



Member's reimbursement form

28 MAR 2008

When to use this form

- Use this form to ask us to reimburse you for any incidental expenses 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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

Office use only

Cost/Cat 2

Claim details

Please ensure

- your claim totals more than £100
- you provide journey details of all taxi journeys
- you attach all receipts or invoices for items of £250 and above
- any claims for petty cash do not exceed £250 per month.

You can only claim for

- costs you have actually paid
- office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

Period of claim

from 1 / 1 to 1 / 1

Allowance year

2007/2008

Description of service or goods

Item 1

OFFICE TV LICENSES £ 135 : 50 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

£ 135 : 50 p

Authorisation and declaration

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature



MP

Date

26/3/08

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.

For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act.

Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

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

Office use only			Input subtotals per Cat 5	
Validation	Initials	Date		
Claims received	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Signature check	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Funds check	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Allowable expenditure	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Member Res ID & Cost	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Ext type/Cat 5 & subtotals added to form	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Receipts/ documentation present	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Processing				
Input	<input type="text"/>	<input type="text"/>		
			Comments	
			<input type="text"/>	

Payment slip



TV Licence number:
[REDACTED]

Valid until
28 February 2009

Colour TV Licence
Fee due £135.50

AMOUNT

GBP 135.50

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



Direct payment of suppliers

14 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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

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 1 1

Allowance year 2007/2008

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Row 1: BANNER, £ 148 : 05 p. Rows 2-5 are empty.

Total £ 148 : 05 p

Office use only

Table with 3 columns: Allow or A/c code, Supplier ID, Exp/Cat 5. Multiple empty rows for data entry.

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
Total		£ : 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 10 / 1 / 08

Data protection

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

Please use margin for comments

Invoice

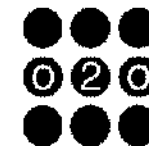
 * INVOICE NO *

Invoice To :

David Miliband MP

Charge

David Miliband MP



office2office

Banner Business Supplies Ltd

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. :

Inv. No. :

Inv. Date: 31/03/2008

Am. Due : 148.05

Page 1 Of 1 Date 31/03/2008

Acc.No. Order Date 18/03/2008

Order ORDER NO

C.A.R.

Delivered To

David Miliband MP

Customer Services

Telephone No :

Fax No :

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
1		PRMISCELLANEOUS	HC19-116GA OVERPRINTED WITH RT HON DAVID MILIBAND MP PRINTED IN GREEN 20 X BX250 ARTWORK SUPPLIED	20	EACH	6.3000	31/03/08 31/03/08 31/03/08 31/03/08	126.00	17.5	22.05

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	126.00	22.05

Sales Order Total (VAT excl)

126.00

INVOICE GOODS	126.00
INVOICE V.A.T.	22.05
INVOICE TOTAL	148.05

Settlement : None
 Discount Terms :

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

28/04/2008



Direct payment of suppliers

11 MAR 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

RT Hon DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

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

1 1

Allowance year

2007/2008

Incidental Expenses Provision claims

Table with columns: Suppliers, Amount. Row 1: TELEWEST BUSINESS, £ 206 : 25 p. Total: £ 206 : 25 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 10 / 3 / 08

Data protection

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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

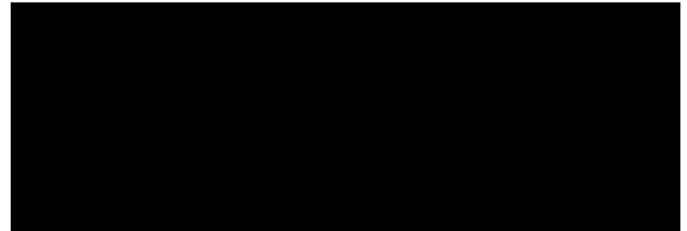
Mr David Miliband Mp


Invoice

Thank you for the settlement of your last invoice.

We look forward to receiving your payment of the 'Amount Due'

Telephony charges	£175.53
Total new charges	£175.53
VAT	£30.72
Total new charges including VAT	£206.25
Balance brought forward	£0.00
Amount due	£206.25





Direct payment of suppliers

0 2 MAR 2008

When to use this form

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Your details

Name in CAPITAL LETTERS

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHEPPAR

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

1 1

Allowance year

2007/2008 ✓

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	BELL	£ 122 : 20 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 122 : 20 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature _____ MP

Date 29. 2. 08

Data protection

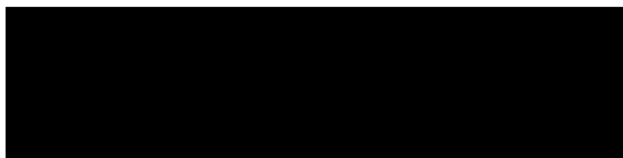
The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information 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. 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.

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



Invoice

Invoice to:

Deliver To:

David Milliband ✓
[Redacted]

David Milliband
[Redacted]



Invoice No. [Redacted] Page 1 of 1

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

[Redacted] ✓

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

[Redacted]

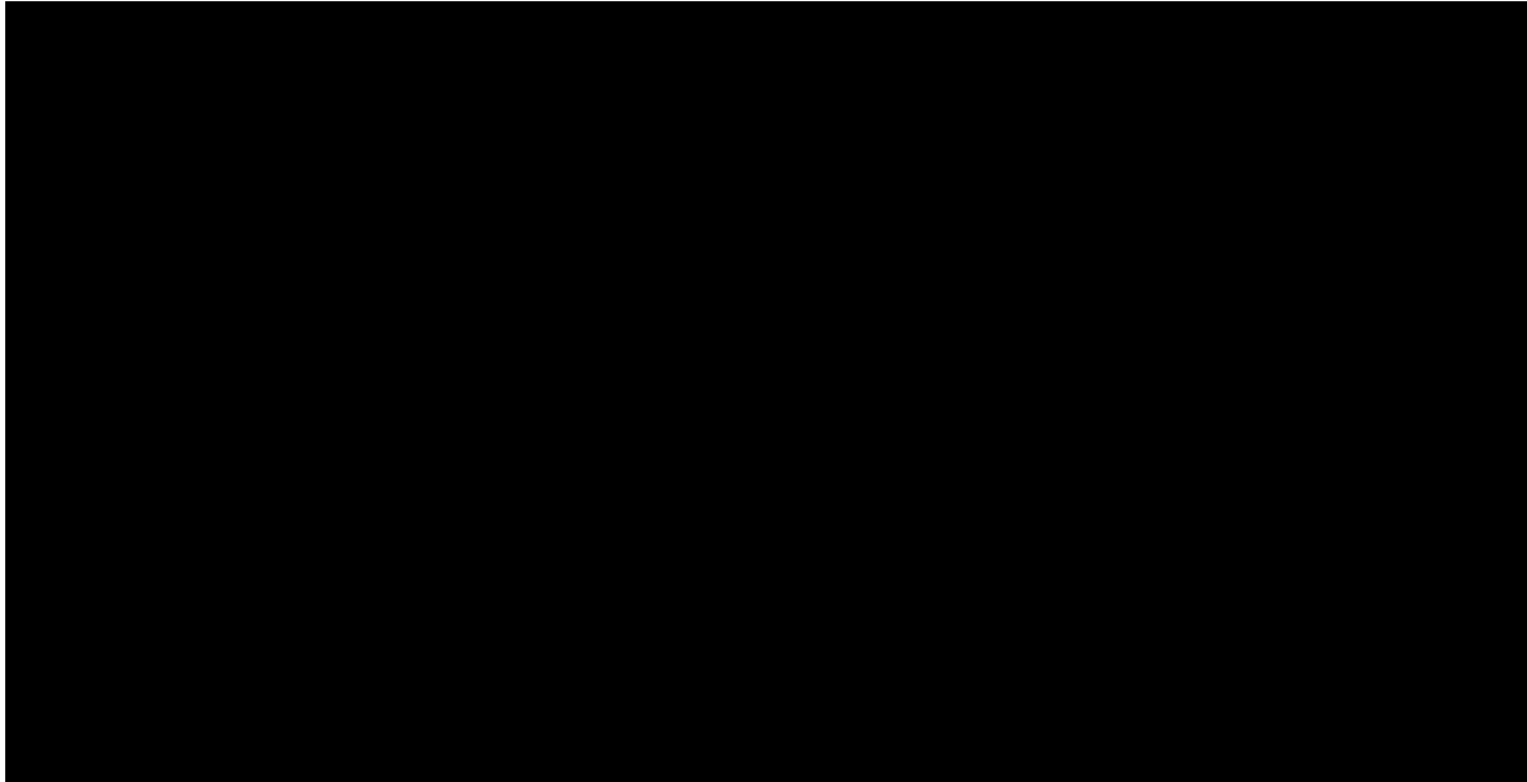
Item No.	Description	Quantity	Unit Price	Net
[Redacted]	Dell - 5110cn - Imaging Drum and Transfer Roller	1	104.00	104.00
[Redacted]	Info - Laser Standard Consumables Delivery	1	0.00	0.00

VAT Summary

VAT Type	VAT Rate %	GBP Total Net £	GBP VAT £
S	17.5	104.00	18.20

	GBP
Subtotal	104.00
Freight	0.00
VAT £	18.20
Total	122.20 ✓

Tag Nos.





Direct payment of suppliers

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Constituency

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Date of claim

1 1

Allowance year

2007 / 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	DELL	£ 380 : 70 P
Item 2	BNP PARIBAS	£ 305 : 72 P
Item 3	(UK) CMC DIGITAL LTD	£ 19 : 39 P
Item 4	POW WOW	£ 7 : 40 P
Item 5	LG&P	£ 57 : 58 P
	Total	£ 770 : 79 P

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature



MP

Date

221 21 08

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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

Invoice to:

Deliver To:

David Milband

Invoice No

Page 1 of 1

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

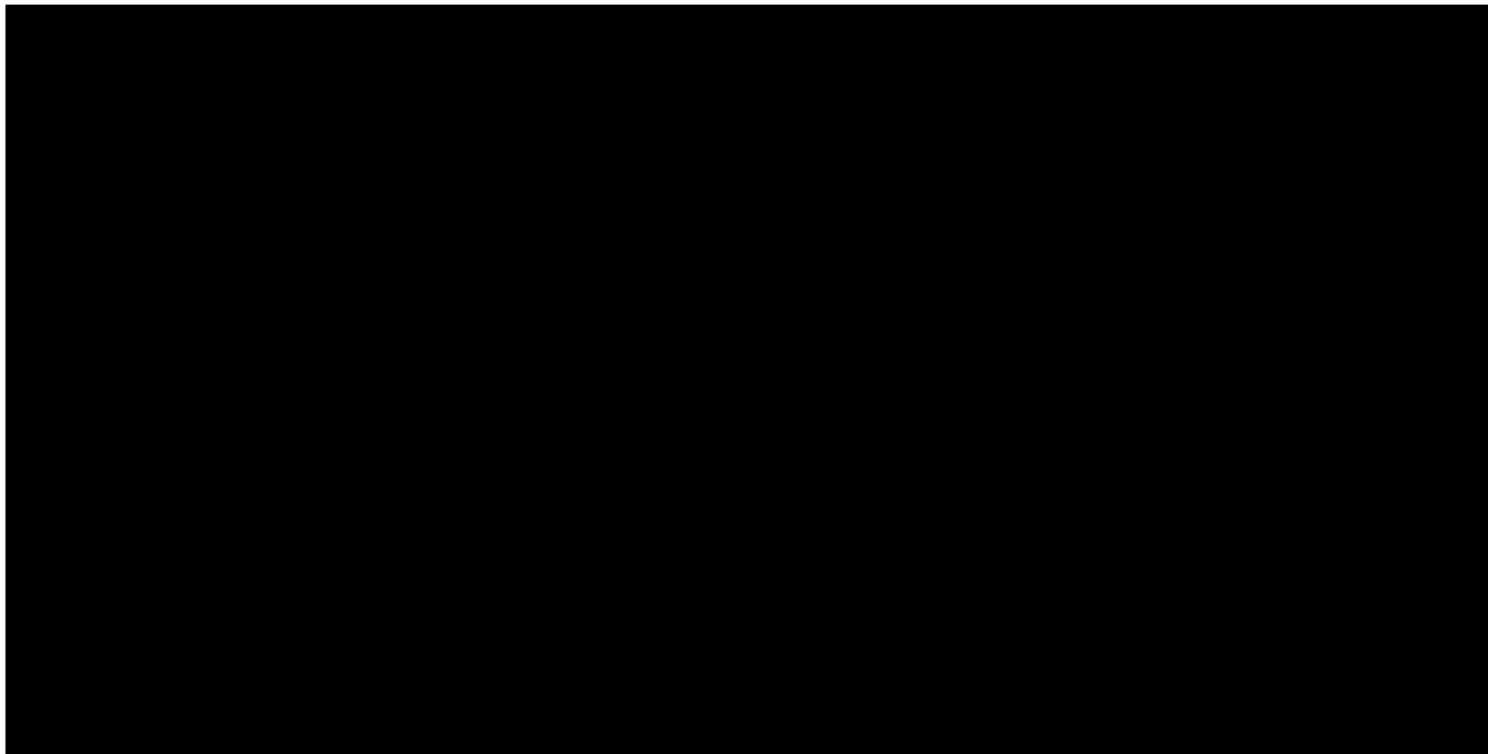
Booking Reference:
Account Manager
Account Manager Tel
Account Manager Fax
Account Manager Email

Item No.	Description	Quantity	Unit Price	Net
593-10125	Dell - 5110cn - Magenta - High Capacity Toner	1	140.00	140.00
593-10123	Dell - 5110cn - Yellow - High Capacity Toner	1	140.00	140.00
593-10121	Dell - 5110cn - Black - High Capacity Toner	1	44.00	44.00
800-10709	Info - Laser Standard Consumables Delivery	1	0.00	0.00

VAT Summary

VAT Type	VAT Rate %	GBP Total Net £	GBP VAT £	Subtotal	Freight	VAT £	Total
S	17.5	324.00	56.70	324.00	0.00	56.70	380.70

Tag Nos.

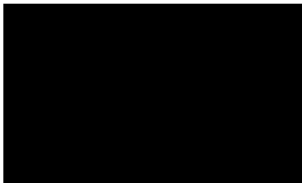




BNP PARIBAS
LEASE GROUP

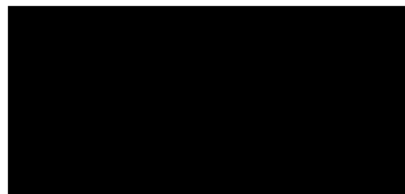
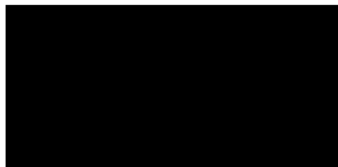
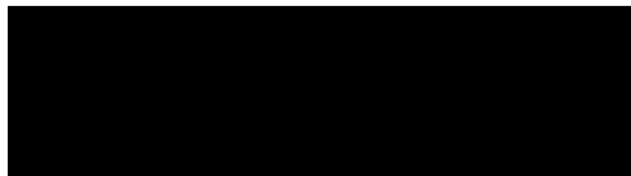


David Miliband



16th February 2008

Agreement No:
Invoice No:
Asset:




PAYMENT REMINDER / PROFORMA INVOICE

The next rental, for the above agreement, is due as follows :

Due Date	Payment Amount GBP	Method Of Payment
13/03/2008	305.72	Cheque

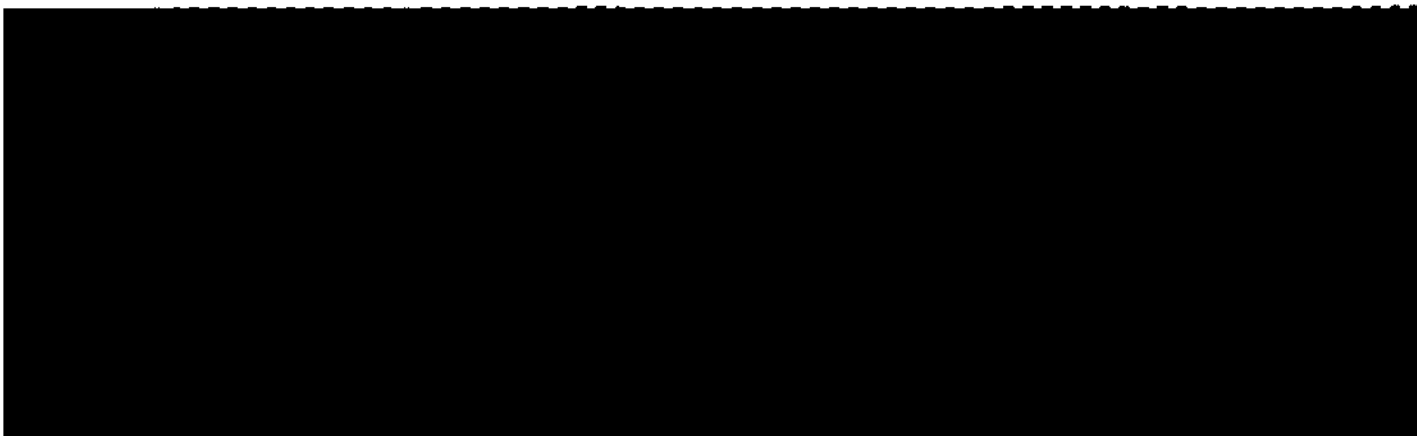
If a Standing Order arrangement exists, this is a reminder that funds will be transferred from your account automatically on the rental due date.

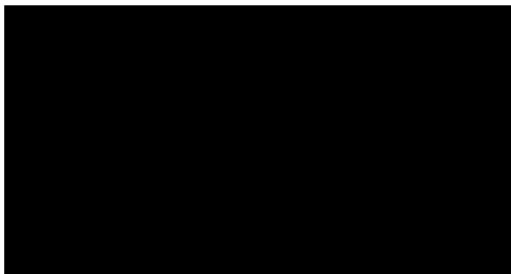
Please make your cheque payable to 

Cheques should be sent to the Collections Department at the above address, with your agreement number clearly noted on the back.

Please note that late payment interest is charged on all overdue rentals.

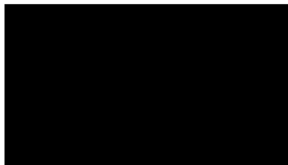
This is not a VAT invoice. If you have any queries, please telephone the Customer Services department on the above number.





INVOICE TO

DAVID MILIBAND



INVOICE NO



INVOICE DATE

12/02/2008

ORDER NO

ACCOUNT REF

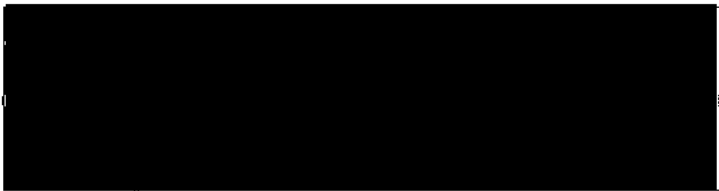
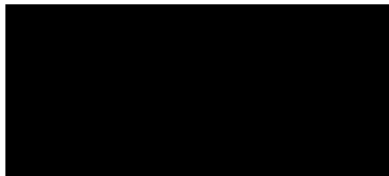
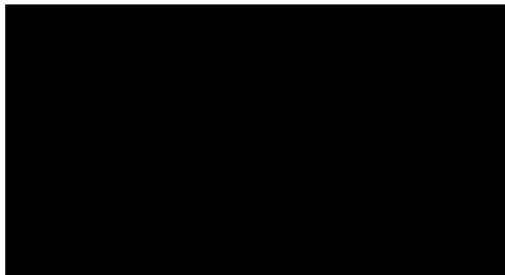
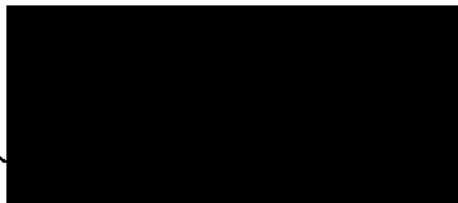


QUANTITY

DETAILS

UNIT PRICE NET AMOUNT VAT TOTAL

1.00	Olivetti MF200 Copier 70400 - 69889 = 511 Copies Monthly Service To Include Copies Used	16.5000	16.50	2.89	19.39
------	---	---------	-------	------	-------



Total Net Amount	16.50
Carriage Net	0.00
Total VAT Amount	2.89
Invoice Total	19.39



POWWOW



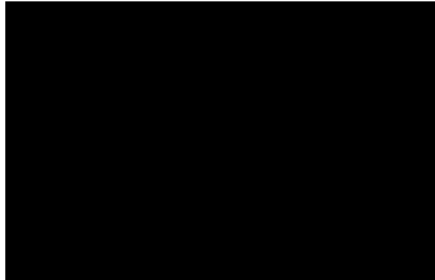
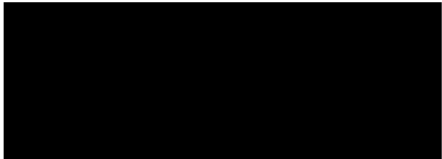
David Millerband MP



Page	1 of 1
Invoice No.	[Redacted]
Date	[Redacted]
Due Date	05/03/2008
Account No.	[Redacted]

INVOICE

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Delivery Address:		David Millerband MP				
Ship To Number:		[Redacted]				
Purchase Order Number:		[Redacted]				
		Cooler Sanitisation	1	6.30	6.30	17.50
		Above Charges For Period 05/02/2008 to 04/03/2008				
		Ship to Subtotal			6.30	



	TOTAL	VAT
Total of charges subject to VAT @ 17.50%	6.30	1.10
Total of charges subject to VAT @ 0.00%	0.00	0.00

Total Net	6.30
Total Vat	1.10
Total Invoice	7.40

Payment Terms: Net 30 Days

All Prices quoted are in GBP

PLEASE SEND ONLY ORIGINAL CREDIT SLIP AND CHEQUE

Please do not use this Bank Account for BACS payments (see reverse of invoice for details).

Quick Benefits Calculator

Resubscription Order Form 2008/9

c/o Rt Hon David Miliband MP

Customer Reference:

Invoice to :-

Please renew our subscription for the period April 2008 to end March 2009 as detailed below.

Name

Signed

Position

Date

13.2.08. ✓

Please tick one box (it helps us if you can return payment with your order):-

I enclose a cheque payable to Lisson Grove Benefits Program Ltd for the amount shown.

Please invoice us for the amount shown.

Quick Benefits Calculator			
1	Stand Alone	Cost	£49.00
		VAT @ 17.5%	£8.58
		Total Cost	£57.58

Licence for one computer only.



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

17 APR 2007

16 APR 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

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Your details

Name in CAPITAL LETTERS

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

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

1 1

Allowance year

2007/2008

Incidental Expenses Provision claims

Table with columns: Suppliers, Amount. Rows include: Item 1: Paw WOW £ 52 : 17 P; Item 2: COOLBOT WEB DESIGN £ 1500 : 00 P; Item 3: £ : P; Item 4: £ : P; Item 5: £ : P; Total: £ 1552 : 17 P

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature _____ MP

Date _____

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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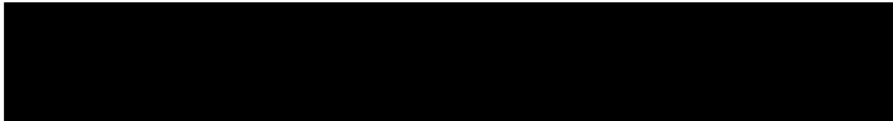
Send your completed form to Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

Office use only			
	Validation	Initials	Date
Claims received	<input type="checkbox"/>	_____	____/____/____
Signature check	<input type="checkbox"/>	_____	____/____/____
Funds check	<input type="checkbox"/>	_____	____/____/____
Allowable expenditure	<input type="checkbox"/>	_____	____/____/____
	Validation	Initials	Date
	Member ID added to form	_____	____/____/____
	Payment codes added to form	_____	____/____/____
	Receipts/ documentation present	_____	____/____/____
	Processing input	_____	____/____/____

Please use margin for comments



POWWOW



Invoice

David Millerband MP



Page	1
Invoice No.	[Redacted]
Date	04/04/2007
Your Ref	
Bill to No.	[Redacted]

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Your Ship To Number:		[Redacted]	Your Cost Centre:		[Redacted]	
Your Ship To Address:		David Millerband MP	[Redacted]			
Purchase order Number:		[Redacted]	[Redacted]			
		BWC Standard Cooler Sanitisation	1	6.30	6.30	17.50
		Rental for Period 05/04/2007 to 04/05/2007	1	36.00	36.00	17.50
		Environmental Charges	1	2.10	2.10	17.50
		Rental for Period 05/04/2007 to 04/07/2007				
		Ship to Subtotal			44.40	

	Total	VAT	Total Net	44.40
Total of charges subject to VAT @ 17.50%	44.40	7.77	Total Vat	7.77
Total of charges subject to VAT @ 0.00%	0.00	0.00	Total Invoice	52.17

Payment Terms: Net 30 Days

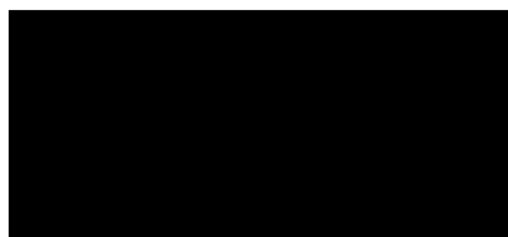


Invoice

Invoice No:
Invoice Date:
Terms:
Due Date:



Billing Address:
David Miliband MP

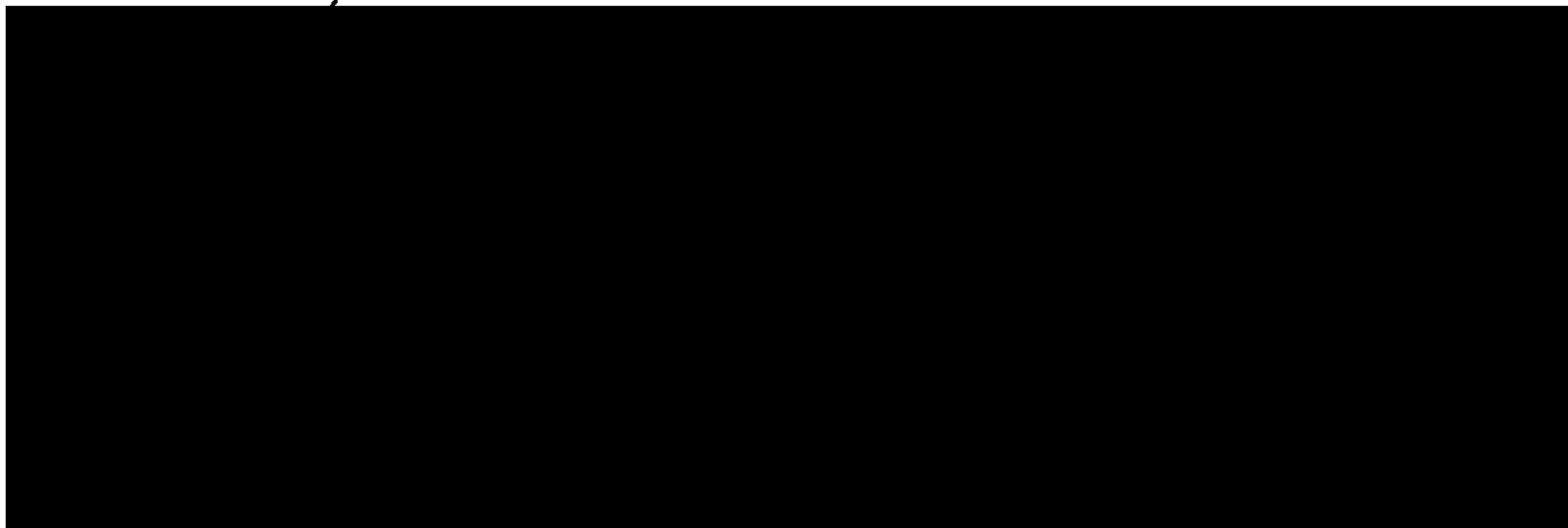


Description	Qty	Rate	Amount
Website Maintenance and Updates (6th April 2007 - 5th April 2008)	1	1500.00	£1,500.00



Thank you for your business and we hope you have a great day!

