Northern Ireland Assembly

Form MF5

Constituency Office Expenses
Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOE ✓ Establishment Expenses Approval attached ☐ Winding Up Expenses. ☐

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	Service Provided	Invoice Total Amount	Claimed* Amount	OR	%
*The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.					
Vodafone	Handset	£ 30.00	£		%
	Phone bill	£ 40.00	£		%
		£	£		%
	Total	£ 70.00	£		

I, the undersigned certify that:

please tick

1 In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source . ✓

2 In submitting this claim I have complied fully with the requirement of the Determination* ✓

3 The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ✓

	Yes	No
4 Is the payee an associated person, as defined by the Determination* (the definitions are provide overleaf). If so, please give details below	☐	✓

*Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016 (as amended)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

	Yes	No
5 If the expenditure has been incurred covering the absence of a staff member, the staff member has been absent for the whole period charged on the invoice.	☐	☐

Signed: [redacted] Date: 22/10/24

Print Name: TIMOTHY GASTON MLA Telephone Contact 02825 640250

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Claims Team, Finance Office, Room 401, Parliament Buildings

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21 September 2024

Your account number [redacted]

Your bill number
B3-676739559

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£40.00**

The amount due will be collected from your bank account by Direct Debit on or just after **01 October 2024**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£30.00	-	£30.00 £25.00 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£30.00**	**£10.00**	**£40.00** £35.00 (EXC. VAT)

21 September 2024

Your account number [redacted]

Your bill number
B3-676739559

vodafone

Bill breakdown for

Mobile [redacted]

Bundle and extras

£30.00
£25.00 (EXC. VAT)

From 20 September to 19 October 2024

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra — £30.00 £25.00 (EXC. VAT 20%)

Total

£30.00
£25.00 (EXC. VAT)

vodafone

vodafone.co.uk
Unit 7 Fairhill Shopping Centre Fairhill L
Ballymena
BT43 6UF

VAT: 569 9532 77
(reg.1089625)

Want to save with Vodafone Broadband?
Speak to an adviser in store or tell us
when your contract ends by visiting
www.vodafone.co.uk/HBB-contract-end-date/
for more information.

Transaction ID: 60366 003 9166 20240913
Transaction Date: 13/09/2024 16:32:41
Order Number: SBL-1000000741912525

You have been served by: Yasmin

SALE

To Be Fulfilled

150GB Xtra Plan		£ 0.00	S
120648	1 @	0.00	
PAYM		£ 0.00	S
110286	1 @	0.00	
Serial Number: 447918525380			
5G		£ 0.00	S
111689	1 @	0.00	
5G Ultra		£ 0.00	S
116891	1 @	0.00	
picture messages - unlimited		£ 0.00	S
104922	1 @	0.00	
Fair Usage Roaming Cap		£ 0.00	S
114244	1 @	0.00	
BLANK WHITE TRIPLE FORMAT SIM		£ 0.00	Lo
086532	1 @	0.00	
Device Promotion 1		£ 0.00	S
112686	1 @	0.00	
iPHONE 16 128GB BLACK CON		£ 30.00	Lo
218907	1 @	30.00	
Vodafone Insurance + AppleCare		£ 0.00	Z
110471	1 @	0.00	
Deliver to store		£ 0.00	S
105680	1 @	0.00	

Total £ 30.00

-1-

Debit £ 30.00
Card: MasterCard
Capture Method: CONTACTLESS

Change Due £ 0.00

VAT	Code	Trans Amt	VAT
Lo	20%	£ 25.00	£ 5.00

VAT	Code	Trans Amt	VAT
S	20%	£ 0.00	£ 0.00

VAT	Code	Trans Amt	VAT
Z	0%	£ 0.00	£ 0.00



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for details on our Returns
and Exchange Policy.

