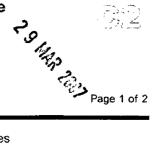


Direct payment of suppliers



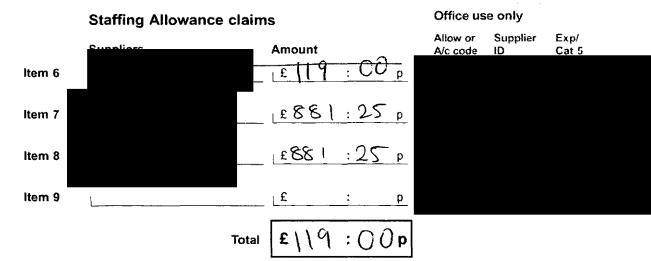
When to use this form Use this form to ask us to pay your suppliers for goods and services incurred on your Parliamentary duties.

Item 5

About filling in this form	 For details of costs you can details of costs you can detail from the second of the sec		
Your details			
Name in CAPITAL LETTERS	HARRIET HAR		
Constituency	CAMBERWELL	& PECKHAN	(
	Office use only Costc Supp/Res ID	9 P 25 AP	· Aug SEG SEG
Claim details			
Please ensure	 your claim totals more than £' your claim more promptly any claims for petty cash do not you attach all supplier invoice: 	not exceed £250 per month	rocess
You must specify	the Incidental Expenses Provisurgery accommodation, equi		
You can specify	the Incidental Expenses Provi include work commissioned or	_	e for costs that
Date of claim	106 107	_	
Allowance year	06/07		
	Incidental Expenses Prov	vision claims	Office use only Allow or Supplier Exp/
	Suppliers	Amount	Alc code ID Cat 5
Item 1	SOUTHWARK NEWS	£239:70 p	
Item 2		£ ; p	
Item 3		£ : p	
/ Item 4		£ : p	

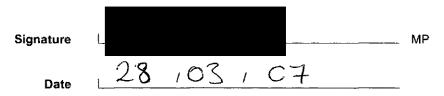
Total

Claim details continued



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.



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

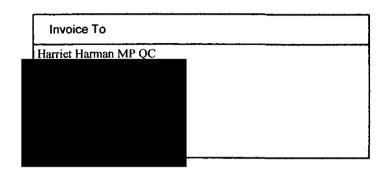
Office use only						
Validation	Initials Date		Validation	Initials	Date	
Claims received		/	Member ID added to form			
Signature check		1	Payment codes added to form		1	1
Funds check		/	Receipts/ documentation present		1 /	
Allowable expenditure	/	1	Processing Input	<u> </u>	<u> </u>	

19 2 MAR 2000 CREDIT CONTROL SOLUTIONS LTD Harriet Harman MP 08 March 2007 Dear Sir/Madam, Re: Southwark Newspapers - Outstanding Account £239.70

Man AD

Invoice

VAT Registration No.	Tax Date	Invoice No.	
	26/03/2007		





		Description	1		Amount	VAT %
ebruary consu	ltancy				750.00	17.50%
		•				
					:	
•						
				· · · · · · · · · · · · · · · · · · ·		
VAT%	VAT AMOUNT	VAT%	VAT AMOUNT	SUBTOTAL	£750.00	

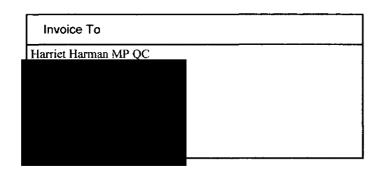
VAT%	VAT AMOUNT	VAT%	VAT AMOUNT	SUBTOTAL	£750.00
@ 17.5%	131.25				
				VAT TOTAL	£131.25
				Total	£881.25



2 8 MAK 2007

Invoice

VAT Registration No.	Tax Date	Invoice No.
	26/03/2007	





VAT% VAT AMOUNT VAT AMOUNT SUBTOTAL £750.00 ② 17.5% 131.25 \$\frac{2}{3}\$\$\$ \$\frac{1}{3}\$			Description	n		Amount	VAT %
2) 17.5% 131.25 SUBTOTAL £750.00	March consult	ancy	Description	in .			VAT % 17.50%
VAT TOTAL £131.25	VAT%		VAT%	VAT AMOUNT	SUBTOTAL	£750.00	





Direct payment of suppliers

1 6 MAR 2087

Page 1 of 2

When	to	use
thi	S	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	HARRIET HARMAN	
in CAPITAL LETTERS Constituency	CAMBERDELL & PECKHAN	1
	Office use only	
	Costc	
	Supp/Res ID	:
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Claim details		
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	any claims for petty cash do not exceed £250 per month	1
	you attach all supplier invoices.	
You must specify	the Incidental Expenses Provision for costs that include surgery accommodation, equipment and supplies,comm	
You can specify	the Incidental Expenses Provision or the Staffing Allowa include work commissioned or bought in services.	ance for costs that
Date of claim	09 103 107	
Allowance year	06 1 07	
	Incidental Expenses Provision claims	Office use only
		Allow or Supplier Exp/

					g comment of the		- x: //4 _	-1
	Incidental Expenses Prov	vision clain	ns		Office use only			
	•	Amount		_	Allow or A/c code	Supplier ID	Exp/ Cat 5	
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2		£	×	<u>p</u>				
3		£		p_				
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Item 5		£	: 1	<u>p</u>				
			w44 <u>C</u>	¬				

Total $\left| \begin{array}{c} \mathbf{f} \\ \mathbf{f} \\ \end{array} \right| \left| \begin{array}{c} \mathbf{f} \\ \mathbf{f} \\ \end{array} \right| \left| \begin{array}{c} \mathbf{f} \\ \mathbf{f} \\ \end{array} \right|$



Staffing Allowance claims Suppliers Amount Let Gebra Gebr	Claim details continue	ed							<u>- </u>
Item 6 Item 7 Item 8 Item 9 Item 10 Ite		Staffing Allowand	ce claims	\$			Office us	e only	
Item 7 Item 8 £ p Item 9 LE p Total LE p D Total LE D To		Suppliers		Amount				• •	•
Item 9 LE : p Total E pp 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 O 7 / O 3 / O 7 The House of Commons Administration will process the information you provide on this form for the purpose of administrating 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 will also be disclosed to the National Audit Office for audit purposes. The information will also be disclosed to the National Audit Office for audit purposes in 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 at 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 andled or about your rights under the Data Protection of this notice or how your information in andled or about your rights under the Data Protection of this notice or how your information in the Data Protection of the House). Send your completed form to Visitation Team, Operations Directorate, Department of Finance & Administration, House of Commons, London SW1A OAA Office use only Validation Initials Date Validation Initials Date Light State of the Data Protection of the Data Controller (the Clerk of the House). Receipts' decided to form Signature check / / added to form Funds check / / added to form Allowable expenditure / / Processing	Item 6	[£	*	р			
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Please use margin for comments					i	·	margin for	comments	

and the contract of the contra

Invoice to Harriet Harman QC MP,

9th March 2007 Date: From: For expenses whilst helping in my constituency office Total amount payable: £280



323

Direct payment of suppliers

13 MAR SUN

Page 1 of 2

When to use this form

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

About filling in this form

- For details of costs you can claim for, see *Green Book* section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

Constituency

HARRIET HARMAN

CAMBERWELL & PECKHAM

Office use only

Costo

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

09 103 107

Allowance year

06/07

Incidental Expenses Provision claims

Suppliers

Amount 358 . 76

Item 1 BANNER

2370.84 p

Item 2

DURRANTS

£168:91

Item 3

DURRANTS

E 201: 101

Item 4

ZEPBROOK

£ 11 :75

Item 5

BANNER

£ 25:68 p

Total

£778:48 p

Office use only

Allow or Supplier

Exp/

	taffing Allowanc	Amount	·		Office us Allow or A/c code	se only Supplier ID	Exp/
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Item 8 Item 9 Authorisation and dec				р			
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. v = 40000000000000000000000000000000000	Funds check			added to for Receipts/ documentati			1 1

Please use margin for comments

Statement

0 9 MAR 200/



Rt Hon H Harman MP

Customer Account

Statement Date

: 06/03/2007

Date 03/11/2006 09/02/2007

Transaction Type INV INV

Document

Customer Reference

Status

Transaction Value

Outstanding Value

Page :

358.76 12.08

358.76 12.08

370.84

PAILURE TO MAKE PAYNIENT MAY

FAILURE TO MAKE PAYNIENT MAY

RESULT IN ORDERS BEING HELD

The items listed are outstanding on your account.

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



Status: Type:

INV Invoice CRN Credit Note Partly paid

Invoice under query

CASH Payment

CADJ Credit Adjustment DADJ Debit Adjustment

Total:

£143.75

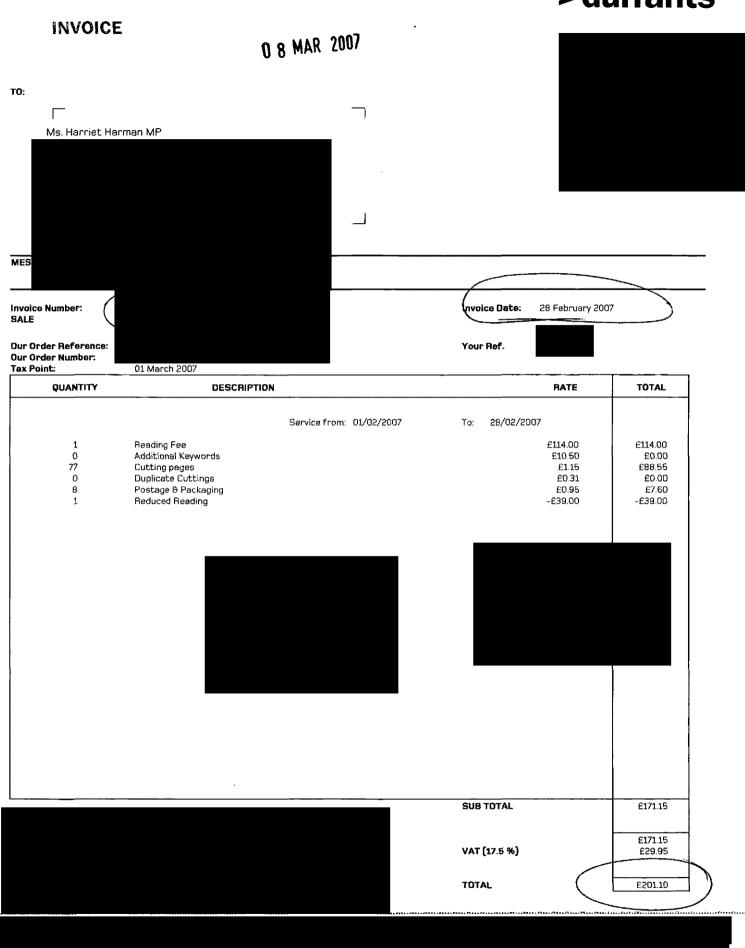
£25.16

£168.91

VAT (17.5 %)

TOTAL

>durrants



INVOICE

Harriet Harman MP

ZEPBROOK

refreshingly different

TERMS: STRICTLY NET - 30 DAYS, ALL GOODS SOLD ARE SUBJECT TO STANDARD CONDITIONS OF SALE AND REMAIN OUR PROPERTY UNTIL PAID FOR.



OHarriet Harman MP

Delivery Note No. Date Supplied Invoice Date Page No. Account Rep No. Your Order Number Selfament Terms Number Number 20/02/2007 30 Days Nett 21/02/2007 Quantity Delivered Vak Cods Product Description Unit Price Net Product Code RE WATERCOOLER RENTAL FOR PERIOD MONTHLY RNT 1 GBSTD 10.00 10.00 1.3.07 TO 31.3.07 2 2 FEB 2007 g of a define the same of the Visit us

1				
Vat	Rate	Goods Amount Vat Amount		_[
GBSTD	17.50	10.00	1.75	
*				

TOTAL GOODS		10.00
TOTAL VAT		1.75
. Alexander	i) All	عيقه وماندان والمراجع
AMOUNT DUE	>4 *	/ 11.75

」 E & O. E.

STATEMENT

REMITTANCE ADVICE



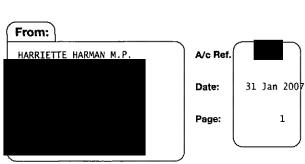
A/c Ref.

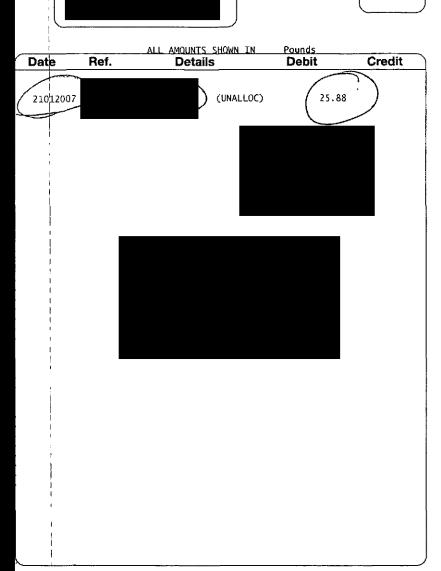
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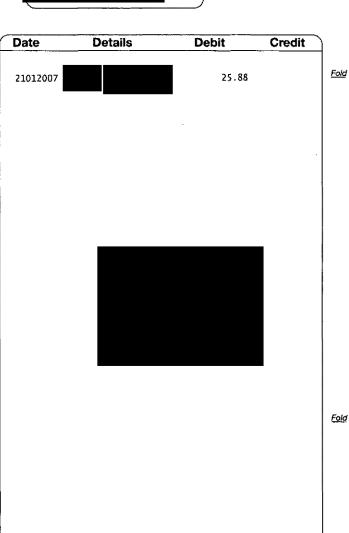
31 Jan 2007

Page: 1

0 9 FEB 2007







Current	30 Day	60 Day	90 Day	120+ Day
			1	
25.88				
!				

Terms 30 days from Document Date

Amount	Due
	25.88

Amount Due

25.88

	Transaction No.
Financial Processing }	Registration No.
Validation Claim Summary Sheet Please write or print clearly & attac	. C3
Supplier ID	
Volunteer Y/M Please check / amend relation	8101.7
Text	01201
Invoice No.	
Account code / Allowance	
Members cost centre (Cat1)	
Financial Year/PIRO (Cat2)	06_07
Expenditure type (Cat5) :	_
	£ 210·au
	£
	£
	£
	£
	£
	£
	€
	€
	€
TOTAL Comments:	£210.00
* Financial Processing purposes only Registered by (initials & date)	
Posted by (initials & date)	

. +*



Direct payment of suppliers

12 FEB 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.

•	o'						П	
•	(*)	Ш	г	а	-	а	и	K٦

Name in CAPITAL LETTERS

Constituency

HARRIET HARMAN MP

CAMBERWELL & PECKHAM

Office use only

Costc/Cat 2

Supp/Res ID

Claim details

Please ensure

- your claim totals more than £100 this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

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

You can specify

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

Date of claim

108 102 107

Allowance year

	Incidental Expenses Pro	vision claims	
ltem 1	Southwell New10 Goes Utd	Amount	
Item 2	ARCHIVAT RECORD MANAGEMENT	E 179:03 p	
Item 3		£210:00 p	
Item 4	QUICKSILVER	£ 20 : 30 p	
Item 5	+ZEPBROOK	£ 11 : 75 p	

Total | £ S (4) : 7 S p |

Claim details continued		maa alaima		Office	use only	
	Staffing Allowa	ince claims		Allow or	-	Exp/
	Suppliers	Amour	it 2 /	A/c code		Cat 5
Item 6		4±5	36:UK	<u>р</u>		4 - market returning our water
Item 7		<u>£</u>		<u>p</u>		
item 8	L	<u>£</u>	<u>.</u>	р		
Item 9		L <u>£</u>	*	<u> </u>	1	
		Total £	36 O C) p		
Authorisation and o	declaration					
		e payments requeste necessarily in the per				
Signature				_ MP		
Date	08 10	2107		-		
Data protection	The House of Commo	ns Administration will pr	ocess the infor	mation you provide	on this form f	or the purpo:
	accordance with the ru also be disclosed to the	iles agreed by the House National Audit Office to Administration or by it	e of Commons or audit purpos	and the Inland Revies. The information	venue. The inf n may also be	ormation will used within
	For the purposes of th	e Freedom of Information the information it holds	on Act 2000 the	House of Commo	-	
	Under the Data Protecthe House of Common	tion Act 1998, you have as Administration holds a armation is handled or a	about you. If yo	u have questions a	bout the conte	ents of this
		n Officer on 020 7219 2				
Send your completed form to	Validation Team, Op Department of Finar	erations Directorate, nce & Administration,	House of Co	mmons, London	SW1A 0AA	
	Office use only			· · · · · · · · · · · · · · · · · · ·		
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	Signature check		Payn	nent codes d to form	T	<u> </u>
	Funds check		Rece docu	ipts/ mentation present		1 1
	Allowable expenditur	e	Proc	essing		

Please use margin for comments

Invoice to Harriet Harman QC MP,

From:

Date: 2nd February 2007

For attendance at evening Advice Surgeries.