SUBTOTAL	£1,500.00
TAX (17.50%)	£0.00
TOTAL	£1,500.00
DEPOSIT	£0.00
BALANCE DUE	£1,500.00





Direct payment of suppliers

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

AT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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

1 1

Allowance year

2007/2008 ✓

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	VIKING	£ 44 : 51 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 44 : 51 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
	Total	£ : 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 respect of my Parliamentary duties.

Signature

MP ✓

Date

16 1 5 108 ✓

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

ACCOUNT No	DATE	INVOICE No	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
[REDACTED]	27/03/08	[REDACTED]	[REDACTED]	27/03/08	27/03/08

TERMS: NETT 30 DAYS
Page 1

David Miliband ✓

David Miliband

All goods remain property of Viking Direct

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT%	LIST PRICE	YOUR COST	NETT COST
440 CATERING TEA BAGS	Q23-A02929	1 PK	0.0		14.99	14.99
NESE PARTNERS BLEND 500G	Q23-00441	1 EA	0.0		18.49	18.49
MILAC MAID FULL FAT	Q23-FFCD	1 BX	0.0	10.65	9.29	9.29
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

27/03/08

TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE	INSURANCE	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
10.65	1.36	42.77	FREE	1.48	0.26			44.51 ✓



Direct payment of suppliers

07/11/08 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

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If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

Claim details

Please ensure
You must specify
You can specify

- 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.
the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.
the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

04 10 2008

Allowance year

2007 2008

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Row 1: VIKING, £ 72 : 13 p. Rows 2-5 are empty.

Total £ 72 : 13 p

Office use only

Table with 3 columns: Allow or A/c code, Supplier ID, Exp/ Cat 5. Multiple empty rows.

Claim details continued

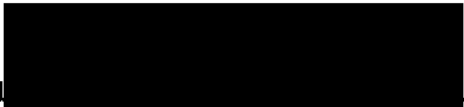
Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
Total		£ : 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 4 1 4 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

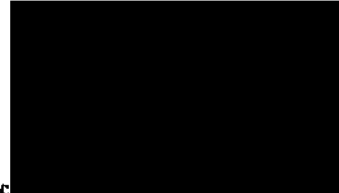
Office use only			
Validation	Initials	Date	
Claims received	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature check	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funds check	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allowable expenditure	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

ACCOUNT No	DATE	INVOICE No	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
[REDACTED]	31/01/08	[REDACTED]	[REDACTED]	31/01/08	31/01/08

TERMS: NETT 30 DAYS
Page 1

David Milliband

David Milliband



All goods remain property of Viking Direct

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT%	LIST PRICE	YOUR COST	NETT COST
VIKING ECDN A4 COPIER	[REDACTED]	30 RM	17.5	7.28	1.99	59.70



TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE	INSURANCE	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
218.40	158.70	59.70	FREE	1.69	10.74			72.13



Direct payment of suppliers

0 8 0 0 0 0 0 0

When to use this form

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About filling in this form

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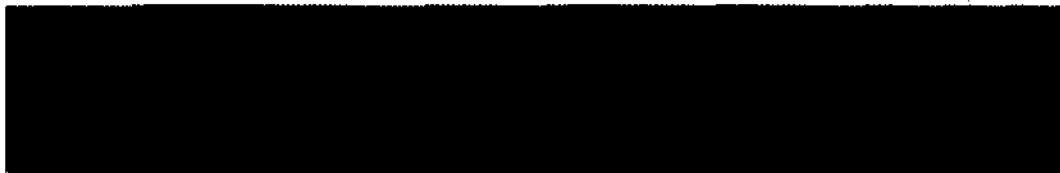
Your details

Name
in CAPITAL LETTERS

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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 1 1

Allowance year 2007/2008

Incidental Expenses Provision claims



	Suppliers	Amount
Item 1		£ 345 : 00 p ✓
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

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

Total £ 345 : 00 p ✓

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 21 4 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			
Member ID added to form	_____	____/____/____	
Payment codes added to form	_____	____/____/____	
Receipts/ documentation present	_____	____/____/____	
Processing input	_____	____/____/____	
Please use margin for comments			

INVOICE



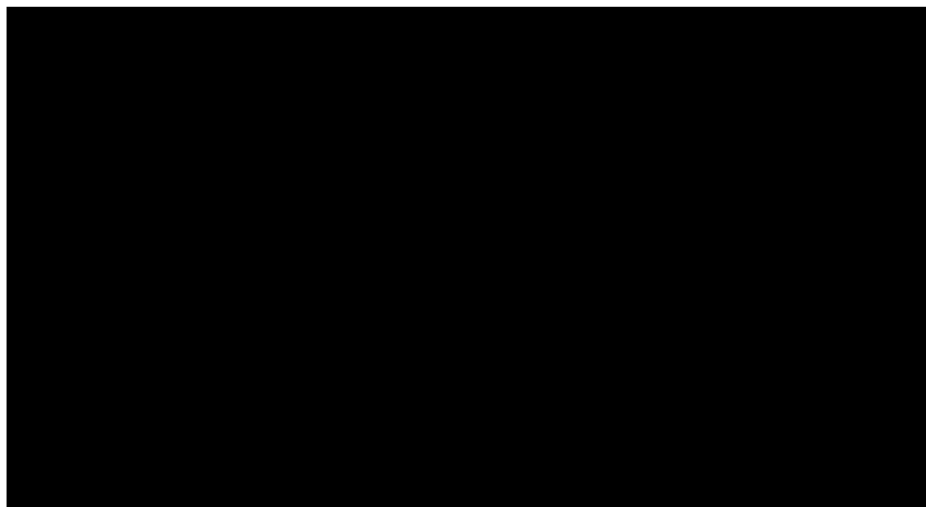
Mr D Miliband MP



27 February 2008

For professional services in connection with your personal taxation affairs for the income tax year 2006/07.

Due for payment £345.





Direct payment of suppliers

31 MAR 2008

RECEIVED

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Your details

Name in CAPITAL LETTERS

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

Claim details

Please ensure

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any claims for petty cash do not exceed £250 per month
you attach all supplier invoices.

You must specify

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You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

1 1

Allowance year

2007 | 2008 ✓

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Rows include BANNER (2:34 p), Paw Now (7:40 p), CMC DIGITAL (19:39 p), and two empty rows.

Total £ 29 : 13 p

Office use only

Table with 3 columns: Allow or A/c code, Supplier ID, Exp/Cat 5. Multiple empty rows for data entry.

Claim details continued


Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 26/3/08

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	<input type="text"/>	<input type="text"/>	Validation
Signature check	<input type="text"/>	<input type="text"/>	Member ID added to form
Funds check	<input type="text"/>	<input type="text"/>	Payment codes added to form
Allowable expenditure	<input type="text"/>	<input type="text"/>	Receipts/ documentation present
			Processing input

Please use margin for comments

Invoice

 * INVOICE NO [REDACTED] *

Invoice To : [REDACTED]
 David Miliband MP

Charge To :
 David Miliband MP ✓



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: 18/03/2008 ✓

Amt. Due : 2.34 ✓

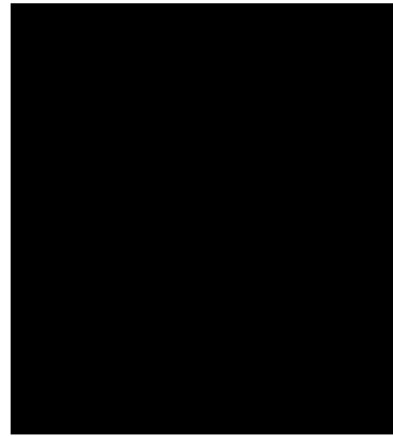
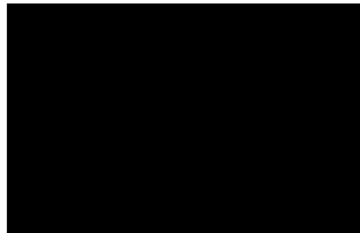
Page 1 Of 1 Date 18/03/2008
 Acc.No [REDACTED] Order Date 17/03/2008
 Order [REDACTED]
 C.A.R.

Delivered To [REDACTED]
 David Miliband MP

Customer Services
 Telephone No : [REDACTED]
 Fax No : [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		0060010	BANNER ECON LW SQ CUT FOLDER A4 BF	2	PCK100	0.8900	17/03/08	1.78	17.5	0.31
2		9290012	RAPESCO STAPLE EXTRACTOR ASSORTED	3	EACH	0.0700	17/03/08	0.21	17.5	0.64



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	1.99	0.35

Sales Order Total (VAT excl)

1.99

INVOICE GOODS	1.99
INVOICE V.A.T.	0.35
INVOICE TOTAL	2.34

Settlement : None
 Discount Terms :

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

15/04/2008



POWWOW



David Millerband MP ✓



Page	1 of 1
Invoice No.	[Redacted] ✓
Date	04/03/2008 ✓
Due Date	03/04/2008
Account No.	[Redacted]

INVOICE

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Delivery Address:		David Millerband MP [Redacted]				
Ship To Number:		[Redacted]				
Purchase Order Number:		[Redacted]				
		Cooler Sanitisation ✓	1	6.30	6.30	17.50
Above Charges For Period 05/03/2008 to 04/04/2008						
Ship to Subtotal					<u>6.30</u>	
[Redacted Area]						

	TOTAL	VAT
Total of charges subject to VAT @ 17.50%	6.30	1.10
Total of charges subject to VAT @ 0.00%	0.00	0.00

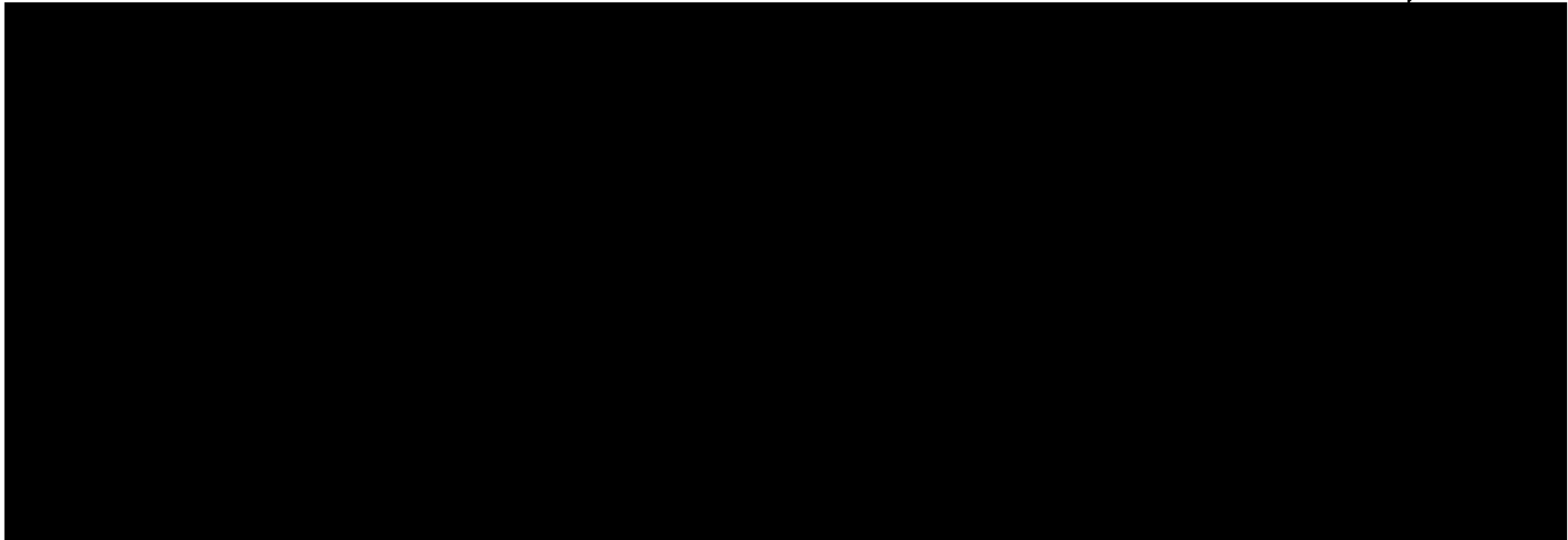
Payment Terms: Net 30 Days

Total Net	6.30
Total Vat	1.10
Total Invoice	7.40

All Prices quoted are in GBP

PLEASE SEND ONLY ORIGINAL CREDIT SLIP AND CHEQUE

Please do not use this Bank Account for BACS payments (see reverse of invoice for details).





INVOICE TO

DAVID MILIBAND ✓



INVOICE NO



INVOICE DATE

12/03/2008 ✓

ORDER NO

ACCOUNT REF



QUANTITY

DETAILS

UNIT PRICE NET AMOUNT

VAT TOTAL

1.00 Olivetti MF200 Copier
71000 - 70400 = 600 Copies
Monthly Service To Include Copies Used

16.5000

16.50

2.89

19.39



Total Net Amount 16.50

Carriage Net 0.00

Total VAT Amount 2.89

Invoice Total 19.39 ✓



Direct payment of suppliers

When to use this form

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- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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

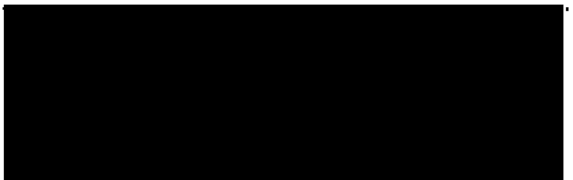
- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

1 1

Allowance year

2007 2008



Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	VIRING	£ 289 : 81 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £289 : 81p

Claim details continued

Staffing Allowance claims

Suppliers	Amount
Item 6	£ : p
Item 7	£ : p
Item 8	£ : p
Item 9	£ : p
Total	£ : 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

22/2/08

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. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House)

Send your completed form to

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

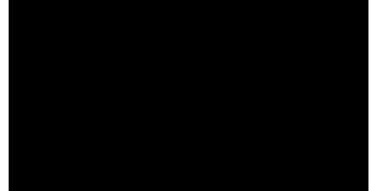
Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing			
Input		/ /	
Please use margin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

ACCOUNT No.	DATE	INVOICE No.	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
	6/02/08			6/02/08	0/00/00

TERMS: NETT 30 DAYS

David Miliband

David Miliband



All goods remain property of Viking Direct until invoice is settled in full

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT %	LIST PRICE	YOUR COST	NETT COST
BERLIN PVC CHAIR BROWN	Q22-979273	3 EA	17.5	99.99	39.990	119.97
BROTHER LC1000BK BLK INK	Q22-LC1000BK	2 EA	17.5	15.99	13.290	26.58
BROTHER FAX 1360	Q22-FAX1360	1 EA	17.5		64.990	64.99
12" SHATTER RESISTANT RL	Q22-L26050	3 EA	17.5	.61	.460	1.38
G1 GRIP BLACK	Q22-107-BK	12 EA	17.5	1.25	1.090	13.08
LYONS WHT SUGAR SATCHET	Q22-SLS1	1 BX		11.94	10.990	10.99
LOGLIFE 14ML MILK	Q22-ND528620	1 EA		11.99	9.790	9.79

INVOICE CONTINUED ON PAGE 2

							AMOUNT DUE
TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE PROTECTION PLUS	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	

ACCOUNT No.	DATE	INVOICE No.	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
	6/02/08				0/00/00

TERMS: NETT 30 DAYS

David Miliband

David Miliband

All goods remain property of Viking Direct until invoice is settled in full

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT %	LIST PRICE	YOUR COST	NETT COST
HAMLET PRALINE HEAR	Q22-PRHPBOX	1 EA	17.5			.00

							AMOUNT DUE
TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE	PROTECTION PLUS	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT
372.71	190.92	246.78	FREE	2.96	40.07		289.81



Direct payment of suppliers

14 FEB 2008

002 034 61

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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



Claim details

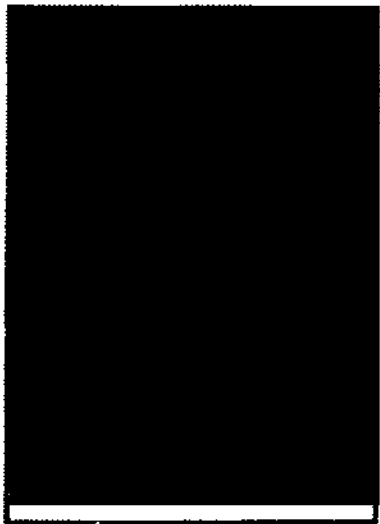
- Please ensure
- your claim totals more than £100 – this will enable us to process your claim more promptly
 - any claims for petty cash do not exceed £250 per month
 - you attach all supplier invoices.
- You **must** specify
- the Incidental Expenses Provision for costs that include office and surgery 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 1 1

Allowance year 2007/2008 ✓

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	BANNER	£ 121 : 73 P
Item 2	TELEWEST BUSINESS	162 : 36 P
Item 3		£ : P
Item 4		£ : P
Item 5		£ : P
	Total	£ 284 : 09 P



Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

MP

Date

11/2/08

Data protection

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Send your completed form to

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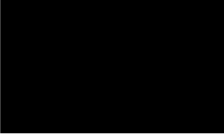
Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
Validation	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing			
Input		/ /	
Please use margin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

Invoice

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

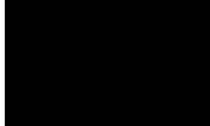
Invoice To : [REDACTED]

David Miliband MP



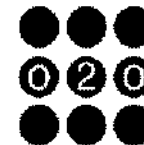
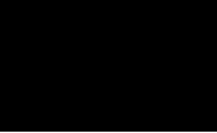
Charge To :

David Miliband MP ✓



Delivered To [REDACTED]

David Miliband MP



office2office

Banner Business Supplies Ltd



Customer Services

Telephone No : [REDACTED]

Fax No : [REDACTED]

Sales Order No [REDACTED]

Page 1 Of 1 Date 01/02/2008

Acc.No [REDACTED] Order Date 17/01/2008

Order ORDER NO [REDACTED]

C.A.R.

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 01/02/2008 ✓

Amt. Due : 121.73 ✓

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		PRMISCELLANEOUS	HC19-116GA OVERPRINTED WITH RT HON DAVID MILIBAND MP PRINTED IN GREEN 8 X BX250 ARTWORK SUPPLIED	8	EACH	12.9500	31/01/08 31/01/08 31/01/08 31/01/08 31/01/08	103.60	17.5	18.13



V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	103.60	18.13

Sales Order Total (VAT excl)

103.60

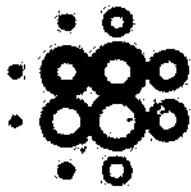
INVOICE GOODS	103.60
INVOICE V.A.T.	18.13
INVOICE TOTAL	121.73

Settlement : None
 Discount Terms :

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

29/02/2008



**Telewest
Business**

Payment reference number
Account number
Area reference
Invoice date and tax point
Page number



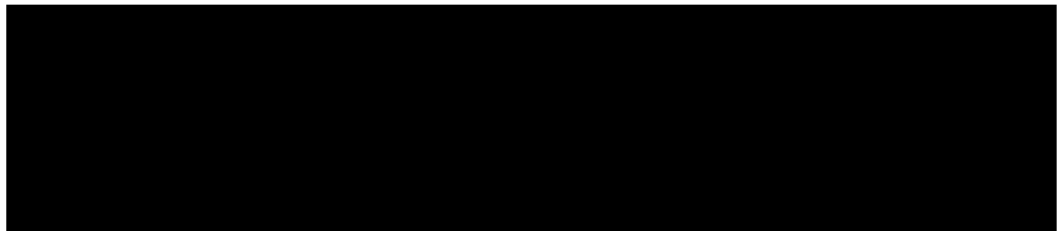
Mr David Miliband Mp ✓


Invoice

Thank you for the settlement of your last invoice.

We look forward to receiving your payment of the 'Amount Due'

Telephony charges	£138.18
Total new charges	£138.18
VAT	£24.18
Total new charges including VAT	£162.36
Balance brought forward	£0.00
Amount due	£162.36 ✓





Direct payment of suppliers

22 000 000

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.

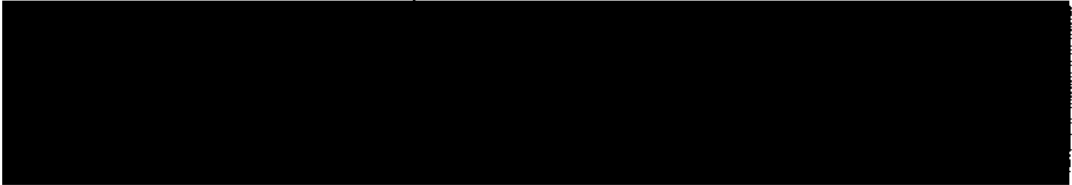
Your details

Name in CAPITAL LETTERS

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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

1 1

Allowance year

2007 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	VIKING	£ 96 : 30 p
Item 2	"	£ 38 : 99 p
Item 3	"	£ 36 : 73 p
Item 4	CMC DIGITAL	£ 19 : 39 p
Item 5		£ : p

Total £ 191 : 41 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature



MP

Date

21 11 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

ACCOUNT No.	DATE	INVOICE No.	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
	20/11/07			20/11/07	20/11/07

TERMS: NET 30 DAYS

David Miliband

David Miliband

All goods remain property of Viking Direct until invoice is settled in full

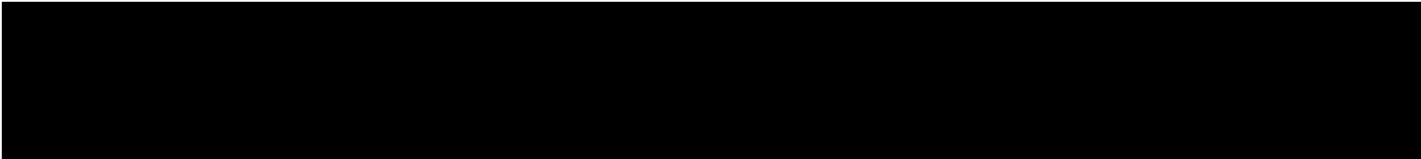
DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT %	LIST PRICE	YOUR COST	NET COST
Attention: David Miliband					16/01/0	
Here is the copy of the invoice you requested. If we can be of further assistance, please contact us.						
3KW HEATER	Q2N-FH955	2 EA	17.5%	39.99	39.99	79.98

Shortage or damage must be reported within 5 days of delivery, to report please call [redacted]

VA [redacted]

*Indicates this item is backordered and will be despatched as soon as stock is available

TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NET TOTAL	CARRIAGE	PROTECTION PLUS	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
79.98	0.00	79.98	FREE	1.98	14.34	0.00		96.30



ACCOUNT No.	DATE	INVOICE No.	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
[REDACTED]	21/11/07	[REDACTED]	[REDACTED]	21/11/07	21/11/07