This product may be covered by
The Product Security and Telecommunication
Infrastructure Act 2022.
For more information, please head to
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you'll also be able to view the
applicable Statement of Compliance and
how to report a product vulnerability.

vodafone

vodafone.co.uk
Unit 7 Fairhill Shopping Centre Fairhill L
Ballymena
BT43 6UF

AID: A0000000041010
Debit Mastercard
Card: **********[redacted]
PAN Seq Nr: 00

CONTACTLESS
SALE
TOTAL: GBP30.00

NO CARDHOLDER VERIFICATION

Northern Ireland Assembly

Form MF5

Constituency Office Expenses
Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOE ✓ | Establishment Expenses Approval attached | | Winding Up Expenses. |

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	Service Provided	Invoice Total Amount	Claimed* Amount	OR	%
**The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.*					
Vodafone	mobile bill 30/10	£ 40.00	£		%
	Device 3/9	£ 23.24	£		%
	Device 28/10	£ 23.24	£		%
	Total	£ 86.48	£		

I, the undersigned certify that:

		please tick
1	In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source .	✓
2	In submitting this claim I have complied fully with the requirement of the Determination*	✓
3	The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf)	✓

		Yes	No
4	Is the payee an associated person, as defined by the Determination* (the definitions are provide overleaf). If so, please give details below		✓

*Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016 (as amended)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

		Yes	No
5	If the expenditure has been incurred covering the absence of a staff member, the staff member has been absent for the whole period charged on the invoice.		

Signed: [redacted] Date: 14/11/24

Print Name: Timothy Easton MLA Telephone Contact 028 25 640250

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20 October 2024

Your account number [redacted]

Your bill number
B3-680221087

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is £40.00

The amount due will be collected from your bank account by Direct Debit on or just after 30 October 2024

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobi[redacted] Unl min and text/picture messages - unlimited,150GB Data, 5G	£30.00	-	£30.00 £25.00 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£30.00**	**£10.00**	**£40.00** £35.00 (EXC. VAT)

20 October 2024

Your account number [redacted]

Your bill number
B3-680221087

vodafone

Bill breakdown for
Mobile [redacted]

Bundle and extras £30.00
£25.00 (EXC. VAT)

From 18 October to 19 October 2024

> 5G Ultra

From 20 October to 19 November 2024

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G £30.00
£25.00 (EXC. VAT 20%)

Total **£30.00**
£25.00 (EXC. VAT)

Mr. TIMOTHY GASTON
[redacted]

13 November 2024

Device Plan reference: 1004554345

Hello TIMOTHY,

Device Plan payment history

Thank you for asking for information about your Device Plan. Please find below a breakdown of your payments and remaining balance as of 13/11/2024

Device Plan start date: 13/09/2024
Device Plan end date: 28/08/2027

Total paid: £46.48	**Total remaining:** £790.08

Total device credit amount: £836.56	**Payments remaining:** 34

Details of your payments

Date	Amount	Transaction Type	Payment Type
30/09/2024	£23.24	Payment	Direct Debit
28/10/2024	£23.24	Payment	Direct Debit

Thank you,

The Customer Care Team

Call **03333 043 222** or email disability.access@vodafone.co.uk for a large print, braille, audio CD or dyslexia friendly version of this document.

vodafone.co.uk
Registered office: Vodafone House, The Connection, Newbury, Berkshire, RG14 2FN, England. Registered in England No. 1471587.
In relation to Insurance and Consumer Credit, Vodafone is authorised and regulated by the Financial Conduct authority (Reference Number 712210).

Northern Ireland Assembly

Form MF5

Constituency Office Expenses
Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOE ✓ Establishment Expenses Approval attached ☐ Winding Up Expenses. ☐

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	Service Provided	Invoice Total Amount	Claimed* Amount	OR	%
The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.					
Vodafone.	Nov bill	£ 40.00	£		100 %
	Dec bill	£ 40.00	£		100 %
	Nov/Dec device plan	£ 46.48	£		100 %
	Total	£ 126.48	£		

I, the undersigned certify that:

		please tick
1	In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source .	✓
2	In submitting this claim I have complied fully with the requirement of the Determination*	✓
3	The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf)	✓
4	Is the payee an associated person, as defined by the Determination* (the definitions are provide overleaf). If so, please give details below	Yes ☐ No ✓

*Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016 (as amended)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

5	If the expenditure has been incurred covering the absence of a staff member, the staff member has been absent for the whole period charged on the invoice.	Yes ☐ No ☐

Signed: [redacted] Date: 10/01/24

Print Name: TIMOTHY GASTON MLA Telephone Contact 028 25 640250

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Claims Team, Finance Office, Room 401, Parliament Buildings

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May 2022

20 November 2024

Your account number [redacted]