Total amount payable: £210.00



Staffing Attowance/Incidental Expenses Provision

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

Page 1 of 2

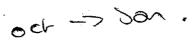
When	to	use
41-2	_ =	

- 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	Please note that payments can be made through the payroll only	
this form	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		l
		J
Name	Harriet Harmon MP	
in CAPITAL LETTERS		
Constituency		
Details of staff me	el .	
First name		
Surname		
in CAPITAL LETTERS		
Employee status		
Employee status		
Date of birth		
National Insurance number		
, indiffice		
Payment details		
Payment details		
Payslip address		
•		
Bank details		

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W 1	ai		-	ai	

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



£ 2(£ £ £	: : : :	р р р	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No		
£	:	р	☐ Yes ☐ No		
£	*		1		
£		<u>p</u>	☐ Yes ☐ No		
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		Р	☐ Yes ☐ No		
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Aut	horis	ation	and	dec	laration

l confirm that payme	ents listed above	were wholly, ex	kclusively and r	ecessarily incurred
by my staff for the p	ourpose of suppor	rting my Parliar	mentary duties.	

Signature MP

Date

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	Validation	Initials	Date	
Claims received	1 /	Member ID added to form		/	1
Signature check	. / /	Payment codes added to form			1
Funds check	1 1	Receipts/ documentation present			1
Allowable expenditure	/ / /	Processing		· ·	
Please use margin for	comments	Input		1	



item 5

Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers



1 2 FEB 2007

Page 1 of 2

When to use this form	Use this form to ask us to incurred on your Parliamer	pay your suppliers for goods a ntary duties.	nd services					
About filling in	For details of costs you can claim for, see <i>Green Book</i> section 5.13.1.							
this form	cost,							
Your details	- · · · ·							
Name in CAPITAL LETTERS	HARRIET HA							
Constituency	CAB CAMBERI	WELL'S PECK	HAM					
	Office use only	A STATE OF	en e					
	Costc		, ,					
	Supp/Res ID		\$!					
	e was sometimes	a value of a second	er Komen er var var komen å					
Claim details								
Please ensure	■ your claim totals more than £100 – this will enable us to process your claim more promptly							
	· · · · · ·	lo not exceed £250 per month						
M	you attach all supplier invo							
You must specify		rovision for costs that include of quipment and supplies,commune						
You can specify	the Incidental Expenses Period include work commissione	rovision or the Staffing Allowan d or bought in services.	ce for costs that					
Date of claim	Ot 10210	<u> </u>						
Allowance year	06/07							
****************	***************************************	**************************************						
	Incidental Expenses Pr	rovision claims	Office use only					
	Suppliers	Amount						
Item 1		£881:25 p						
Item 2	BANNER	£10:68 p						
Item 3	DURRANTS	£138:88 p						
Item 4	<u> </u>	£ : p						

Total £\0



							_	Page 2 of
Claim details continue	ed							
	Staffing Allowance	e claim	ıs			Office us	se only	
	Suppliers		Amount			Allow or A/c code	Supplier ID	Exp/ Cat 5
Item 6	<u> </u>		£		р			
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Item 7		· · · —	£		p	<u> </u>		
Item 8	1		Į £	:	р			
			***************************************	***************************************				
Item 9			£	;	Р		-	
		Total	£		р			
		10141						
Authorisation and	declaration							- "
	I confirm that the pa exclusively and nece							
Signature					MP			
	00							
Date	08 102	/ (<u> </u>	·				
Data protection	The House of Commons Ar of administering and accourance with the rules a also be disclosed to the Nathe House of Commons Adfor the purposes of the Fre Authority and therefore the scope of that Act. Under the Data Protection the House of Commons Adnotice or how your informaticall our Data Protection Offithe House).	inting for tagreed by attornal Audiministration of information Act 1998, dministratition is har	he Member the House dit Office for on or by its Information on it holds v you have the on holds ab-	of Common	ate, making persons and the urposes. The for the purpose of the House within the to see and register if you have rights under	payments and Inland Reversion Information see of business of Commons ceive a copy questions abothe Data Pro	d keeping re- enue. The inf may also be ss analysis o s Administrat of any persout the conte	cords in formation will used within or research. It is a Public conal data that ents of this 998, please
Send your completed form to	Validation Team, Operat Department of Finance			House o	of Common	s, London S	SW1A 0AA	
	Office use only							
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	Signature check		1 1	·	Payment co added to for			1 1
	Funds check		1 1		Receipts/ documentat	ion present		1 1
	Allowable expenditure		1 1		Processing	•		

Please use margin for comments

Invoice



Rt Hon H Harman MP

Charge To:

Rt Hon H Harman MP



Banner Business Supplies Ltd



Acc. No.

PAYMENT SLIP

Please see reverse

for terms of business

and how to pay

Inv. No.

Inv. Date:

19/01/2007

Amt. Due :

10.68

						Delivered To
Pa	ge	1 Of	1	Date	19/01/2007	Rt Hon H Harman MP
Ac	c.No		Order	Date	18/01/2007	
0re	der					
C . <i>i</i>	A.R.					
Line No.	Line Ref.	P	roduct	Code	Product	Description

Quantity U.O.M. Unit Price Tax Date Line Total VAT Line VAT excl VAT Rate

1.9500 18/01/07 0.4900 18/01/07 1.7700 18/01/07

5.85 17.50 1.47 17.50 1.77 17.50

1.02 0.26 0.31

24 JAN 2007

Sales Order Total (VAT excl)

9.09

INVOICE TOTAL

9.09 1.59

10.68

16/02/2007

Please

return

the slip

from final page of invoice with your payment

by

V.A.T. Summary

9.09

9280006 9280009 9095005

Taxable Sum

V.A.T. Amount

1.59

VAT Registration

Settlement Discount Terms

: None



Rate

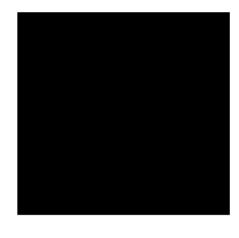
17.50

>durrants

INVOICE

TO:

Ms. Harriet Harman MP



MESSAGE:

Invoice Number: SALE

Invoice Date:

31 December 2006

Our Order Reference: Our Order Number;

04 t-augus 2007

Your Ref.



Registered Office:

oint:	01 Januery 2007			
QUANTITY	DESCRIP	TION	RATE	TOTAL
		Service from: 01/12/2006	To: 31/12/2006	
				ſ
1	Reading Fee		£109.00	£109.00
0	Additional Keywords		€10.00	£0.00
38	Cutting pages		£1.10	£41.80
0	Duplicate Cuttings		£0.30	£0.00
8	Postage & Packaging		E0.80	£6.40
1	Reduced Reading		-£39.00	-£39.00
	-		SUB TOTAL	£118.20
				£118.20
			VAT (17.5 %)	£20.68
			TOTAL	
				£138.88



C2

Direct payment of suppliers

12 FEB 2007

Page 1 of 2

When to use this form

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

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

Constituency

HARRIET HARMAN MP

CAMBERWELL & PECKHAM

Office use only

Costc/Cat 2

Supp/Res ID

Claim details

Please ensure

- your claim totals more than £100 this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

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

You can specify

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

Date of claim

08 102 101

Allowance year

06/07

Incidental Expenses Provision claims

Suppliers Am

Southwork

Newspapes Ltd

ARCHIVAL RECORD LE

Amount : 85 p

MANAGENEVI

E 179:03 p

1 3

1 £ 2 10:00 p

IQUICKSILVER

15 20 : 30 p

15 ZEPBROOK

1 1 : 75p

Total

£540:93p

Office use only
Allow or Supplier Exp/

Claim details continued

Staffing Allowance claims Amount £ 336:00 p Item 7 Item 8 E Total Total

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	_08	102107		

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	Validation	Initials	Date	
Claims received	/ /	Member ID added to form			
Signature check	1 1	Payment codes added to form			1
Funds check	1 1	Receipts/ documentation present			
Allowable expenditure		Processing			
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		Please use margin for	comme	nts	



Harriet Harman MP



Invoice No Date Booking ref



Invoice

ADVERTISING IN THE SOUTHWARK NEWS AND / OR WEEKENDER

Total Ex VAT VAT @ 17.5%

TOTAL

102.00 £17.85

£119.85



INVOICE

0 2 FEB 2007

RT HON H HARMAN QC MP

Invoice No.
Date: 01/02/2007

Page: 1

From: 01/01/2007 to 31/01/2007

Monthly charge per 1.0 Monthly charge per 1.5 (0.3600/30 days) (0.4800/30 days) 1.0680 1.4240

RATE

32.00 83.00

QTY

34.18 118.19

TOTAL

115.00 152.37

RECURRING SERVICES



0.0000 1 0.00

0.00

V.A.T. @ 17.50% 152.37 26.66

Total Amount Due

179.03



27 years of quality service

1979-2006 **QUICKSILVER** 27th Year

HARRIET HARMAN M.P.

29 JAN 2007

Date and tax point

21/01/2007



Date/time	Docket no.	Your reference/ordered by	Service type	Details	Waiting time	Extras	Price
15/01/2007		-	sv				£20.30
						:	
			1 p. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
							:



Total Service Charge @ 10.00% Total

20.30 2.03 22.33

3.55 25.88

ZEPBROOI	K LTD.,			Market Company	i y or o see					
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Our Ref. Number	Account Number	Your Order Number		Date Supplied	Delivery Note No.		Severat Terms	Invoice Date	Invoice No.	Page Rep No. No.
				24/01/2007		30 Days	Nett	25/01/2007		
Pro	oduct Code	Product Description		Quantity Delivered		Unit Prise	Per		Net	Vet Code
RNT	Dota		, 5 cd b	1		10.00	MONTHL		10.00	GESTD
Vet		Goods Amount Vet Amount					TOTAL GOODS		10.00	
	17.50	10.00				_	TOTAL VAT		1.75	
			E & O. E	i.			AMOUNT D	39 - 24	11.75	

Transaction Financial Processing } Registration Validation Claim Summary Sheet Please write or print clearly & attach to claim Supplier ID or Volunteer Y/N Please check / amend relation 8/17 take 20/12/06 Text Invoice No. Account code / Allowance Members cost centre (Cat1) Financial Year/PIRO (Cat2) 06_07 Expenditure type (Cat5): £..... £..... £..... £..... £..... £...... £..... £..... £ 336-00 TOTAL Comments:

Posted by (initials & date)

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



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

Constituency

HARRIET HARMAN

CAMBERWELL & PECKHAM

Office use only

Costc/Cat 2

Supp/Res ID

Claim details

Please ensure

- your claim totals more than £100 this will enable us to process your claim more promptly
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You can specify

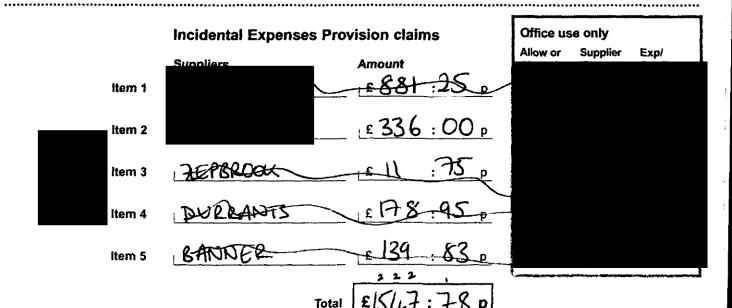
the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

20 / 12 / 6

Allowance year

,06 ,07



Claim details continued					
	Staffing Allowance claim	Staffing Allowance claims		Office use only	
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And the second s	I confirm that the payments to	equested are in respect of co	osts incurred wholly.	· 4.*	
	exclusively and necessarily in	rthe performance of my Parl	iamentary duties.	**************************************	
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Signature		MP		a ^{ri} n	
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	also be disclosed to the National Audi	it Office for audit purposes. The	information may also be used within		
	the House of Commons Administration	Annual Control of the	-		
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A Committee of the Comm	scope of that Act	A Marian Samuel The Marian Samuel Samuel	And the second s		
" and the first of the state of	Under the Data Protection Act 1998, y	you have the right to see and rec	ceive a copy of any personal data tha	3ť	
	the House of Commons Administration notice or how your information is hand	n holds about you. If you have d	luestions about the contents of this he Data Protection Act 1998, please		
	call our Data Protection Officer on 020				
en e	the House).	Ben and San			
		Carlo Santa			
Send your completed	Validation Team, Operations Direct	ctorate;			
form to	Department of Finance & Adminis	stration, House of Commons	, London SW1A 0AA		
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	All and the second	Processing	•	-	
	Allowable expenditure	/ / Processing	· ·	_ 1	

Please use margin for comments

C084.

Harriet Harman MP QC

Date: 5th July 2006

Dear Harriet

RE: UNCLAIMED EXPENSES

Total Claim = £336.00



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 Constituency	HARRIET HARMAN	
	CAMBERWELL & PECKHAM	
	Office use only	
	Costc/Cat 2	·
	Supp/Res ID	

Clai	m	de	ta	ile

Please ensure

- your claim totals more than £100 this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

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

You can specify

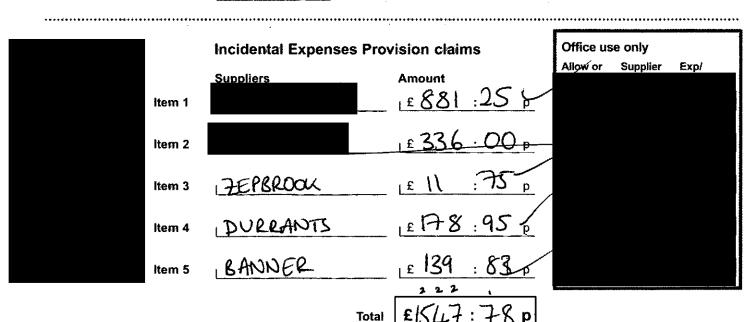
■ the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.