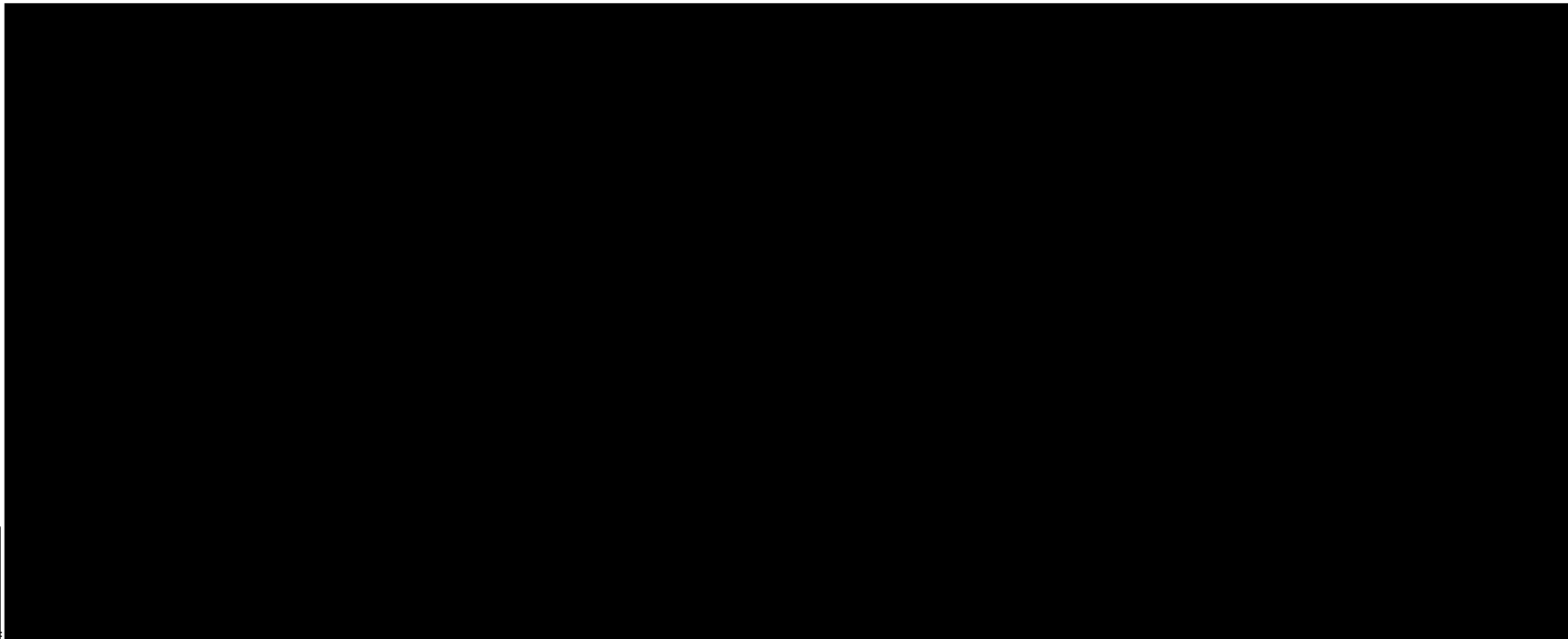
TERMS: NET 30 DAYS

[REDACTED] [REDACTED]
 David Miliband [REDACTED] David Miliband [REDACTED]
 [REDACTED] [REDACTED] [REDACTED] [REDACTED]

All goods remain property of Viking Direct until invoice is settled in full

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT %	LIST PRICE	YOUR COST	NET COST
Attention: David Miliband					16/01/0	
Here is the copy of the invoice you requested. If we can be of further assistance, please contact us.						
VIKING ECON A4 COPIER	Q2N-9537	10	RM 17.5%	7.28	2.99	29.90
[REDACTED]						

TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NET TOTAL	CARRIAGE	PROTECTION PLUS	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
72.80	42.90	29.90	2.90	0.38	5.81	0.00		38.99



ACCOUNT No.	DATE	INVOICE No.	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
[REDACTED]	4/12/07	[REDACTED]	[REDACTED]	4/12/07	4/12/07

TERMS: NET 30 DAYS

David Miliband

David Miliband

All goods remain property of Viking Direct until invoice is settled in full

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT %	LIST PRICE	YOUR COST	NET COST
Attention: David Miliband					16/01/0	
Here is the copy of the invoice you requested. If we can be of further assistance, please contact us.						
500 C5 S/S NO WINDOW ENV	Q2D-WHC5	2	BX 17.5%	42.00	13.99	27.98
500 C5 S/S NO WINDOW ENV	Q2D-WHC5-XX	1	BX 17.5%	42.00		0.00

TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NET TOTAL	CARRIAGE	PROTECTION PLUS	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
126.00	98.02	27.98	2.90	0.35	5.47	0.00		36.73



INVOICE TO

DAVID MILIBAND



INVOICE NO



INVOICE DATE

11/01/2008

ORDER NO

ACCOUNT REF



QUANTITY

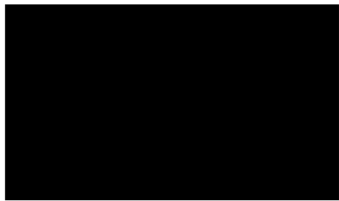
DETAILS

UNIT PRICE NET AMOUNT

VAT TOTAL

1.00 Olivetti MF200 Copier
69889 - 69544 = 345 Copies
Monthly Service To Include Copies Used

16.5000 16.50 2.89 19.39



Total Net Amount	16.50
Carriage Net	0.00
Total VAT Amount	2.89
Invoice Total	19.39

Financial Processing)

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer Y/N

Please check / amend relation

Text

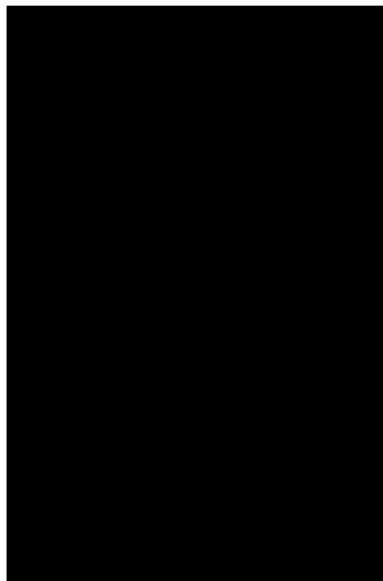
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 159.98

£ 159.98

TOTAL

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

.....

Posted by (initials & date)

.....





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

SA3

18 JAN 2008

VALIDATION Page 1 of 2

When to use this form

- Use this form to request a one-off payment of salary to a temporary or casual employee.
- Use this form to reimburse out-of-pocket expenses to an employee or a volunteer.

About filling in this form

- Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.
- If you have any questions about this form, please call 020 7219 1340.

18 JAN 2008

RECEIVED

Your details

Name in CAPITAL LETTERS

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

Details of staff member

First name

Surname in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Payment details

Payslip address

Bank details

Claim details

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

	Amount			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 – home to work	£	:	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	514510 /	
Office requisites	£	:	p	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	514510 /	
Total	£ 159 : 98 P					

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by [REDACTED] supporting my Parliamentary duties.

Signature [REDACTED] MP

Date 14/1/08

Data protection

On behalf of the Data Controller, the employing Member of Parliament, the House of Commons Administration will process the information you provide on this form for the purpose of staff administration, administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the employing member, the House of Commons and the Inland Revenue. The information may also be disclosed to the National Audit Office for audit purposes.

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Send your completed form to

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

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



LONDON SW1A 0AA

Total order cost: £159.98

Your order is complete
Your order number is [REDACTED]

Print this page

What happens next

We'll send you a confirmation email, but we'd also like you to **print this page** for your reference. You can also view your **full purchase history** at any time.

How was it for you?

If you're feeling good or bad about your purchase with **lastminute.com**, please **rate our site**. We always listen to our customers and are always looking for ways to improve our service. All **feedback** is used to help our customers live every [REDACTED] with as little hassle as possible.

What you just bought

Charming hotel near [REDACTED]

Room 1

Room type: [REDACTED] Room Only
Check in date: [REDACTED]
Check out date: [REDACTED]
Number of nights: 1
Room reservation name: [REDACTED]
Smoking: no

Room 2

Room type: [REDACTED] Room Only
Check in date: [REDACTED]
Check out date: [REDACTED]
Number of nights: 1
Room reservation name: [REDACTED]
Smoking: no



Direct payment of suppliers

15 JAN 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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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 1 1

Allowance year 2007 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	BT	£ 56 : 70 p
Item 2	POW WOW	£ 52 : 17 p
Item 3	BNP PARIBAS	£ 41 : 13 58 : 75
Item 4		£ : p
Item 5		£ : p
Total		£ 208 : 75 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 14 1 11 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	<input type="text"/>	<input type="text"/>	
Signature check	<input type="text"/>	<input type="text"/>	
Funds check	<input type="text"/>	<input type="text"/>	
Allowable expenditure	<input type="text"/>	<input type="text"/>	
Validation	Initials	Date	
Member ID added to form	<input type="text"/>	<input type="text"/>	
Payment codes added to form	<input type="text"/>	<input type="text"/>	
Receipts/ documentation present	<input type="text"/>	<input type="text"/>	
Processing Input	<input type="text"/>	<input type="text"/>	

Please use margin for comments

Promote your business online for FREE with BT Tradespace basic.

Your account and bill number

MR DAVID MILIBAND MP



Bringing it all together

Date

10 January 2008

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

BT Commitment

Bill for

Package benefits	£ 0.00
BT Commitment	
Rental charges	£ 44.43
Payment charges	£ 4.50
VAT	£ 7.77
Total now due	£ 56.70

OneBillPlus

Save money with Direct Debit



POWWOW



David Millerband MP



Page	1 of 1
Invoice No.	[Redacted]
Date	04/01/2008
Due Date	03/02/2008
Account No.	[Redacted]

INVOICE

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Delivery Address:		David Millerband MP				
Ship To Number:		[Redacted]				
Purchase Order Number:		[Redacted]				
		Cooler Sanitisation	1	6.30	6.30	17.50
		Above Charges For Period 05/01/2008 to 04/02/2008				
		Cooler - Ambient & Cold	1	36.00	36.00	17.50
		Environmental Charges	1	2.10	2.10	17.50
		Above Charges For Period 05/01/2008 to 04/04/2008				
		Ship to Subtotal			44.40	



	TOTAL	VAT
Total of charges subject to VAT @ 17.50%	44.40	7.77
Total of charges subject to VAT @ 0.00%	0.00	0.00

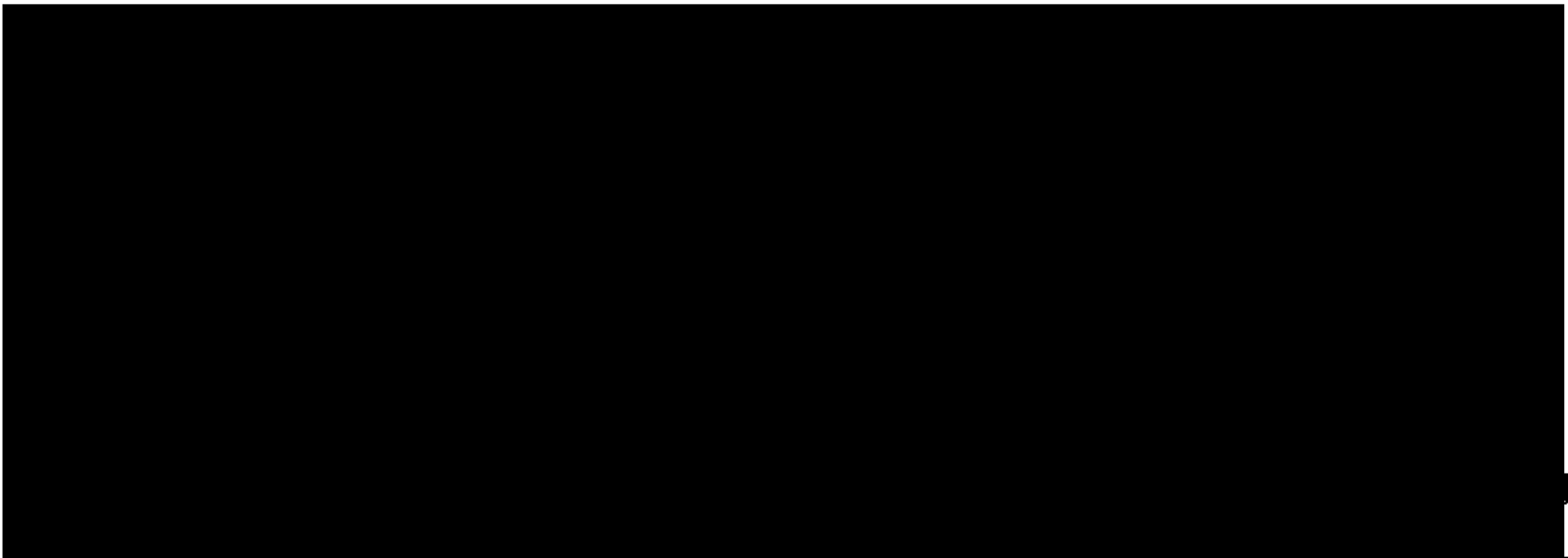
Total Net	44.40
Total Vat	7.77
Total Invoice	52.17

Payment Terms: Net 30 Days

All Prices quoted are in GBP

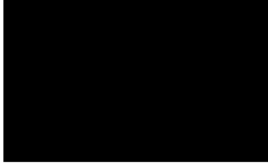
PLEASE SEND ONLY ORIGINAL CREDIT SLIP AND CHEQUE

Please do not use this Bank Account for BACS payments (see reverse of invoice for details).





David Miliband



Due Date & Tax Point
Agreement Number
Method of Payment
CHEQUE


17/12/2007




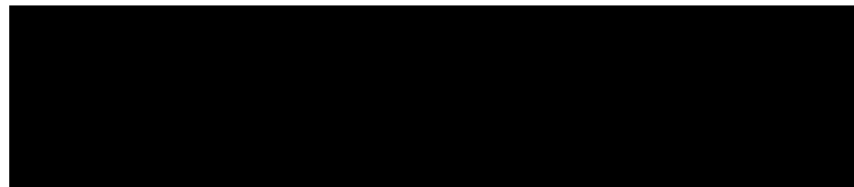
Arrears Letter Fee Invoice

Invoice Number



Please make cheques payable to 
Please allow 5 days for the clearance of cheque before due date and quote the agreement number on all payments sent to us. This could be done on the reverse of the cheque.

Schedule Number	Ext Number	VAT Category	VAT Rate	Net Amount	VAT Amount	Total
		S	17.500	35.00	6.13	41.13



Totals	35.00	6.13	41.13
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David Miliband

Due Date & Tax Point
Agreement Number
Method of Payment
CHEQUE

16/12/2007



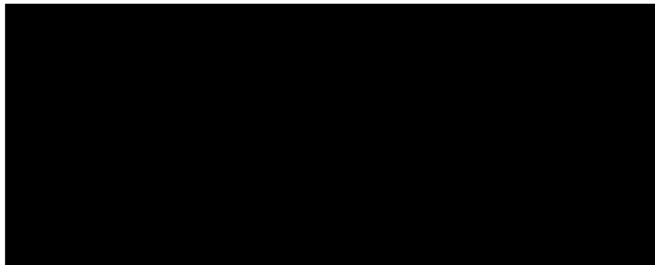
Arrears Administration Fee Invoice

Invoice Number



Please make cheques payable to [Redacted]
Please allow 5 days for the clearance of cheque before due date and quote the agreement number on all payments sent to us. This could be done on the reverse of the cheque.

Schedule Number	Ext Number	VAT Category	VAT Rate	Net Amount	VAT Amount	Total
[Redacted]		S	17.500	50.00	8.75	58.75



Totals	50.00	8.75	58.75
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Direct payment of suppliers

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

RT Hon DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

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

1 1

Allowance year

2007 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	CMC DIGITAL	£ 19 : 39 p
Item 2	TELEWEST BUSINESS	£ 159 : 80 p
Item 3	SOUTH TYNESIDE COUNCIL	£ 52 : 57 p
Item 4	POW WOW	£ 44 : 77 p
Item 5	" "	£ 14 : 80 p
Total		£ 291 : 33 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 9, 01, 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

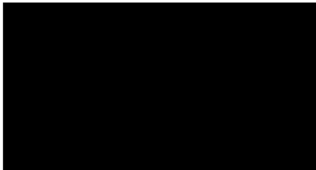
Office use only			
Validation	Initials	Date	
Claims received	_____	____/____/____	
Signature check	_____	____/____/____	
Funds check	_____	____/____/____	
Allowable expenditure	_____	____/____/____	
Validation	Initials	Date	
Member ID added to form	_____	____/____/____	
Payment codes added to form	_____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

Please use margin for comments



INVOICE TO

DAVID MILIBAND



INVOICE NO



INVOICE DATE

12/12/2007

ORDER NO

ACCOUNT REF



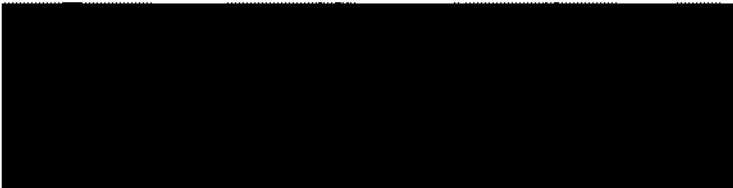
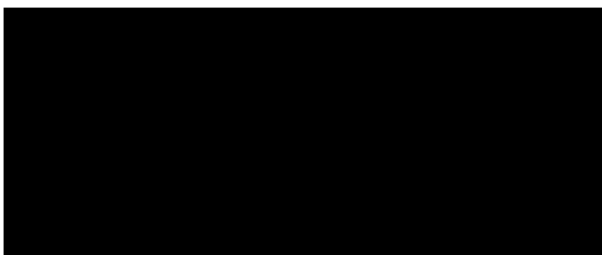
QUANTITY

DETAILS

UNIT PRICE NET AMOUNT

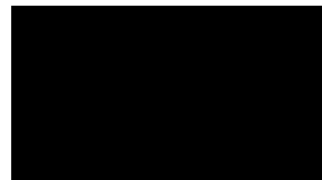
VAT TOTAL

1.00	Olivetti MF200 Copier 69544 - 68396 = 1148 Copies Monthly Service Charge To Include Copies Used	16.5000	16.50	2.89	19.39
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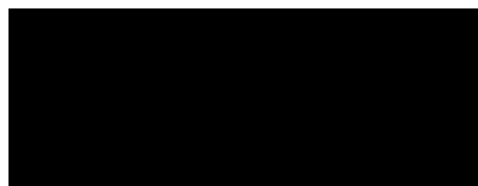


Total Net Amount	16.50
Carriage Net	0.00
Total VAT Amount	2.89
Invoice Total	19.39

Payment reference number
Account number
Area reference
Invoice date and tax point
Page number



Mr David Miliband Mp

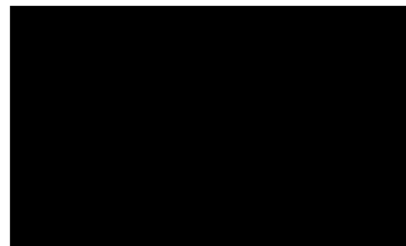


Invoice

Thank you for the settlement of your last invoice.

We look forward to receiving your payment of the 'Amount Due'

Telephony charges	£136.00
Total new charges	£136.00
VAT	£23.80
Total new charges including VAT	£159.80
Balance brought forward	£0.00
Amount due	£159.80

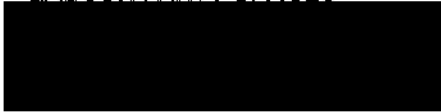




South Tyneside Council
Regeneration and Resources

INVOICE

LABOUR PARTY OFFICES



Email: [Redacted]
Service Enquiries to: [Redacted]
Payment Enquiries to: [Redacted]

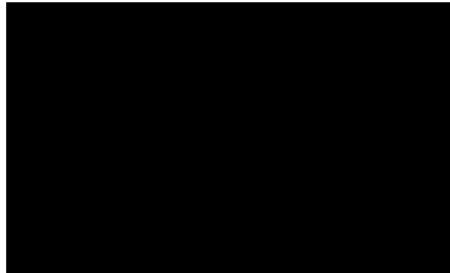
Customer ID: [Redacted]

Invoice Number [Redacted]

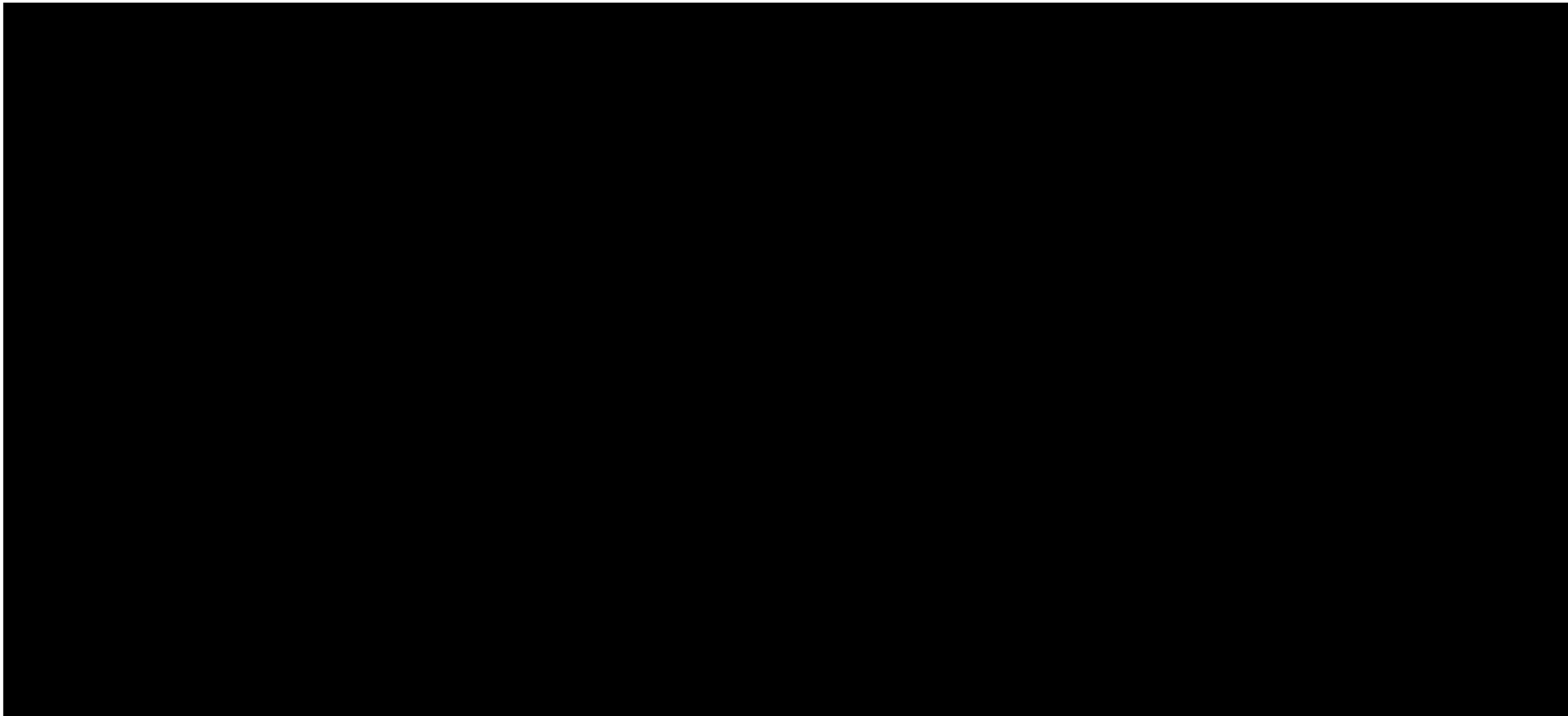
Your Ref: [Redacted]

Date / Tax Point 10/12/2007

Invoice Details	Amount	VAT	Total
ELECTORAL REGISTRATION ATTAINER LABELS (18 YEAR OLDS) FROM 6 DEC 07 - 31 MAY 2008 FOR DAVID MILLIBAND.(MP)	52.57	0.00	52.57

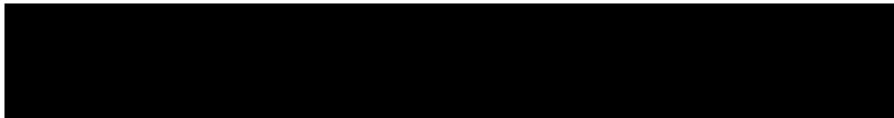


AMOUNT DUE £52.57





POWWOW

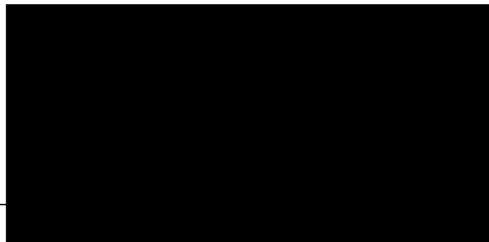


David Millerband MP

Page	1 of 1
Invoice No.	[REDACTED]
Date	17/12/2007
Due Date	16/01/2008
Account No.	[REDACTED]

INVOICE

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Delivery Address:		David Millerband MP				
Ship To Number:		[REDACTED]				
Purchase Order Number:		[REDACTED]				
		Cooler - Ambient & Cold	1	36.00	36.00	17.50
		Environmental Charges	1	2.10	2.10	17.50
		Above Charges For Period 05/10/2007 to 04/01/2008				
		Ship to Subtotal			38.10	



	TOTAL	VAT	Total Net	38.10
Total of charges subject to VAT @ 17.50%	38.10	6.67	Total Vat	6.67
Total of charges subject to VAT @ 0.00%	0.00	0.00	Total Invoice	44.77

Payment Terms: Net 30 Days

All Prices quoted are in GBP

PLEASE SEND ONLY ORIGINAL CREDIT SLIP AND CHEQUE

Please contact your Bank Account for BACS payments for more information



POWWOW



David Millerband MP



Page	1 of 1
Invoice No.	[REDACTED]
Date	04/12/2007
Due Date	03/01/2008
Account No.	[REDACTED]

VOICE

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Delivery Address:		David Millerband MP				
Ship To Number:		[REDACTED]				
Purchase Order Number:		[REDACTED]				
		Cooler Sanitisation	1	6.30	6.30	17.50
		Above Charges For Period 05/11/2007 to 04/12/2007				
		Cooler Sanitisation	1	6.30	6.30	17.50
		Above Charges For Period 05/12/2007 to 04/01/2008				
		Ship to Subtotal			12.60	



	TOTAL	VAT
Total of charges subject to VAT @ 17.50%	12.60	2.20
Total of charges subject to VAT @ 0.00%	0.00	0.00

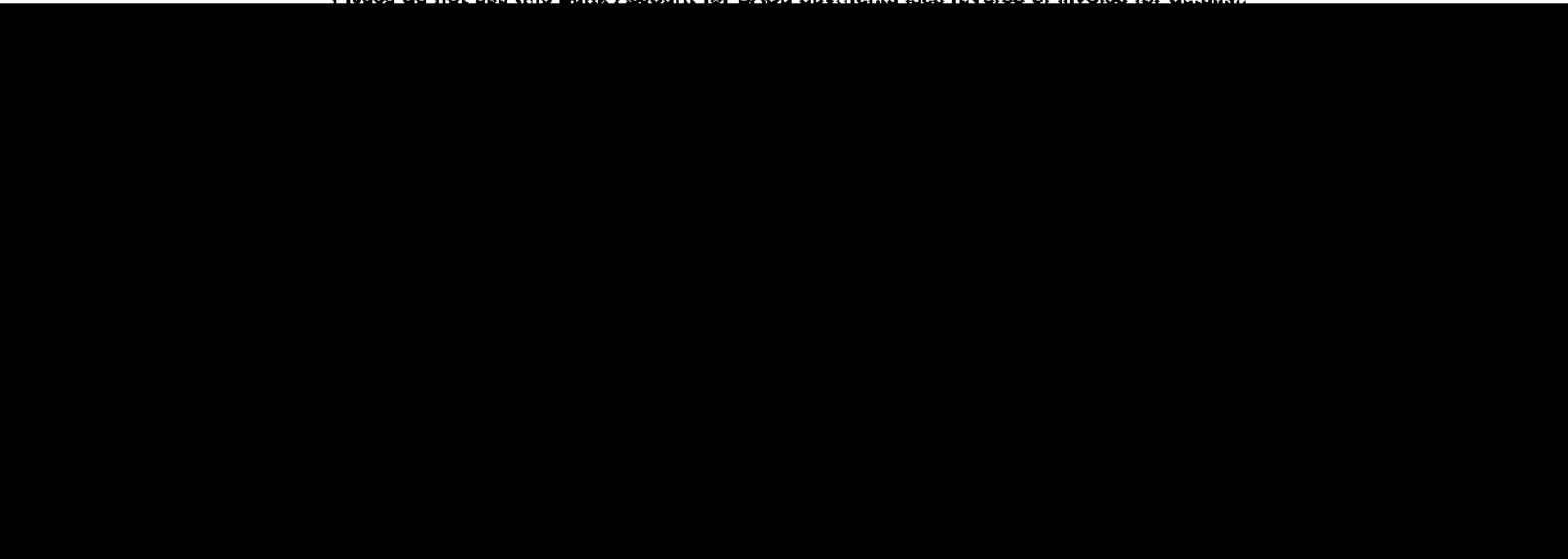
Total Net	12.60
Total Vat	2.20
Total Invoice	14.80

Payment Terms: Net 30 Days

All Prices quoted are in GBP

PLEASE SEND ONLY ORIGINAL CREDIT SLIP AND CHEQUE

Please do not use this Bank Account for BACS payments (see reverse of invoice for details).