Your bill number
B3-683873601

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£40.00**

The amount due will be collected from your bank account by Direct Debit on or just after **30 November 2024**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] 5G Ultra,Unl mins and texts,picture messages - unlimited, 150GB Data,5G	£30.00	-	£30.00 £25.00 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£30.00**	**£10.00**	**£40.00** £35.00 (EXC. VAT)

20 December 2024

Your account number [redacted]

Your bill number
B3-687464698

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£40.00**

The amount due will be collected from your bank account by Direct Debit on or just after **30 December 2024**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages unlimited,150GB Data, 5G,5G Ultra	£30.00	-	£30.00 £25.00 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£30.00**	**£10.00**	**£40.00** £35.00 (EXC. VAT)

Mr. TIMOTHY GASTON

[redacted]

10 January 2025

Device Plan reference: 1004554345

Hello TIMOTHY,

Device Plan payment history

Thank you for asking for information about your Device Plan. Please find below a breakdown of your payments and remaining balance as of 10/01/2025

Device Plan start date: 13/09/2024
Device Plan end date: 28/08/2027

Total paid:	**Total remaining:**
£92.96	£743.60

Total device credit amount:	**Payments remaining:**
£836.56	32

Details of your payments

Date	Amount	Transaction Type	Payment Type
30/09/2024	£23.24	Payment	Direct Debit
28/10/2024	£23.24	Payment	Direct Debit
28/11/2024	£23.24	Payment	Direct Debit
30/12/2024	£23.24	Payment	Direct Debit

Thank you,

The Customer Care Team

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20 January 2025

Your account number [redacted]

Your bill number
B3-691060484

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£47.63**

The amount due will be collected from your bank account by Direct Debit on or just after **30 January 2025**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£30.00	£7.63 Calls £2.39 Texts £5.24 Data £0.00	£37.63 £31.35 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£30.00**	**£17.63**	**£47.63** £41.35 (EXC. VAT)

20 January 2025

Your account number [redacted]

Your bill number
B3-691060484

vodafone

Bill breakdown for
Mobile [redacted]

Bundle and extras

£30.00
£25.00 (EXC. VAT)

From 20 January to 19 February 2025

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra	£30.00 £25.00 (EXC. VAT 20%)

Additional Charges

£7.63
£6.35 (EXC. VAT)

From 20 December 2024 to 19 January 2025

> Calls: Calls to 08 or 09 numbers	£2.39 £1.99 (EXC. VAT 20%)
> Texts: Sending or receiving premium texts	£5.24 £4.36 (EXC. VAT 20%)

Total

£37.63
£31.35 (EXC. VAT)

Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOC	✓	COSUM **Approval attached**		Security Measures **Approval attached**	
Cat 2 Costs		Disability Costs		Other e.g. Rates, Overnight accommodation	

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	**Service Provided**	**Invoice Total Amount**	**Claimed* Amount**	***OR***	**%**
•The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.					
VODAFONE JAN BILL	MOBILE PHONE + DATA	£ 37.63	£ 30.00		%
		£	£		%
		£	£		%
	Total	£	£ 30.00		

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ✓
2. In submitting this claim I have complied fully with the requirement of the Determination* ✓
3. I confirm that I have paid this cost directly to the supplier ✓
4. The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ✓
5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ✓

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member has [redacted] the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 07/03/25

Print Name: TIMOTHY GASTON MLA Telephone Contact 02825 640250.

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Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOC	✓	COSUM **Approval attached**		Security Measures **Approval attached**	
Cat 2 Costs		Disability Costs		Other e.g. Rates, Overnight accommodation	

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	**Service Provided**	**Invoice Total Amount**	**Claimed* Amount**	***OR***	**%**
•The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.					
VODAFONE	MOBILE PHONE + DATA	£ 30.00.	£		%
		£	£		%
		£	£		%
	Total	£ 30.00.	£		

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ✓
2. In submitting this claim I have complied fully with the requirement of the Determination* ✓
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5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ✓

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member ha[redacted]sent for the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 07/03/25.