Date of claim

20 / 12 / 6

Allowance year

06 107



Claim details continued						
	Staffing Allowand	ce claims		Office us	-	
•	Suppliers	Amount		Allow or A/c code	Supplier ID	Exp/ Cat 5
Item 6		<u> </u>	: p			
Item 7		£	: p			
Item 8	I	£	: p			
Marry 0						
Item 9	<u></u>	I E	<u>P</u>			
		Total £	p			
Authorisation and o	declaration					
	-	ayments requested are i	n respect of co	sts incurre	d whollv.	•
		cessarily in the performa				
Signature		рил и	MP			
Date	20/12	106				
*******************		••••••	*****	• • • • • • • • • • • • • • • • • • • •	*****	
Data protection	of administering and acco accordance with the rules also be disclosed to the N	Administration will process to ounting for the Members' Es agreed by the House of Co lational Audit Office for audit administration or by its agen	timate, making pommons and the it purposes. The	ayments and Inland Reve information r	l keeping red nue. The info may also be	cords in ormation will used within
	For the purposes of the Fi	reedom of Information Act 2 e information it holds will fal	2000 the House		-	
	the House of Commons A notice or how your information	n Act 1998, you have the rig Administration holds about y ation is handled or about you officer on 020 7219 2032, which	ou. If you have our rights under t	uestions abo ne Data Prot	out the conte ection Act 19	ents of this 998, please
	the House).	·			•	
Send your completed form to	Validation Team, Opera Department of Finance	ations Directorate, e & Administration, Hous	e of Commons	, London S	W1A 0AA	
	Tan .	4				
	Office use only	Initiale Date	Validation	ı	Initiale Det	a
	Validation Claims received	Initials Date	Member ID		Initials Date	e / / /
	Signature check		Payment coc added to form	les [1 1
	Funds check		Receipts/	ſ	MARIN	
	Allowable expenditure		Processing	on prodess [
	-	, ,		. 1	1	

Please use margin for comments



world-class office products

PAYMENT SLIP

Please see reverse for terms of business and how to pay



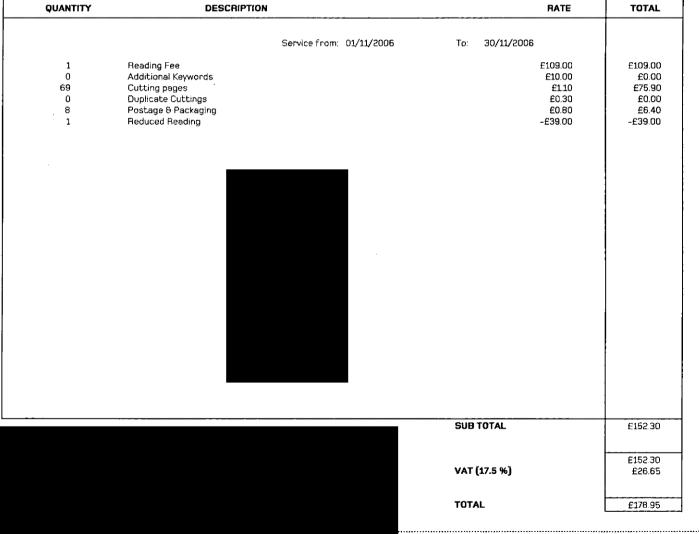
139.83

Please return the slip

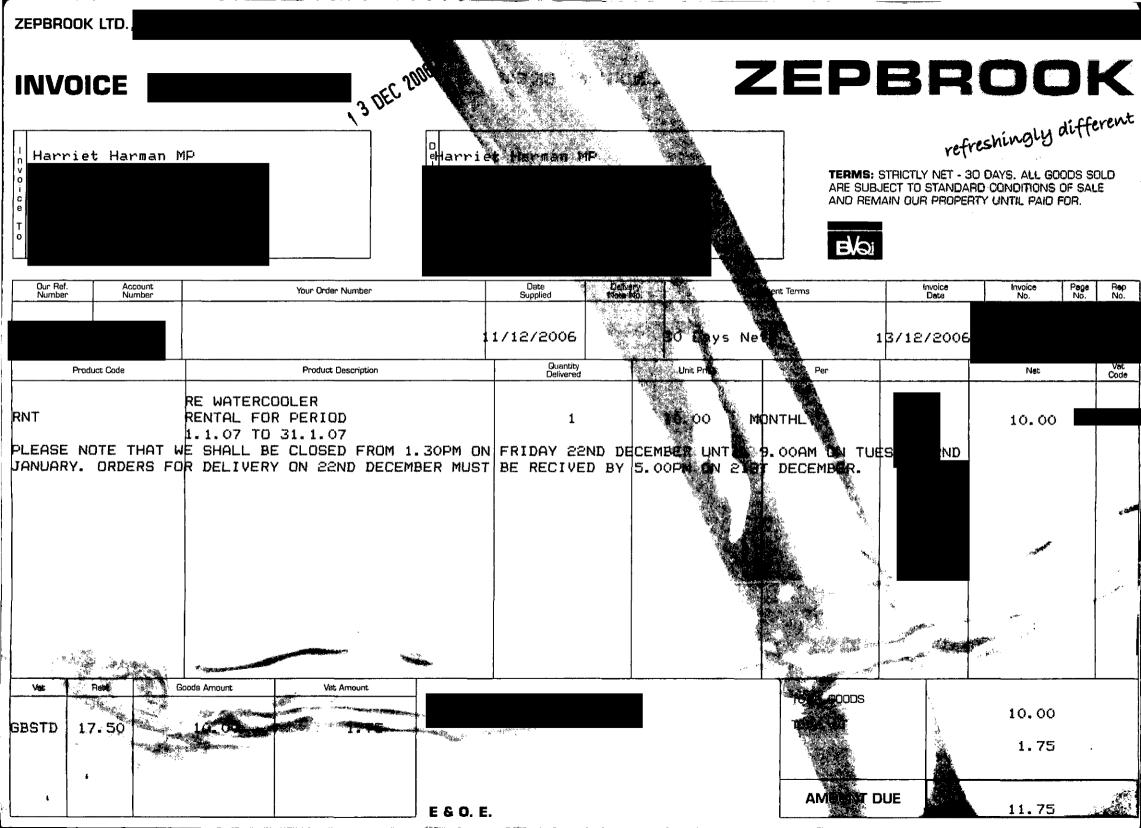
from final page of invoice with your payment by

29/12/2006

>durrants INVOICE 1 2 DEC 2006 TO: Ms. Harriet Harman MP MESSAGE: Invoice Number: Invoice Date: 30 November 2006 SALE Our Order Reference: Your Ref. Our Order Number: Tex Point: 01 December 2006 TOTAL QUANTITY DESCRIPTION RATE



Registered Office:





0 7 لادر كالال

Invoice

VAT Registration No.	Tax Date	Invoice No.
	04/12/2006	

Invoice To	
Hariet Harman MP QC	

		Descriptio	n		Amount	VAT %
Nove	vember ensultancy		750.00	17.50%		
	•					
						-
VAT%	VAT AMOUNT	VAT%	VAT AMOUNT	SUBTOTAL	£750.00	
) 17.5%	131.25					
				VAT TOTAL	£131.25	
				Total	£881.25	



Item 5

Incidental Expenses Provision/Staffing Allowance



Direct payment of suppliers

1 2 DEC 2006

Page 1 of 2

When to use this form	Use this form to ask us to incurred on your Parliamer	pay your suppliers for goods ar ntary duties.	nd services
About filling in this form		n claim for, see Green Book so ut whether you can claim for a	•
Your details		E- 1001	
Name in CAPITAL LETTERS Constituency	HARRIET H	ARMAN L& PECKHY	M
	Office use only Costc/Cat 2 Supp/Res ID		
Claim details			··
Please ensure You <i>must</i> specify You can specify	your claim more promptly any claims for petty cash d you attach all supplier invo the Incidental Expenses Presurgery accommodation, en	ices. ovision for costs that include off quipment and supplies,commun ovision or the Staffing Allowand	ice and ication and travel.
Date of claim Allowance year	06/07	<u>, </u>	
	Incidental Expenses Pr		Office use only Allow or Supplier Expl
Item 1	Suppliers	2366 : 00 p	A/c code ID Cat 5
Item 2	ZEPBROOK	1 : 75 p	
Item 3	L	£ : p	
Item 4	L	£ : p	

Claim details continued	i							
	Staffing Allowand	ce claim	15		c	Office us	se only	
	Suppliers		Amount			Allow or Vc code	Supplier ID	Exp/ Cat 5
Item 6			Į£	*	<u> </u>			
Item 7			_l £	:	р		<u> </u>	
		 						
Item 8	L		£		<u> </u>		I	
item 9			£	<u>:</u>	P.			
		Total	£		p p			
Authorisation and	declaration							
	l confirm that the p	payments	requested a	are in res	pect of costs	s incurre	ed wholly,	
	exclusively and neo		•	-			-	
Signature	ŧ.				MP			
Date	, 8 / 12	_ / 6	, 3					

Data protection	The House of Commons of administering and accordance with the rules also be disclosed to the N the House of Commons A	counting for the s agreed by National Aud	the Members' the House of dit Office for a	s' Estimate, of Common audit purpo	e, making payn ns and the Inla oses. The info	ments and and Rever ormation r	d keeping recenue. The info may also be	cords in ormation will used within
	For the purposes of the Fi Authority and therefore the scope of that Act.	Freedom of I	Information A	Act 2000 th	he House of C			
	Under the Data Protection the House of Commons A notice or how your information of the House).	Administration nation is han	ion holds abou ndled or about	out you. If y ut your righ	you have ques hts under the [stions abo Data Prote	out the conte tection Act 19	ents of this 998, please
Send your completed form to	Validation Team, Opera Department of Finance			ouse of C	Commons, L	ondon S	:W1A 0AA	
	Office use only							
	Validation	Initials D	Date] Va	alidation		Initials Date	е
	Claims received		/ /		ember ID ided to form	THE PROPERTY OF THE PROPERTY O	THE PROPERTY OF THE PROPERTY O	A A A
	Signature check		1 1	Pa	ayment codes ded to form	www.man.co.i.i.i.i.i.i.i.i.i.i.i.i.i.i.i.i.i.i.		1 1
	Funds check			Re	eceipts/ ocumentation p	present [
	Allowable expenditure		1 1		rocessing			

1

Please use margin for comments

EPBROOK LTD.. ZEPBROOK INVOICE refreshingly different Harriet Harman MP OHarriet Harman MP TERMS: STRICTLY NET - 30 DAYS. ALL GOODS SOLD ARE SUBJECT TO STANDARD CONDITIONS OF SALE AND REMAIN OUR PROPERTY UNTIL PAID FOR **E**VQi Invoice Date Page No. Rep No. Account Invoice Your Order Number Settlement Terms Number Supplied Number 30 Days Nett 23/11/2006 24/11/2006 Quantity Delivered Product Code Product Description Per RE WATERCOOLER RNT RENTAL FOR PERIOD MONTHLY 10.00 10.00 GESTD 1.12.06 TO 31.12.06 Vec Rate Goods Amount Vat Amount TOTAL GOODS 10.00 1.75 GBSTD 17.50 TOTAL VAT 1.75 11.75 **AMOUNT DUE**

E & O. E.



Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

2 4 NOV 2006

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

in CAPITAL LETTERS

Constituency

HARRIET HARMAN

CAMBERWELL & PECKHAM

Office use only

Costc/Cat 2

Supp/Res ID

Claim details

Please ensure

- your claim totals more than £100 this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

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

You can specify

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

Date of claim

17/11/06

Allowance year

06,07

Incidental Expenses Provision claims

Suppliers

Amount

Item 1

DURRANTI

1 £ 124 : 43 p

Item 2

BANNER

£358:76

Item 3

DIRRANTS

1:387:75

item 4

ARCHIVAL RECORD

12185:07

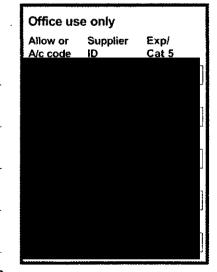
Item 5

ZEPBROOK

1 11 : 75,

Total

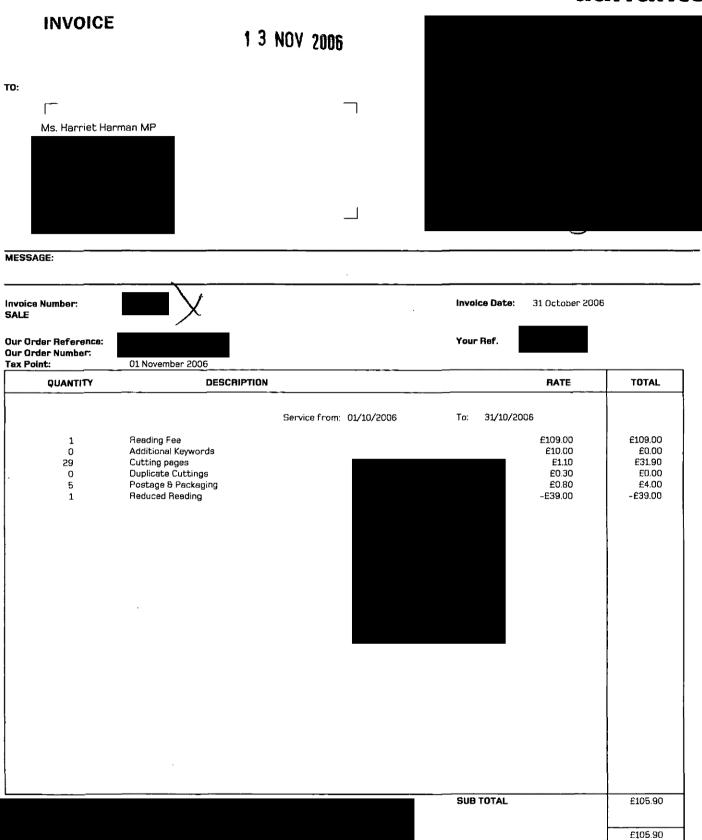
£106776 p



Claim details continued	ď							,,,,
	Staffing Allowand	ce claims			Office us	-		
	Suppliers	Amount			Allow or A/c code	Supplier ID	Exp/ Cat 5	
Item 6	L	£	2 >	р			<u> </u>	
Item 7		į £		_	[-
item /	<u> </u>	L	•	p		<u> </u>	<u> </u>	
Item 8	L	<u>£</u>	* *	р				
ltem 9	<u> </u>	£	:	, p		111-1111-1111-1111-1111-1111-1		
		Total £		—р				_
		· · · · · · · · · · · · · · · · · · ·						
Authorisation and	declaration							
		payments requested accessarily in the perfo						
	exclusively and ne	cessarily in the peno	mance o	i iliy Fali	iamentary t	Judes.		
Signature	1			MP				
Signature	•••			IVIF				
Date	[+ /1]	16						
				••••••	*********		••••••	
Data protection	The House of Commons of administering and acco	ounting for the Member	s' Estimate	, making p	ayments and	keeping re	cords in	
	accordance with the rules also be disclosed to the N	lational Audit Office for	audit purp	oses. The	information i	may also be	used within	
	the House of Commons / For the purposes of the F	•	•			•		ic
	Authority and therefore th scope of that Act.	e information it holds w	/ill fall withir	n the				
	Under the Data Protection the House of Commons A							t
	notice or how your inform	ation is handled or abo	ut your righ	its under t	ne Data Prot	ection Act 19	998, please	
	the House).		•					
Send your completed	Validation Team, Open							
form to	Department of Finance	e & Administration, H	louse of C	Commons	s, London S	W1A 0AA		
	Office was enter							,
	Office use only	interes Page	J 34-	E5.45.45		1-141-1- 0-4	_	
	Validation Claims received	Initials Date	i i	ilidation ember ID	ſ	Initials Dat		~
			ad	ded to for yment cod			1 1	_j
	Signature check		l ad	ded to for			1 1	_
	Funds check	/ /		iceipts/ cumentati	on present		1 1]
	Allowable expenditure	1 1	† I	ocessing	ſ		, , , , , , , , , , , , , , , , , , , ,	٦
			I int	out			I = I	ļ

Please use margin for comments

>durrants



VAT (17.5 %)

TOTAL

£18.53

£124.43



PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. :

Inv. Date:

03/11/2006

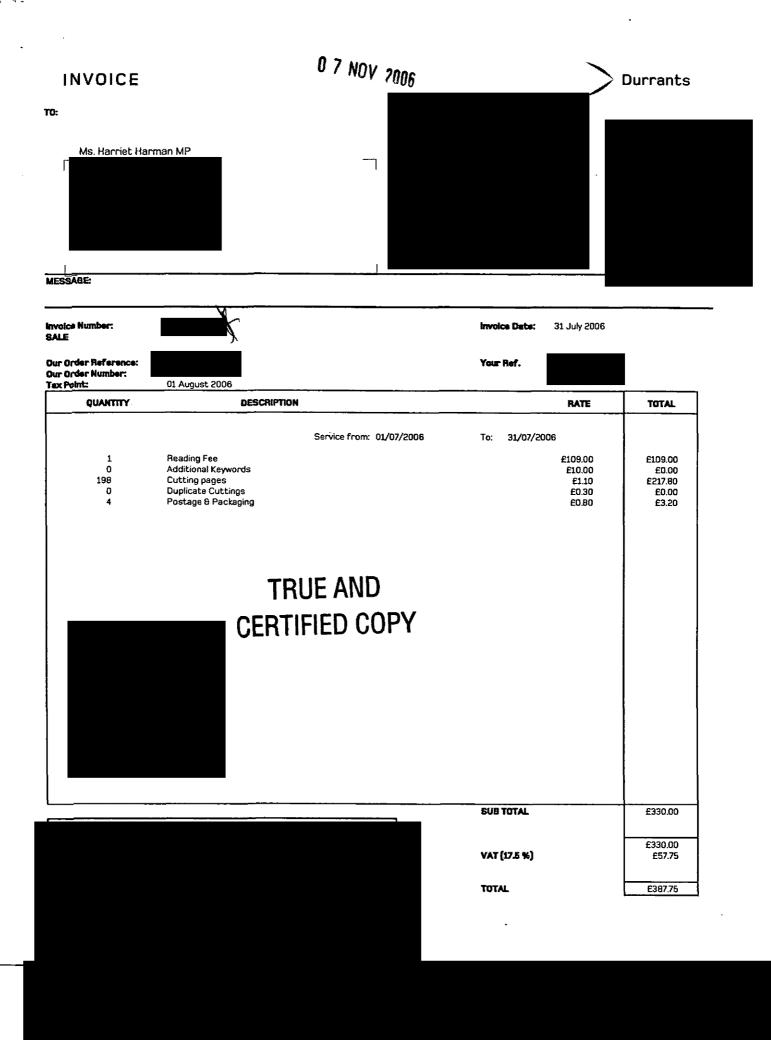
Amt. Due:

358.76

Please return the slip

from final page of invoice with your payment by

01/12/2006





@ 2 NOV 2006

INVOICE

<u>RT HON H HA</u>RMAN QC MP



Invoice No Date: 01/11/2006 Page: 1

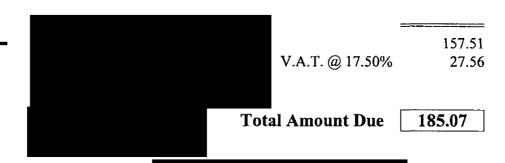
From: 01/10/2006 to 31/10/2006

Monthly	charge	per	1.0
Monthly	charge	per	1.5

	RATE	QTY	TOTAL
(0.3600/30 days)	1.1040	32.00	35.33
(0.4800/30 days)	1.4720	83.00	122.18
		115.00	157.51

RECURRING SERVICES

0.00	1	0.0000
0.00		



ZEPBROOK LTD., **ZEPBROOK** 31 NCT 3 38 INVOICE refreshingly different Harriet Karson MP DHarriet Harman MP TERMS: STRICTLY NET - 30 DAYS, ALL GOODS SOLD ARE SUBJECT TO STANDARD CONDITIONS OF SALE AND REMAIN OUR PROPERTY UNTIL PAID FOR. **B**lQi Delivery Note No. Our Rof. Account Date Supplied Invoice Date Your Order Number Settlement Terms 30.110/2006 E7/10/2006 30 Days Nett Quantity Vat Code **Product Description** Product Code Unit Price Per RE WATERCOOLER 37.7. RENTAL FOR PERIOD MONTHLY 10.00 GMSTD 10.00 |01,11,06 TD 30,11.06 IFIRST MONTH FREE WHEN YOU ORDER A PLUMBED WATER CODLER BY 31ST OCTOBER Vat Flate Goods Amount Vat Amount TOTAL GOODS 10,00 UB\$ /I) 17,50 10.00 1.75 TOTAL VAT 1. 7.7 11. 75 AMOUNT DUE E & O. E.



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

2 4 NOV 2006



Page 1 of 2

When to use this form	■ Use this form to ask us to princurred on your Parliamen	bay your suppliers for goods and services tary duties.	
About filling in this form	• • • •	n claim for, see Green Book section 5.13.1. It whether you can claim for a cost,	,
Your details Name in CAPITAL LETTERS Constituency	HARRIET +	tarnan L& PECKHAN	
	Office use only Costc/Cat 2 Supp/Res ID		
Claim details			
Please ensure	 your claim totals more than your claim more promptly any claims for petty cash do you attach all supplier invoice 		
You <i>must</i> specify		ovision for costs that include office and juipment and supplies,communication and travel.	
You can specify	the Incidental Expenses Pro include work commissioned		
Date of claim Allowance year	17/11/6	——————————————————————————————————————	******
	Incidental Expenses Pro	ovision claims	
item 1	Suppliers -	Amount L£ 881 : 25 p	
Item 2	L		
Item 3	L	<u> £ ; p</u>	
Item 4	L	<u> £ : p</u>	
Item 5	1	ı£ ; p	

Total **£** 881 : 25 p

Claim details continued								: •	
	Staffing Allowand	ce claim	S			Office us	se only	,	
	Suppliers		Amount			Allow or A/c code	Supplier ID	Exp/ Cat 5	
Item 6		£8.1£8.00.40	£	:	р				
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Item 7			£		p		1		
Item 8			£	:	р				
ita 0			C	_					
Item 9	<u> </u>		£		<u> </u>		<u> </u>		
		Total	£		— р				
Authorisation and o	eclaration								
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Signature	1				МР				
Osgriature	.0	ſ			1711				
Date	1+ / 11	16							
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Data protection	of administering and accordance with the rules	ounting for th	ne Members'	Estima	ate, making	payments and	d keeping re	cords in	
	also be disclosed to the N the House of Commons A	National Aud	it Office for a	audit pu	irposes. The	information	may also be	used withi	in
	For the purposes of the F Authority and therefore th	reedom of I	nformation A	ct 200	the House		-		
	scope of that Act. Under the Data Protection					aning a non-	of any name	anai data ti	hat
	the House of Commons A notice or how your inform	Administration	on holds abou	ut you.	If you have	questions ab	out the conte	ents of this	•
	call our Data Protection C the House).								
Send your completed form to	Validation Team, Opera Department of Finance			ouse o	f Common	s, London S	SW1A 0AA		
	Office use only								
	Validation	Initials D	ate	1	Validation		Initials Dat	e .	
	Claims received		1 1		Member ID added to fo	rm		1 1	
	Signature check		1 1		Payment co			1 1	
	Funds check		1 1	1 7	Receipts/	tion present		1 1	
	Allowable evnenditura		, ,	- 1	Processing		 		

Input

Please use margin for comments

1



Invoice

VAT Registration No.	Tax Date	Invoice No.
	11/11/2006	

Invoice To		
Hariet Harman MP QC		_

% 4 NOV 2006

		Amount	VAT %			
					750.00	17.50%
		a man de de				
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		iwiy um the				
					• *	
					• •	
		•	. •			
					•	
					1	1
VAT%	VAT AMOUNT	VAT%	VAT AMOUNT	SUPTOTAL	6750 00	
	VAT AMOUNT	VAT%	VAT AMOUNT	SUBTOTAL	£750.00	
		VAT%	VAT AMOUNT			
VAT% @ 17.5%		VAT%	VAT AMOUNT	SUBTOTAL VAT TOTAL	£750.00 £131.25	

	No. of the state o
	Transaction No.
Financial Processing }	Registration No
Validation Claim Summary Sheet	<i>C3</i>
Please write or print clearly & attach to claim	
Supplier ID	o i
Volunteer M/N Please check / amend relation	
Text	17/1106
Invoice No.	
Account code / Allowance	
Members cost centre (Cat1)	
Financial Year/PIRO (Cat2)	06_07
Expenditure type (Cat5) :	
	£ 38·21
	£
	£
	€
	£
	£
	€
	€
	£
	£
TOTAL Comments:	£ 38-21
* Financial Processing purposes only	
Registered by (initials & date)	.28/1)

Posted by (initials & date)



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

2 4 NOV 2006

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.

Your details

Name

in CAPITAL LETTERS

Constituency

HARRIET HARMAN

CAMBERWELL & PECKHAM

Details	\mathbf{C}_{1}	Sidii	member	
				İ
	.	4		

First name

Surname in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Payment details

Payslip address

Bank details

~			4 -	٠.	
	ai	de	T a	æ	K-
	1-11			ÆÐ.	Г.

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

	Amount		_	Taxable		Allow & exp type	Initials
One-off salary	£		<u>P</u>	☐ Yes	□No		
Season ticket loan	<u>£</u>	<u>:</u>	р	☐ Yes	□No		
Travel - home to work	£		P .	☐ Yes	□No		
Rail travel	Ĺ <u>£</u>		<u> </u>	☐ Yes	□No		
Car travel	<u>£</u>		р	☐ Yes	□No	http://www.missing.org	
Air travel	<u>£</u>	1	<u>P</u>	☐ Yes	□No		
Taxi	£		<u>p</u>	Yes	□No		
Meals and subsistence	L <u>£</u>		P	☐ Yes	□No		
Healthcare	£	:	<u>p</u> _	☐ Yes	□ No		
Childcare	Ļ <u>£</u>	:	р	☐ Yes	□ No		
Home as office/telephone	£	<u>:</u>	р				
Office requisites	L£ 38	<u>:21</u>	<u>p</u>				
Total	£38	:21	р				
Authorisation and	declaration	ì				•	
Signature Date	L 17/11	or the pure		porting m		nentary duties MP	
Data protection	Administration administering a accordance wit The information The information have questions the Data Protect	will process and account th the rules a may also a will be pro tabout the ction Act 19	s the informating for the Magreed by the disclosed occased in accontents of the properties.	tion you pro embers' Es e employin- to the Nation cordance vois notice o the right to	ovide on the timate, many generated member on all Audit with the properties of the properties of the properties of the theory of	raking payments and keen, the House of Comme to Office for audit purport provisions of the Data Par in information is handle receive a copy of any	e of staff administration eeping records in ons and the Inland Revises. rotection Act 1998. If yeld or about your rights in
Send your completed form to	Validation Tea Department o				ouse of	Commons, London	SW1A 0AA
	Office use	only	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			-	
	Validation		Initials Dat	te	1	alidation	Initials Date
	Claims receiv	/ed		1 1	1 5	ember ID Ided to form	/ /
	Signature ch	eck		1 1	1 4	ayment codes dded to form	/ /
	Funds check			1 1	R	eceipts/ ocumentation present	

Allowable expenditure

Please use margin for comments

Processing Input

Invoice to Harriet Harman QC MP,

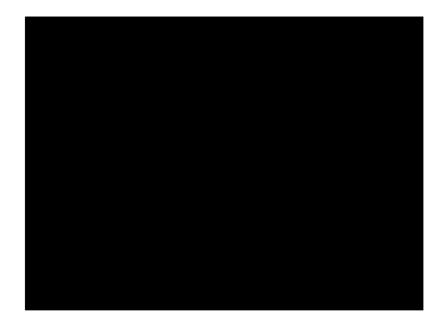
Date:

10th October 2006

From:

For office supplies

Total amount payable: £38.21





SALE

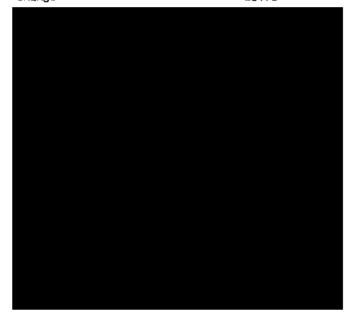
MAXELL 3PK MICRO CASSET	£5.99
@ £5.99	
MAXELL 3PK MICRO CASSET	£5.99
@£5.99	
MAXELL 3PK MICRO CASSET	£5.99
@£5.99	

£17.97

AMOUNT DUE

Paparchase

FROSTED	WHITE	HOLE	PUNCH	£3.25
Total				£3.25
Cash				-£10.00
Change				£6.75



WATERSTONE'S



AA ROAD MAP BRITAI

QTY 1

4.99

TOTAL GBP

4.99

,	
•	Transaction I
Financial Processing }	Registration I
Validation Claim Summary Sheet	<i>C3</i>
Please write or print clearly & attach to cla	im
Supplier ID	25
	or
Volunteer \\ \mathbb{N} \\ Please check / amend relation	
Text	17/1/16
TEAL	
Invoice No.	
Account code / Allowance	
Members cost centre (Cat1)	
Financial Year/PIRO (Cat2)	06_07
Expenditure type (Cat5) :	
	£ 53.98
	£
	£
	£
	£
	£
	£
	£
	£
	£ 150:00
TOTAL	£ 203.98
Comments:	
* Financial Processing purposes only Registered by (initials & date)	28/4
Posted by (initials & date)	





Staffing Allowance/Incidental Expenses Provision



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

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

Name

Your details

Please note that payments can be made through the payroll only if we hold a valid National Insurance number for the employee.

HARRIET HARMAN

■ If you have any questions about this form, please call 020 7219 1340.

in CAPITAL LETTERS	CAMBERWELL & PECKHAM	
Constituency	GIVE COLOR	
Details of staff me	ember	
First name		
Surname in CAPITAL LETTERS		
Employee status		
Date of birth	-	
National Insurance number	Equation specification (Constitute)	
Payment details		
Payslip address		
Bank details		

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



Claim details

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

	1	, ikada mana	TANK PROPERTY OF		
	Amount	Taxable		Allow & exp type	Initials
One off salary	<u>£ : p</u>	☐ Yes	□No		
Season ticket loan	<u>£ : p</u>	☐ Yes	☐ No		
Travel-home to work	£ : p	☐ Yes	☐ No		
Railtravel	£	☐ Yes	□ No		
Car travel	<u>£</u>	☐ Yes	□ No		
Air travel	<u>£ : p</u>	☐ Yes	□ No		
Taxi	<u>£ : p</u>	☐ Yes	□ No		
Meals and subsistence	£	☐ Yes	□ No	A A LL MAN LL LA	
Healthcare	<u>q3</u>	☐ Yes	□ No		
Childcare	£ ; p	☐ Yes	□ No		
Almana and afficient to the state	.00.0213				
Home as office/telephone					
Office requisites	£ 53:98 _p				
Total	£203:98 p				
Authorisation and	declaration				
	I confirm that payments listed above				arily incurred
	by my staff for the purpose of supp	orung my	Paniament	ary outles.	
Signature				MP	
Date	17/11/6				
Data protection	On behalf of the Data Controller, the emwill process the information you provide accounting for the Members' Estimate, magreed by the employing member, the Hobe disclosed to the National Audit Office. The information will be processed in acchave questions about the contents of this the Data Protection Act 1998, including the Commons Administration holds about	on this form naking pay ouse of Co for audit p cordance w s notice or the right to	n for the purp ments and ke ommons and i surposes, ith the provisi how your info see and rece	ose of staff administering records in actine Inland Revenue. Cons of the Data Proprint in the Inland Revenue in the Data Proprint is the Inland Revenue in the Inland Revenue i	stration, administericordance with the r . The information m stection Act 1998. It or about your right ersonal data that th
Send your completed form to	Validation Team, Operations Direct Department of Finance & Administr		ouse of Con	nmons, London S	SW1A OAA

Invoice to Harriet Harman QC MP,

Date:

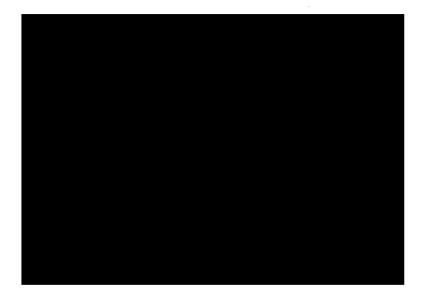
17th November 2006

From:



Reimbursement for telephone bill

Total amount payable: £150



Ryman the stationer

I/J RECY.BAG NORFOLK SGLE 1301056160 2

x 26.99

HP INKCART 51645A BL

1302507101 x 0.00 2

I/J RECY.BAG NORFOLK 1301056160 Total 5 Items

SALES VOUCHER Customer copy

0.00

53.98

0.00

£53.98

£

Invoice to Harriet Harman QC MP,

Date: 20th October 2006

From:

For office supplies

Total amount payable: £53.98



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

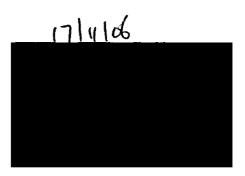
Invoice No.