Direct payment of suppliers

10 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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

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 1 1

Allowance year 2007/2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	BMC DIGITAL	£ 34 : 70 p
Item 2	TELEWEST	£ 189 : 86 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 224 : 56 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
	Total	£ : 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

MP

Date

7 / 12 / 186

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

STATEMENT

From

CMC Digital Limited

To:

DAVID MILIBAND

A/c Ref. [REDACTED]

Date 3 Dec 2007

Date

Ref.

Details

Debit

Credit

16/08/2007

[REDACTED]

Goods/Services

[REDACTED]

£

7.59

15/11/2007

Goods/Services

£

27.11

[REDACTED]

	<u>Current</u>	<u>Period 1</u>	<u>Period 2</u>	<u>Period 3</u>	<u>Older</u>
£	27.11	£ 0.00	£ 0.00	£ 7.59	£ 0.00

Amount Due £ 34.70

Mr David Miliband Mp

Invoice

Thank you for the settlement of your last invoice.

We look forward to receiving your payment of the 'Amount Due'

Telephony charges	£161.58
Total new charges	£161.58
VAT	£28.28
Total new charges including VAT	£189.86
Balance brought forward	£0.00
Amount due	£189.86



Direct payment of suppliers

2007 330 4 0

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.

VALIDATION
05 DEC 2007
RECEIVED

Your details

Name in CAPITAL LETTERS

R HEN DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

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

1 1

Allowance year

2007 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	VIKING	£ 53 : 42p
Item 2	''	£ 28 : 50p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 81 : 92p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  _____ MP

Date 31 12 107

Data protection

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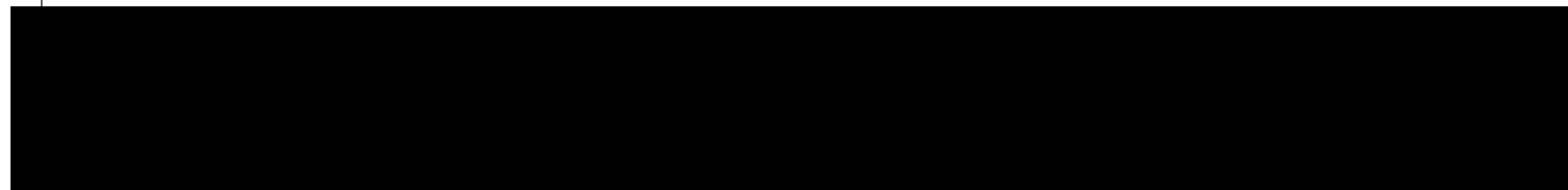
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Send your completed form to

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



ACCOUNT No.	DATE	INVOICE No.	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
[REDACTED]	26/11/07	[REDACTED]	[REDACTED]	26/11/07	0/00/00

TERMS: NETT 30 DAYS

David Miliband
[REDACTED]

David Miliband
[REDACTED]

All goods remain property of Viking Direct until invoice is settled in full

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT %	LIST PRICE	YOUR COST	NETT COST
14 PER SHEET LASER	Q2N-L7163	2 BX	17.5	31.49	21.990	43.98



TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE PROTECTION PLUS	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
62.98	19.00	43.98	FREE	1.48	7.96		53.42

ACCOUNT No	DATE	INVOICE No	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
[REDACTED]	9/10/07	[REDACTED]	[REDACTED]	4/10/07	9/10/07

TERMS: NETT 30 DAYS
Page 1

David Miliband

David Miliband

All goods remain property of Viking Direct

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT%	LIST PRICE	YOUR COST	NETT COST
1M DL S/S NO WINDOW ENV	Q2H-1M02	2 BX	17.5	36.00	10.49	20.98
1M DL S/S NO WINDOW ENV	Q2H-1M02-XX	1 BX	17.5	36.00	0.00	0.00

AMOUNT DUE

TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE	INSURANCE	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT
108.00	87.02	20.98	2.50	0.38	4.24		28.50



Member's reimbursement form

28 NOV 2007

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

REHAN DAVID MILIBAND MP
SOUTH SHIELDS

Constituency

Office use only
Costs/Cat

Claim details

Please ensure

- your claim totals more than £100
- you provide journey details of all taxi journeys
- you attach all receipts or invoices for items of £250 and above
- any claims for petty cash do not exceed £250 per month.

You can only claim for

- costs you have actually paid
- office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

Period of claim

from 1 1 to 1 1

Allowance year

2007/2008

	Description of service or goods	Amount
Item 1	DATA PROTECTION FEE	£ 35 : 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		£ 35 : 00 p

Authorisation and declaration

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  _____ MP

Date 26/11/07

Data protection

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

Office use only		
Validation	Initials	Date
Claims received	<input type="text"/>	<input type="text"/>
Signature check	<input type="text"/>	<input type="text"/>
Funds check	<input type="text"/>	<input type="text"/>
Allowable expenditure	<input type="text"/>	<input type="text"/>
Member Res ID & Costs	<input type="text"/>	<input type="text"/>
Ext type/Cat 5 & subtotals added to form	<input type="text"/>	<input type="text"/>
Receipts/ documentation present	<input type="text"/>	<input type="text"/>
Processing		
Input	<input type="text"/>	<input type="text"/>

input subtotals per Cat 5	
	£ 35.00
	£
	£
	£
	£
	£
	£
	£

Comments



Information Commissioner's Office

DIANNE ROUND

21 November 2007

Data Controller Name: DAVID MILIBAND MP

Registration Number: [REDACTED]

Security Number: [REDACTED]

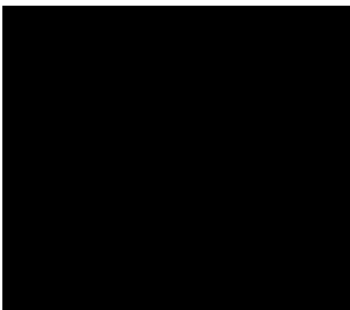
For the attention of: [REDACTED]

Data Protection Act 1998 – Confirmation of Renewal

We have renewed your register entry [REDACTED] and the new expiry date is **23 December 2008**.

If you requested any amendments at the time of renewal they will have been processed separately and confirmation may have been sent already or will follow under separate cover.

NOTIFICATION DEPARTMENT





Direct payment of suppliers

28 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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

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

1 1

Allowance year

2007 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	E.M.C. DIGITAL	£ 27 : 11 p
Item 2	HFGI LTD (BNP PARIBAS)	£ 305 : 72 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total

£ 332 : 83 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature _____

MP _____

Date _____

21 / 11 / 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

INVOICE TODAVID MILIBAND
INVOICE NO INVOICE DATE 15/11/2007ORDER NOACCOUNT REF 

<u>QUANTITY</u>	<u>DETAILS</u>	<u>UNIT PRICE</u>	<u>NET AMOUNT</u>	<u>VAT</u>	<u>TOTAL</u>
3076.00	Olivetti MF200 Copier 68396 - 65320 = 3076 Copies	0.0075	23.07	4.04	27.11

CMC payment terms are strictly 30 days from invoice date unless otherwise stated. All goods remain the property of CMC until payment has been made in full.

Total Net Amount	23.07
Carriage Net	0.00
Total VAT Amount	4.04
Invoice Total	27.11



David Miliband



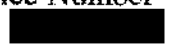
Due Date & Tax Point
Agreement Number
Method of Payment
CHEQUE

13/12/2007



Rental Invoice

Invoice Number



Please make cheques payable to
Please allow 5 days for the clearance of cheque before due date and quote the agreement number on all payments sent to us. This could be done on the reverse of the cheque.

Schedule Number	Ext Number	VAT Category	VAT Rate	Net Amount	VAT Amount	Total
		S	17.500	260.19	45.53	305.72

1 OLIVETTI COPIER FEED DUPLEX CABINET, MFD200, AGJ3014732, 13728

Cover period from 13/12/2007 to 12/03/2008



Totals	260.19	45.53	305.72
--------	--------	-------	--------





Direct payment of suppliers

2007 NOV 20

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

Mr Hon DAVID MILIBAND M.P.

Constituency

SOUTH SHIELDS

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

1 1

Allowance year

2007, 2008

Incidental Expenses Provision claims

Table with columns Suppliers and Amount. Rows include Item 1 (Pent Wood, £36:42 p), Item 2 ("", £7:40 p), Item 3, Item 4, Item 5, and Total (£43:82 p).

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

_____ MP

Date

31 1 10 107

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



POWWOW



Invoice

David Millerband MP



Page	1
Invoice No.	[Redacted]
Date	04/05/2007
Your Ref	[Redacted]
Bill to No.	[Redacted]

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Your Ship To Number: [Redacted]		Your Cost Centre: [Redacted]				
Your Ship To Address: [Redacted]		David Millerband MP [Redacted]				
Purchase order Number: [Redacted]		[Redacted]				
		BWC Standard Cooler Sanitisation	1	6.30	6.30	17.50
		Rental for Period 05/05/2007 to 04/05/2007				
		Ship to Subtotal			6.30	
Your Ship To Number: [Redacted]		Your Cost Centre: [Redacted]				
Your Ship To Address: [Redacted]		David Millerband MP [Redacted]				
Purchase order Number: [Redacted]		XXX				
17/04/2007	[Redacted]	BWC Standard Cooler Sanitisation	1	0.00	0.00	17.50
17/04/2007	[Redacted]	Emax Water Trail Cook & Cold	1	0.00	0.00	17.50
03/05/2007	[Redacted]	POWWOW Still Flycib Bottle 18.5L	2	6.39	12.78	17.50
	Deposits	POWWOW Still Flycib Bottle 18.5L	2	7.00	14.00	0.00
		Ship to Subtotal			26.78	

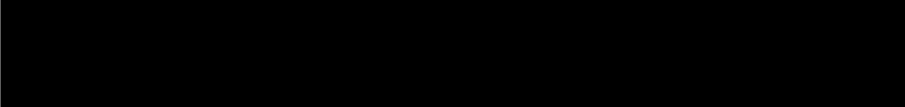
Total of charges subject to VAT @ 17.50%	Total	VAT	Total Net	33.08
Total of charges subject to VAT @ 0.00%	19.08	3.34	Total Vat	3.34
	14.00	0.00	Total Invoice	36.42

Payment Terms: Net 30 Days





POWWOW



David Millerband MP



Page	1 of 1
Invoice No.	[Redacted]
Date	04/10/2007
Due Date	03/11/2007
Account No.	[Redacted]

INVOICE

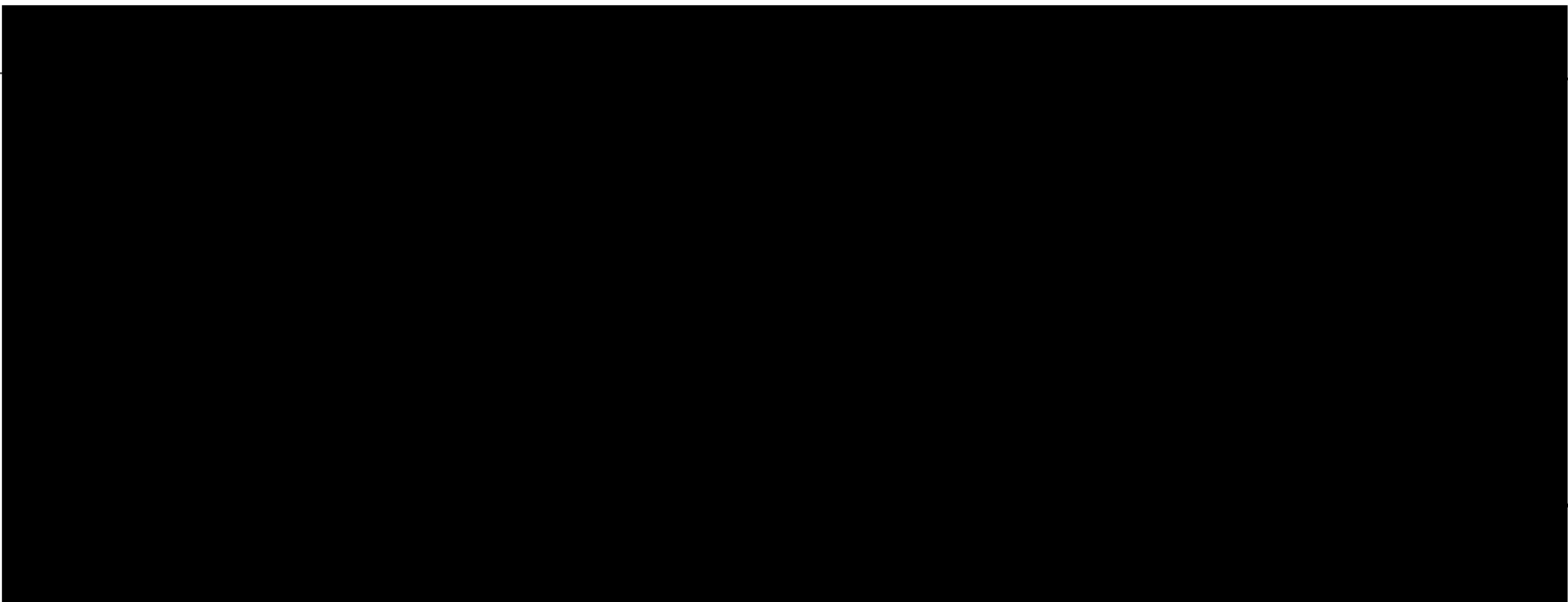
Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Delivery Address:		David Millerband MP				
Ship To Number:		[Redacted]				
Purchase Order Number:		[Redacted]				
		Cooler Sanitisation	1	6.30	6.30	17.50
		Above Charges For Period 05/10/2007 to 04/11/2007				
		Ship to Subtotal			6.30	

TOTAL		VAT
Total of charges subject to VAT @ 17.50%	6.30	1.10
Total of charges subject to VAT @ 0.00%	0.00	0.00

Total Net	6.30
Total Vat	1.10
Total Invoice	7.40

Payment Terms: Net 30 Days

All Prices quoted are in GBP





Direct payment of suppliers

13 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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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 1 1

Allowance year 2007/2008



Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	TELEWEST	£ 193.86 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 193 : 86 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature _____ MP

Date 9, 11, 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



Telewest
Business

Payment reference number
Account number
Area reference
Invoice date and tax point
Page number



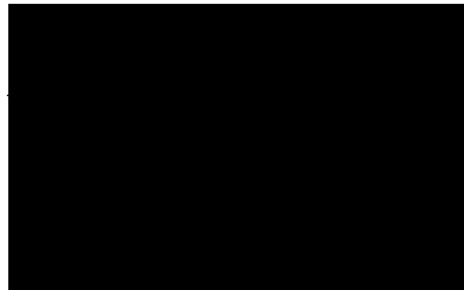
Mr David Miliband MP ✓


Invoice

Thank you for the settlement of your last invoice.

We look forward to receiving your payment of the 'Amount Due'

Telephony charges	£164.99
Total new charges	£164.99
VAT	£28.87
Total new charges including VAT	£193.86
Balance brought forward	£0.00
Amount due	£193.86



ites

Fer



Direct payment of suppliers

When to use this form

- Use this form to ask incurred on your Par

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

RT HON DAVID MILIBAND MP

Constituency

SEVEN SHIELDS

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

1 1

Allowance year

2007 | 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	Pow Wow	£ 89 : 20 p
Item 2	B.T.	£ 52 : 85 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Total		£ 142 : 05 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
	Total	£ : 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

[Redacted Signature]

Date

18 1 7 107 30/7/07

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	Initials	Date	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing			
Input		/ /	

Please use margin for comments



POWWOW

David Millerband MP

Page	1 of 1
Invoice No.	[REDACTED]
Date	04/07/2007
Due Date	03/08/2007
Account No.	[REDACTED]

INVOICE

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Delivery Address:		David Millerband MP				
Ship To Number:		[REDACTED]				
Purchase Order Number:		[REDACTED]				
		Cooler Sanitisation	1	6.30	6.30	17.50
		Above Charges For Period 05/07/2007 to 04/08/2007				
		Cooler - Ambient & Cold	1	38.00	38.00	17.50
		Environmental Charges	1	2.10	2.10	17.50
		Above Charges For Period 05/07/2007 to 04/10/2007				
		Ship to Subtotal			44.40	
Delivery Address:		David Millerband MP				
Ship To Number:		[REDACTED]				
Purchase Order Number:		[REDACTED]				
		Water - Round 18.5L	4	6.39	25.56	17.50
		Deposits Water - Round 18.5L	4	7.00	28.00	0.00
		Deposits Empty Bottle - Round 18.5L	3	7.00-	21.00-	0.00
		Ship to Subtotal			32.56	

	TOTAL	VAT
Total of charges subject to VAT @ 17.50%	69.96	12.24
Total of charges subject to VAT @ 0.00%	7.00	0.00

Total Net	76.96
Total Vat	12.24
Total Invoice	89.20

Payment Terms: Net 30 Days

All Prices quoted are in GBP

Your account and bill number

MR DAVID MILIBAND MP



Bringing it all together

Date
10 July 2007

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

BT Commitment

Bill for

Package benefits BT Commitment	£ 0.00
Service charges	£ 41.15
Payment charges	£ 4.50
VAT	£ 7.20

Total now due **£ 52.85**

*Please make sure we receive the total now due by
21 July 2007.*

OneBillPlus

CHANGES FOR CUSTOMERS NOT
PAYING BY DIRECT DEBIT -



Direct payment of suppliers

22 OCT 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

RT HON DAVID MILIBAND MR

Constituency

SOUTH SHIELDS

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

1 1

Allowance year

2007/ 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	B.T.	£ 52 : 85 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 52 : 85 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

MP

Date

17 1 10 1 07

Data protection

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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
11 October 2007

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

MR DAVID MILIBAND MP



Bringing it all together

BT Commitment

Bill for

Package benefits	£ 0.00
BT Commitment	
Service charges	£ 41.15
Payment charges	£ 4.50
VAT	£ 7.20

Total now due **£ 52.85**

OneBillPlus

Save money with Direct Debit



Direct payment of suppliers

22 OCT 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

RT Hon DAVID MILIBAND MP

Constituency

SOUTH SHIELDS ✓

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

1 / 1

Allowance year

2007/2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	DELL	£ 34 : 08 p
Item 2	CMC	£ 19 : 39 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 53 : 47 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature _____ MP

Date 19 1 10 107

Data protection

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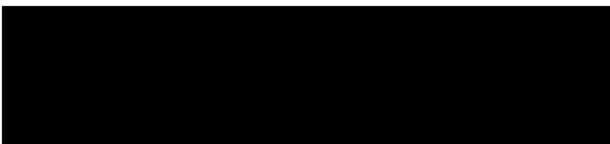
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Send your completed form to

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

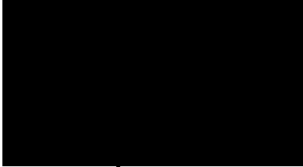


Invoice

Invoice to:

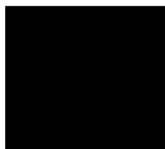
Deliver To:

David Milband

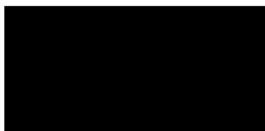


Invoice No: [Redacted] Customer No: [Redacted] Dell Order No: [Redacted] Page 1 of 2

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



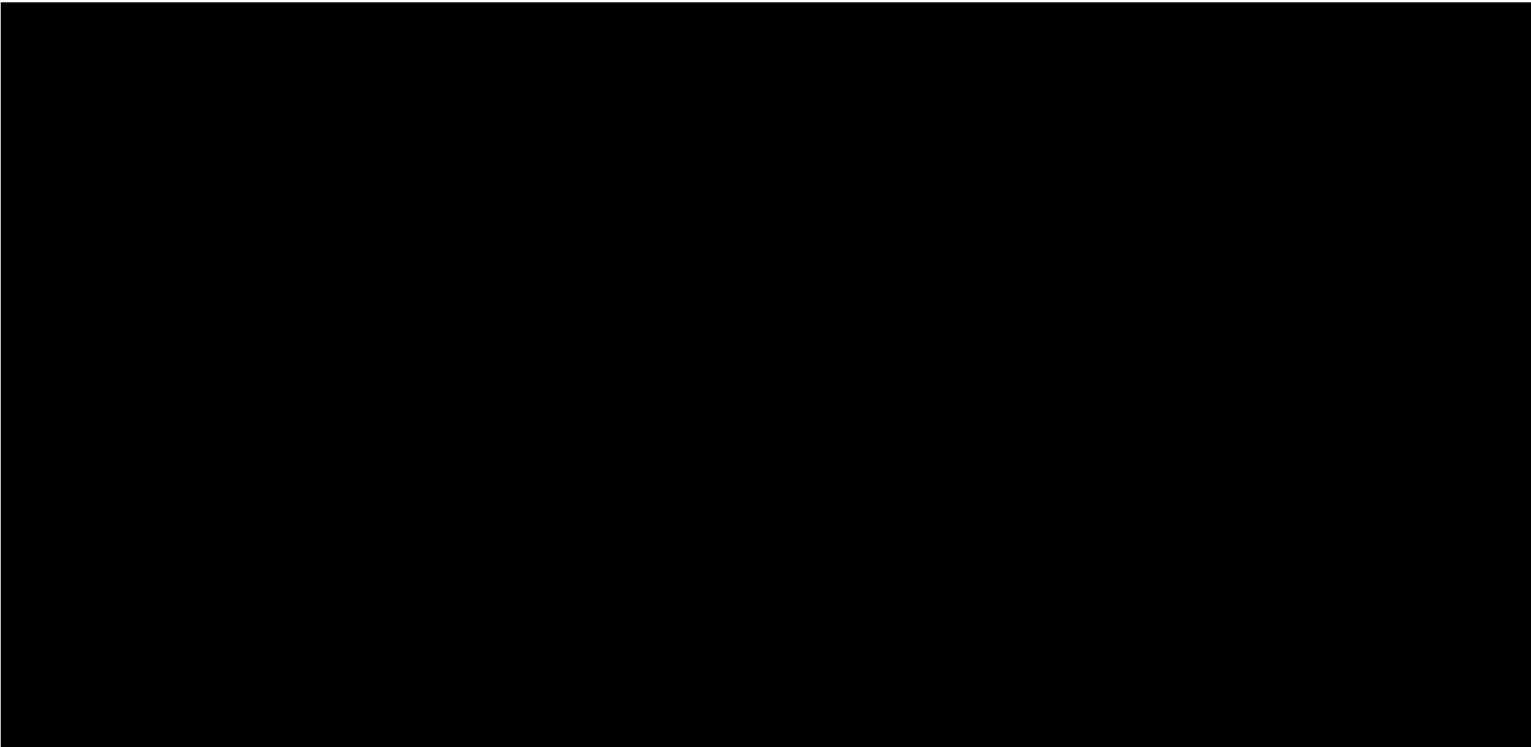
Item No.	Description	Quantity	Unit Price	Net
593-10120	Dell - 5110cn - Black - Standard Capacity Toner	1	29.00	29.00
600-10709	Info - Laser Standard Consumables Delivery	1	0.00	0.00

VAT Summary

VAT Rate	GBP	GBP	Subtotal	GBP
%	Total Net £	VAT £	Freight	0.00
17.5	29.00	5.08	VAT £	5.08
			Total	34.08



Tag Nos.





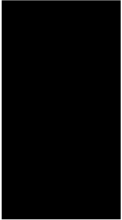
Invoice

Invoice to:

Deliver To:



David Milband

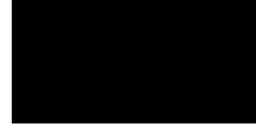


Invoice No: [Redacted] Customer No: [Redacted] Dell Order No: [Redacted] Page 2 of 2

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

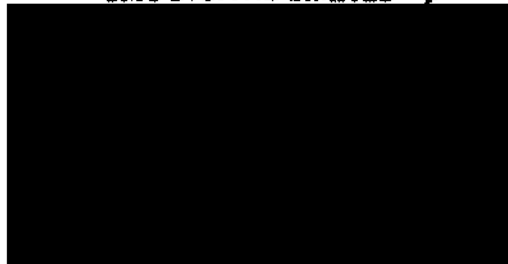


Booking Reference:
Account Manager
Account Manager Tel
Account Manager Fax
Account Manager Email



if you have queries on this invoice, please contact Public Credit Control c [Redacted]





INVOICE TO

DAVID MILIBAND



INVOICE NO



INVOICE DATE

12/10/2007

ORDER NO

ACCOUNT REF



<u>QUANTITY</u>	<u>DETAILS</u>	<u>UNIT PRICE</u>	<u>NET AMOUNT</u>	<u>VAT</u>	<u>TOTAL</u>
1.00	Olivetti MF200 Copier 65320 - 64072 = 1248 Copies Minium Charge Applies £16.50	16.5000	16.50	2.89	19.39



CMC payment terms are strictly 30 days from invoice date unless otherwise stated. All goods remain the property of CMC until payment has been made in full.