Print Name: TIMOTHY GASTON MLA Telephone Contact 02825 640250 -

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20 February 2025

Your account number [redacted]

Your bill number
B3-694606262

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£40.00**

The amount due will be collected from your bank account by Direct Debit on or just after **02 March 2025**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£30.00	-	£30.00 £25.00 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£30.00**	**£10.00**	**£40.00** £35.00 (EXC. VAT)

20 February 2025

Your account number [redacted]

Your bill number
B3-694606262

vodafone

Bill breakdown for
Mobile [redacted]

Bundle and extras £30.00
£25.00 (EXC. VAT)

From 20 February to 19 March 2025

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra £30.00
£25.00 (EXC. VAT 20%)

Total £30.00
£25.00 (EXC. VAT)

Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

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Please allocate the cost to:

COOC	✓	COSUM **Approval attached**		Security Measures **Approval attached**	
Cat 2 Costs		Disability Costs		Other e.g. Rates, Overnight accommodation	

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	**Service Provided**	**Invoice Total Amount**	**Claimed* Amount**	***OR***	**%**
**The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.*					
VODAPHONE	DEVICE PLAN (HANDSET)	£ 369.72	£ 369.72		%
	JAN - MARCH 2025	£	£		%
		£	£		%
	Total	£ 369.72	£ 369.72		

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ✓
2. In submitting this claim I have complied fully with the requirement of the Determination* ✓
3. I confirm that I have paid this cost directly to the supplier ✓
4. The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ✓
5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ✓

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member has [redacted] for the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 01/04/2025.

Print Name: TIMOTHY GASTON MLA Telephone Contact 02825 640250

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Mr. TIMOTHY GASTON

[redacted]

31 March 2025

Device Plan reference: 1004554345

Hello TIMOTHY,

Device Plan payment history

Thank you for asking for information about your Device Plan. Please find below a breakdown of your payments and remaining balance as of 31/03/2025

Device Plan start date: 13/09/2024
Device Plan end date: 28/08/2027

Total paid:	**Total remaining:**
£462.68	£373.88

Total device credit amount:	**Payments remaining:**
£836.56	29

Details of your payments

Date	Amount	Transaction Type	Payment Type
30/09/2024	£23.24	Payment	Direct Debit
28/10/2024	£23.24	Payment	Direct Debit
28/11/2024	£23.24	Payment	Direct Debit
30/12/2024	£23.24	Payment	Direct Debit
28/01/2025	£23.24	Payment	Direct Debit
28/02/2025	£23.24	Payment	Direct Debit
28/03/2025	£23.24	Payment	Direct Debit
31/03/2025	£300.00	Partial Settlement	Debit Card

Thank you,

Registered office: Vodafone House, The Connection, Newbury, Berkshire, RG14 2FN, England. Registered in England No. 1471587.
In relation to Insurance and Consumer Credit, Vodafone is authorised and regulated by the Financial Conduct authority (Reference Number 712210).

The Customer Care Team

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Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

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Please allocate the cost to:

COOC	✓	COSUM **Approval attached**		Security Measures **Approval attached**	
Cat 2 Costs		Disability Costs		Other e.g. Rates, Overnight accommodation	

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	**Service Provided**	**Invoice Total Amount**	**Claimed* Amount**	***OR***	**%**
•The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.					
VODAFONE	DEVICE PLAN (HANDSET) (MARCH)	£ 12.89	£		%
	(APRIL)	£ 12.89	£		%
	(MAY)	£ 12.89	£		%
	Total	£ 38.67.	£		

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ✓
2. In submitting this claim I have complied fully with the requirement of the Determination* ✓
3. I confirm that I have paid this cost directly to the supplier ✓
4. The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ✓
5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ✓

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member has been absent for the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 07/07/2025

Print Name: TIMOTHY GASTON MLA Telephone Contact 02825 640250.

When complete this form should be emailed to membersfinance@niassembly.gov.uk or sent to: Claims Team, Finance Office, Room 401, Parliament Buildings

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Mr. TIMOTHY GASTON

[redacted]

07 July 2025

Device Plan reference: 1004554345

Hello TIMOTHY,

Device Plan payment history

Thank you for asking for information about your Device Plan. Please find below a breakdown of your payments and remaining balance as of 07/07/2025

