



# Member's reimbursement form

23 JAN 2008

C1

**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

DR RICHARD TAYLOR

Constituency

WYRE FOREST

**Office use only**

Costc/Cat 2 [REDACTED]

## 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 15 11 07

to 22 01 08

Allowance year

07 08

**Office use only**

Allow or Exp/  
A/c code Cat 5

	Description of service or goods	Amount
Item 1	Int Cartridge	£ 41 : 00 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
Item 10		£ : p

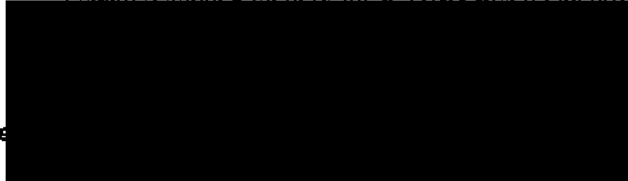
Total

£ 41 : 00 p

**Authorisation and declaration**

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

Signature



MP

Date

12 Jan 2008

**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.

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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		/ /
Member Res ID & Costc		/ /
Ext type/Cat 5 & subtotals added to form		/ /
Receipts/ documentation present		/ /
<b>Processing</b>		
Input		/ /

**Input subtotals per Cat 5**

£	41.00
£	
£	
£	
£	
£	
£	
£	
£	41.00

**Comments**

Empty box for comments.



# Direct payment of suppliers

C2

14 DEC 2007

**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

DR RICHARD TAYLOR ✓

Constituency

WYRE FOREST ✓

**Office use only**

Costs/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

13, 12, 07

Allowance year

~~06~~ 07 - 08

### Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	LANGFORD PRINTERS	£ 52 : 88 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total **£ 52 : 88 p**

**Office use only**

Allow or A/c code	Supplier ID	Exp/ Cat 5

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 declare that the above claims are for the purpose of costs incurred wholly, or in part, in the performance of my Parliamentary duties.

Signature \_\_\_\_\_ MP

Date 13 / 12 / 07

**Data protection**

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Send your completed form to

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

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


Please use margin for comments




# 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
		

Delivery Address:  


VAT Registration N 

Total Net	45.00
Total VAT	7.88
<b>INVOICE TOTAL</b> £	<b>52.88</b>





Direct payment of suppliers

22 NOV 2007

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

DR RICHARD TAYLOR

Constituency

WYRE FOREST

Office use only

Cost/Cat 2

Supp/Res ID

7 1

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

19 / 11 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	BT	£ 81 : 92p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total

£ 81 : 92p

Office use only

Allow or A/c code

Supplier ID

Exp/ Cat 5

Claim details continued

**Staffing Allowance claims**

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

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

**Authorisation and declaration**

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

Signature

\_\_\_\_\_ MP

Date

20/11/2007

**Data protection**

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

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



[Redacted]

Your account and bill number  
[Redacted]

DR RICHARD  
TAYLOR MP'S OFFICE

[Redacted]

[Redacted]



Bringing it all together

[Redacted]

Date  
**4 November 2007**

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

## BT Business Plan

Bill for [Redacted]

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

**Total now due £ 81.92**

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

[Redacted]

[Redacted]

[Redacted]

[Redacted]





Direct payment of suppliers

2<sup>o</sup> SEP 2007

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

DR RICHARD TAYLOR

Constituency

WYRE FOREST

Office use only

Cost/Cat 2

Supp/Res ID

7 1

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

25 / 09 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Item	Suppliers	Amount
Item 1	BAUWER BUSINESS SUPPLIES	£ 29.99 <del>£ 74.85 p</del>
Item 2		£ 24.35 p
Item 3	11 11	£ 20.51 p
Item 4		£ : p
Item 5		£ : p

Total

£ 74.85 p

Office use only

Allow or A/c code

Supplier ID

Exp/ Cat 5



# Statement



Dr Richard Taylor MP

Customer Account [REDACTED]  
 Statement Date : 12/09/2007



Page : 1

Date	Transaction Type	Document	Customer Reference	Status	Transaction Value	Outstanding Value
29/07/2007	INV	[REDACTED]	[REDACTED]	[REDACTED]	29.99	29.99
19/08/2007	INV	[REDACTED]	[REDACTED]	[REDACTED]	24.35	24.35
31/08/2007	INV	[REDACTED]	[REDACTED]	[REDACTED]	20.51	20.51

1 OCT 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	P Partly paid
CRN Credit Note	D Invoice under query
CASH Payment	
CADJ Credit Adjustment	
DADJ Debit Adjustment	

Total : 74.85



Incidental Expenses Provision/Staffing Allowance  
**Direct payment of suppliers**

21 AUG 2007  
 G2

**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 TAYLOR  
 WYRE FOREST

Office use only

Costs

Supp/Res ID

7 1

**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

20 / 08 / 07

Allowance year

07 / 08

**Incidental Expenses Provision claims**

Item	Suppliers	Amount
Item 1	BT	£ 68 : 89 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 68 : 89 p

Office use only

Allow or A/c code / Supplier ID / Expi / Cat 5


Claim details *continued*

**Staffing Allowance claims**

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

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

**Authorisation and declaration**

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

Signature \_\_\_\_\_ MP

Date 20 / 08 / 07

**Data protection**

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Send your completed form to

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

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

Please use margin for comments





Direct payment of suppliers

31 JUL 2007

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

DR RICHARD TAYLOR

Constituency

WYRE FOREST

Office use only

Cost/Cal [REDACTED]