Total Net Amount	16.50
Carriage Net	0.00
Total VAT Amount	2.89
Invoice Total	19.39





Direct payment of suppliers

17 OCT 2007

16 OCT 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

RT Hon DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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

1 1

Allowance year

2007 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	VIKING	£ 09 : 73 p
Item 2	"	£ 74 : 09 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total

£ 83 : 82 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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

12 / 10 / 07

Data protection

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

Office use only

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

Please use margin for comments

ACCOUNT No.	DATE	INVOICE No.	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
	16/08/07			16/08/07	16/08/07

TERMS: NETT 30 DAYS
Page 1

David Miliband

David Miliband

All goods remain property of Viking Direct

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT%	LIST PRICE	YOUR COST	NETT COST
RECEIVED M/N) DATER	Q28-4850LJ	2 EA	17.5	8.99	8.49	16.98
BX3 INK CART	Q28-8X3CRG	2 EA	17.5		18.99	37.98
B/POINT PEN MED-BKCCXXDC	Q51-5400-BK	3 BX	17.5		0.99	2.97
CONFERENCE FILE CCXXDC	Q51-2706-GN	EA	17.5		0.79	0.00
WASTE SACK MED 10 CCXXDC	Q51-ND225355	5 RL	17.5	1.99	0.65	3.25

2007

TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE	INSURANCE	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
29.93	9.70	61.18	FREE	1.88	11.03			74.09

ACCOUNT No	DATE	INVOICE No	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
[REDACTED]	16/08/07	[REDACTED]	[REDACTED]	16/08/07	0/00/00

TERMS: NETT 30 DAYS
Page 1

David Miliband

David Miliband

All goods remain property of Viking Direct

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT%	LIST PRICE	YOUR COST	NETT COST
CONFERENCE FILE SYSTEM ERROR - GOODS NEVER SHIPPED ON ORIGINAL INVOICE	CCXXDC Q51-2706-GN	10 EA	17.5		0.79	7.90

TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE	INSURANCE	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
0.00	0.00	7.90	FREE	0.38	1.45			9.73



Direct payment of suppliers

C2

15 OCT 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

RT Hon DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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.

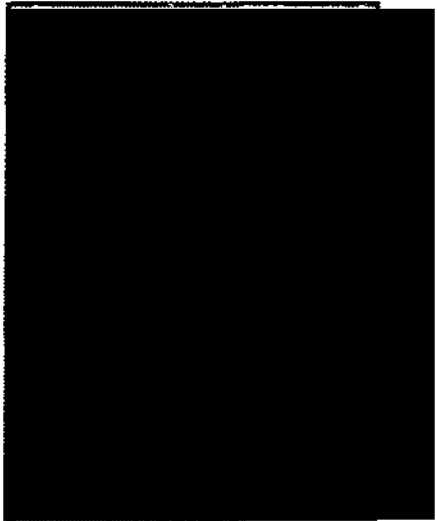
Date of claim 1 / 1

Allowance year 2007 / 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	TELEWEST	£ 213 : 69 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 213 : 69 p



Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

MP

Date

10 / 10 / 07

Data protection

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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

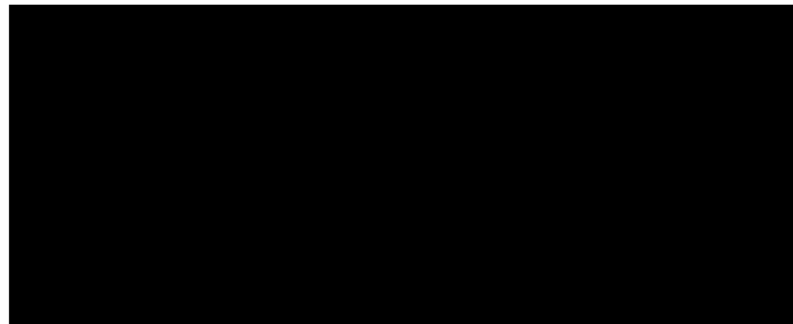
Mr David Miliband Mp


Thank you for the settlement of your last invoice.

We look forward to receiving your payment of the 'Amount Due'

Invoice

Telephony charges	£181.86
Total new charges	£181.86
VAT	£31.83
Total new charges including VAT	£213.69
Balance brought forward	£0.00
Amount due	£213.69





Direct payment of suppliers

G2

15 OCT 2007

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About filling in this form

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Your details

Name
in CAPITAL LETTERS

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



Claim details

Please ensure

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You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

1 1

Allowance year

2007 | 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	VIKING	£ 27 : 92 p
Item 2	BANNER	£ 115 : 15 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Total		£ 143 : 07 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature _____ MP

Date 5, 10, 107

Data protection

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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

ACC	DATE	INVOICE	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
	19/07			19/07	02/08/00

TERMS: NETT 30 DAYS 5

David Miliband

David Miliband

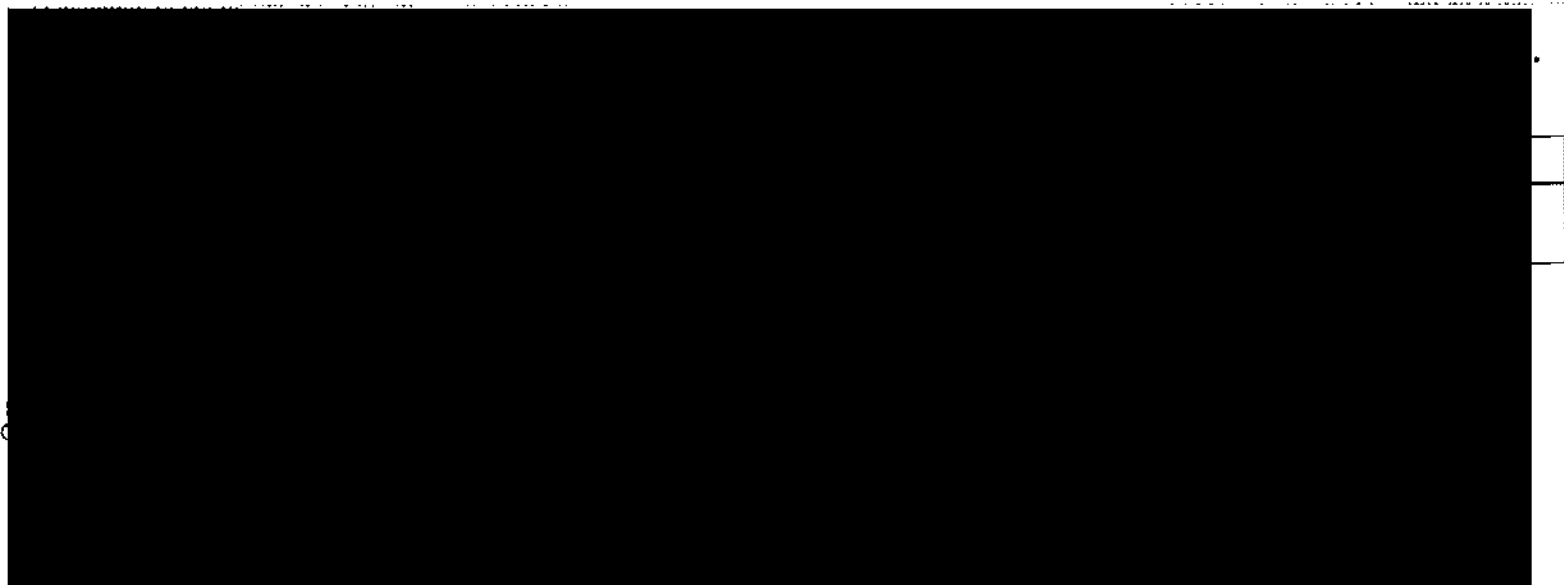
All goods remain property of Viking Direct until invoice is settled in full

1M DL	DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	BY	VAT. %	LIST PRICE	YOUR PRICE	NETT COST
	NDAY SCREEN WIPES 100TUB	Q29-975451	1	EA	17.5	9.99	9.990	9.99

Save More With Freight Free Minimum Shipment

 * Have you heard about The Business? Take a look at [REDACTED] *
 * for great offers on business services - unique to Viking customers. *

TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE	PROTECTION PLUS	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
43.59	25.31	20.48	2.90	38	4.16			27.92



Invoice



 * INVOICE NO. [REDACTED] *

Invoice To

David Miliband MP

Charge To :

David Miliband MP

Banner Business Supplies Ltd

Cashier

[REDACTED]

Delivered To

David Miliband MP

Customer Services

Telephone No : [REDACTED]

Fax No : [REDACTED]

Page 1 of 1 Date 29/09/2007

Acc.No [REDACTED] Order Date 09/08/2007

Order ORDER NO - [REDACTED]

C.A.R.

Sales Order No [REDACTED]

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. [REDACTED]

Inv. No. [REDACTED]

Inv. Date: 29/09/2007

Amt. Due : 115.15

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		PRMISCELLANEOUS	HC19-116GA OVERPRINTED WITH RT HON DAVID MILIBAND MP PRINTED IN GREEN 8 X BX250 ARTWORK SUPPLIED	8	EACH	12.2500	28/09/07 28/09/07 28/09/07 28/09/07 28/09/07	98.00	17.5	17.15

[REDACTED]

[REDACTED]

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	98.00	17.15

Sales Order Total (VAT excl) 98.00

INVOICE GOODS	98.00
INVOICE V.A.T.	17.15
INVOICE TOTAL	115.15

Settlement : None
 Discount Terms :

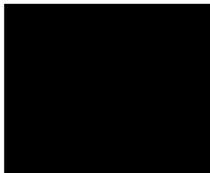
EEE Producer Registration No: [REDACTED]

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by



Direct payment of suppliers



18 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

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- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

RT HON DAVID MILIBAND MP ✓

Constituency

SOUTH SHIELDS ✓



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
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You must specify

- the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.

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Date of claim

1/1

Allowance year

2007 | 2008 ✓

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	AIM TO RECYCLE	£ 17 : 63 p ✓
Item 2	TELEWEST BUSINESS	£ 169 : 14 p ✓
Item 3	CIS	£ 286 : 00 p ✓
Item 4		£ : p
Item 5		£ : p

Total £ 472 : 77 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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 13 17 107

Data protection

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Office use only			
	Validation	Initials	Date
Claims received	<input type="checkbox"/>	_____	____/____/____
Signature check	<input type="checkbox"/>	_____	____/____/____
Funds check	<input type="checkbox"/>	_____	____/____/____
Allowable expenditure	<input type="checkbox"/>	_____	____/____/____
	Validation	Initials	Date
	Member ID added to form	_____	____/____/____
	Payment codes added to form	_____	____/____/____
	Receipts/ documentation present	_____	____/____/____
	Processing input	_____	____/____/____

Please use margin for comments

Renewal Invitation



MILIBAND DAVID W

Dear Policyholder

Thank you for insuring with CIS. Your Commercial Combined policy is due for renewal and we are pleased to enclose premium and cover details for the coming year. Renewal is subject to any relevant changes in the enclosed 'Notice to Holders of Commercial Combined Policies', which you should keep.

Policy No [REDACTED]

Renewal date 02 Aug 2007

Policy section	Premium	Insurance Premium Tax	Annual Premium
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Totals	£272.39	£13.61	£286.00
Premium Due			£286.00

Important changes - how to renew your policy

We have changed the way you can renew your Commercial Combined policy. We have introduced new and easy payment options which are listed in the enclosed 'Ways to Pay' leaflet. This leaflet includes the option to pay by monthly Direct Debit (a credit charge will apply). The Direct Debit service is provided by [REDACTED]

We will write to you to confirm receipt of the annual premium. Please allow ten working days from the time you send us your payment to receive this letter of confirmation.

If you wish to cancel any section of your policy when you renew, please ring [REDACTED] prior to renewing your policy.

What you must tell us

You must notify us of any material changes affecting the policy (including any convictions or impending prosecutions against you or any partner or director in your business for arson or any offence involving dishonesty) since its inception or if later, the last renewal date. You should keep a record (including copies of letters) of all information supplied to us for the purpose of renewal of the policy.

We look forward to providing you with another twelve months of first class cover.

Yours sincerely

[REDACTED]

[REDACTED]

[REDACTED]

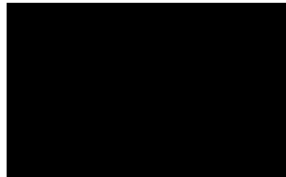




AIM
T 
RECYCLE



Invoice To

David Milliband


Invoice



VAT REG NO	Tax Date	Invoice #
	03/07/2007 ✓	 ✓

Description	Qty	Rate	VAT AMT	Amount
Collection of Recyclable Material during June 2007 Our Ticket No  refers 	1	15.00	2.63	15.00

VAT SUMMARY
2.63 @ 17.5% ;

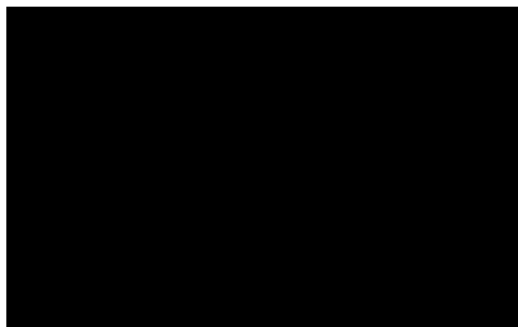
SUBTOTAL	£15.00
VAT TOTAL	£2.63
Total	£17.63 ✓

Mr David Miliband Mp



Thank you for the settlement of your last invoice.

We look forward to receiving your payment of the 'Amount Due'



Invoice

Telephony charges	£143.95
Total new charges	£143.95
VAT	£25.19
Total new charges including VAT	£169.14
Balance brought forward	£0.00
Amount due	£169.14 ✓



Direct payment of suppliers

24 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

RT HON DAVID MILIBAND MP ✓

Constituency

SOUTH SHIELDS

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

1 1

Allowance year

2007/2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	POW NOW	£ 7 : 40 p
Item 2	[REDACTED]	£ 150 : 00 p
Item 3	CME DIGITAL	£ 19 : 39 p
Item 4		£ : p
Item 5		£ : p

Total £ 176 : 79 p

Claim details continued


Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 21 9 10

Data protection

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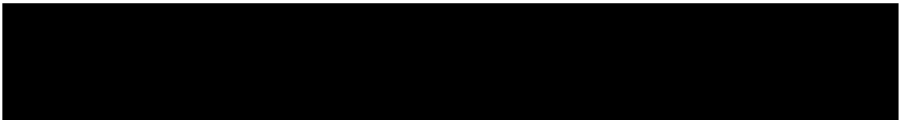
Send your completed form to

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			



POWWOW ✓



David Millerband MP

Page	1 of 1 ✓
Invoice No.	[Redacted]
Date	04/09/2007 ✓
Due Date	04/10/2007
Account No.	[Redacted]

INVOICE

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Delivery Address:		David Millerband MP [Redacted]				
Ship To Number:		[Redacted]				
Purchase Order Number:		[Redacted]				
		Cooler Sanitisation	1	6.30	6.30	17.50
		Above Charges For Period 05/09/2007 to 04/10/2007				
		Ship to Subtotal			6.30	



	TOTAL	VAT
Total of charges subject to VAT @ 17.50%	6.30	1.10
Total of charges subject to VAT @ 0.00%	0.00	0.00

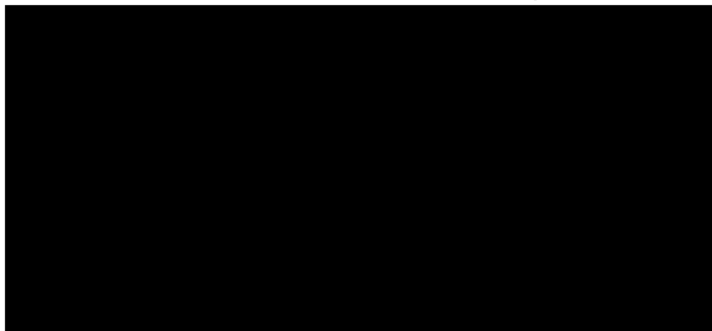
Payment Terms: Net 30 Days

Total Net	5.30
Total Vat	1.10
Total Invoice	7.40

All Prices quoted are in GBP ✓

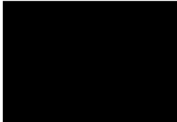
PLEASE SEND ONLY ORIGINAL CREDIT SLIP AND CHEQUE

TIM RICHARDSON



20th September 2007

David Miliband MP

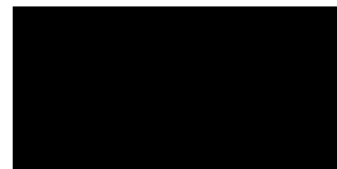
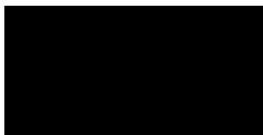


Please accept this as an invoice for various images of David Miliband MP, for his Constituency Newsletter.
All images have been supplied to [redacted] via email.

Total cost £150.00.

Please pay by BACS.

Many thanks.





INVOICE TO

DAVID MILIBAND



INVOICE NO



INVOICE DATE

19/09/2007

ORDER NO

ACCOUNT REF



QUANTITY

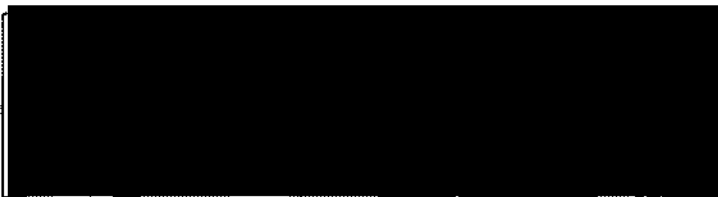
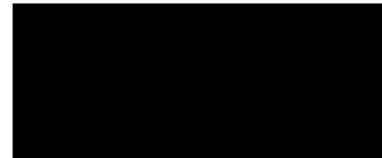
DETAILS

UNIT PRICE NET AMOUNT

VAT TOTAL

1.00 Olivetti MF200 Copier
64072 - 63491 = 581 Copies
Minimum Charge Applies £16.50

16.5000 16.50 2.89 19.39



Total Net Amount 16.50
Carriage Net 0.00
Total VAT Amount 2.89
Invoice Total 19.39





Member's reimbursement form

21 SEP 2007

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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

Claim details

Please ensure

- your claim totals more than £100
- you provide journey details of all taxi journeys
- you attach all receipts or invoices for items of £250 and above
- any claims for petty cash do not exceed £250 per month:

You can only claim for

- costs you have actually paid
- office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

Period of claim

from 1 1 Aug. sept. 07 1

Allowance year

2007 2008

Item 1

OFFICE NEWSPAPERS

Amount

£ 18 : 20 p

Item 2

"

£ 17 : 95 p

Item 3

CLEANING UP OF OFFICE FRONTAGE

£ 30 : 00 p

Item 4

£ : p

Item 5

£ : p

Item 6

£ : p

Item 7

£ : p

Item 8

£ : p

Item 9

£ : p

Item 10

£ : p

Total

£ 66 : 15 p

Authorisation and declaration

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

19/9/07

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

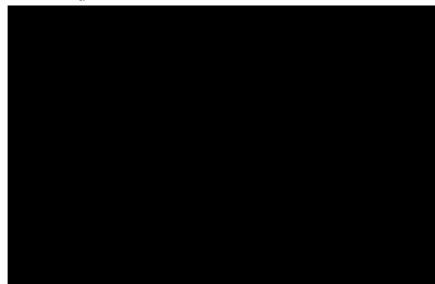
Validation	Initials	Date
Claims received		/ /
Signature check		/ /
Funds check		/ /
Allowable expenditure		/ /
Member Res ID & Costs		/ /
Ext type/Cat 5 & subtotals added to form		/ /
Receipts/ documentation present		/ /
Processing		
Input		/ /

Input subtotals per Cat 5

[Redacted]	£ 66.15 ✓
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£ 66.15

Comments

[Empty Comments Box]



CHECK NO. 00000001

NEWS MAIL	17.00
IN	1.95
CASH TOTAL	18.95



Direct payment of suppliers

12 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

RT Hon DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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

1 1

Allowance year

2007/2008 ✓

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	TELEWEST BUSINESS	£ 217 : 02 p
Item 2	VIKING	£ 32 : 01 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £249 : 03 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, or in part, in connection with the performance of my Parliamentary duties.

Signature

MP

Date

11 / 9 / 07

Data protection

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Send your completed form to

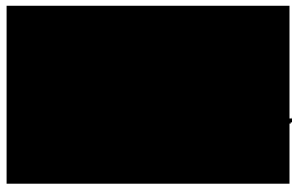
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

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



Payment reference number
Account number
Area reference
Invoice date and tax point
Page number



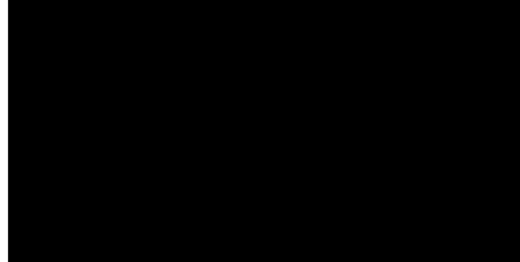
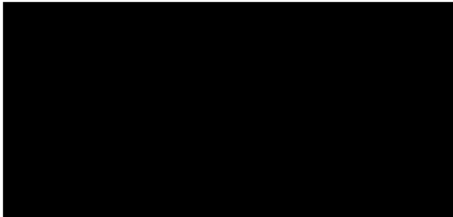
Mr David Miliband Mp ✓


Invoice

Thank you for the settlement of your last invoice.

We look forward to receiving your payment of the 'Amount Due'

Telephony charges	£184.70
Total new charges	£184.70
VAT	£32.32
Total new charges including VAT	£217.02
Balance brought forward	£0.00
Amount due	£217.02 ✓



ACCOUNT No	DATE	INVOICE No	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
[REDACTED]	22/06/07	[REDACTED]	[REDACTED]	22/06/07	22/06/07

TERMS: NETT 30 DAYS
Page 1

David Miliband

David Miliband ✓

All goods remain property of Viking Direct

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT%	LIST PRICE	YOUR COST	NETT COST
PHOTO CARD [REDACTED]	Q24-PPG240	4 PK	17.5	8.99	5.99	23.96

AMOUNT DUE

TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE	INSURANCE	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
35.96	12.00	23.96	2.90	0.38	4.77			32.01 ✓

SOUTH SHIELDS CONSTITUENCY LABOUR PARTY



25th January 2007

The Right Honourable David Miliband MP

Dear Sir,

EDE HOUSE RENT

I am writing to confirm that with effect from 1st April 2007 the rent of the office space you occupy at the above property will increase from £5000.00 to £6000.00 per annum as agreed. The rent will increase annually thereafter to reflect inflationary costs.

Yours faithfully





Direct payment of suppliers

06 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.

VALIDATION

07 SEP 2007

RECEIVED

Your details

Name in CAPITAL LETTERS

RT Hon DAVID MILIBAND M.P.

Constituency

South Shields

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

1/1

Allowance year

2007/2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	HGCL	£ 305 : 72 P
Item 2	Pens New	£ 7 : 40 P
Item 3		£ : P
Item 4		£ : P
Item 5		£ : P

Total £ 313 : 12 P

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 5, 9, 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	_____	____/____/____	Validation
Signature check	_____	____/____/____	Member ID added to form
Funds check	_____	____/____/____	Payment codes added to form
Allowable expenditure	_____	____/____/____	Receipts/ documentation present
			Processing Input

Please use margin for comments

[Redacted]

David Miliband

[Redacted]

18th August 2007

[Redacted]

Agreement No:
Invoice No:
Asset:

[Redacted]

[Redacted]

RECEIVED
23 AUG 2007

PAYMENT REMINDER / PROFORMA INVOICE

The next rental, for the above agreement, is due as follows :

Due Date	Payment Amount GBP	Method Of Payment
13/09/2007	305.72	Cheque

If a Standing Order arrangement exists, this is a reminder that funds will be transferred from your account automatically on the rental due date.

Please make your cheque payable to [Redacted]

Cheques should be sent to the Collections Department at the above address, with your agreement number clearly noted on the back.

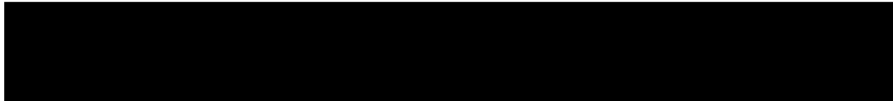
Please note that late payment interest is charged on all overdue rentals.

This is not a VAT invoice. If you have any queries, please telephone the Customer Services department on the above number.