Device Plan start date: 13/09/2024
Device Plan end date: 28/08/2027

Total paid: £501.35	**Total remaining:** £335.21

Total device credit amount: £836.56	**Payments remaining:** 26

Details of your payments

Date	Amount	Transaction Type	Payment Type
30/09/2024	£23.24	Payment	Direct Debit
28/10/2024	£23.24	Payment	Direct Debit
28/11/2024	£23.24	Payment	Direct Debit
30/12/2024	£23.24	Payment	Direct Debit
28/01/2025	£23.24	Payment	Direct Debit
28/02/2025	£23.24	Payment	Direct Debit
28/03/2025	£23.24	Payment	Direct Debit
31/03/2025	£300.00	Partial Settlement	Debit Card
28/04/2025	£12.89	Payment	Direct Debit
28/05/2025	£12.89	Payment	Direct Debit
30/06/2025	£12.89	Payment	Direct Debit

Registered office: Vodafone House, The Connection, Newbury, Berkshire, RG14 2FN, England. Registered in England No. 1471587.
In relation to Insurance and Consumer Credit, Vodafone is authorised and regulated by the Financial Conduct authority (Reference Number 712210).

Thank you,

The Customer Care Team

Call **03333 043 222** or email **disability.access@vodafone.co.uk** for a large print, braille, audio CD or dyslexia friendly version of this document.

Registered office: Vodafone House, The Connection, Newbury, Berkshire, RG14 2FN, England. Registered in England No. 1471587.

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Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOC	✓	COSUM **Approval attached**		Security Measures **Approval attached**	
Cat 2 Costs		Disability Costs		Other e.g. Rates, Overnight accommodation	

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	**Service Provided**	**Invoice Total Amount**	**Claimed* Amount**	***OR***	**%**
**The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.*					
VODAPHONE (APRIL 2025)	MOBILE PHONE + DATA	£ 31.80.	£		%
		£	£		%
		£	£		%
	Total	£ 31.80.	£		

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ✓
2. In submitting this claim I have complied fully with the requirement of the Determination* ✓
3. I confirm that I have paid this cost directly to the supplier ✓
4. The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ✓
5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ✓

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member has [redacted] or the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 07/07/2025

Print Name: TIMOTHY GASTON MLA Telephone Contact 02825 640250.

When complete this form should be emailed to membersfinance@niassembly.gov.uk or sent to: Claims Team, Finance Office, Room 401, Parliament Buildings

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20 April 2025

Your account number [redacted]

Your bill number
B3-701776302

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£41.80**

The amount due will be collected from your bank account by Direct Debit on or just after **30 April 2025**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts/picture messages - unlimited,150GB Data, 5G,5G Ultra	£31.80	-	£31.80 £26.50 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage Please note: If you have more than one discount on your Vodafone Insurance,the maximum discount that you can receive is 100% of the monthly cost.		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£31.80**	**£10.00**	**£41.80** £36.50 (EXC. VAT)

20 April 2025

Your account number [redacted]

Your bill number
B3-701776302

vodafone

Bill breakdown for
Mobile [redacted]

Bundle and extras £31.80
£26.50 (EXC. VAT)

From 20 April to 19 May 2025

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra	£30.00 £25.00 (EXC. VAT 20%)
> Mobile Pay Monthly: Annual Price Change - Apr 2025 - Apr 2026	£1.80 £1.50 (EXC. VAT 20%)

Total **£31.80**
£26.50 (EXC. VAT)

Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOC	✓	COSUM **Approval attached**		Security Measures **Approval attached**	
Cat 2 Costs		Disability Costs		Other e.g. Rates, Overnight accommodation	

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	**Service Provided**	**Invoice Total Amount**	**Claimed* Amount**	***OR***	**%**
**The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.*					
VODAPHONE (MAY 2025)	MOBILE PHONE + DATA	£	£		%
		£	£		%
		£	£		%
	Total	£ 31.80.	£		

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ✓
2. In submitting this claim I have complied fully with the requirement of the Determination* ✓
3. I confirm that I have paid this cost directly to the supplier ✓
4. The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ✓
5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ✓

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member ha[redacted]r the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 07/07/2025.

Print Name: TIMOTHY GIBSON MLA Telephone Contact 02825 640 250.