Supp/Res ID [REDACTED]

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

24/07/07

Allowance year

07/08

Incidental Expenses Provision claims



Item 1

Suppliers

BAUNEX

Amount

10:89  
~~£42:38 p~~

Item 2

11

£31:49 p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£42:38 p

Office use only

Allow or A/c code

Supplier ID

Exp/Cat 5

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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 \_\_\_\_\_ MP

Date 24/07/07

**Data protection**

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Send your completed form to

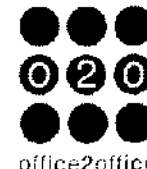
Validation Team, Operations Directorate,  
Department of Finance & Administration, House of Commons, London SW1A 0AA

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

Please use margin for comments



# Statement



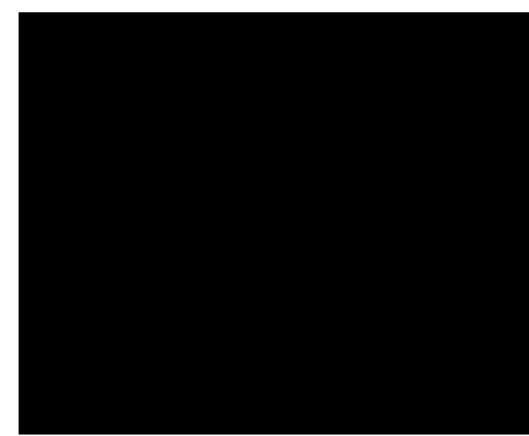
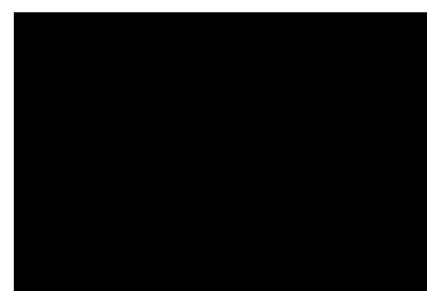
Dr Richard Taylor MP

Customer Account [REDACTED]  
 Statement Date : 18/07/2007



Page : 1

Date	Transaction Type	Document	Customer Reference	Status	Transaction Value	Outstanding Value
21/06/2007	INV	[REDACTED]	[REDACTED]		10.89	10.89
10/07/2007	INV	[REDACTED]	[REDACTED]		31.49	31.49



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

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

Total : 42.38





Direct payment of suppliers

03 JUL 2007

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

DR. RICHARD TAYLOR

Constituency

WYRE FOREST

Office use only

Cost/Cal 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

25 / 06 / 07

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

Allow or A/c code	Supplier ID	Exp/ Cal 5
-------------------	-------------	------------

Item	Suppliers	Amount
Item 1	BARBER	£136.92 p
Item 2	//	£18.28 p
Item 3	//	£44.28 p
Item 4	//	£26.63 p
Item 5		£ : p

Total

£136 : 90 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



MP

Date

27/6/07

**Data protection**

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

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

# Statement



Dr Richard Taylor MP

Customer Account : [REDACTED]

Statement Date : 19/06/2007

Page : 1

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

*0.00*

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

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

Total : 136.90





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

04 JUL 2007

**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

DR RICHARD TAYLOR

Constituency

WYRE FOREST

## Details of staff member

First name

Surname

in CAPITAL LETTERS

Status

- Permanent employee
- Temporary or casual employee
- Volunteer

Date of birth

National Insurance number

\_\_\_\_\_

**Office use only**

Costc/Cat 2

## Payment details

Payslip address

Bank details

Sort code \_\_\_\_\_ Account number \_\_\_\_\_

Account name \_\_\_\_\_

**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

	Amount	Taxable	Allow & exp type	Initials
One off salary	£ _____ : _____ P	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Season ticket loan	£ _____ : _____ P	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel—homework	£ _____ : _____ P	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rail travel	£ _____ : _____ P	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car travel	£ _____ : _____ P	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air travel	£ _____ : _____ P	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi	£ _____ : _____ P	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals and subsistence	£ _____ : _____ P	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare	£ _____ : _____ P	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Childcare	£ _____ : _____ P	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home as office/telephone	£ _____ : _____ P	<input checked="" type="checkbox"/> No		
Office requisites	£ 74 : 80 P	<input checked="" type="checkbox"/> No		
<b>Total</b>	<b>£ 74 : 80 P</b>			

**Authorisation and declaration**

I confirm that payments listed above were wholly, exclusively and necessarily incurred in the performance of my parliamentary duties.