[Redacted]



POWWOW



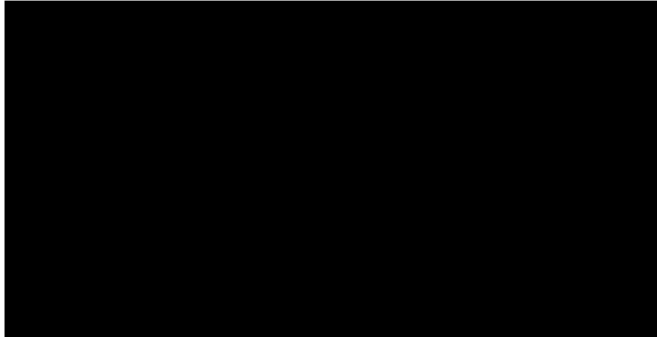
David Millerband MP



Page	1 of 1
Invoice No.	[REDACTED]
Date	04/08/2007
Due Date	03/09/2007
Account No.	[REDACTED]

INVOICE

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Delivery Address:		David Millerband MP				
Ship To Number:		[REDACTED]				
Purchase Order Number:		[REDACTED]				
		Cooler Sanitisation	1	6.30	6.30	17.50
		Above Charges For Period 05/08/2007 to 04/09/2007				
		Ship to Subtotal			6.30	



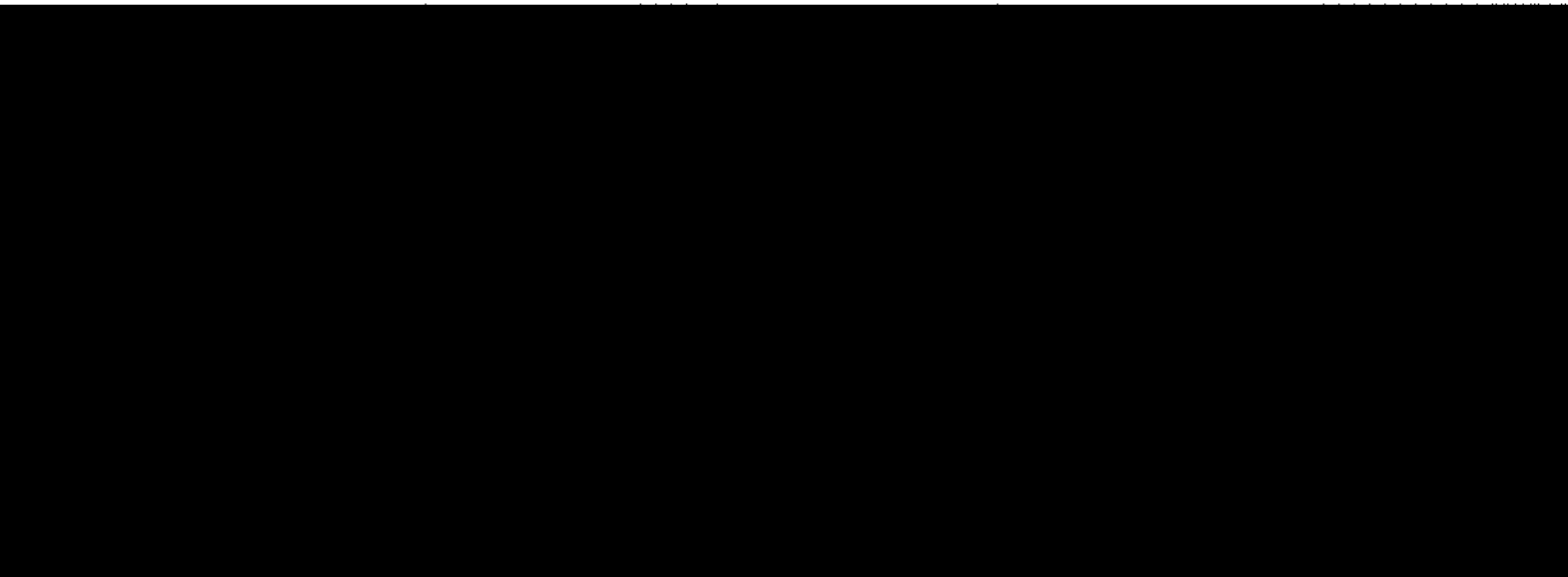
	TOTAL	VAT
Total of charges subject to VAT @ 17.50%	6.30	1.10
Total of charges subject to VAT @ 0.00%	0.00	0.00
Payment Terms: Net 30 Days		

Total Net	6.30
Total Vat	1.10
Total Invoice	7.40

All Prices quoted are in GBP

PLEASE SEND ONLY ORIGINAL CREDIT SLIP AND CHEQUE

Please do not use this Bank Account for BACS payments (see reverse of invoice for details).





Direct payment of suppliers

10 AUG 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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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

1 1

Allowance year

2007/2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	TELEWEST	£ 163 : 60 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 163 : 60 p

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  MP

Date 8 / 8 / 07

Data protection

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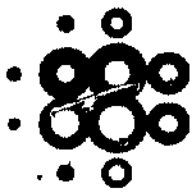
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Send your completed form to

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

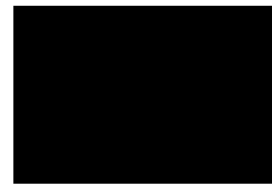
Office use only			
Validation	Initials	Date	
Claims received	_____	____/____/____	
Signature check	_____	____/____/____	
Funds check	_____	____/____/____	
Allowable expenditure	_____	____/____/____	
Validation	Initials	Date	
Member ID added to form	_____	____/____/____	
Payment codes added to form	_____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

Please use margin for comments



**Telewest
Business**

Payment reference number
Account number
Area reference
Invoice date and tax point
Page number



Mr David Miliband Mp



18 03 2005

Invoice

Thank you for the settlement of your last invoice.

We look forward to receiving your payment of the 'Amount Due'

Telephony charges **£139.23**

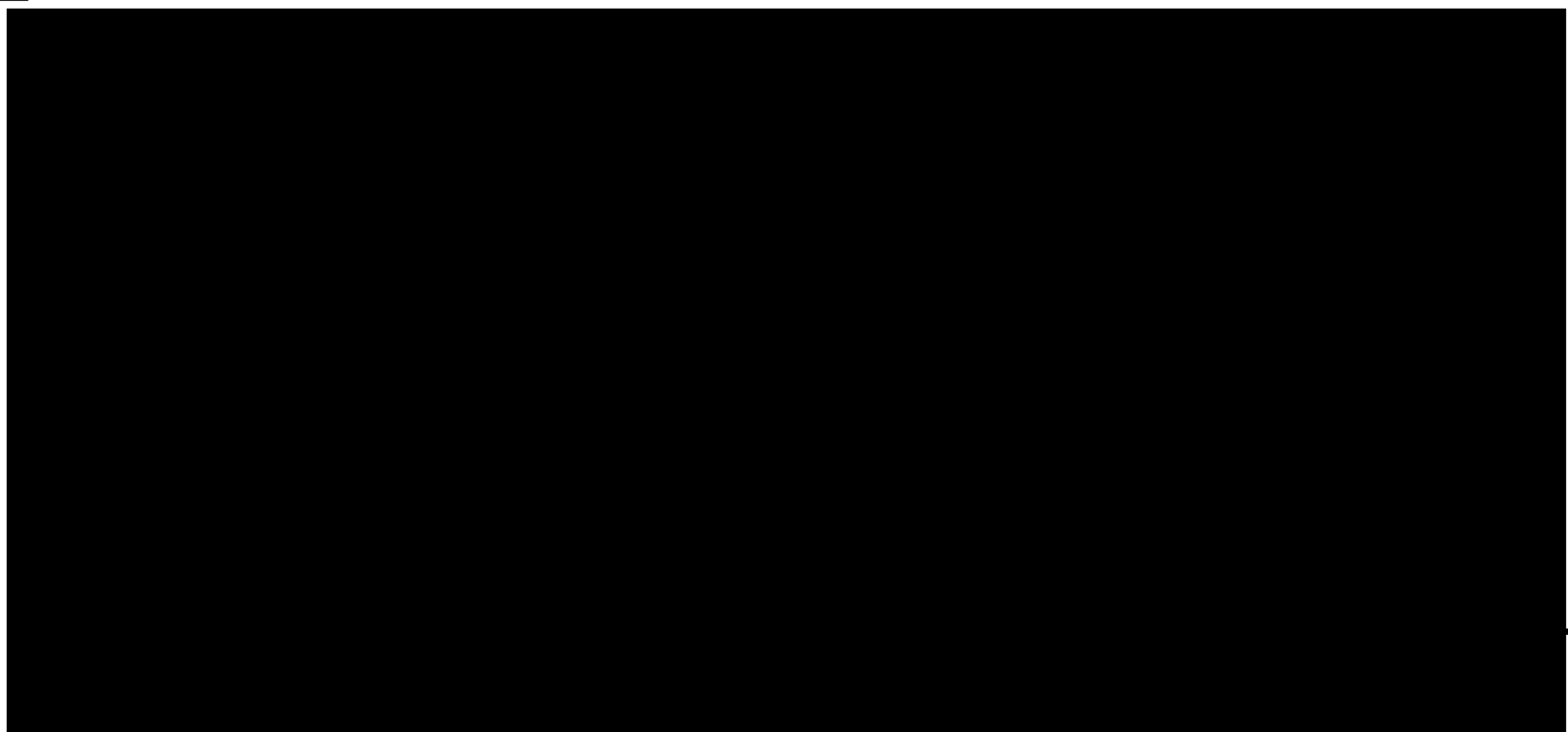
Total new charges **£139.23**

VAT **£24.37**

Total new charges including VAT **£163.60**

Balance brought forward **£0.00**

Amount due £163.60





Direct payment of suppliers

25 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

MR HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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

1 1

Allowance year

2007 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	CMC DIGITAL	£ 22 : 23 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 22 : 23 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature  _____ MP

Date 24 / 7 / 07

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

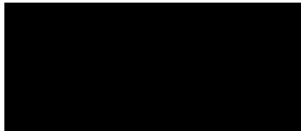
Office use only			
Validation	Initials	Date	
Claims received		/ /	
Signature check		/ /	
Funds check		/ /	
Allowable expenditure		/ /	
Validation		/ /	
Member ID added to form		/ /	
Payment codes added to form		/ /	
Receipts/ documentation present		/ /	
Processing input		/ /	

Please use margin for comments



INVOICE TO

DAVID MILIBAND



INVOICE NO



INVOICE DATE

19/07/2007

ORDER NO

ACCOUNT REF



QUANTITY

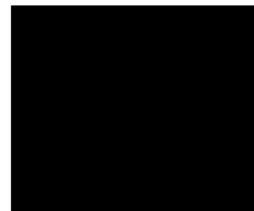
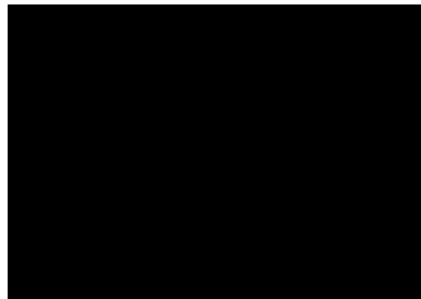
DETAILS

UNIT PRICE NET AMOUNT

VAT TOTAL

2523.00 Olivetti MF200 Copier
60107 - 62630 = 2523 Copies

0.0075 18.92 3.31 22.23



Total Net Amount	18.92
Carriage Net	0.00
Total VAT Amount	3.31
Invoice Total	22.23



23 JUL 2007

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

RT HON DAVID MILIBAND M.P.

Constituency

SOUTH SHIELDS

Claim details

Please ensure

- your claim totals more than £100
- you provide journey details of all taxi journeys
- you attach all receipts or invoices for items of £250 and above
- any claims for petty cash do not exceed £250 per month.

You can only claim for

- costs you have actually paid
- office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

Period of claim

from 1 July 07 to 1 1

Allowance year

2007/2008

	Description of service or goods	Amount
Item 1	BRETT'S NEWSAGENTS	£ 86 : 43 p
Item 2	(OFFICE NEWSPAPERS)	£ : 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	£ 86 : 43 p

continued on page 2

Authorisation and declaration

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my parliamentary duties.

[Redacted Signature]

Signature

MP

Date

20/07/07

Data protection

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[Redacted]

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Send your completed form to

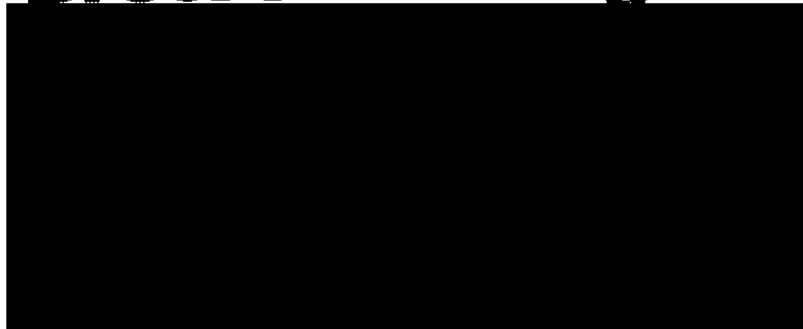
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

[Redacted]

Office use only		
Validation	Initials	Date
Claims received	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature check	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Funds check	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Allowable expenditure	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Member Res ID & Costs	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Ext type/Cat 5 & subtotals added to form	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Receipts/ documentation present	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Processing		
Input	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		[Redacted]
Input subtotals per Cat 5		
[Redacted]	£	86.43
[Redacted]	£	
[Redacted]	£	
[Redacted]	£	
[Redacted]	£	
[Redacted]	£	
[Redacted]	£	
[Redacted]	£	86.43
Comments		
<input type="text"/>		



Brett's Newsagents



The bill for the delivery of newspapers to the above address is £ 86-43

This is for the current week up to Saturday

Please make cheques payable to [redacted]

If you have a debit/credit card, you can pay your bill by telephoning [redacted]





Direct payment of suppliers

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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

VALIDATION

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

1 1

Allowance year

2007, 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	ST COUNCIL	£ 52 : 44 p
Item 2	PenWow	£ 7 : 40 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
	Total	£ 59 : 84 p

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
Total		£ : 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, or in part, in the performance of my Parliamentary duties.

Signature  MP

Date 20 16 1 07

Data protection

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

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

Please use margin for comments



South Tyneside Council

Regeneration and Resources

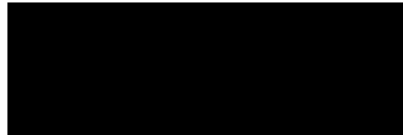


INVOICE

LABOUR PARTY OFFICES



Email:



Service Enquiries to:

Payment Enquiries to:

Customer ID:



Invoice Number:



Your Ref:



Date / Tax Point 12/06/2007



Invoice Details

Amount

VAT

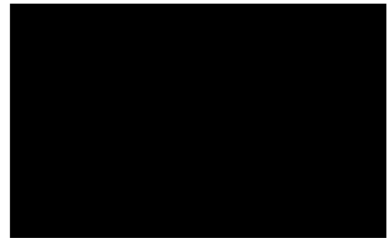
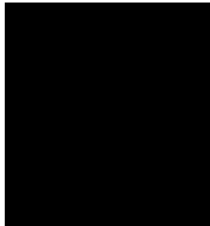
Total

Electoral Registration Attainer
Labels 6 June - 30 November

52.44

0.00

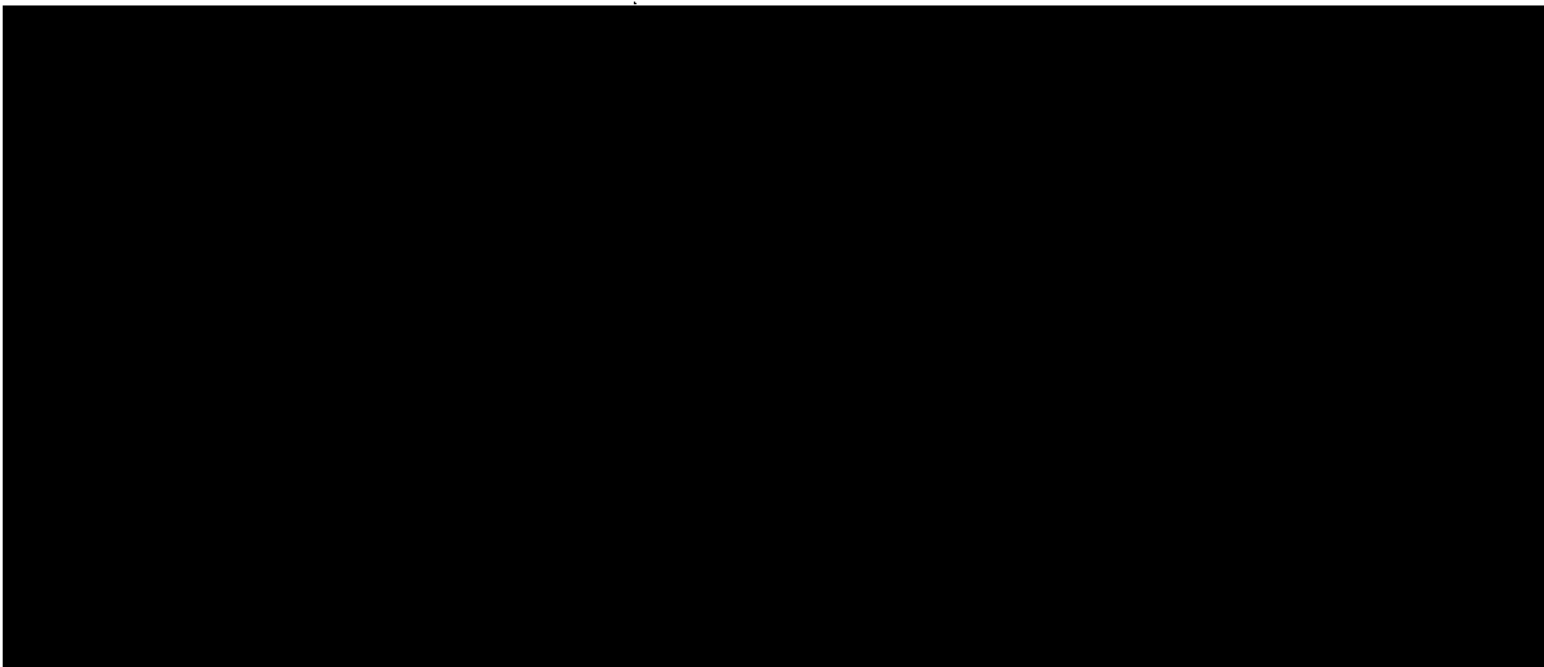
52.44



AMOUNT DUE

£52.44

The amount due must be paid within seven days of receipt of this invoice.





POWWOW



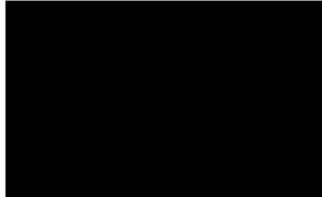
Invoice

David Millerband MP



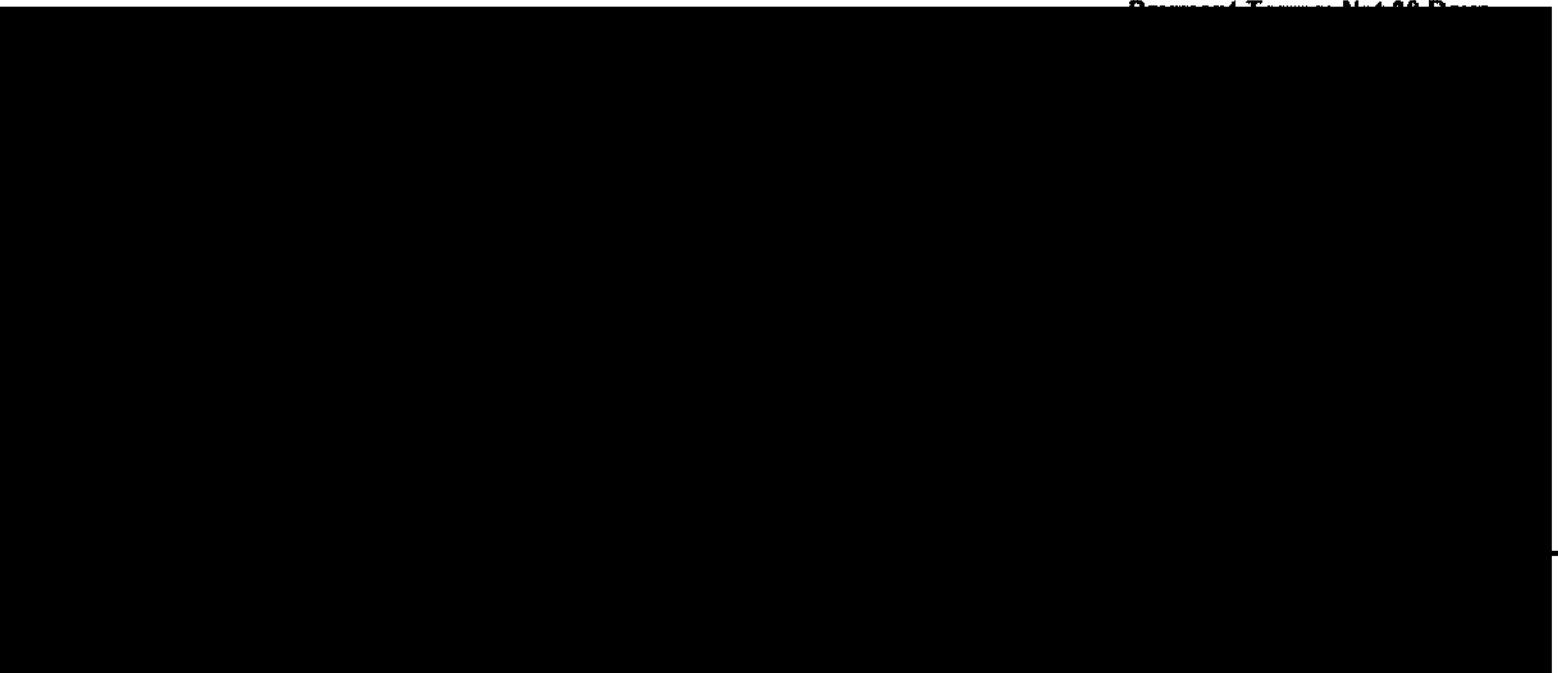
Page	1
Invoice No.	[Redacted]
Date	04/06/2007
Your Ref	
Bill to No.	[Redacted]

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Your Ship To Number:		Your Cost Centre:				
Your Ship To Address:		David Millerband MP				
Purchase order Number:		[Redacted]				
		BWC Standard Cooler Sanitisation	1	6.30	6.30	17.50
		Rental for Period 05/06/2007 to 04/07/2007				
		Ship to Subtotal			6.30	



	Total	VAT	Total Net	6.30
Total of charges subject to VAT @ 17.50%	6.30	1.10	Total Vat	1.10
Total of charges subject to VAT @ 0.00%	0.00	0.00	Total Invoice	7.40

Payment Terms: Net 30 Days





Direct payment of suppliers

26 JUN 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.
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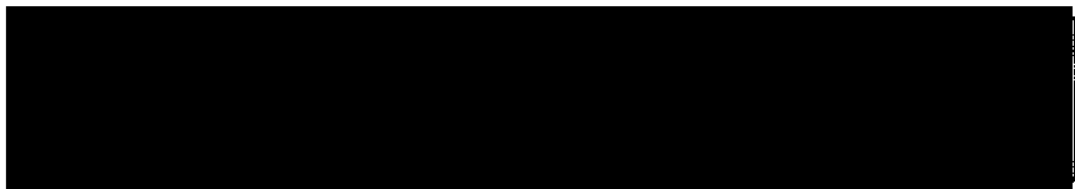
Your details

Name in CAPITAL LETTERS

ARTHUR DAVID MILIBAND MP

Constituency

South Shields



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

1 1

Allowance year

2007 | 2008

Incidental Expenses Provision claims

Suppliers	Amount
Item 1 VIKING	£ 93 : 80 p
Item 2	£ : p
Item 3	£ : p
Item 4	£ : p
Item 5	£ : p

Total £ 93 : 80 p

Claim details continued**Staffing Allowance claims**

	Suppliers	Amount		
Item 6	_____	£	:	p
Item 7	_____	£	:	p
Item 8	_____	£	:	p
Item 9	_____	£	:	p
Total		£	:	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, and necessarily, in the performance of my Parliamentary duties.

Signature _____ MP

Date 25/6/07

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

Please use margin for comments

ACCOUNT No	DATE	INVOICE No	YOUR REFERENCE	DATE ENTERED	DATE DISPATCHED
[REDACTED]	24/04/07	[REDACTED]	[REDACTED]	24/04/07	24/04/07

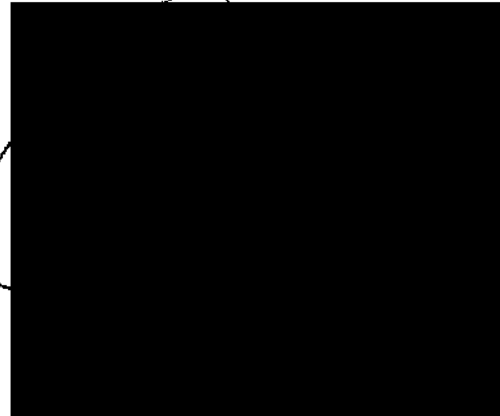
TERMS: NETT 30 DAYS
Page 1

David Miliband

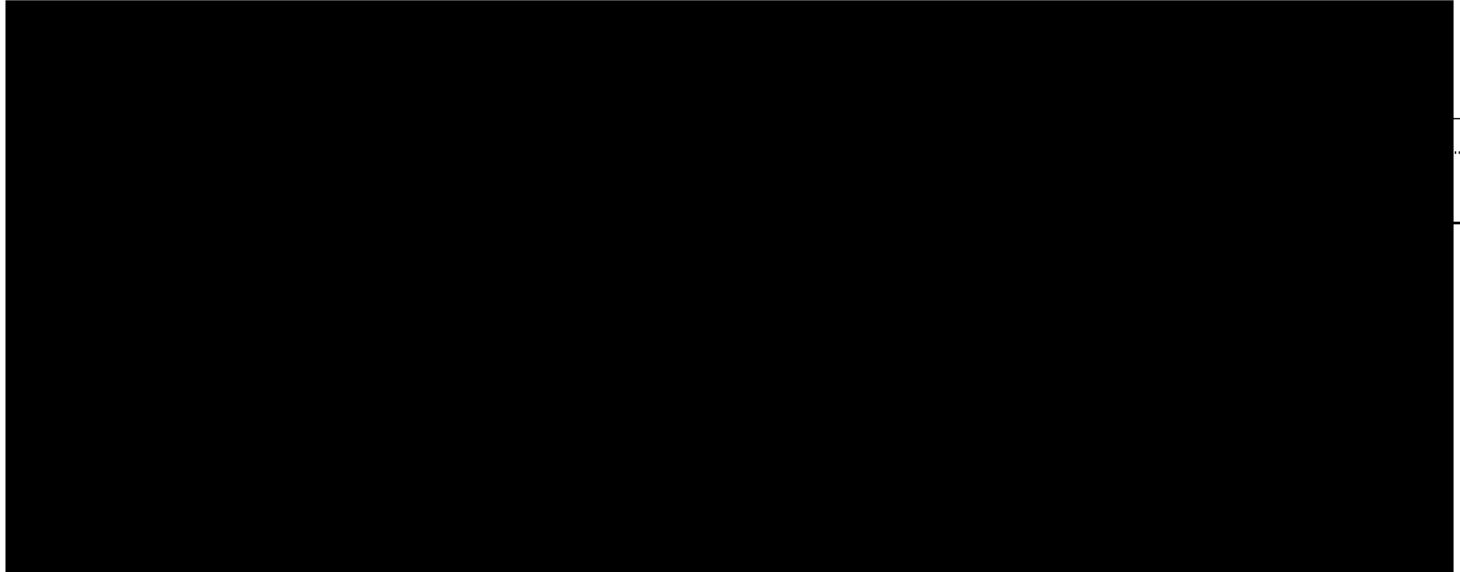
David Miliband

All goods remain property of Viking Direct

DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT%	LIST PRICE	YOUR COST	NETT COST
12" CASH BOX BLACK	Q24-2166-BK	1 EA	17.5	17.99	14.99	14.99
VKNG RECYCLD EXTRA WHITE	Q71-VRCRH	10 RM	17.5	7.95	1.69	16.90
1M DL S/SEAL WINDOW ENV	QC4-1M03	4 BX	17.5	37.00	11.49	45.56
PROMO DIGITAL CAMERA	QC4-MH1205003-X	1 BX	17.5	50.00	0.00	0.00
FLYER PITNEY BOWES OS	G23-M0055	1 EA	17.5	0.01	0.00	0.00



TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE	INSURANCE	V.A.T.	PAID IN ADVANCE	PLEASE PAY THIS AMOUNT	AMOUNT DUE
295.50	217.65	77.95	FREE	1.98	13.97			93.80





Member's reimbursement form

21 JUN 2007

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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



Claim details

Please ensure

- your claim totals more than £100
- you provide journey details of all taxi journeys
- you attach all receipts or invoices for items of £250 and above
- any claims for petty cash do not exceed £250 per month.