Account code / Allowance

Members cost centre (Cat1)

Financial Year/PIRO (Cat2)

Expenditure type (Cat5):

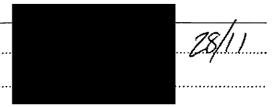


06_07

TOTAL	
Comments:	

£
£
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£
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£
E (00 -05
£ 100-00

Posted by (initials & date)



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



Staffing Allowance/Incidental Expenses Provision



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

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.

Your details

Name in CAPITAL LETTERS

Constituency

HARRIET HARMAN

COASERWELL & PECKHAM

Details of staff member

First name

Surname in CAPITAL LETTERS

Employee status

Date of birth

National Insurance number

Payment details

Payslip address

Bank details



_	ATTACA DE MANAGEMENT		tails
	~		
-	aım	71-1	3.411

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

	Amount			Taxable		Allow & exp type	Initials
One-off salary	£	:	р	☐ Yes	□ No		
Season ticket loan	£	:	p	☐ Yes	□ No		
Travel - home to work	£		р	☐ Yes	□ No·		
Rail travel	£	*	р	☐ Yes	□ No		
Car travel	L£	:	р	☐ Yes	□ No		
Air travel	£	*	р	☐ Yes	□ No		
Taxi	L£	:	_p_	☐ Yes	□ No		
leals and subsistence	£100	:00	р	☐ Yes	□ No	4	
Healthcare	£	*	p	☐ Yes	□ No		
Childcare	<u>E</u>	:	p _.	□Yes	□No		
ne as office/telephone	£	:	р				
Office requisites	£	•	р				
Total	£ (00)	: 00	р				
uthorisation and	declaration		_				
Authorisation and		•	listed abo	ve were w	holly, excl	usively and necess	arily incurred
Authorisation and		payments				usively and necess	arily incurred
	I confirm that	payments				entary duties.	arily incurred
Signature	I confirm that	payments					arily incurred
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Allowable expenditure

Please use margin for comments

Processing

Input



Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

2 4 OCT 2006

Page 1 of 2

When	to	use	
thi	s f	orm	

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

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

Constituency

HARMET HARMAN

CAMBERUELL & PECKHAM

Office use only

Costc/Cat 2

Supp/Res ID

Claim details

Please ensure

- your claim totals more than £100 this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

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

You can specify

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

Date of claim

10 /10 /06

Allowance year

06/07

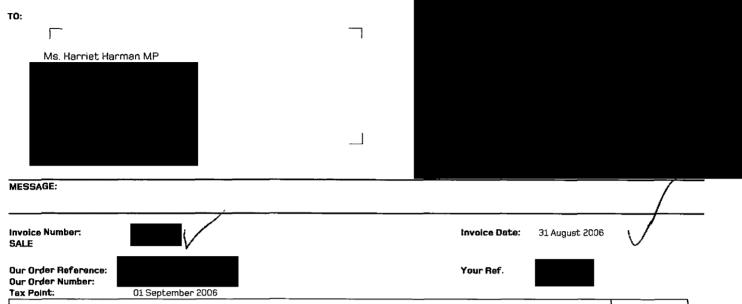
Claim details continued	I							
	Staffing Allowance claims				Office use only			
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item 7	1		£	:	р			
					1.00			
Item 8	I		L£		<u>P.</u>			
item 9			£	*	<u>p</u>			
		Total	£	*	р			
Authorisation and	declaration							_
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	exclusively and ne	cessaniy ı	n the perfo	ormanc ■	e of my Par	liamentary (duties.	
V								
Signature					MP			
Date	20 /10	/ 0	6					
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Send your completed form to	Validation Team, Opera Department of Finance			House (of Commons	s, London S	W1A 0AA	
	Office use only							
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	Funds check		/ /		Receipts/ documentati	on present		/ /
	Allowable expenditure		1 1		Processing	ſ		

Please use margin for comments









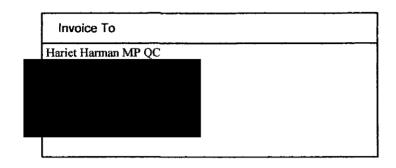
'oi <u>nt:</u>	01 September 2006					
QUANTITY	DESCRIPTION				RATE	TOTAL
		O	04/00/0000	_	4.4 (00.40000	
		Service from:	01/08/5009	To:	14/08/2006	
1	Reading Fee				£109.00	£109.00
O	Additional Keywords				£10.00	£0.00
166	Cutting pages				£1.10	£182.60
۵	Duplicate Cuttings				£0.30	60,00
3	Postage 8 Packaging				£0.80	£2.40
1	Reduced Reading				-£39.00	-£39.00
1	Credit Reading Fee				-100 %	-£109.00
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				SUB	TOTAL	£146.00
						£146.00
				VAT	(17.5 %)	£25.55
				707	1	C474 F F
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0 2 OCT 2006

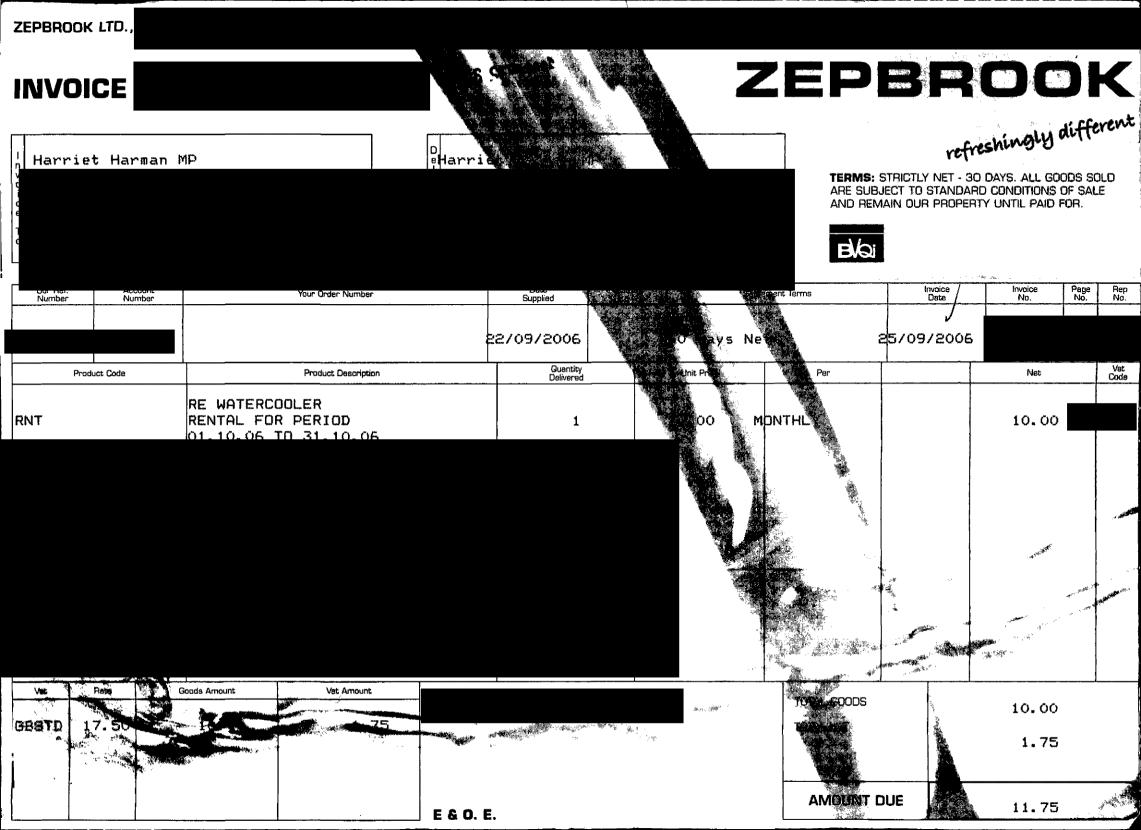
Invoice

VAT Registration No.	Tax Date	Invoice No.
	18/09/2006	





		Descriptio	n		Amount	VAT %
August Consul September Con	ltancy nsultancy				750.00 750.00	17.50% 17.50%
VAT% @ 17.5%	VAT AMOUNT	VAT%	VAT AMOUNT	SUBTOTAL	£1,500.00	
w 11.278	202.50			VAT TOTAL	£262.50	
	, <u> </u> 		_1	 		



Invoice INVOICE NO office2office Charge To : Invoice To **Banner Business Supplies Ltd** Rt Hon H Harman MP Rt Hon H Harman MP Delivered To 1 Of 1 Date 15/09/2006 Rt Hon H Harman MP Page der Date 07/09/2006 Ac 0r C.A.R. Sales Order No Quantity U.O.M. Unit Price Tax Date Line Total VAT Line VAT excl VAT Rate Line Line Ref. Product Code Product Description Νo. TONER DELL 1815DN HIGH CAPACITY 5K BLACK REF: 593-10153 64.2900 14/09/06 14/09/06 14/09/06 1 0987378 2 EACH 128.58 17.50 22.50 V.A.T. Summary Sales Order Total (VAT excl) 128.58 INVOICE GOODS INVOICE V.A.T. 128.58 22.50 Rate Taxable Sum V.A.T. Amount 17.50 128.58 22.50 **VAT** Registration INVOICE TOTAL 151.08 Settlement Discount Terms

world-class office products

2 2 SEP 2006 PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No.

Inv. Date:

15/09/2006

Amt. Due :

151.08

Please return the slip

from final page of invoice with your payment by

13/10/2006



Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers 2 4 OCT 2006

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.

this form	If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.	
Your details Name in CAPITAL LETTERS Constituency	CAMBOO TOUS DECKHAM	
	Office use only Costc/Cat 2 Supp/Res ID	
Claim details		
Please ensure	your claim more promptly any claims for petty cash do not exceed £250 per month	
You <i>must</i> specify	wyou attach all supplier invoices.	
rou must specify	the Incidental Expenses Provision for costs that include office and surgery accommodation, equipment and supplies, communication and travel.	
You can specify	the Incidental Expenses Provision or the Staffing Allowance for costs that include work commissioned or bought in services.	
Date of claim	20/10/06	*****
Allowance year	06/07	
	Incidental Expenses Provision claims Office use only Allow or Supplier Exp/	
	Amount $\frac{A/c \text{ code}}{28}$: 21 p	
Item 2	ARCHIVAL KECOED LE 30 : 93 p \$13.33	
Item 3	QUEUSILVER E 16:52p	
Item 4	1253:98p	
Item 5	L£ : P	

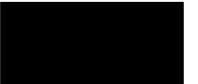
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	Staffing Allowan	ce claims		٥	office us	e only	
·	Suppliers	Amount			llow or /c code	Supplier ID	Exp/ Cat 5
Item 6		£	D	<u>p</u>			
Item 7		<u>£</u>	:	<u> </u>	A. A		
Item 8	<u> </u>	£	:	p [
Item 9	<u> </u>	Į £	:	<u> </u>			
		Total £		p			
uthorisation and o	declaration						
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		payments requested a cessarily in the perfo					
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Signature				MF			
Date	10/10	106					
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Send your completed form to	call our Data Protection (the House). Validation Team, Oper	Officer on 020 7219 203	2, who act	s on behalf of	the Data	a Controller (
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Please use margin for comments



RT HON H HARMAN QC MP



Page: 2

From: 01/08/2006 to 31/08/2006

RATE

QTY

TOTAL

26.32

V.A.T. @ 17.50%

4.61

Total Amount Due

30.93



ALREADY PAID & 17.60 For

AY MANGILE \$13.33

Archival Record Management PLC

INVOICE No.



27 years of quality service

1979-2006

27th Year

HARRIET HARMAN M.P.

1 7 OCT 2016

Date and tax point

08/10/2006

Date/time	Docket no.	Your reference/ordered by	Service type	Details	Waiting time	Extras	Price
02/10/2006			MC				£12.95
	To the same of the						

ACTION AND ACTION AND ACTION AND ACTION AND ACTION AND ACTION ACTION AND ACTION							
AND THE PROPERTY OF THE PROPER							



Total Service Charge @ 10.00% Total 12.95 1.30 14.25

2.27

16.52



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers



1 0 OCL 5000

Page 1 of 2

When to use this form

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

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

Constituency

HARRIET HARMAN

CAMBERWELL & PECKHAM

Office use only

Costc/Cat 2

Supp/Res ID

Claim details

Please ensure

- your claim totals more than £100 this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

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

You can specify

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

Date of claim

5 110 16

Allowance year

106/07

Incidental Expenses Provision claims

Suppliers BANNER Amount

1234:78,

ARCHIM

RECOLD MANAGENENT E 1 + 7:28 ,

Total

ZEPBROOK

£11:75

ZEPBROOK

11 :75

ARCHUM LECOM

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NAWAGEMENT

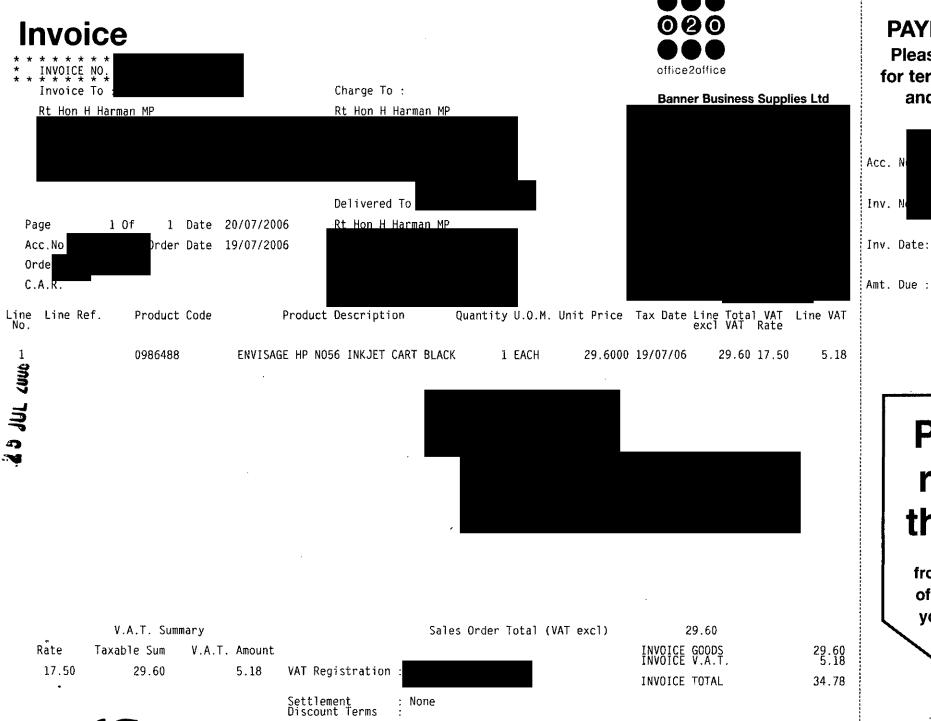
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Office use only Allow or Supplie