Signature 

MP

Date 2/7/07

**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



Cartridge World  
Hidderminster

With Compliments

DR. FERNANDO

OPTICS

TAYLOR

CASH (S. PARRY)

2 x HP REFILLS 116 Black

1 x HP REFILL 29 Colour

3 x HP 21 NON. 35.85

1 x HP 22 NON 13.98

---

74.80

23





Direct payment of suppliers

15 MAY 2007

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

DR RICHARD TAYLOR

Constituency

WYRE FOREST

Office use only

Cost/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

14/05/07

Allowance year

06/07 07/08

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

BT

£ 73 : 75 p

Item 2

£ : p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 73 : 75 p

Office use only

Allow or A/c code

Supplier ID

Exp/ Cat 5

**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 [Redacted Signature] MP

Date 14 / 05 / 07

**Data protection**

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**Send your completed form to**

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

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

DR RICHARD



Bringing it all together

## BT Business Plan

Bill for

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.*



Incidental Expenses Provision/Staffing Allowance  
Direct payment of suppliers

**C2**

30 APR 2008

3 - APR 2008

**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

RICHARD TAYLOR  
  
WYRE FOREST

**Office use only**

Cost/Cat 2 [REDACTED]

Supp/Res ID [REDACTED]

**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 29 / 4 / 08

Allowance year 07 / 8

**Incidental Expenses Provision claims**



Suppliers	Amount
Item 1 <u>BANNER X5</u>	<u>£ 185 : 00 p</u>
Item 2	£ : p
Item 3	£ : p
Item 4	£ : p
Item 5	£ : p

Total **£ 185 : 00 p**

**Office use only**

Allow or A/c code	Supplier ID	Exp/ Cat 5

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



MP

Date

29 / 4 / 00

**Data protection**

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Send your completed form to

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

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

# Statement



Dr Richard Taylor MP

Customer Account [REDACTED]  
 Statement Date : 11/03/2008



Page : 1

Date	Transaction Type	Document	Customer Reference	Status	Transaction Value	Outstanding Value
24/01/2008	INV	[REDACTED]	[REDACTED]		61.21 X	61.21
25/01/2008	INV	[REDACTED]	[REDACTED]		9.35 X	9.35
25/01/2008	CRD	[REDACTED]	[REDACTED]		-5.59 X	-5.59
27/01/2008	INV	[REDACTED]	[REDACTED]		44.37 X	44.37
05/03/2008	INV	[REDACTED]	[REDACTED]		75.66 X	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:
INV Invoice	P Partly paid
CRN Credit Note	D Invoice under query
CASH Payment	
CADJ Credit Adjustment	
DADJ Debit Adjustment	

Total : 185.00

# Invoice



Invoice To : [Redacted]

Charge To :

Dr Richard Taylor MP

Dr Richard Taylor MP

[Redacted Address Block]

[Redacted Address Block]

Delivered To :

Dr Richard Taylor MP

[Redacted Address Block]

Page 1 of 1 Date 27/01/2008

Acc.No [Redacted] Order Date 25/01/2008

Order [Redacted]

C.A.R.

Sales Order No [Redacted]

Inv. No. [Redacted]  
 Inv. Date: 27/01/2008  
 Amt. Due : 44.37

Line	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax	Line Total	Vat	Line
1		0405122	CRISTAPRIDE FS LINKED SUSP FILLS GN	2	Box/50	18.8800	25/01/08	37.76	17.5	6.61

[Redacted Block]

### V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	37.76	6.61

Sales Order Total (VAT excl) 37.76

INVOICE GOODS 37.76  
 INVOICE V.A.T. 6.61  
 INVOICE TOTAL 44.37

Settlement : None  
 Discount Terms :

[Redacted Block]



24/02/2008

BBSInvoice07/03

08/05 2008 15:50 FAX 01603 838650 020 Credit Control 003/003

# Invoice

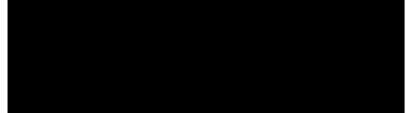


Invoice To :  
Dr Richard Taylor MP

Charge To :  
Dr Richard Taylor MP



Delivered To :  
Dr Richard Taylor MP

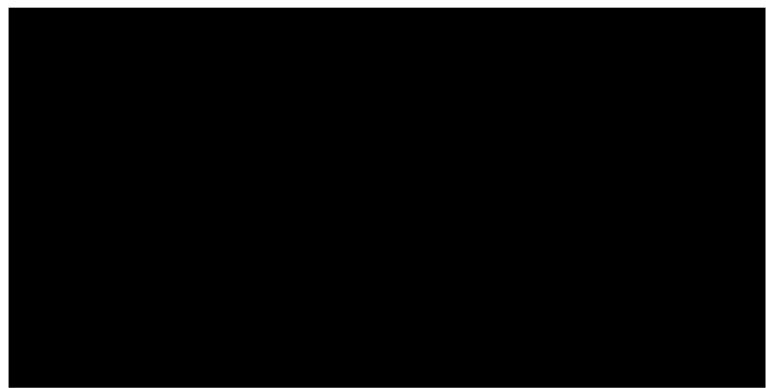


Page 1 of 1 Date 25/01/2008  
 Acc. No. Order Date 24/01/2008  
 Order:  
 C.A.R.

