007

Amt. Due :

8.41

## Please return the slip

from final page of invoice with your payment by

15/11/2007



#### PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. Inv. No.

Inv. Date:

21/10/2007

Amt. Due :

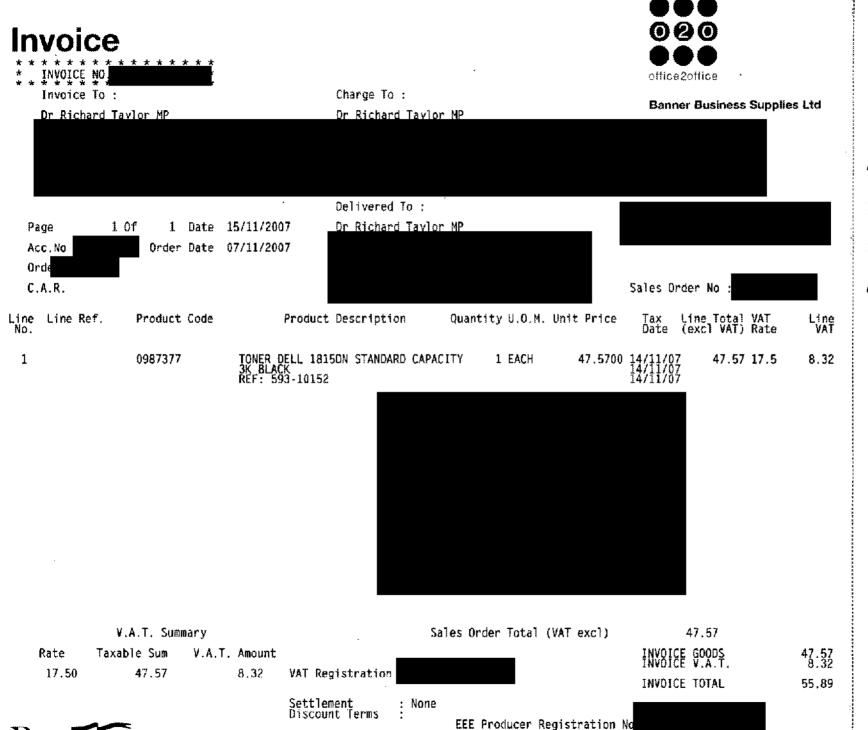
10.89

## **Please** return the slip

from final page of invoice with your payment by

18/11/2007

BBSInvoice07/03



world-class office products

#### **PAYMENT SLIP**

Please see reverse for terms of business and how to pay

Acc. No. ;

Inv. Date: 15/11/2007

Amt. Due: 55.89

## Please return the slip

from final page of invoice with your payment by

13/12/2007

BBStryoice07/03



world-class office products

#### **PAYMENT SLIP**

Please see reverse for terms of business and how to pay

Acc. No. :

Inv. No. :

Inv. Date:

10/01/2008

Amt. Due :

143.50

## Please return the slip

from final page of invoice with your payment

by

07/02/2008