Supplier Exp/ ID Cat 5

Claim details continued				Office us	se only
	Staffing Allowan	ce claims		Allow or	Supplier Exp/
		Amount	2	A/c code	ID Cat 5
		£ 88	: 2S p		
Item 7	L	£	; p		
Item 8	L	£	; p		
Item 9	L	£	: р		
		Total £881	:25 p		
Authorisation and	declaration				
		payments requested a	•		-
	exclusively and ne	ecessarily in the perform	mance of my Pa	rliamentary	duties.
Signature	1		MP	•	
	- IN	, /	•		
Date	5 / 10	/ 6			
***************************************	*******************************		***************	************	*********
Data protection	of administering and acc accordance with the rule also be disclosed to the	Administration will procest counting for the Members's agreed by the House of National Audit Office for a Administration or by its ag	Estimate, making Commons and the udit purposes. The	payments and le Inland Reve e information	d keeping records in enue. The information wil may also be used within
	For the purposes of the	Freedom of Information A he information it holds will	ct 2000 the House		-
	Under the Data Protection	n Act 1998, you have the			
	notice or how your inform	Administration holds abou nation is handled or abou Officer on 020 7219 2032	t your rights under	the Data Pro	tection Act 1998, please
Send your completed	Validation Team, Open			- ,	
form to	Department of Finance	e & Administration, Ho	use of Commor	ns, London &	SW1A 0AA
	Office use only				
	Validation	Initials Date	Validation		Initials Date
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	Allowable expenditure	1 1	Processing	9	r

Please use margin for comments



world-class office products

PAYMENT SLIP

Please see reverse for terms of business and how to pay



Inv. Date:

34.78

20/07/2006

Please return the slip

from final page of invoice with your payment by

17/08/2006



INVOICE

RT HON H HARMAN QC MP

STORAGE: 01/08/2006 through 31/10/2006

Monthly charge per 1.0 Monthly charge per 1.5

Invoid Date: Acct:

Page: 1

Accoun

From: 01/07/2006 to 31/07/2006

	RATE	QTY	TOTAL
(0.3600/30 days)	1.1040	26.00	28.70
(0.4800/30 days)	1.4720	83.00	122.18
	ter for the	109 00	150.88

RECURRING SERVICES



0.0000

1 0.00

0.00

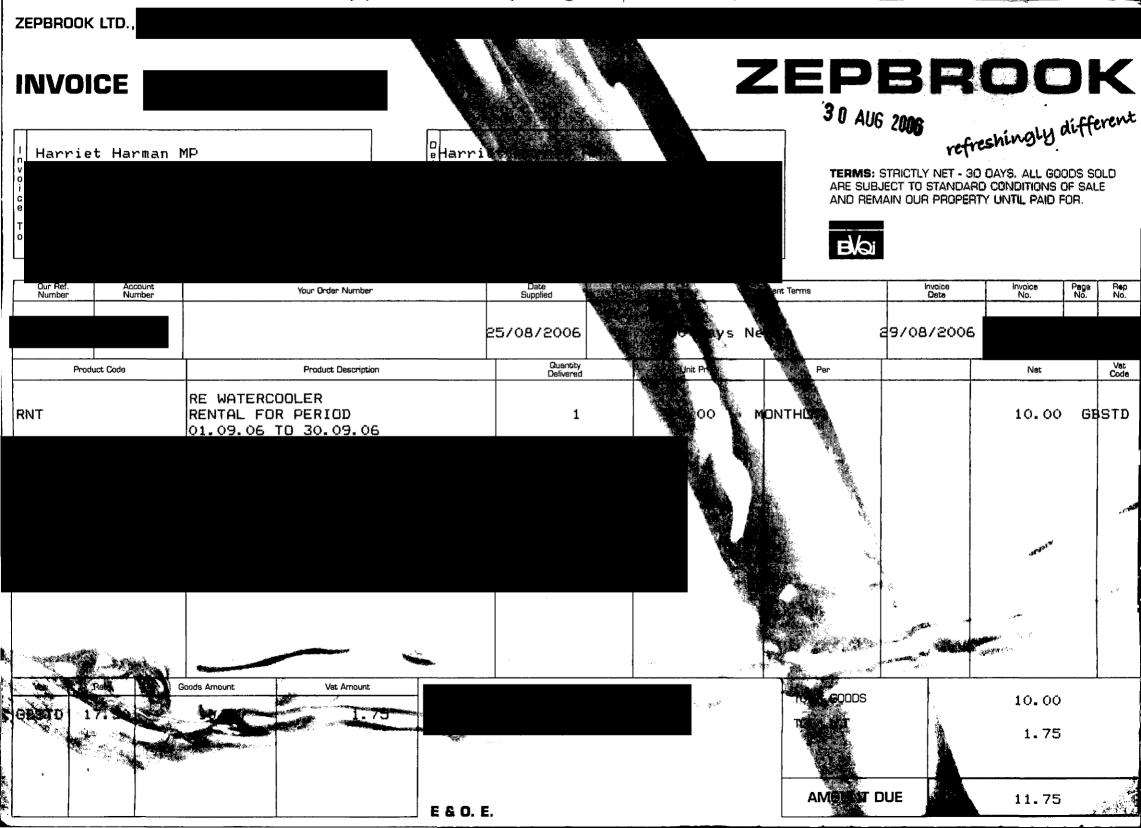
150.88 V.A.T. @ 17.50% 26.40

Total Amount Due

177.28

Archival Record Management PLC





INVOICE



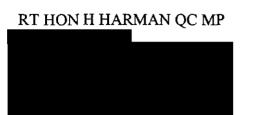
eHarriet Harman MP Harriet Harman MP

TERMS: STRICTLY NET - 30 DAYS. ALL GOODS SOLD ARE SUBJECT TO STANDARD CONDITIONS OF SALE AND REMAIN OUR PROPERTY UNTIL PAID FOR.



Our Ref. Number	Accor Numi	unt ber		Your Order Number		Date Supplied	Delivery Nate No.	· · · · · · · · · · · · · · · · · · ·	Settle	ement Terms	Invoice Date	Invoice No.	Pag No	ge D.
	-				1	7/07/2006			ļ	tt	18/07/200	6		****
Prod	uct Code			Product Description		Quantity Delivered		Unit Price		Per		Net		0
NT		R	RE WATERCO RENTAL FOR 01.08.06 T			1		10.00		IONTHLY		10.0	0 6	3BS.
·;			· · ·						·					
Vat	Rate	Good	ds Amount	Vat Amount		r 1		, a ^r		TOTAL GOODS		10.0	0	
1	7.50			1.75		Managari Managari (1978), ang	· · · · · · · · · · · · · · · · · · ·	4.		TOTAL VAT	· said.	1.7		
•	of the second se				E & O. E					AMOUNT	4	11.7	'5	





Invoi
Date:
Acct:
Accour
From: 01/08/2006 to 31/08/2006

RATE

Page: 1

TOTAL

6.62

STORAGE: 01/08/2006 through 31/10/2006

New Storage: Monthly charge per 1.0

(0.3600/30 days)

6.62

SERVICES

Coding of new boxes

	2.10
	2.10

RECURRING SERVICES

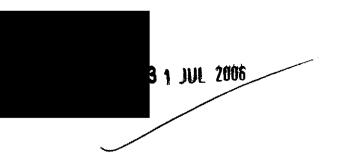
0.00	1	0.0000
0.00		

QTY

WORKORDERS

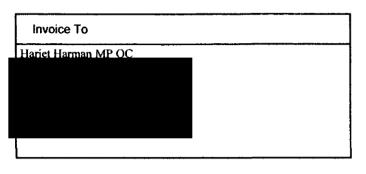
Description	Rate	Qty	Amount
3 <u>03/08/2006</u>			
Collection handling	0.6000	6.00	3.60
Del/col charge am	14.0000	1.00	14.00
		-	

17.60 17.60 17.60



Invoice

VAT Registration No.	Tax Date	Invoice No.
	27/07/2006	





		Descriptio	n		Amount	VAT %
					750.00	17.50%
VAT% @ 17.5%	VAT AMOUNT	VAT%	VAT AMOUNT	SUBTOTAL	£750.00	
				VAT TOTAL	£131.25	
				Total	£881.25	



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

26 IUL 2006

Page 1 of 2

When to use this form

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

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name in CAPITAL LETTERS

Constituency

HARRIET HARMAN

CAMBERWELL & PECKHAM

Office use only

Costc/Cat 2

Supp/Res ID

Claim details

Please ensure

- your claim totals more than £100 this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

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

You can specify

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

Date of claim

21 107106

Allowance year

,06/07

Incidental Expenses Provision claims

Suppliers RANNER

Item 2

Item 1

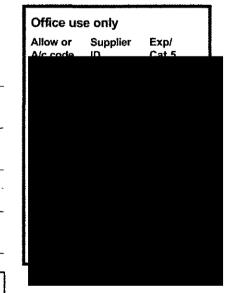
RANNER

Item 3

Item 4

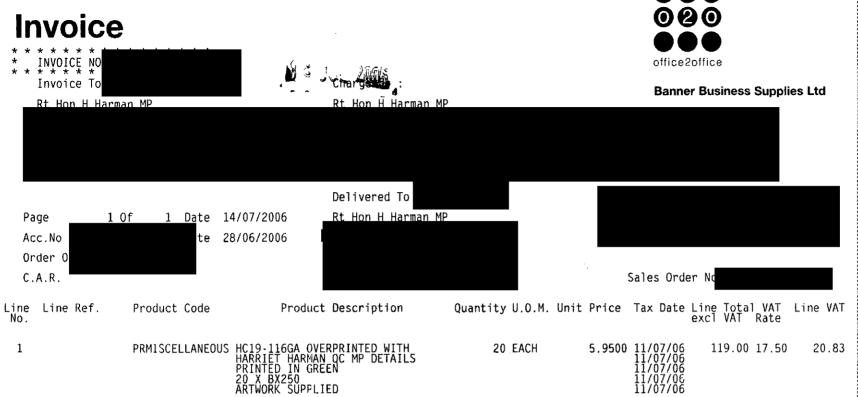
Item 5

Total | £2714:60



Claim details continued	t							
	Staffing Allowand	ce claims	;			Office us	e only	
	Suppliers		Amount			Allow or A/c code	Supplier ID	Exp/ Cat 5
Item 6		·	£	*	р			
Item 7	L		£		р			
Item 8	L	-	£	* *	р			
Item 9	L		£	:	р			
		Total	3		—-р			
Authorisation and	declaration			"	.: - /	·i		
Signature	I confirm that the pexclusively and nee	cessarily in	the perfor					
Date	21 17	- / (5					
Data protection	The House of Commons of administering and accordance with the rules also be disclosed to the N the House of Commons A For the purposes of the F Authority and therefore the	ounting for the agreed by the lational Audit Administration reedom of In	e Members ne House of Office for n or by its a formation.	s' Estimate of Common audit pure agents fo Act 2000	te, making pons and the poses. The rather the purposes the House	payments and Inland Reve information se of busines	l keeping re nue. The inf may also be s analysis o	cords in ormation will used within research.
	scope of that Act. Under the Data Protection the House of Commons A notice or how your inform call our Data Protection C the House).	n Act 1998, y Administration ation is hand	ou have the holds abo led or abo	e right to out you. I ut your rig	see and re f you have ghts under	questions abo the Data Prot	out the conte ection Act 1	ents of this 998, please
Send your completed form to	Validation Team, Opera Department of Finance			ouse of	Commons	s, London S	W1A 0AA	
	Office use only							
	Validation	Initials Da	te	١,	/alidation		Initials Dat	е
	Claims received		1 , 1	E	Member ID added to for	m	¥	/ /
	Signature check		1 1		Payment co			1 1
	Funds check		1 1		Receipts/ locumentat	ion present		1 1
	Allowable expenditure		1 1	1 1	Processing	l		

Please use margin for comments





V.A.T. Summary

V.A.T. Amount

17.50 119.00

Taxable Sum

Rate

20.83

VAT Registration

None

Settlement Discount Terms



Sales Order Fotal (VAT excl)

119.00

INVOICE TOTAL

119.00 20.83 139.83

world-class office products



PAYMENT SLIP

Please see reverse for terms of business and how to pay



Inv. Date:

14/07/2006

Amt. Due:

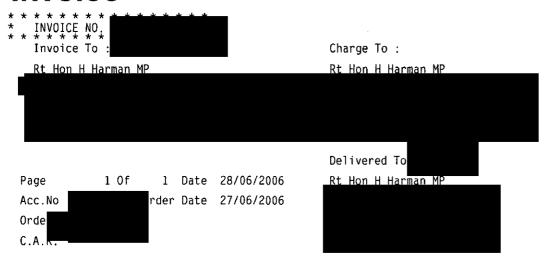
139.83

Please return the slip

from final page of invoice with your payment by

11/08/2006

Invoice





Banner Business Supplies Ltd



Sales Order No

Quantity U.O.M. Unit Price Tax Date Line Total VAT Line VAT $\begin{array}{cccc} \text{Car} & \text{Constant} & \text{Car} &$ Line Line Ref. Product Code Product Description No. 9420015 9405004 9381001 0631425 0631419 BANNER A4 SQUARE CUT FLDR 250gsm RD BANNER FS PORT L/A FILE 70 CLOUD BANNER FS RECYCLED SUSP FILE V GN FRIENDLY PERMANENT CHISEL MARKER AS PAPERMATE SHARPIE PERM MRKR 1mm BK 1 PCK100 10 EACH 2 PACK50 1 WLT4 1 BOX12 13.4500 27/06/06 0.5400 27/06/06 21.0400 27/06/06 2.8700 27/06/06 11.4400 27/06/06 13.45 17.50 5.40 17.50 42.08 17.50 2.87 17.50 11.44 17.50 2.35 7.36 7.50 2.00



17.50 75.24 13.16

VAT Registration

None

Sales Order Total (VAT excl)

75.24

INVOICE GOODS INVOICE V.A.T.

INVOICE TOTAL

88.40

26/07/2006

by

Please

return

the slip

from final page of invoice with your payment

PAYMENT SLIP

Please see reverse

for terms of business

and how to pay

28/06/2006

88.40

Acc. No.