Sales Order No. [Redacted]

Inv. No. [Redacted]  
 Inv. Date: 25/01/2008  
 Amt. Due : 9.35

Line	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax	Line Total	VAT	Line
9		9410401	BANNER 24 MM FLUSH EDGE 105mm CLEAR	2	BLK25	3.9800	24/01/08	7.96	17.5	1.39



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	7.96	1.39

Sales Order Total (VAT excl) 7.96  
 INVOICE GOODS 7.96  
 INVOICE V.A.T. 1.39  
 INVOICE TOTAL 9.35

Settlement  
 Discount Terms



BRSInvoice/7/01

22/02/2008

03/05 2008 15 49 FAX 01803 696650 020 Credit Control 02/02/003



# Invoice



Invoice To :  
Dr Richard Taylor MP

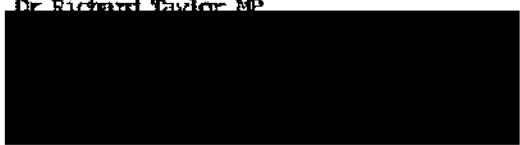
Charge To :  
Dr Richard Taylor MP

Supplies Ltd



Delivered To :  
Dr Richard Taylor MP

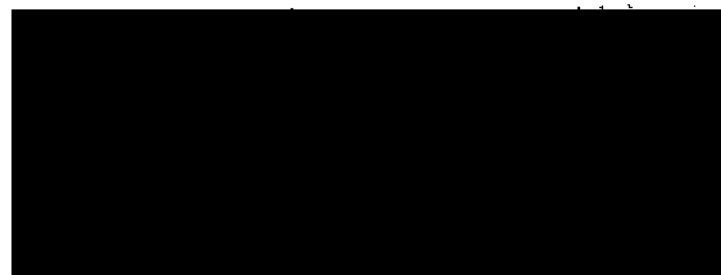
Page 1 of 1 Date 24/01/2008  
Acc. No. Order Date 23/01/2008  
Order  
C.A.R.



Sales Order No.

Inv. No. :  
Inv. Date: 24/01/2008  
Amt. Due : 61.21

Line	Line Ref.	Product Code	Product Description	Quantity	U.C.M.	Unit Price	Tax	Line Total	VAT	Line
1		0560812	PILLOT BICOMBI GREEN/BLK R/BALL BLK	1	BOKL2	8.8000	23/01/08	8.80	17.5	1.54
2		0630035	PENDEL 5570 ULTRAFINE PEN 0.3mm BL	1	BOKL2	9.2400	23/01/08	9.24	17.5	1.62
3		0080573	POST-IT NOTE 76X76 WARM ENGTEL RECM	1	BPKL2	7.5100	23/01/08	7.51	17.5	1.31
4		0080100	POST-IT INDEX FLAG DISP 25x44mm BL	1	DISP	1.4000	23/01/08	1.40	17.5	0.25
5		9420001	BANNER FS SQUARE CUT ELER 180mm AS	1	PCKL0D	9.2500	23/01/08	9.25	17.5	1.62
6		0402453	COLORADO FS LEVER ARCH FILE 80mm BK	1	EPCH	3.7100	23/01/08	3.71	17.5	0.65
7		0402454	COLORADO FS LEVER ARCH FILE 80mm BK	1	EPCH	3.7100	23/01/08	3.71	17.5	0.65
8		0403052	COLORADO FS LEVER ARCH FILE 80mm BL	1	FILE	3.7100	23/01/08	3.71	17.5	0.65
9		9410101	BANNER A4 PP 2D HBES R/BIND 30mm BL	2	BON194	2.3800	23/01/08	4.76	17.5	0.83



V.A.T. Summary

Rate	taxable Sum	V.A.T. Amount
17.50	52.09	9.12

Sales Order Total (VAT excl)

52.09

VAT Registration

Settlement : None  
Discount Terms :

INVOICE GOODS 52.09  
INVOICE V.A.T. 9.12  
INVOICE TOTAL 61.21

# Invoice

Invoice To: [Redacted]  
 Dr Richard Taylor MP

Charge To: [Redacted]  
 Dr Richard Taylor MP



office2office

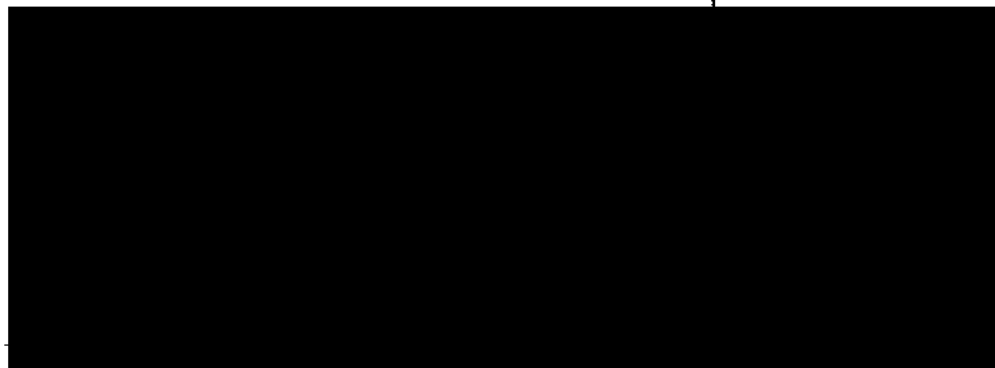
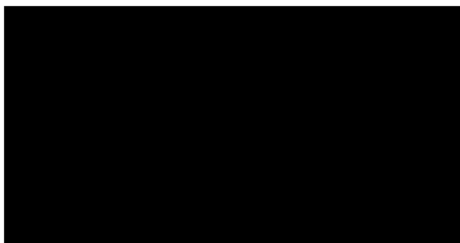
Page 1 of 1 Date 05/03/2008  
 Acc. No. [Redacted] Order Date 04/03/2008  
 Order [Redacted]  
 C.A.R. [Redacted]

Delivered To: [Redacted]  
 Dr Richard Taylor MP

Sales Order No. [Redacted]