You can only claim for

- costs you have actually paid
- office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

Period of claim

from 1 1

to 1 1

Allowance year

2007/2008

	Description of service or goods	Amount
Item 1	VOIPPHONE CHARGER	£ 20 : 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

£ 20 : 00 p



Authorisation and declaration

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

20/6/07

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

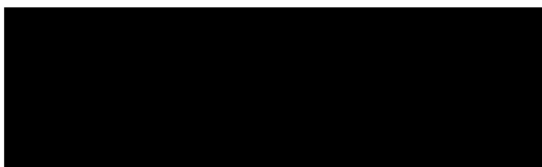
Validation	Initials	Date
Claims received		/ /
Signature check		/ /
Funds check		/ /
Allowable expenditure		/ /
Member Res ID & Costc		/ /
Ext type/Cat 5 & subtotals added to form		/ /
Receipts/ documentation present		/ /
Processing		
Input		/ /

Input subtotals per Cat 5

[Redacted]	£20.00
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£
[Redacted]	£

Comments

[Empty Comments Box]

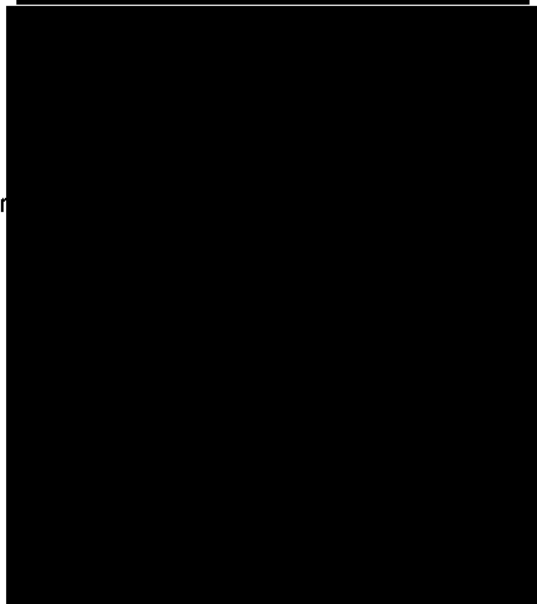


BB 62/72 MAINS	£25.00
Managers Discretion	-£5.00

Total	£20.00
	-£20.00



VAT Code	Trans Amount	VAT
2 17.5%	£17.02	£2.98





Direct payment of suppliers



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.

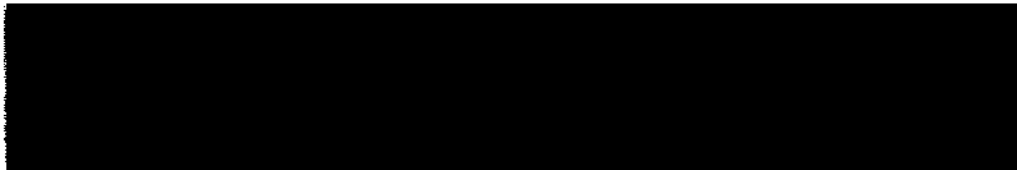
Your details

Name in CAPITAL LETTERS

RICHARD DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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

1 1

Allowance year

2007, 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	TELEWEST	£ 211 : 15 p
Item 2	VIKING	£ 24 : 36 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 235 : 51 p

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature _____ MP

Date 13 / 6 / 07

Data protection

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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



Mr David Miliband Mp

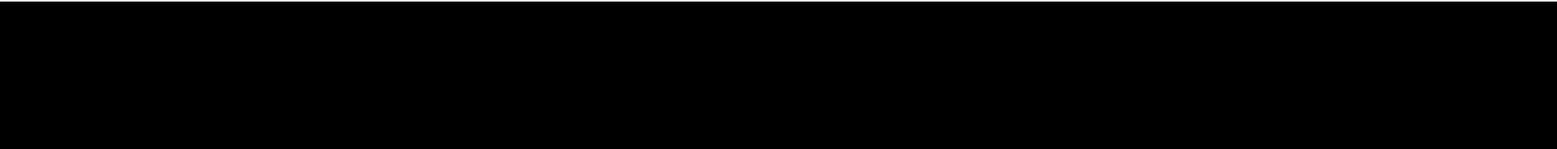


Invoice

Thank you for the settlement of your last invoice.

We look forward to receiving your payment of the 'Amount Due'

Telephony charges	£179.70
Total new charges	£179.70
VAT	£31.45
Total new charges including VAT	£211.15
Balance brought forward	£0.00
Amount due	£211.15



ACCOUNT No.	DATE	INVOICE No.	YOUR REFERENCE	DATE ENTERED	DATE DESPATCHED
[REDACTED]	5/06/07	[REDACTED]	[REDACTED]	5/06/07	0/00/00

TERMS: NETT 30 DAYS

David Miliband



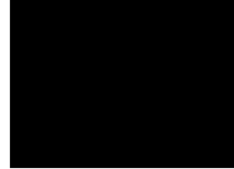
David Miliband



All goods remain property of Viking Direct until Invoice is settled in full

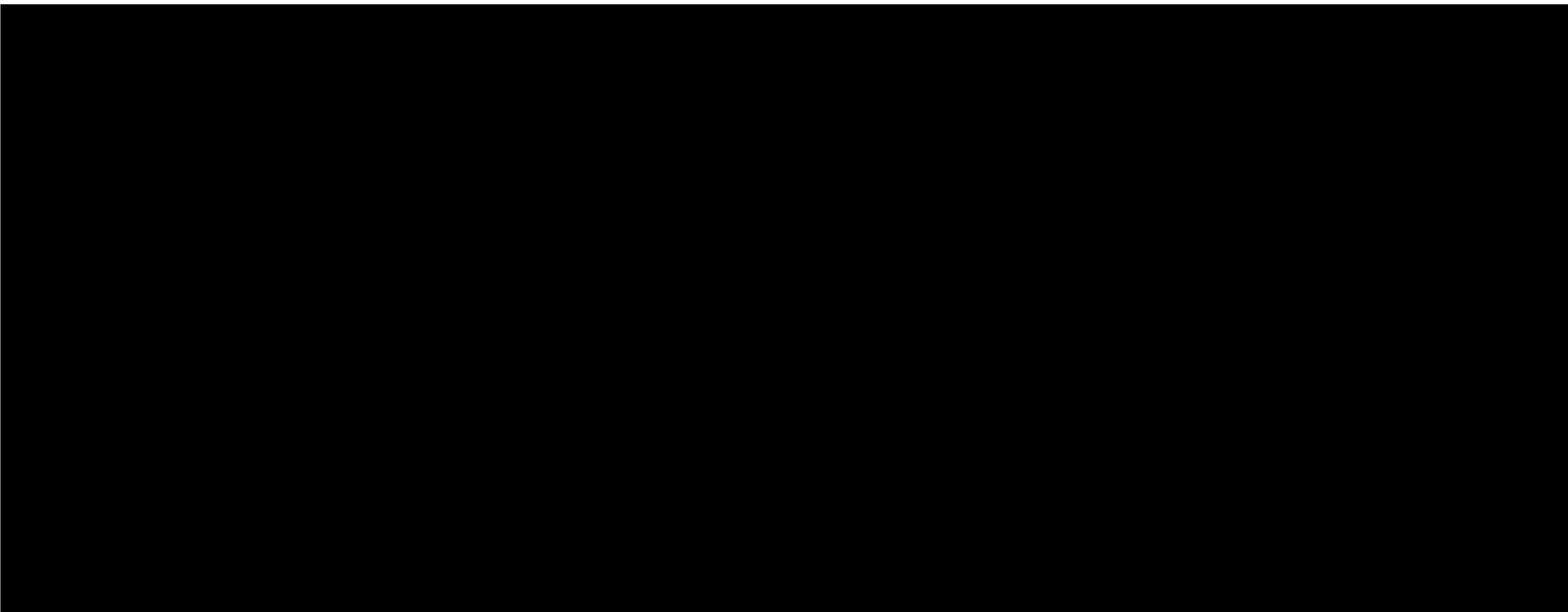
DESCRIPTION	CATALOGUE NUMBER	QTY DESPATCHED	VAT %	LIST PRICE	YOUR COST	NETT COST
20 MED BIC CRYSTAL BK	Q26-123-BK	2 BX	17.5	4.90	2.490	4.98
20 FINE BIC CRISTAL BK	Q26-101-BK	1 BX	17.5	4.90	2.490	2.49
1C SQUARE CUT FOLDER BUF	Q26-CH5694	2 PK	17.5	7.61	4.990	9.98

Save More With Freight Free Minimum Shipment



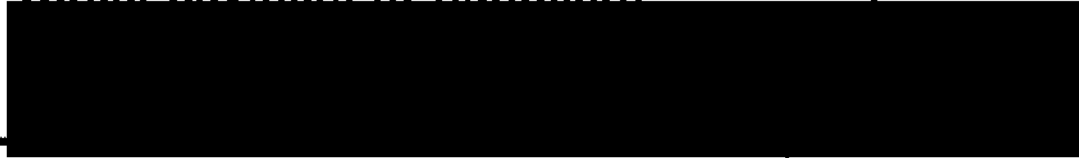
 * For tailored telecommunications at competitive prices to suit your business *
 * needs, call Viking Exchange on [REDACTED] *

						AMOUNT DUE
TOTAL VALUE AT LIST PRICE	YOU SAVED THIS AMOUNT	NETT TOTAL	CARRIAGE	PROTECTION PLUS	V.A.T.	PAID IN ADVANCE
29.92	12.47	17.45	2.90	.38	3.63	24.36
						PLEASE PAY THIS AMOUNT





Direct payment of suppliers



08 JUN 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.

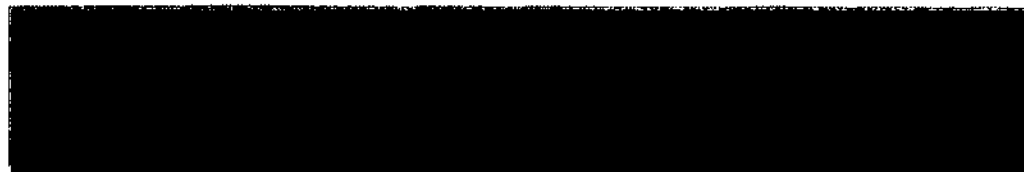
Your details

Name in CAPITAL LETTERS

RE HON DAVID MILIBAND MP

Constituency

SEVENTH SHERWOODS



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

1 1

Allowance year

2006/2007 07/08

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	CRAIG LENG (PHOTOS)	£ 125 : 00p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 125 : 00 p

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, or in part, in the performance of my Parliamentary duties.

Signature  MP

Date 61 6 07

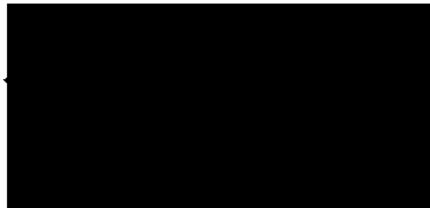
Data protection The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to Validation Team, Operations Directorate, Department of Finance & Administration, House of Commons, London SW1A 0AA

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

Please use margin for comments

Invoice



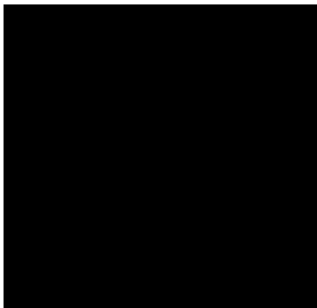
Invoice Number [REDACTED]

Prepared for [REDACTED]

Date: 31 May 2007. Payment required by: 30 June 2007

Item	Amount
Images of David Milliband:	
Barnardo's 21st Anniversary	
Siemens	
Climate Change Conference	
Total	£125

Please make cheques payable to Craig Leng Photography and send to:





Direct payment of suppliers

25 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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

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

1 1

Allowance year

2007 2008

Incidental Expenses Provision claims

Table with 2 columns: Suppliers, Amount. Row 1: JILL MCSWEENEY, £ 500 : 00 P. Total: £ 500 : 00 P

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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, or in part, in the performance of my Parliamentary duties.

Signature _____ MP

Date 23 15 1 07

Data protection

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Send your completed form to

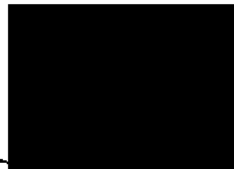
Validation Team, Operations Directorate,
Department of Finance & Administration, House of Commons, London SW1A 0AA

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

Jill McSweeney
Consultancy Services

INVOICE



David Miliband MP

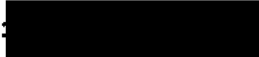




Date 21 May 2007

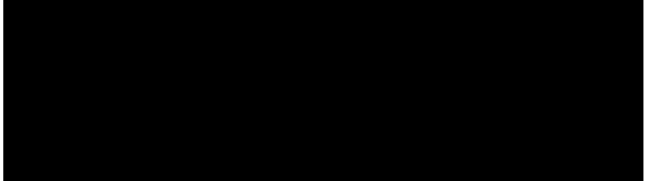
Invoice No



Make all cheques payable to:



Date	Description	Amount
21/05/07	CMITS Annual Support Fee 2007/2008  	500.00
Total Payable		£500.00





Member's reimbursement form

When to use this form

- Use this form to ask us to reimburse you for costs you have incurred on your Parliamentary duties.

About filling in this form

- For details of costs you can claim for, see *Green Book* section 5.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

MR HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

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
- costs you have actually paid
- office and surgery accommodation, equipment and supplies, work commissioned, communication and travel.

You can only claim for

Period of claim

from 1/31/07 to 23/1/07

Allowance year

2007/2008 ✓

	Description of service or goods	Amount
Item 1	BREXIS	£ 98 : 16 p
Item 2	(OFFICE NEWSPAPERS)	£ : 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		£ 98-16: p

Authorisation and declaration

I claim reimbursement of these costs which I incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

[Redacted Signature]

MP

Date

23/5/07

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.

[Redacted]

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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		/ /
Processing		
Input		/ /

Input subtotals per Cat 5

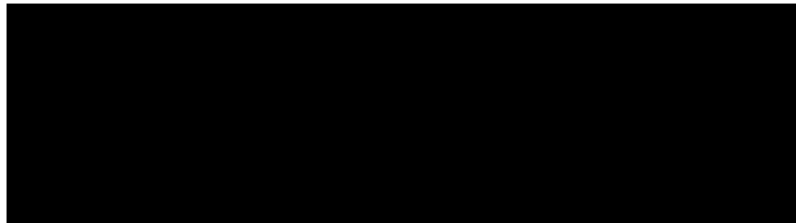
£ 9816
£
£
£
£
£
£
£
£ 9816

Comments

[Empty Comments Box]



Brett's Newsagents



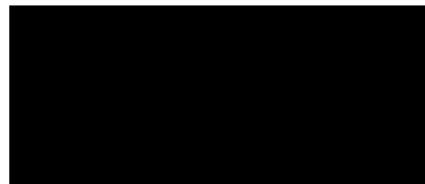
Delivery address *David Miliband*.....



The bill for the delivery of newspapers to the above address is £ *98-16*

This is for the current week up to Saturday *31 March*

Please make cheques payable to Bretts
If you have a debit/credit card, you can pay your bill by telephoning



Financial Processing }

Transaction No

Registration No

Validation Claim Summary Sheet

Please write or print clearly & attach to claim

Supplier ID

or

Volunteer **Y** **N**

Please check / amend relation

Text

Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5) :



£.....

£.....

£.....

£.....

£.....

£.....

£.....

£.....

£ 49.00

£ 49.00.

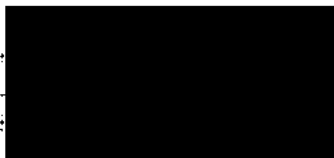
TOTAL

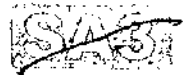
** Financial Processing purposes only
Registered by (initials & date)*

.....
.....

Posted by (initials & date)

.....
.....





C3

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

23 MAY 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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

Details of staff member

First name

Surname
in CAPITAL LETTERS

Employee status

Date of birth

National Insurance
number

Payment details

Payslip address

Bank details

Claim details

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

	Amount
One-off salary	£ : p
Season ticket loan	£ : p
Travel – home to work	£ : p
Rail travel	£ : p
Car travel	£ : p
Air travel	£ : p
Taxi	£ : p
Meals and subsistence	£ 49 : 00 p
Healthcare	£ : p
Childcare	£ : p
Home as office/telephone	£ : p
Office requisites	£ : p
Total	£ 49 : 00 p

Taxable	Allow & exp type	Initials
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> No	514510/	
<input checked="" type="checkbox"/> No	514510/	

Authorisation and declaration

I confirm that payments listed above were wholly, exclusively and necessarily incurred by me in the course of performing my Parliamentary duties.

Signature _____ MP

Date 14/5/07

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

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

From: [REDACTED]

Sent: 02 April 2007 09:16

To: [REDACTED]

Subject: Your Travelodge Invoice



Guest Name:

Invoice Number:

Invoice Date:

02-04-2007

Address:

Confirmation Number:

Arrival Date:

16-04-2007

Departure Date:

17-04-2007

Travelodge London Covent Garden

Date	Item	Charges	Payments
02-04-2007	Accommodation for [REDACTED]	£49.00	
02-04-2007	Card ending [REDACTED]		£49.00
Total Bill		Net Total: £41.70	
		VAT @ 17.5%: £7.30	
		Gross Total: £49.00	





Direct payment of suppliers



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.

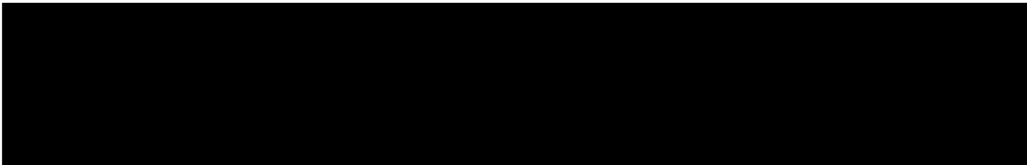
Your details

Name
in CAPITAL LETTERS

RT HON DAVID MILIBAND M.P.

Constituency

SOUTH SHIELDS



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

1 1

Allowance year

2007/2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	HFGK	£ 305 : 72 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 305 : 72 p

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
	Total	£ _____ : _____ 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature

MP

Date

17 / 5 / 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	Initials	Date
Member ID added to form	_____	____/____/____
Payment codes added to form	_____	____/____/____
Receipts/ documentation present	_____	____/____/____
Processing Input	_____	____/____/____


Please use margin for comments



David Miliband



Due Date & Tax Point
 Agreement Number
 Method of Payment
 CHEQUE


13/06/2007




Rental Invoice

Invoice Number

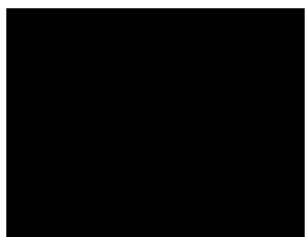


Please make cheques payable to 
 Please allow 5 days for the clearance of cheque before due
 date and quote the agreement number on all payments sent to
 us. This could be done on the reverse of the cheque.

Schedule Number	Ext Number	VAT Category	VAT Rate	Net Amount	VAT Amount	Total
001		S	17.500	260.19	45.53	305.72

1 OLIVETTI COPIER FEED DUPLEX CABINET, MFD200, AGJ3014732, 13728

Cover period from 13/06/2007 to 12/09/2007



Totals	260.19	45.53	305.72
--------	--------	-------	--------





Direct payment of suppliers

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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS ✓

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

1 / 1

Allowance year

2007 2008 ✓

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	BANNER	£ 115 : 15 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
	Total	£ 115 : 15 p

Claim details *continued*

Staffing Allowance claims


	Suppliers	Amount
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
	Total	£ : 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, or in part, in the performance of my Parliamentary duties.

Signature  MP

Date 41 5 07

Data protection

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

Office use only

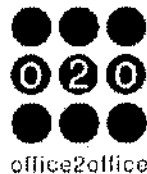
Validation	Initials	Date
Claims received		/ /
Signature check		/ /
Funds check		/ /
Allowable expenditure		/ /

Validation	Initials	Date
Member ID added to form		/ /
Payment codes added to form		/ /
Receipts/ documentation present		/ /
Processing Input		/ /

Please use margin for comments

Invoice

 * INVOICE NO [REDACTED] *



Invoice To : Diane Round
 David Miliband MP

Charge To :
 David Miliband MP

Banner Business Supplies Ltd

[REDACTED]

Page 1 of 1 Date 01/05/2007
 Acc.No [REDACTED] Order Date 23/04/2007
 Order ORDER NO - [REDACTED]
 C.A.R.

Delivered To [REDACTED]
 David Miliband MP

Customer Services
 Telephone No : [REDACTED]
 Fax No : [REDACTED]

Sales Order No [REDACTED]

Line No.	Line Ref.	Product Code	Product Description	Quantity	J.O.M.	Unit Price	Tax Date	Line Total (excl VAT)	VAT Rate	Line VAT
1		PRMISCELLANEOUS	HC19-116GA OVERPRINTED WITH RT HON DAVID MILIBAND MP PRINTED IN GREEN 8 X BX250 ARTWORK SUPPLIED	8	EACH	12.2500	30/04/07 30/04/07 30/04/07 30/04/07 30/04/07	98.00	17.5	17.15

[REDACTED]

V.A.T. Summary

Rate	Taxable Sum	V.A.T. Amount
17.50	98.00	17.15

Sales Order Total (VAT excl) 98.00

INVOICE GOODS	98.00
INVOICE V.A.T.	17.15
INVOICE TOTAL	115.15

Settlement : None
 Discount Terms :

PAYMENT SLIP

Please see reverse
 for terms of business
 and how to pay

Acc. No. : [REDACTED]

Inv. No. : [REDACTED]

Inv. Date: 01/05/2007

Amt. Due : 115.15

**Please
 return
 the slip**

from final page
 of invoice with
 your payment
 by

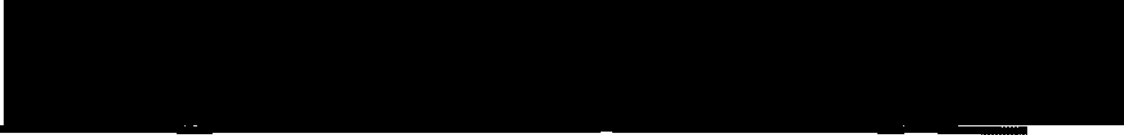
29/05/2007



Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers



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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS ✓



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

1 / 1

Allowance year

2007/2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	TELEWEST	£ 203 : 02 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 203 : 02 p

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6		£ : p
Item 7		£ : p
Item 8		£ : p
Item 9		£ : p
	Total	£ : p

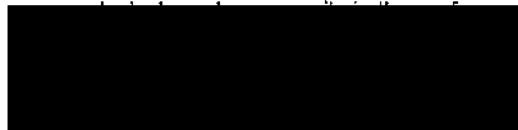
Office use only

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 respect of my Parliamentary duties.

Signature

 MP

Date

9, 5, 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	Validation	Initials	Date
Claims received		/ /	Member ID added to form		/ /
Signature check		/ /	Payment codes added to form		/ /
Funds check		/ /	Receipts/ documentation present		/ /
Allowable expenditure		/ /	Processing Input		/ /

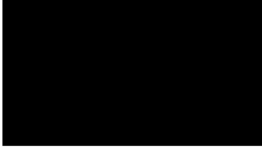
Please use margin for comments



Payment reference number
Account number
Area reference
Invoice date and tax point
Page number



Mr David Miliband Mp



Invoice

Thank you for the settlement of your last invoice.