Inv. No

Inv. Date:

Amt. Due :

V.A.T. Summary Taxable Sum

V.A.T. Amount

Settlement Discount Terms



Rate



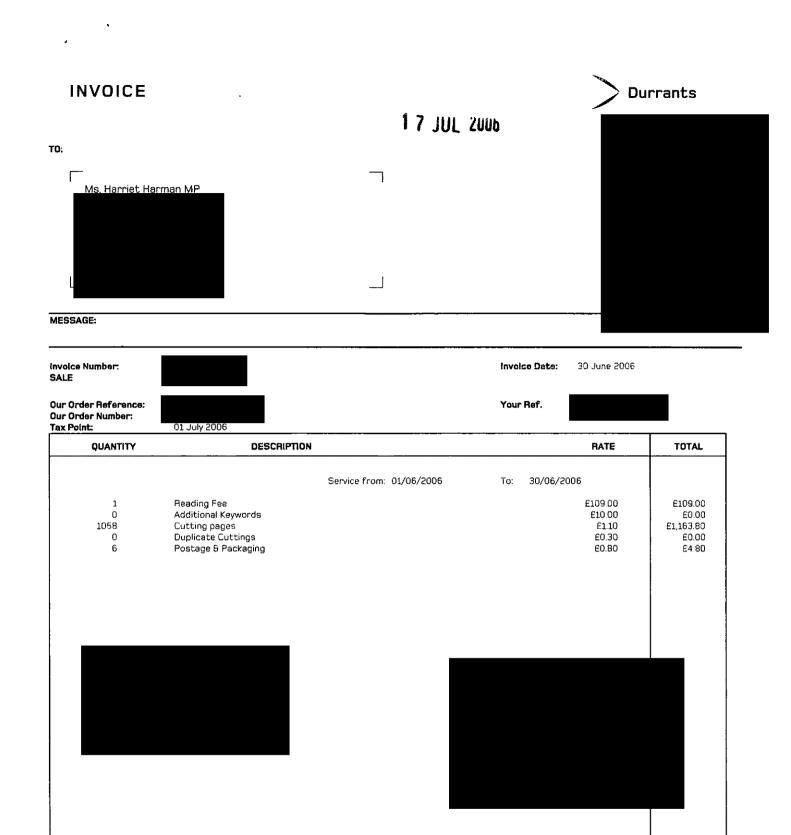
Invoice

VAT Registration No.	Tax Date	Invoice No.
	06/07/2006	

Invoice To	
Hariet Harman MP QC	



		Descriptio	n		Amount	VAT %
June consultan	rey .				750.00	17.50%
VAT% @ 17.5%	VAT AMOUNT	VAT%	VAT AMOUNT	SUBTOTAL	£750.00	
<i>9</i>				VAT TOTAL	£131.25	
	t	· · · · · · · · · · · · · · · · · · ·		Total	£881.25	



SUB TOTAL

VAT (17.5 %)

TOTAL

£1,277.60

£1,277.60

£223.58

£1,501.18



Incidental Expenses Provision/Staffing Allowance



Direct payment of suppliers

2 9 JUN 2006

Page 1 of 2

When	to	use
thi	s f	orm

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

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

	·
Your details	
Name in CAPITAL LETTERS Constituency	LARRIET HARMAN CAMBERWELL & PECKHAM
	Office use only Costc/Cat 2 Supp/Res ID
Claim details	
Please ensure	 your claim totals more than £100 – this will enable us to process your claim more promptly any claims for petty cash do not exceed £250 per month

You 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

23 106 106

Allowance year

06/07

	Incidental Expenses Pro	Office use only		
item 1	Suppliers BANNER	Amount [£226:31 p	Allow or Supplier Expl	
ltem 2	BANNER	L£ 389:35 p		
Item 3	ZEPBROOK	Ell: 75p		
ltem 4		£ : p		
Item 5	<u> </u>	£ : p		
	Total	£627:41 p		

Claim details continued						
	Staffing Allowane	ce claims		Office us	se only	
	Suppliers	Amount		Allow or A/c code	Supplier ID	Exp/ Cat 5
Item 6		<u>£</u>		p		
Item 7		£		p		
item 8	<u> </u>	£	:	p		
Item 9		£	:	р		
		Total £		p		
Authorisation and o	leclaration					
Authorisation and t	1 - 11	payments requested a	re in respect	of costs incurre	ed wholly	
		cessarily in the perform				
a	1			MD		
Signature			http://www.htt.	MP		
Date	23/6					
Data protection	The House of Commons	Administration will proce	ss the informa	ution vou provide o	on this form f	or the nurnosi
Data protection	of administering and accordance with the rules also be disclosed to the N the House of Commons A	ounting for the Members' agreed by the House of lational Audit Office for a	' Estimate, mal f Commons ar audit purposes	king payments and nd the Inland Reve . The information	d keeping red inue. The infi may also be	cords in ormation will used within
	For the purposes of the F Authority and therefore th scope of that Act.	reedom of Information A	Act 2000 the H	ouse of Commons	-	
	Under the Data Protection the House of Commons Anotice or how your inform	Administration holds about ation is handled or about the standled or about the standled or about the standard in the standard	ut you. If you h It your rights ur	have questions ab nder the Data Pro	out the conte tection Act 1	ents of this 998, please
	call our Data Protection C the House).	Officer on 020 7219 2032	, who acts on	behalf of the Data	a Controller (the Clerk of
Send your completed form to	Validation Team, Opera Department of Finance		ouse of Comi	mons, London S	W1A 0AA	
	Office use only					
	Validation	Initials Date	Valida	tion	Initials Dat	e
	Claims received		Membe added	er ID to form		/ /
	Signature check	, , ,	1 5 "	nt codes to form		1 1
	Funds check	1 1	Receip docum	its/ entation present		1 1
	Allowable expenditure		Proces			
			Input			1 1

Please use margin for comments

world-class office products



PAYMENT SLIP

Please see reverse for terms of business and how to pay



Inv. Date:

08/06/2006

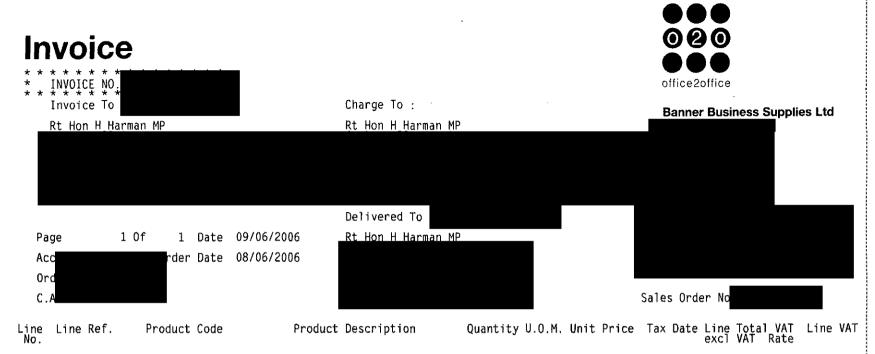
Amt. Due:

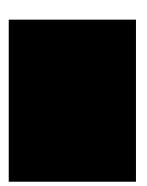
389.35

Please return the slip

from final page of invoice with your payment by

06/07/2006





10 CRTRDG

V.A.T. Summary Taxable Sum V.A.T. Amount

192.60

0981004

: None

Sales Order Total (VAT excl)

19.2600 08/06/06

192.60 33.71 INVOICE TOTAL

192.60

192.60 17.50

226.31

33.71

33.71

VAT Registration:

HP DJET 850C/820CXI CART 51645A BK

Settlement Discount Terms

world-class office products

Rate

17.50

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

Acc. No. Inv. No.

Inv. Date:

09/06/2006

Amt. Due :

226.31

Please return the slip

from final page of invoice with your payment by

07/07/2006



Item 5

Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

2 0 JUN 2006

HOUSE DE COMMONS	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	HARRIET HARMAN CAMBERWELL'& PECKHAM
Constituency	CAPTOSCIONE & PECOCITIVI
	Office use only Costc/Cat 2 Supp/Res ID
Claim details	
Please ensure	 your claim totals more than £100 – this will enable us to process your claim more promptly any claims for petty cash do not exceed £250 per month you attach all supplier invoices.
You <i>must</i> 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	16 106 106
Allowance year	06/07
	Incidental Expenses Provision claims
	Suppliers Amount
Item 1	DURRANTS (£401:03 p
Item 2	DURRANTS (£401:03 p
Item 3	L <u>£</u> : p
Item 4	<u> </u>

Total £412:78p

	Pa	age 2 of 2
Claim details continue	d	
	Staffing Allowance claims	
Item 6	Amount 1£881:25 p	
Item 7	<u>ξ</u> : ρ	
Item 8	<u>£</u> : p	
Item 9	<u>£</u> : p	
	Total £881:25p	
Signature	I confirm that the payments requested are in respect of costs incurred wholly, exclusively and necessarily in the performance of my Parliamentary duties. MP	
Signature Date	16 16 16	
Data protection	The House of Commons Administration will process the information you provide on this form for the of administering and accounting for the Members' Estimate, making payments and keeping records accordance with the rules agreed by the House of Commons and the Inland Revenue. The information be disclosed to the National Audit Office for audit purposes. The information may also be used the House of Commons Administration or by its agents for the purpose of business analysis or reservent the purposes of the Freedom of Information Act 2000 the House of Commons Administration is 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 of the House of Commons Administration holds about you. If you have questions about the contents of notice or how your information is handled or about your rights under the Data Protection Act 1998, call our Data Protection Officer on 020 7219 2032, who acts on behalf of the Data Controller (the Cothe House).	in tion will within earch. Is a Public data that of this please
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	1 1	Payment codes added to form	
Funds check		Receipts/ documentation present	1 1
Allowable expenditure		Processing	
		Input	1 1

INVOICE

| Harriet Harman MP

Harriet Harman MP



TERMS: STRICTLY NET - 30 DAYS. ALL GOODS SOLD ARE SUBJECT TO STANDARD CONDITIONS OF SALE AND REMAIN OUR PROPERTY UNTIL PAID FOR.



Our Ref. Number	Account Number	Your Order Number	Date Supplied	Delivery Note No. Settlem	ent Terms	Invoice Date	Invoice No.	Page Rep No. No.
			25/05/2006	30 Days Net	e 26.	/05/2006		
P	roduct Code	Product Description	Quantity Delivered	Unit Price			Net	Vat Code
RNT WEB SI	TE ORDERI	RE WATERCOOLER RENTAL FOR PERIOD 01.06.06 TO 30.06.06 NG IS NOW AVAILABLE, CONTACT US FO	1 R FURTHER IN	FORMATION	NTHLY		10.00	GBSTD
	•			The second secon				
					The state of the s			
Vat	Rate	Goods Amount Vat Amount			TOTAL GOODS		10.00	
GBSTD	17.50	10.00			TOTAL VAT		1.75	
		E & O.	E.		AMOUNT DUE		11.75	



Invoice

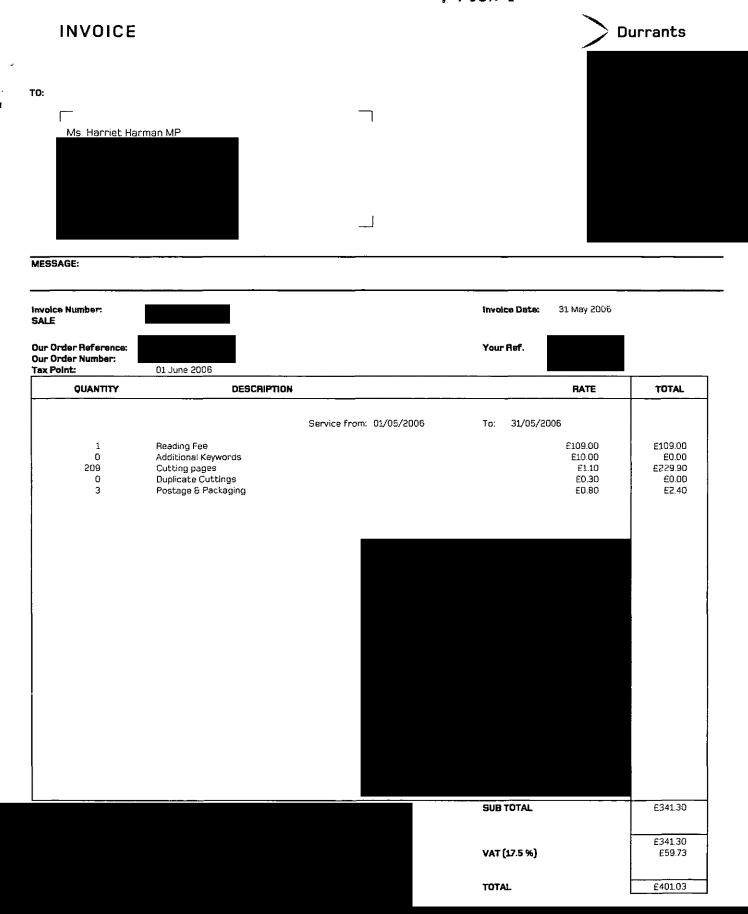
VAT Registration No.	Tax Date	Invoice No.
	13/06/2006	

Invoice To

Hariet Harman MP OC

" JUN 2006

		Amount	VAT %			
May consultar	ncy	Descriptio			750.00	17.50%
VAT% @ 17.5%	VAT AMOUNT	VAT%	VAT AMOUNT	SUBTOTAL	£750.00	
				VAT TOTAL	£131.25	
				Total	£881.25	





Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

0 1 JUN 2006



Page 1 of 2

	. '
When t	to use
this	s 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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this form	■ If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.
Your details	
Name in CAPITAL LETTERS Constituency	CAMBERWELL & PECKHAM
•	Office use only Costc/Cat 2 Supp/Res ID
Claim details	-
Please ensure	 your claim totals more than £100 – this will enable us to process your claim more promptly any claims for petty cash do not exceed £250 per month you attach all supplier invoices.
You <i>must</i> 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 Allowance year	<u>22 105 106</u> <u>06 1 07</u>
	Incidental Expenses Provision claims Suppliers Amount

incidental Expenses Provision Graims				
Suppliers DATA PROTECTO		5:0	<u>q</u> 0	
_	<u>E</u> 33	D 0	<u>O</u> p -S	
	_ L£	*	р	
<u> </u>	E	:	<u> </u>	
L	<u>£</u>	*	р	
	Suppliers	Suppliers Amount DATA PROTECTION & S E E E E	DATA PROTECTION E 35:00 E 350:00 E 350:00 E 350:00	

al £785:00p

Staffing Allowance claims Suppliers Amount E	Claim details continued								
Item 6		Staffing Allowand	e claim	ıs			Office	use only	
Item 8 Item 9 Item 8 Item 9 Item 10 I		Suppliers		Amount				• • •	•
Item 8 E : p Total E : p Tot	Item 6	L		£			р		
Item 8 E : p Total E : p Tot									
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 22 / 05 / 06 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 Inlend Revenue. The information will also be disclosed to the National Audit Office for audit purposes. The information way 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 for the sagents for the purpose of business analysis or research. For the purposes of the 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 Initials Date Validation Initials Date Claims received / / / sided to form	Item /			Ł	<u>:</u>		<u>p</u>		
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. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is will fell 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). Validation Initials Date Validation Initials Date Validation Initials Date Member ID Member ID Validation Initials Date Member ID Member ID Validation Initials Date Member ID Signature check I / Receipts/	Item 8			£	:		<u>p</u>		
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. For the purposes of the Freedom of Information Act 2000 the House of Commons Administration is will fell 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). Validation Initials Date Validation Initials Date Validation Initials Date Member ID Member ID Validation Initials Date Member ID Member ID Validation Initials Date Member ID Signature check I / Receipts/				•					
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Date		•	Total	£			р		
Date									
Signature Date Date Date 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 will also be disclosed to the National Audit Office for audit purposes. The information will also be disclosed to the National Audit Office for audit purposes. The information will also be disclosed to the Predeom of Information and the House of Commons Administration in the House of Commons Administration in the Industry 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) Validation Team, Operations Directorate, Department of Finance & Administration, House of Commons, London SW1A 0AA Office use only Validation Initials Date Claims received /// Jaided to form Payment codes Jaided to form	Authorisation and o	declaration							
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Funds check / / Receipts/		Signature check	***************************************	1 1]	Payme	ent codes	THE STATE OF THE S	1 1
		Funds check		/ /		Recei	ots/		

Allowable expenditure

Processing

Please use margin for comments

Input

1



Invoice

VAT Registration No.	Tax Date	Invoice No.
	17/05/2006	

Invoice To	
Hariet Harman MP QC	
	_

2 2 MAY 2006

		Amount	VAT %			
April consulta	псу	A-A			750.00	17.50%
					-	
VAT%	VAT AMOUNT	VAT%	VAT AMOUNT	SUBTOTAL	£750.00	
@ 17.5%	131.25			VAT TOTAL	£131.25	





0 8 MAY 2006

02 May 2006

Data Controller Name: HARRIET HARMAN QC MP

Registration Number

For the attention of

Data Protection Act 1998 - Reminder to Renew

Your register entry has an expiry date of 11 June 2006.

The fee for renewal of the entry is £ 35.00 (VAT nil). The payment options are listed below. You may find that the most convenient way of renewing is to pay by direct debit because you would not need to take any action to renew in subsequent years (see over). A direct debit form is enclosed.



Incidental Expenses Provision/Staffing Allowance

C2

Direct payment of suppliers

25 MAY 2006

Page 1 of 2

When to use this form

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

About filling in this form

- For details of costs you can claim for, see Green Book section 5.13.1.
- If you have any doubt about whether you can claim for a cost, please call 020 7219 1340.

Your details

Name
in CAPITAL LETTERS

Constituency

HARRIET HARMAN MP

CAMBERWELL & PECKHAM

Office use

Costc/Cat 2

Supp/Res ID

Claim details

Please ensure

- your claim totals more than £100 this will enable us to process your claim more promptly
- any claims for petty cash do not exceed £250 per month
- you attach all supplier invoices.