Inv. No. [Redacted]  
 Inv. Date: 05/03/2008  
 Amt. Due : 75.66

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total	VAT Rate	Line VAT
1		0986491	ENVISAGE HP OFFICEJET G95 IN COLOR	1	EACH	21.8900	04/03/08	21.89	17.5	3.80
2		0986490	ENVISAGE HP OFFICEJET G95 IN COLOR	1	EACH	39.7000	04/03/08	39.70	17.5	6.95



### V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	64.39	11.27

Sales Order Total (VAT excl.) 64.39

VAT Registration

Settlement  
 Discount Terms

INVOICE CODE  
 INVOICE V.A.T.  
 INVOICE TOTAL

64.39  
 11.27  
 75.66



world-class office products

BBSInvoice07/03

02/04/2008

13/05 2008 14:43 FAX 01503 898650

020 Credit Control

001/002

# Credit Note



office2office

Please see reverse  
for how to use this  
credit note

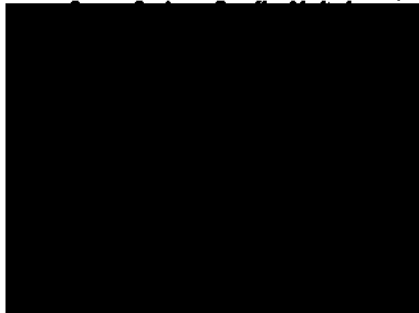
\*\*\*\*\*  
\* CREDIT NOTE \*  
\*\*\*\*\*

Credit To :

Dr Richard Taylor MP

Credit To :

Dr Richard Taylor MP



Acc. No.

Credit  
Note

Credit  
Note Date: 25/01/2008

Credit  
Due : -5.59

Page 1 of 1 Date 25/01/2008  
Acc. No. Order Date 24/01/2008  
Order  
C.A.R.

Delivered To :

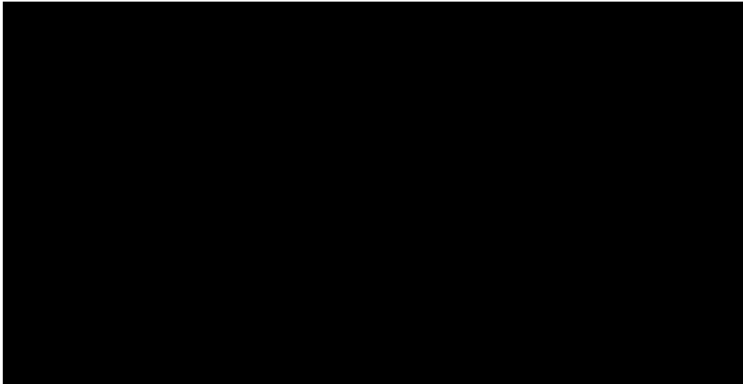
Dr Richard Taylor MP



Sales Order No.

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total excl VAT	VAT Rate	Line VAT
9		9410131	BANNER A4 PP 2D HRES R/BIND 30mm BL This credit refers to original order and Invoice No.	-2	BINDER	2.3800	24/01/08 24/01/08 24/01/08	-4.76	17.50	-0.83

This credit can only be used as  
payment for invoices from:



V.A.T. Summary		
Rate	Taxable Sum	V.A.T. Amount
17.50	-4.76	-0.83
		VAT Registration
		Settlement
		Discount Terms

Sales Order Total (VAT excl)

-4.76

CREDIT GOODS  
CREDIT V.A.T.  
CREDIT TOTAL

-4.76  
-0.83  
-5.59



Incidental Expenses Provision/Staffing Allowance  
**Direct payment of suppliers**

THE PARLIAMENTS  
**C2**  
 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

Dr Richard Taylor

Constituency

WYRE FOREST

**Office use only**

Cost/Cat 2 [REDACTED]

Supp/Res ID [REDACTED]

**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

12 13 108

Allowance year

07-108



**Incidental Expenses Provision claims**

	Suppliers	Amount
Item 1	<u>BT</u>	<u>£ 81 : 42 p</u>
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total

**£ 81 : 42 p**

**Office use only**

Allow or A/c code	Supplier ID	Exp/ Cat 5
[REDACTED]		

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, or in part, in the performance of my Parliamentary duties.

Signature \_\_\_\_\_ MP

Date 12/13/08

**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.

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

# Direct Debit

– the smart way to pay.

Your account and bill number

DR RICHARD  
TAYLOR MP'S OFFICE



Date  
**28 February 2008**

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

## 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

22 JAN 2007

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

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Your details

Name in CAPITAL LETTERS

DR RICHARD TAYLOR

Constituency

WYRE FOREST

Office use only

Costs/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
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- 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 / 1 / 08

Allowance year

07 / 08

Incidental Expenses Provision claims

Office use only

Allow or A/c code Supplier ID Exp/ Cat 5

Item 1

Suppliers

BANNER  
BANNER

Amount £ 3 : 17

~~£ 239 : 81 p~~  
£ 17 : 65

Item 2

DELL

£ 162 : 15 p

Item 3

BANNER  
BANNER

£ 8 : 41 p  
10 : 89

Item 4

BANNER

£ 55 : 89 p

Item 5

BANNER

£ 143 : 50 p

Total

£ 401 : 66 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, or in part, in the performance of my Parliamentary duties.