We look forward to receiving your payment of the 'Amount Due'

Telephony charges	£172.78
Total new charges	£172.78
VAT	£30.24
Total new charges including VAT	£203.02
Balance brought forward	£0.00
Amount due	£203.02





Direct payment of suppliers

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

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS ✓



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

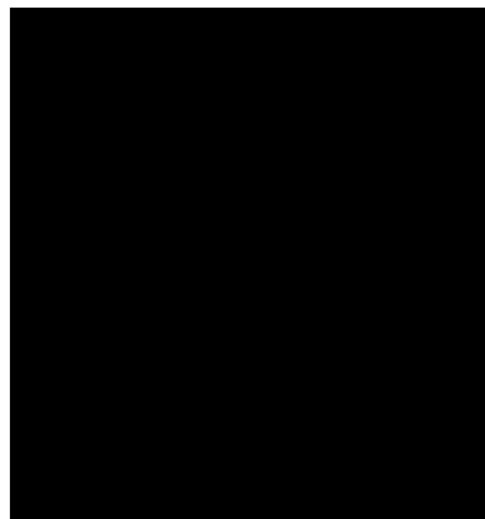
1 1 /

Allowance year

2006 2007 ✓

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	Pent Wow	£ 7 : 40 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p
Total		£ 7 : 40 p



Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, or in part, in the performance of my Parliamentary duties.

Signature

_____ MP

Date

9, 5, 07

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

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

Please use margin for comments



POWwow

COPY



David Millerband MP



INVOICE

Invoice Number: [Redacted] ✓
Invoice Date: 04/02/2007 ✓
Your Reference For Us: [Redacted]
Your Bill To Number: [Redacted]

All Prices quoted are in GBP

Page: 1 of 1

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Your Ship To Number: [Redacted]		Your Cost Centre: [Redacted]				
Your Ship To Address: David Millerband MP		[Redacted]				
Purchase order Number: [Redacted]		[Redacted]				
		BWC Standard Cooler Sanitisation	1	6.30	6.30	17.50
		Rental for Period 05/02/2007 to 04/03/2007				
		Ship to subtotal			6.30	
Your Ship To Number: [Redacted]		Your Cost Centre: [Redacted]				
Your Ship To Address: David Millerband MP		[Redacted]				
Purchase order Number: [Redacted]		[Redacted]				
17/01/2007	30184217	BWC Standard Cooler Sanitisation	1	0.00	0.00	17.50
		Ship to subtotal			0.00	

	Total	VAT	Total Net	Total VAT
Total of charges subject to VAT @ 17.50%	6.30	1.10	6.30	1.10
Total of charges subject to VAT @ 0.00%	0.00	0.00		
			Total Invoice	7.40 ✓



Direct payment of suppliers



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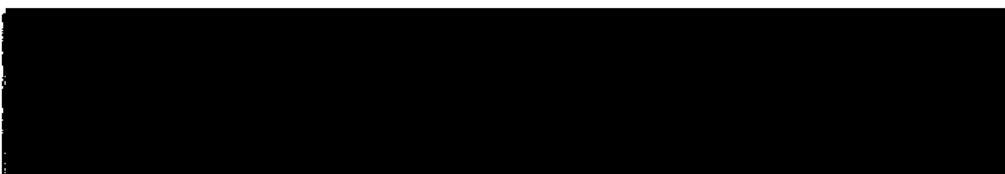
Your details

Name in CAPITAL LETTERS

RT Hon DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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

1 1

Allowance year

2007/2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	LOW LOW	£ 52 : 17 p
Item 2	* COOL DOT WEB DESIGN	£ 1500 : 00 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 1552 : 17 p

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ : p
Item 7	_____	£ : p
Item 8	_____	£ : p
Item 9	_____	£ : p
Total		£ : 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, exclusively and necessarily in the performance of my Parliamentary duties.

Signature [Redacted] MP

Date 41 01 07

Data protection The House of Commons Administration will process the information you provide on this form for the purpose of administering and accounting for the Members' Estimate, making payments and keeping records in accordance with the rules agreed by the House of Commons and the Inland Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information may also be used within the House of Commons Administration or by its agents for the purpose of business analysis or research. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is a Public Authority and therefore the information it holds will fall within the scope of that Act. Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

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

Please use margin for comments



POWWOW®



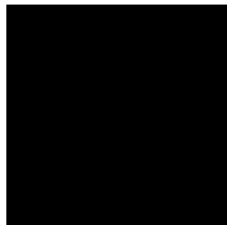
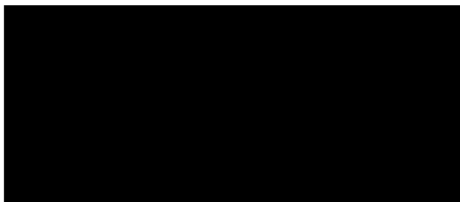
Invoice

David Millerband MP



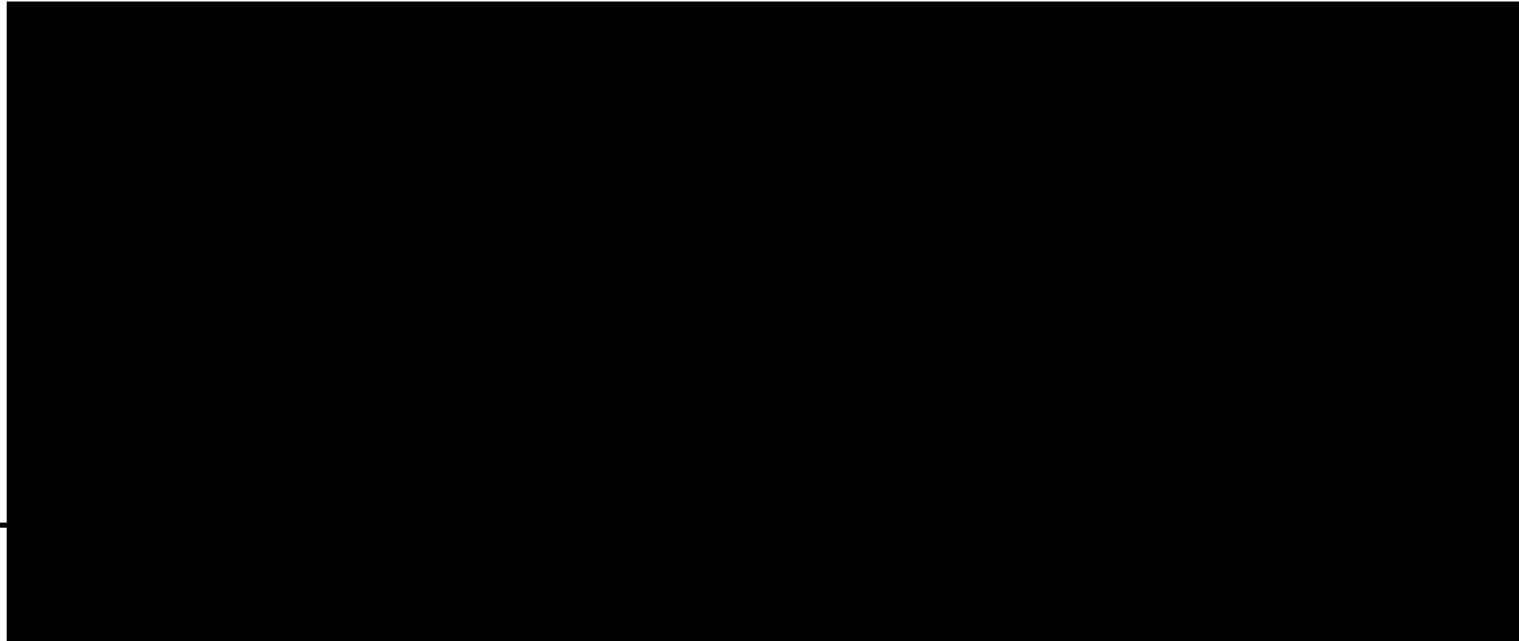
Page	1
Invoice No.	[Redacted]
Date	04/04/2007
Your Ref	[Redacted]
Bill to No.	[Redacted]

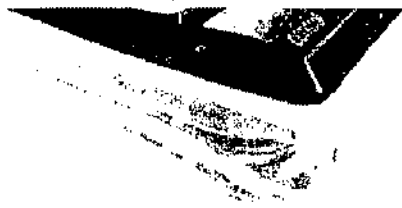
Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Your Ship To Number:		Your Cost Centre:				
Your Ship To Address:		David Millerband MP 1 [Redacted]				
Purchase order Number:		[Redacted]				
		BWC Standard Cooler Sanitisation	1	6.30	6.30	17.50
		Rental for Period 05/04/2007 to 04/05/2007				
		Emax F/S C/C	1	36.00	36.00	17.50
		Environmental Charges	1	2.10	2.10	17.50
		Rental for Period 05/04/2007 to 04/07/2007				
		Ship to Subtotal			44.40	



	Total	VAT	Total Net	44.40
total of charges subject to VAT @ 17.50%	44.40	7.77	Total Vat	7.77
total of charges subject to VAT @ 0.00%	0.00	0.00	Total Invoice	52.17

Payment Terms: Net 30 Days





Cool dot web design

Invoice

Invoice No: [REDACTED]

Invoice Date: [REDACTED]

Terms: [REDACTED]

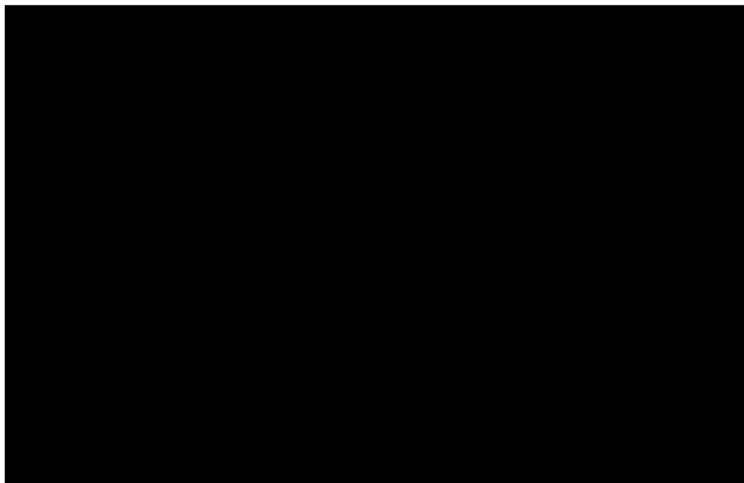
Due Date: [REDACTED]

Billing Address:

David Miliband MP

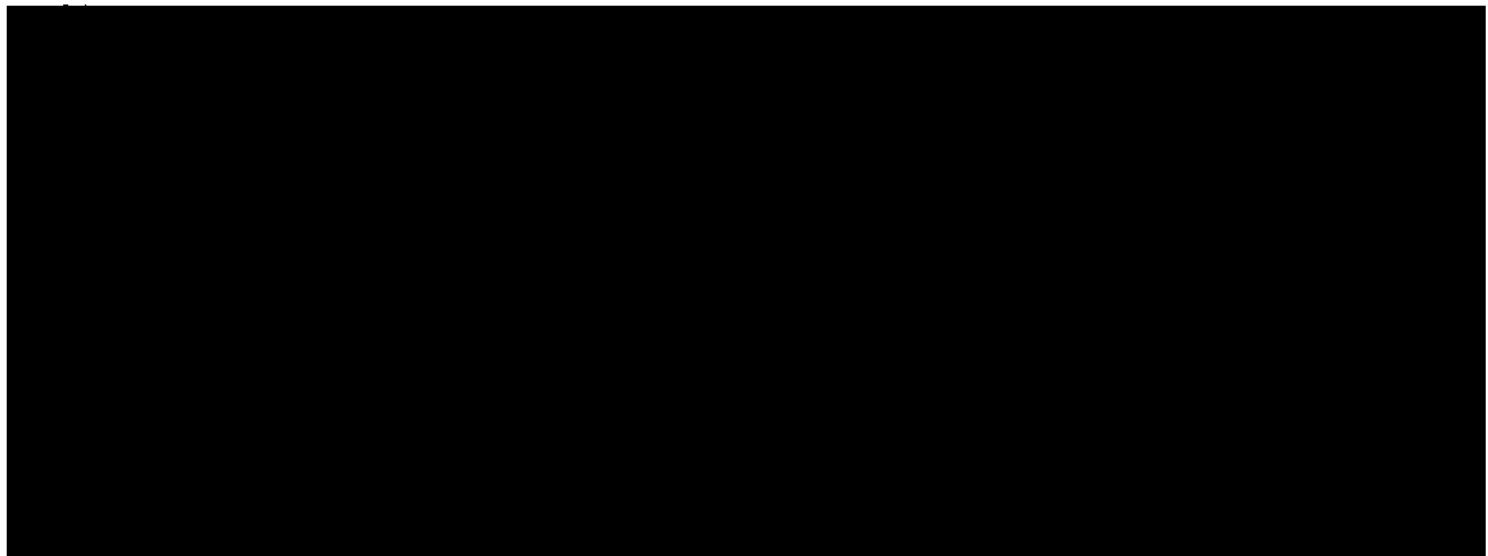


Description	Qty	Rate	Amount
Website Maintenance and Updates (6th April 2007 - 5th April 2008)	1	1500.00	£1,500.00



Thank you for your business and we hope you have a great day!

SUBTOTAL	£1,500.00
TAX (17.50%)	£0.00
TOTAL	£1,500.00
DEPOSIT	£0.00
BALANCE DUE	£1,500.00





Direct payment of suppliers

17 APR 2007

2

2007 4 14 01

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.
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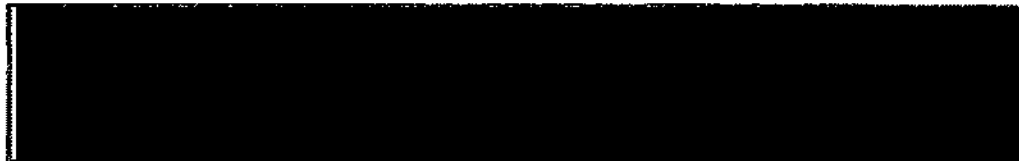
Your details

Name in CAPITAL LETTERS

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS



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

1 1

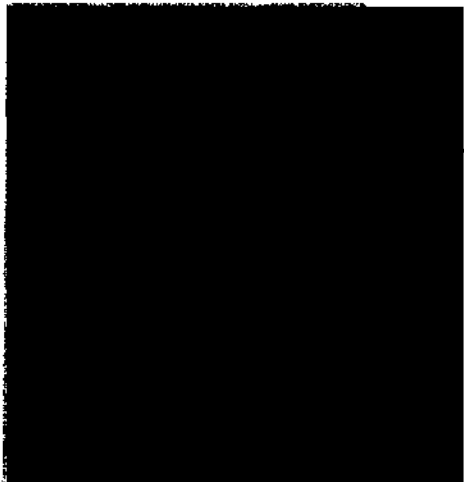
Allowance year

2007 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	B.T.	£ 48 : 35 p
Item 2	PT COUNCIL	£ 182 : 99 p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 231 : 34 p



Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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 [Redacted] _____ MP

Date 16 1 4 1 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			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

MR DAVID MILIBAND MP



Bringing it all together

Date
12 April 2007

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

BT Commitment

Package benefits	£ 0.00
BT Commitment	
Service charges	£ 41.15
VAT	£ 7.20

Total now due **£ 48.35**

*Please make sure we receive the total now due by
23 April 2007.*

Calls to 0870 numbers on the
BT network are charged at no
more than 8p per minute
(inc. VAT). Charges for calls
made from Mobiles,
Payphones and other
networks may vary.



South Tyneside Council

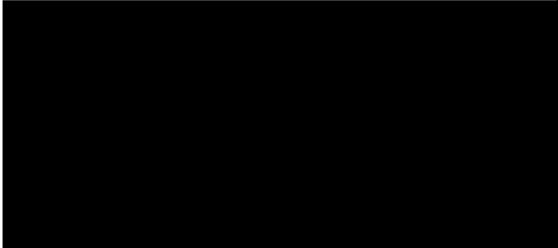
Regeneration and Resources

INVOICE

LABOUR PARTY OFFICES



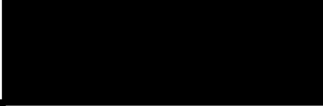
Email:
Service Enquiries to:
Payment Enquiries to:



Customer ID



Your Ref:



Invoice Number



Date / Tax Point 10/04/2007



5

Invoice Details

Amount

VAT

Total

TRADE REFUSE CHARGES (WM 4660)

155.74

27.25

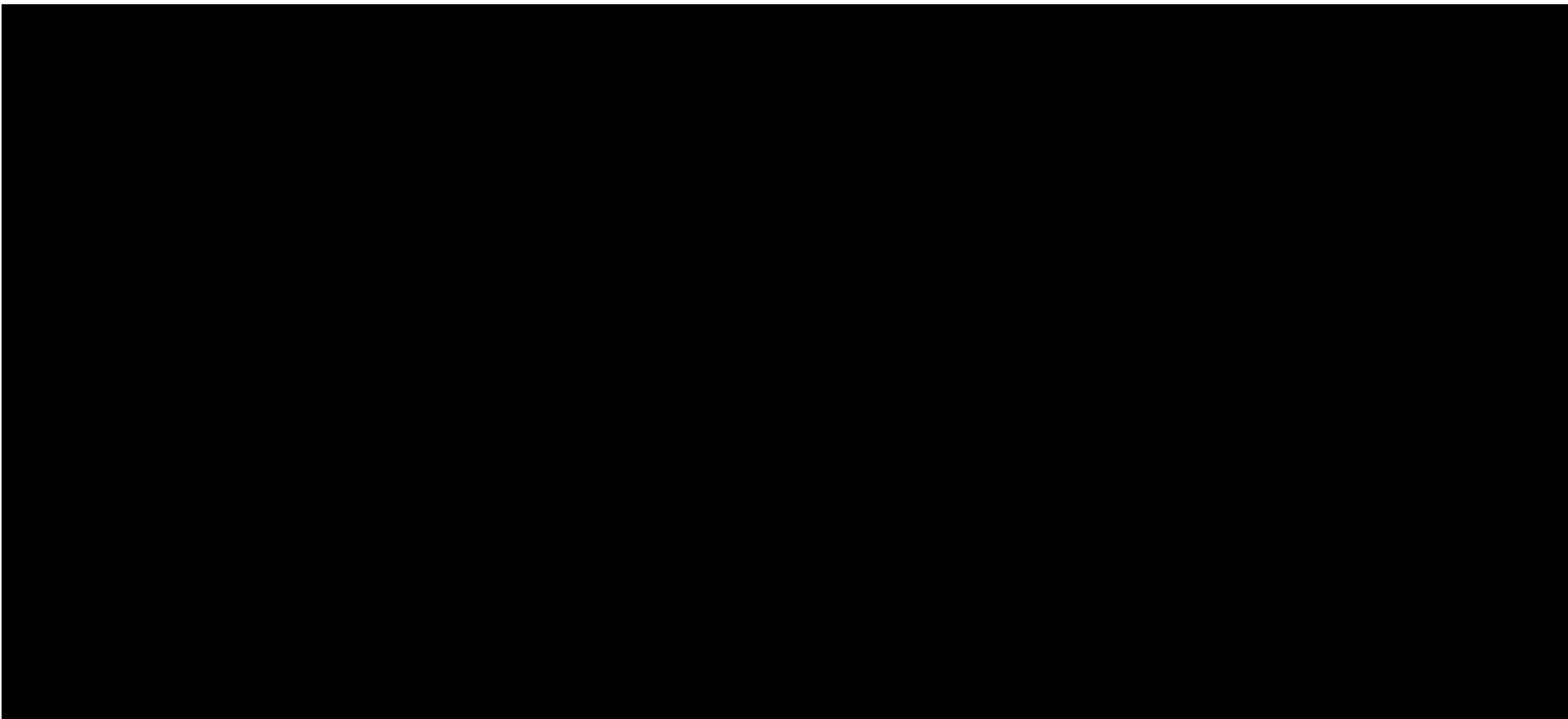
182.99

1 X 360 ONCE WEEKLY

FOR THE HALF YEAR COMMENCING 1ST APRIL 2007

AMOUNT DUE

£182.99





13 APR 2007

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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

RT HON DAVID MILIBAND MP

Constituency

SOUTH BUCKINGHAM



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

1 1

Allowance year

2007 2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	TELEWEST	£ 202 : 41 p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total

£ 202 : 41 p

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ 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, or in part, in the performance of my Parliamentary duties.

Signature

_____ MP

Date

11/4/07

Data protection

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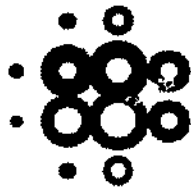
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Office use only			
Validation	Initials	Date	
Claims received	_____	____/____/____	Validation Member ID added to form
Signature check	_____	____/____/____	Payment codes added to form
Funds check	_____	____/____/____	Receipts/ documentation present
Allowable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

Please use margin for comments



**Telewest
Business**

Payment reference number
Account number
Area reference
Invoice date and tax point
Page number



Mr David Miliband Mp

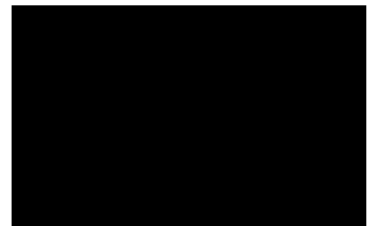


Invoice

Thank you for the settlement of your last invoice.

We look forward to receiving your payment of the 'Amount Due'

Telephony charges	£172.26
Total new charges	£172.26
VAT	£30.15
Total new charges including VAT	£202.41
Balance brought forward	£0.00
Amount due	£202.41





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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- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

RT HON DAVID MILIBAND MP

Constituency

SOUTH SHIELDS

Claim details

Please ensure

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You can specify

- the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

1 1

Allowance year

2007 | 2008

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

C.M.C. DIGITAL

£ 27 : 11 p

Item 2

HFGL LTD
(BNP PARIBAS)

£ 305 : 72 p

Item 3

£ : p

Item 4

£ : p

Item 5

£ : p

Total

£ 332 : 83 p

Claim details continued

Staffing Allowance claims

	Suppliers	Amount
Item 6	_____	£ _____ : _____ p
Item 7	_____	£ _____ : _____ p
Item 8	_____	£ _____ : _____ p
Item 9	_____	£ _____ : _____ p
Total		£ _____ : _____ p

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

Authorisation and declaration

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Signature

MP

Date

21 / 11 / 07

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Under the Data Protection Act 1998, you have the right to see and receive a copy of any personal data that the House of Commons Administration holds about you. If you have questions about the contents of this notice or how your information is handled or about your rights under the Data Protection Act 1998, please call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Clerk of the House).

Send your completed form to

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

Office use only			
	Validation	Initials	Date
Claims received	<input type="checkbox"/>		/ /
Signature check	<input type="checkbox"/>		/ /
Funds check	<input type="checkbox"/>		/ /
Allowable expenditure	<input type="checkbox"/>		/ /
	Validation	Initials	Date
	Member ID added to form		/ /
	Payment codes added to form		/ /
	Receipts/ documentation present		/ /
	Processing Input		/ /

Please use margin for comments



Incidental Expenses Provision/Staffing Allowance
Direct payment of suppliers

C2

15 MAY 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

RT Hon DAVID MILIBAND MP

Constituency

South Shields

Office use only

Costs

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

1 1

Allowance year

2007/2008

Incidental Expenses Provision claims

	Suppliers	Amount
Item 1	Pow Wow	£ 36 : 42p
Item 2		£ : p
Item 3		£ : p
Item 4		£ : p
Item 5		£ : p

Total £ 36 : 42p

Office use only

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

Claim details continued on page 2

Claim details *continued*

Staffing Allowance claims

	Suppliers	Amount
Item 6	<input type="text"/>	£ <input type="text"/> : <input type="text"/> p
Item 7	<input type="text"/>	£ <input type="text"/> : <input type="text"/> p
Item 8	<input type="text"/>	£ <input type="text"/> : <input type="text"/> p
Item 9	<input type="text"/>	£ <input type="text"/> : <input type="text"/> p
Total		£ <input type="text"/> : <input type="text"/> p

Office use only

Allow or A/c code	Supplier ID	Expl Cat 5
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

14/1 7/07

Data protection

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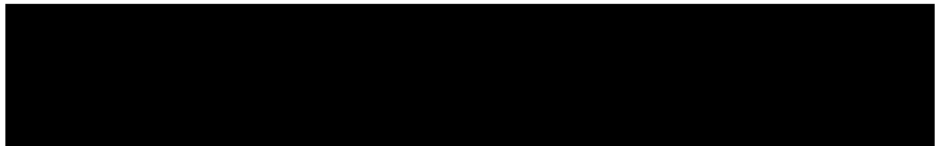
Office use only

Validation	Initials	Date	Validation	Initials	Date
Claims received	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Member ID added to form	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature check	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Payment codes added to form	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Funds check	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Receipts/ documentation present	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Allowable expenditure	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Processing Input	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please use margin for comments

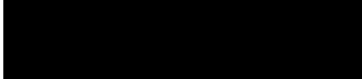


POWWOW®



Invoice

David Millerband MP

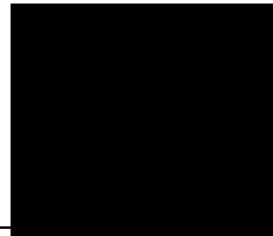


Page	1
Invoice No.	[Redacted]
Date	04/05/2007
Your Ref	[Redacted]
Bill to No.	[Redacted]

Date	Order No.	Product Description	Qty	Price	Net Value	Vat Rate %
Your Ship To Number: [Redacted]		Your Cost Centre: [Redacted]				
Your Ship To Address: David Millerband MP [Redacted]						
Purchase order Number: [Redacted]						
		BWC Standard Cooler Sanitisation	1	6.30	6.30	17.50
Rental for Period 05/05/2007 to 04/06/2007						
Ship to Subtotal					6.30	
Your Ship To Number: [Redacted]		Your Cost Centre: [Redacted]				
Your Ship To Address: David Millerband MP [Redacted]						
Purchase order Number: XXX						
17/04/2007	[Redacted]	BWC Standard Cooler Sanitisation	1	0.00	0.00	17.50
17/04/2007	[Redacted]	Enax Water Trail Cook & Cold	1	0.00	0.00	17.50
03/05/2007	[Redacted]	POWWOW Still Plycrb Bottle 18.5L	2	6.39	12.78	17.50
		POWWOW Still Plycrb Bottle 18.5L	2	7.00	14.00	0.00
Ship to Subtotal					26.78	



23 MAY 2006



2007

	Total	VAT	Total Net	33.08
Total of charges subject to VAT @ 17.50%	19.08	3.34	Total Vat	3.34
Total of charges subject to VAT @ 0.00%	14.00	0.00	Total Invoice	36.42