You must specify

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

You can specify

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

Date of claim

t8 105106

Allowance year

06/07

Incidental Expenses Provision claims

it it

Suppliers
Item 1 ZEPBROOK

Amount : HS p

Item 2 BANNER

1 208: 68 p

Item 3 BANNER

1 E 61 940

Item 4

BANNER 12136:30,

Item 5

DURRANTS

1 : 028 a

Total

£1268:78 p

						Page 2 of
Claim details continued						
	Staffing Allowa	nce claims		Office us	se only	
	Suppliers	Amount		Allow or A/c code	Supplier ID	Exp/ Cat 5
Item 6	L	L£.	: р			

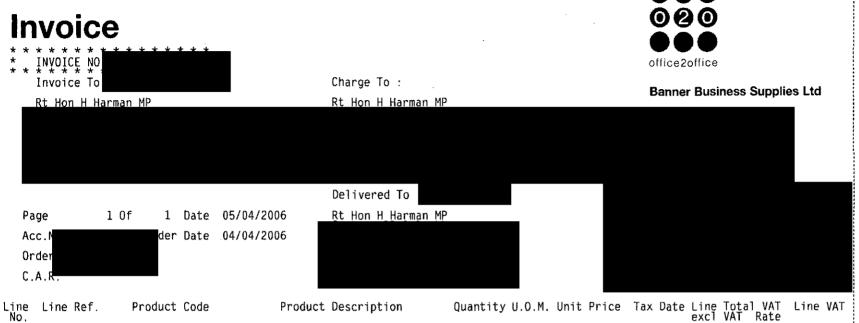
Item 7		<u>£</u>	: р		- Additional Control of the Control	
Item 8		L	; p			111111111111111111111111111111111111111
Item 9	<u> </u>	. [£	: p			
		Total £	p			
Authorisation and o	declaration	<u> </u>				
		payments requested are i	n respect of c	osts incurre	d wholly.	
		ecessarily in the performal				
Signature			MP			
Date	18 /5	- , 6				
Data protection	of administering and ac accordance with the rule also be disclosed to the	s Administration will process t counting for the Members' Es es agreed by the House of Co National Audit Office for audi s Administration or by its agen	timate, making pommons and the top the transfer to the transfe	payments and Inland Reve information	d keeping re nue. The inf may also be	cords in ormation will used within
	For the purposes of the	Freedom of Information Act 2 the information it holds will fal	2000 the House		•	
	Under the Data Protecti the House of Commons notice or how your infor	on Act 1998, you have the rig Administration holds about you mation is handled or about you Officer on 020 7219 2032, wh	ou. If you have our rights under t	questions ab the Data Prot	out the contr tection Act 1	ents of this 998, please
Send your completed form to	Validation Team, Ope Department of Finan	erations Directorate, ce & Administration, House	e of Commons	s, London S	W1A 0AA	
	Office use only		,			
	Validation	Initials Date	Validation		Initials Dat	te
	Claims received		Member ID added to for	m		1 1
	Signature check	1 1	Payment co	des		
	Funds check		Receipts/	r		1 1
	runds check		documentat	ion present		1 1

Allowable expenditure

Processing

Please use margin for comments

Input





6 EACH

29.6000 04/04/06

INVOICE TOTAL

177.60 17.50

31.08

177.60 31.08

208.68

V.A.T. Summary Taxable Sum

177.60

0986488

V.A.T. Amount

31.08

ENVISAGE HP NO56 INKJET CART BLACK

VAT Registration

Settlement Discount Terms : None

world-class office products

Rate

17.50

return the slip from final page of invoice with

> your payment by

Please

03/05/2006

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No Inv. No

Inv. Date:

05/04/2006

Amt. Due:

208.68



Rt Hon H Harman MP



Charge To:

2 1 APR 2006 office2office

Banner Business Supplies Ltd

Rt Hon H Harman MP

1 Of 1 Date 13/04/2006

Page 12/04/2006 Acc. er Date

C.A.R.

Orde

Delivered To: Rt Hon H_Harman MP

Quantity U.O.M. Unit Price Tax Date Line Total VAT excl VAT Rate **Product Description** Line Ref. Product Code Line VAT No.

BANNER FS PORT L/A FILE 70 CLOUD
BANNER GIANT WAVY PAPERCLIP
NO TEAR LARGE PAPERCLIP
BANNER TELEPHONE CLEANING WIPE
BANNER WET&DRY SCREEN CLEAN SACHET
BANNER A4 ECON CLR PUNCH PCKT 42mu
BANNER A4 PP CUT BACK FLDR 105mu AS
BANNER SELF STICK NOTE 76x127mm YE
BANNER E/TEAR ADHESIVE TAPE 24x66m
UNI-BALL CORRECTION PEN EACH BOX100 L TUB100 L TUB100 L BOX20 4 BAG100 4 PACK25 1 PACK12 4 ROLL 4 EACH 0.5400 12/04/06 1.8500 12/04/06 0.2100 12/04/06 3.7400 12/04/06 3.6000 12/04/06 0.8200 12/04/06 5.3700 12/04/06 1.7700 12/04/06 0.1700 12/04/06 5.40 17.50 7.40 17.50 0.84 17.50 3.74 17.50 3.60 17.50 3.28 17.50 21.48 17.50 1.77 17.50 0.68 17.50 4.52 17.50 9405004 9280006 0470007 9710001 9631011 0.95 10.165 10.663 10.637 10.79 9410005 9410409 9095005 9310009

V.A.T. Summary

Sales Order Total (VAT excl)

52.71

Rate Taxable Sum V.A.T. Amount 52.71

9.23VAT Registration INVOICE GOODS INVOICE V.A.T. 52.71 9.23 INVOICE TOTAL 61.94

Settlement : Discount Terms :

414



17.50

PAYMENT SLIP

Please see reverse for terms of business and how to pay

Acc. No. Inv. No.

Inv. Date:

13/04/2006

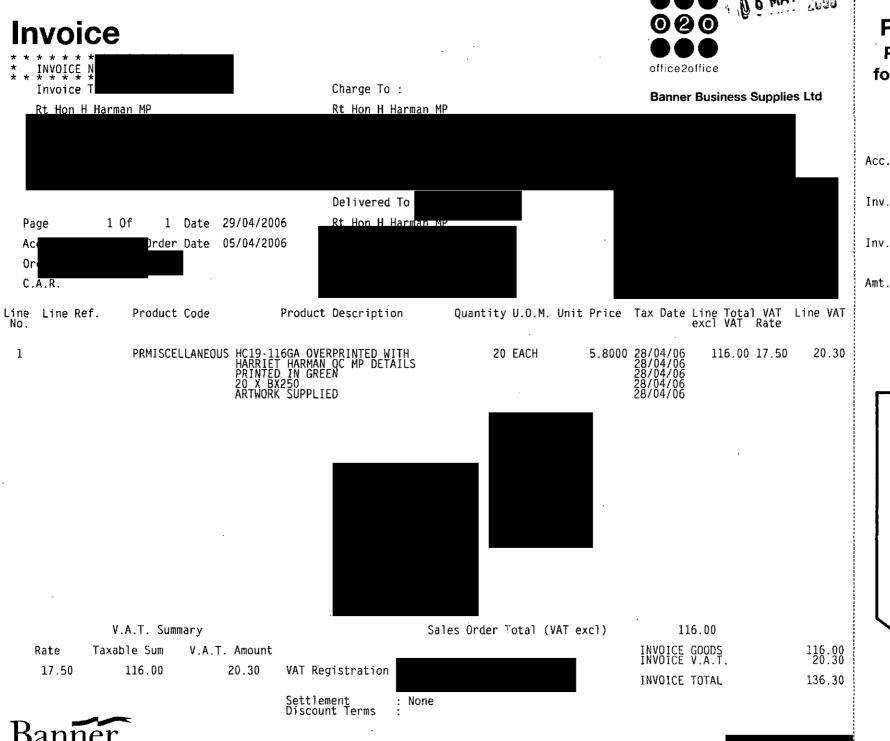
Amt. Due :

61.94

Please return the slip

from final page of invoice with your payment by

11/05/2006



world-class office products

PAYMENT SLIP

Please see reverse for terms of business and how to pay



Inv. Date:

29/04/2006

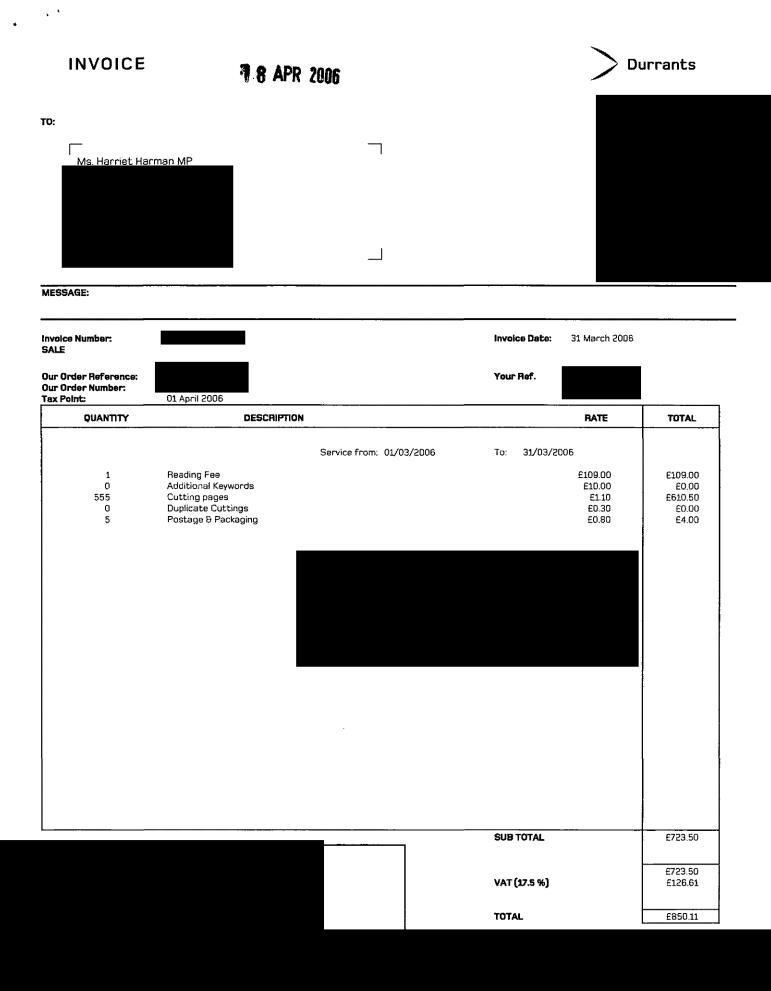
Amt, Due:

136.30

Please return the slip

from final page of invoice with your payment by

27/05/2006



INVOICE

Harriet Harman MP

ZEPBROOK refreshingly different

ARE SUBJECT TO STANDARD CONDITIONS OF SALE AND REMAIN OUR PROPERTY UNTIL PAID FOR.



			*	NY TA ARAGAMEN' CHARGARD MEN'S TOWN A MARKATET		\$ %	,	
Our Ref. Number	Account Number	Your Order Number	Date Supplied	Delivery Note No.	Settlement Terms	Invoice Date	Invoice P	age Rep Vo. No.
			25/04/2006	⊒ . G Days	Net'0	26/04/2006		
Prod	luct Code	Product Description	Quantity Delivered	thit Price	Per		Net	Vat Code
RNT		RE WATERCOOLER RENTAL FOR PERIOD 01.05.06 to 31.05.06	1	14-00	MONTHLY		10.00	GBSTD
The succession of the successi		IS NOW AVAILABLE, CONTACT US FO	PR FURTHER 1	NFORMATION CONTRACTOR OF THE PROPERTY OF THE P			ANT TO SERVICE THE	
 Vat BBSTD	7.50	vods Amount Vat Amount 1.75		Section of the sectio	TOTAL GOODS		10.00 1.75	
		E & O.	E.		AMOUNT	DUE	11.75	

Harriet Harman MP



Incidental Expenses Provision/Staffing Allowance

Direct payment of suppliers

25 MAY 2006

2 4 MAY 2006

Page 1 of 2

Wh	en	to	use	
	thi	s f	orm	

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

Item 5

About filling in this form	For details of costs you can claim for, see Green Book section 5.13.1. If you have any doubt about whether you can claim for a cost,		
·	please call 020 7219 1340 .		
Your details Name in CAPITAL LETTERS Constituency	HARRIET HARMAN CAMBERWELL& PECKHAM		
	Office use only Costc/Cat 2 Supp/Res ID		
Claim details			
Please ensure	 ■ your claim totals more than £100 – this will enable us to process your claim more promptly ■ any claims for petty cash do not exceed £250 per month ■ you attach all supplier invoices. 		
You <i>must</i> 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 Allowance year	18 15 16		
	Incidental Expenses Provision claims		
Item 1 Item 2 Item 3	Suppliers DURRANTS E301:50 p BIG NEW WORLD E235:00 p ARCHIVAR RECORD MANAGE- E254:13 p HENT		
Item 4	£ : p		

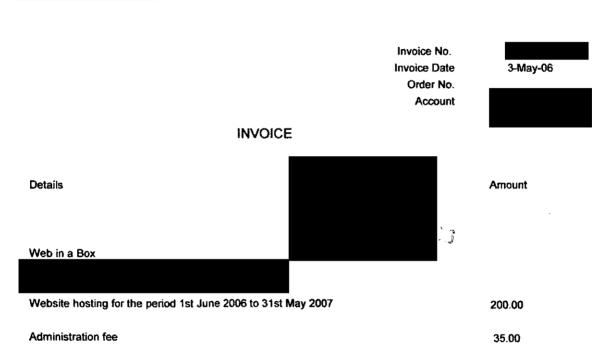
Claim details continue	ed					
	Staffing Allowa	nce claims		Office us	e only	
	Suppliers	Amount		Allow or A/c code	Supplier ID	Exp/ Cat 5
Item 6		L£	: p			
Item 7	L	L£	; p			
Item 8		£	: ρ			
Item 9		£	; p			
		Total £	p			
Authorisation and	declaration					
		e payments requested necessarily in the perfo				
Cianatura			MR			
Signature	-		МР			
Date	18 / 5	, 6				
Data protection	of administering and ac accordance with the rul also be disclosed to the	ns Administration will processoring for the Member les agreed by the House to National Audit Office for a Administration or by its	s' Estimate, making p of Commons and the r audit purposes. The	payments and Inland Reve Information	f keeping red nue. The info may also be	cords in ormation will used within
	For the purposes of the	Freedom of Information the information it holds w	Act 2000 the House			
	Under the Data Protect the House of Common notice or how your info	ion Act 1998, you have the Administration holds at the Administration holds at the Administration is handled or about 100 miles and 100 miles	out you. If you have out your rights under	questions ab the Data Prot	out the conte	ents of this 998, please
Send your completed form to	Validation Team, Ope Department of Finan	erations Directorate, nce & Administration, H	House of Commons	s, London S	W1A 0AA	
	Office use only					
	Validation	Initials Date	Validation		Initials Dat	e
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	Signature check		Payment co added to for	des		1 1
	Funds check		Receipts/ documentat	ion present		/ /
	Allowable avacantitur	e / /	Processing	1		

Please use margin for comments



Harriet Harman



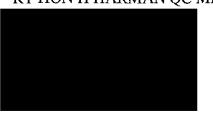


Invoice Total

£235.00







Invoice No. Date: 02/05/2006 Page: 1

TOTAL

28.70 122.18

Acct:

Account

From: 01/04/2006 to 30/04/2006

RATE

STORAGE:	01/05/2006	through 31/07/20	06

Monthly charge per 1.0	
Monthly charge per 1.5	

(0.3600/30	days)
(0.4800/30	days)

1.1040	26.00
1.4720	83.00

109.00 150.88

RECURRING SERVICES

CZHAY	SOOP
-------	------

0.0000	1	0.00

Amount

QTY

0.00

WORKORDERS

Description	on
	03/04/2006
Access to	boxes
Access wo	orkorder

0.6000	109.00	65.40
0.0000	1.00	0.00

_		
		65.40

Rate



Qty

216.28 V.A.T. @ 17.50% 37.85

Total Amount Due

254.13