Signature

\_\_\_\_\_

MP

Date

18, 1, 08

**Data protection**

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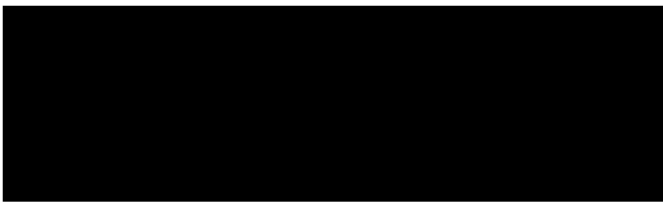
Send your completed form to

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

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

Please use margin for comments





Invoice

15 JAN 2008

Invoice to:

Deliver To:

Richard Taylor, MP

United Kingdom

Invoice No: Customer No: Dell Order No: Page 1 of 1

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

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

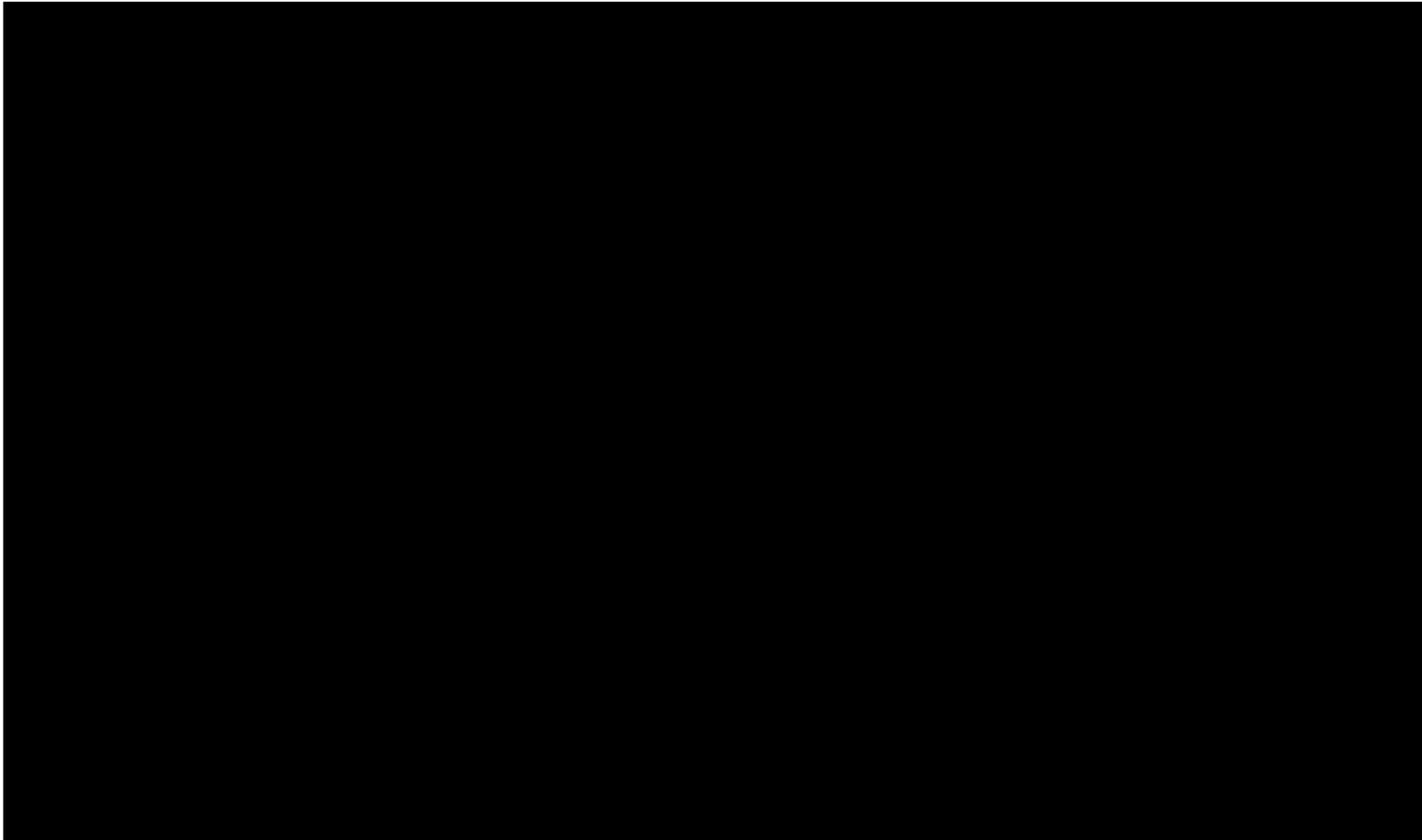
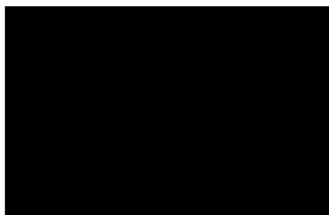
Item No.	Description	Quantity	Unit Price	Net
593-10152	Dell - 1815dn - Black - Standard Capacity Toner	4	34.50	138.00
800-10709	Info - Laser Standard Consumables Delivery	1	0.00	0.00

VAT Summary

VAT Type	VAT Rate %	GBP Total Net £	GBP VAT £
S	17.5	138.00	24.15

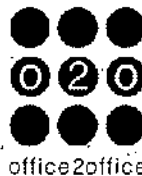
Subtotal	138.00	GBP
Freight	0.00	
VAT £	24.15	
Total	162.15	

Tag Nos.



# Invoice

\*\*\*\*\*  
 \* INVOICE NO  
 \* \*\*\*\*\*



Banner Business Supplies Ltd

Invoice To  
 Dr Richard Taylor MP

Charge To :  
 Dr Richard Taylor MP

Cashier



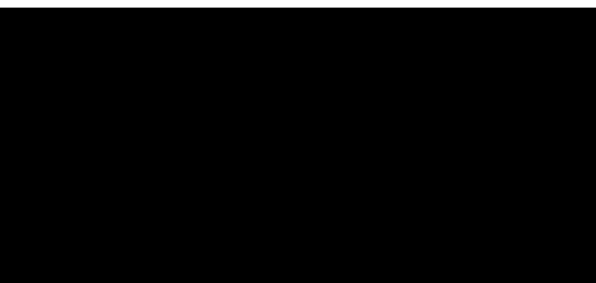
Delivered To  
 Dr Richard Taylor MP



Page 1 of 1 Date 26/09/2007  
 Acc.No [redacted] Order Date 25/09/2007  
 Order [redacted]  
 C.A.R.

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		7920040	SHAKE & POUR SUGAR 750g	1	EACH	2.6800	25/09/07	2.68	0.0	0.00
2		9383004	BANNER PLAIN MANILLA 5PT A4 COL DIV	1	SET	0.0900	25/09/07	0.09	17.5	0.02
3		9383005	BANNER PLN MANILLA 10PT A4 COL DIV	2	SET	0.1600	25/09/07	0.32	17.5	0.06



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
0.00	2.68	0.00
17.50	0.41	0.08

Sales Order Total (VAT excl) 3.09

INVOICE GOODS	3.09
INVOICE V.A.T.	0.08
INVOICE TOTAL	3.17

Settlement : None  
 Discount Terms :

EEE Producer Registration No: [redacted]

**Banner**  
 world-class office products

Invoice 0667763

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

Acc. No. : [redacted]  
 Inv. No. : [redacted]  
 Inv. Date: 26/09/2007  
 Amt. Due : 3.17

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24/10/2007

# Invoice

\*\*\*\*\*  
\* INVOICE N [REDACTED]  
\*\*\*\*\*



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

Invoice To :  
Dr Richard Taylor MP

Charge To :  
Dr Richard Taylor MP

Banner Business Supplies Ltd

[REDACTED]

Delivered To  
Dr Richard Taylor MP

[REDACTED]

Page 1 of 1 Date 14/10/2007  
Acc.No [REDACTED] Order Date 12/10/2007  
Order [REDACTED]  
C.A.R. [REDACTED]

Sales Order No [REDACTED]

Acc. No. [REDACTED]  
Inv. No. [REDACTED]  
Inv. Date: 14/10/2007  
Amt. Due : 17.65

Line No.	Line Ref.	Product Code	Product Description	Quantity	U.O.M.	Unit Price	Tax Date	Line Total (excl VAT)	VAT Rate	Line VAT
1		9150014	BANNER A4 VALUE COPIER 80gsm WHITE	1	BX2500	8.5900	12/10/07	8.59	17.5	1.50
2		7920040	SHAKE & POUR SUGAR 750g	1	EACH	2.6800	12/10/07	2.68	0.0	0.00
3		0985391	FELLOWES FOREARM CRADLE	1	EACH	4.1500	12/10/07	4.15	17.5	0.73

[REDACTED]

[REDACTED]

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### V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	12.74	2.23
0.00	2.68	0.00

Sales Order Total (VAT excl) 15.42

INVOICE GOODS	15.42
INVOICE V.A.T.	2.23
<b>INVOICE TOTAL</b>	<b>17.65</b>

Settlement : None  
Discount Terms :

EEE Producer Registration No: [REDACTED]



# Invoice



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

Invoice To :  
 Dr Richard Taylor MP

Charge To :  
 Dr Richard Taylor MP

Banner Business Supplies Ltd

[REDACTED]

Delivered To :  
 Dr Richard Taylor MP

[REDACTED]

Page 1 of 1 Date 18/10/2007  
 Acc.No [REDACTED] Order Date 17/10/2007  
 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		9600011	BANNER CD-RW 700MB 80MIN	1	EACH	0.8700	17/10/07	0.87	17.5	0.15
2		9410003	BANNER A4 CUT FLUSH PP FOLDER CLEAR	1	PCK100	6.2900	17/10/07	6.29	17.5	1.10

[REDACTED]

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



BBSInvoice07/03

## PAYMENT SLIP

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Acc. No. : [REDACTED]  
 Inv. No. : [REDACTED]  
 Inv. Date: 18/10/2007  
 Amt. Due : 8.41

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15/11/2007

# Invoice



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

Invoice To :  
 Dr Richard Taylor MP

Charge To :  
 Dr Richard Taylor MP

Banner Business Supplies Ltd

[REDACTED]

Delivered To :  
 Dr Richard Taylor MP

Page 1 of 1 Date 21/10/2007  
 Acc.No [REDACTED] Order Date 19/10/2007  
 Order [REDACTED]  
 C.A.R [REDACTED]

[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		0980456	HP DESKJET 710C 51645G CART BLACK HP DESKJET 710C/ 720C/812C/815C/880C/895CX1/1125C/89 0C/1120C 1200C/1600C990CX1/990CM/980CX1/970C XI/959C/950C/930C/1220C/OFFICEJET	1	EACH	9.2700	19/10/07	9.27	17.5	1.62

[REDACTED]

V.A.T. Summary			Sales Order Total (VAT excl)			
Rate	Taxable Sum	V.A.T. Amount				
17.50	9.27	1.62	VAT Registration	[REDACTED]	INVOICE GOODS	9.27
					INVOICE V.A.T.	1.62
					INVOICE TOTAL	10.89

Settlement : None  
 Discount Terms :  
 EEE Producer Registration No [REDACTED]

## PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. [REDACTED]

Inv. No. [REDACTED]

Inv. Date: 21/10/2007

Amt. Due : 10.89

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18/11/2007

# Invoice

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

Invoice To :  
 Dr Richard Taylor MP

Charge To :  
 Dr Richard Taylor MP



office2office

Banner Business Supplies Ltd

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

Acc. No. : [REDACTED]  
 Inv. No. : [REDACTED]  
 Inv. Date: 15/11/2007  
 Amt. Due : 55.89

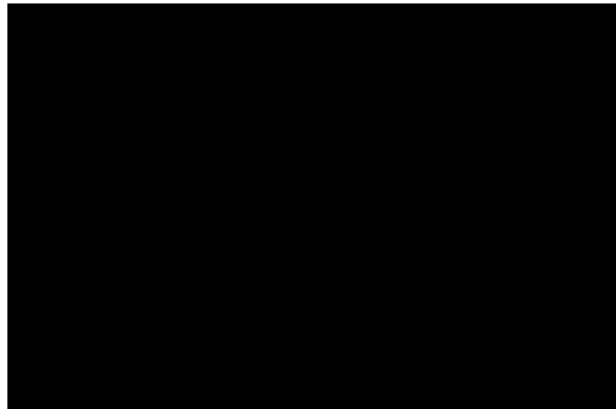
Page 1 of 1 Date 15/11/2007  
 Acc.No [REDACTED] Order Date 07/11/2007  
 Order [REDACTED]  
 C.A.R.

Delivered To :  
 Dr Richard Taylor MP

[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		0987377	TONER DELL 1815DN STANDARD CAPACITY 3K BLACK REF: 593-10152	1	EACH	47.5700	14/11/07 14/11/07 14/11/07	47.57	17.5	8.32



V.A.T. Summary			Sales Order Total (VAT excl)		47.57
Rate	Taxable Sum	V.A.T. Amount			INVOICE GOODS
17.50	47.57	8.32	VAT Registration [REDACTED]		INVOICE V.A.T.
			Settlement : None		INVOICE TOTAL
			Discount Terms :	EEE Producer Registration No [REDACTED]	55.89

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# Invoice



\*\*\*\*\*  
 \* INVOICE NO. [REDACTED] \*  
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Invoice To :  
 Dr Richard Taylor MP

Charge To :  
 Dr Richard Taylor MP

Banner Business Supplies Ltd

[REDACTED]

Delivered To [REDACTED]  
 Dr Richard Taylor MP

Page 1 of 1 Date 10/01/2008  
 Acc.No. [REDACTED] Order Date 09/01/2008  
 Order [REDACTED]  
 C.A.R. [REDACTED]

[REDACTED]

Sales Order [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		0630485	PENTEL R50 ROLLERBALL PEN 0.4mm BL	1	BOX12	9.2400	09/01/08	9.24	17.5	1.62
2		0461111	PENAC SLEEK AUTO PENCIL BL 0.5mm HB	1	BOX12	9.3300	09/01/08	9.33	17.5	1.63
3		2049109	EP4 COPIER PAPER A4 80g WHITE 74047	1	BOX2500	52.5800	09/01/08	52.58	17.5	9.20
4		0441579	ESSELTE INTEGO A4 L/TRAY TRANS BLUE	6	EACH	2.4100	09/01/08	14.46	17.5	2.53
5		9373033	BANNER PAPERCLIP 33 ASSORTED COLS	1	TUB500	1.5600	09/01/08	1.56	17.5	0.27
6		9350009	TRODAT SELF INKING DATER 5030	1	DATER	11.0800	09/01/08	11.08	17.5	1.94
7		0080238	POST-IT NOTES 38x51 WARM PAST R/BOW	1	PACK12	3.5800	09/01/08	3.58	17.5	0.63
8		0061042	NYREX CKF FLUSH FLDR EMBOSSED PP CL	1	BOX100	20.3000	09/01/08	20.30	17.5	3.55

[REDACTED]

V.A.T. Summary			Sales Order Total (VAT excl)		122.13	
Rate	Taxable Sum	V.A.T. Amount			INVOICE GOODS	122.13
17.50	122.13	21.37	VAT Registration	[REDACTED]	INVOICE V.A.T.	21.37
			Settlement	None	INVOICE TOTAL	143.50
			Discount Terms			

**PAYMENT SLIP**  
 Please see reverse  
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Acc. No. : [REDACTED]  
 Inv. No. : [REDACTED]  
 Inv. Date: 10/01/2008  
 Amt. Due : 143.50

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07/02/2008