When complete this form should be emailed to membersfinance@niassembly.gov.uk or sent to: Claims Team, Finance Office, Room 401, Parliament Buildings

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20 May 2025

Your account number [redacted]

Your bill number
B3-705316954

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£41.80**

The amount due will be collected from your bank account by Direct Debit on or just after **30 May 2025**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£31.80	-	£31.80 £26.50 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage Please note: If you have more than one discount on your Vodafone Insurance,the maximum discount that you can receive is 100% of the monthly cost.		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£31.80**	**£10.00**	**£41.80** £36.50 (EXC. VAT)

20 May 2025

Your account number [redacted]

Your bill number
B3-705316954

vodafone

Bill breakdown for

Mobile [redacted]

Bundle and extras £31.80
£26.50 (EXC. VAT)

From 20 May to 19 June 2025

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra	£30.00 £25.00 (EXC. VAT 20%)
> Mobile Pay Monthly: Annual Price Change - Apr 2025 - Apr 2026	£1.80 £1.50 (EXC. VAT 20%)

Total **£31.80**
£26.50 (EXC. VAT)

Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOC	✓	COSUM **Approval attached**		Security Measures **Approval attached**	
Cat 2 Costs		Disability Costs		Other e.g. Rates, Overnight accommodation	

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	**Service Provided**	**Invoice Total Amount**	**Claimed* Amount**	***OR***	**%**
•The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.					
VODAFONE (JUNE 2025)	MOBILE PHONE + DATA	£ 31.80	£		%
		£	£		%
		£	£		%
	Total	£ 31.80	£		

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ✓
2. In submitting this claim I have complied fully with the requirement of the Determination* ✓
3. I confirm that I have paid this cost directly to the supplier ✓
4. The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ✓
5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ✓

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member has been absent for the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 07/07/2025.

Print Name: TIMOTHY GASTON MLA Telephone Contact 02825 640 250.

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20 June 2025

Your account number [redacted]

Your bill number
B3-708913979

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£41.80**

The amount due will be collected from your bank account by Direct Debit on or just after **30 June 2025**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£31.80	-	£31.80 £26.50 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage Please note: If you have more than one discount on your Vodafone Insurance,the maximum discount that you can receive is 100% of the monthly cost.		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£31.80**	**£10.00**	**£41.80** £36.50 (EXC. VAT)

20 June 2025

Your account number [redacted]

Your bill number
B3-708913979

vodafone

Bill breakdown for

Mobile [redacted]

Bundle and extras £31.80
£26.50 (EXC. VAT)

From 20 June to 19 July 2025

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra	£30.00 £25.00 (EXC. VAT 20%)
> Mobile Pay Monthly: Annual Price Change - Apr 2025 - Apr 2026	£1.80 £1.50 (EXC. VAT 20%)

Total **£31.80**
£26.50 (EXC. VAT)

Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOC	✓	COSUM **Approval attached**		Security Measures **Approval attached**	
Cat 2 Costs		Disability Costs		Other e.g. Rates, Overnight accommodation	

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	Service Provided	Invoice Total Amount	Claimed* Amount	OR	%
*The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.					
VODAPHONE	MOBILE PHONE BILL	£ 31.80.	£		100 %
		£	£		%
		£	£		%
	Total	£ 31.80	£		

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ✓
2. In submitting this claim I have complied fully with the requirement of the Determination* ✓
3. I confirm that I have paid this cost directly to the supplier ✓
4. The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ✓
5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ✓

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member has been absent for the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 05/08/2025.

Print Name: TIMOTHY GASTON MLA Telephone Contact 02825 640250.

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20 July 2025

Your account number [redacted]

Your bill number
B3-712441580

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£41.80**

The amount due will be collected from your bank account by Direct Debit on or just after **30 July 2025**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£31.80	-	£31.80 £26.50 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage Please note: If you have more than one discount on your Vodafone Insurance,the maximum discount that you can receive is 100% of the monthly cost.		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£31.80**	**£10.00**	**£41.80** £36.50 (EXC. VAT)

20 July 2025

Your account number [redacted]

Your bill number
B3-712441580

vodafone

Bill breakdown for

Mobile [redacted]

Bundle and extras £31.80
£26.50 (EXC. VAT)

From 20 July to 19 August 2025

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra	£30.00 £25.00 (EXC. VAT 20%)
> Mobile Pay Monthly: Annual Price Change - Apr 2025 - Apr 2026	£1.80 £1.50 (EXC. VAT 20%)

Total **£31.80**
£26.50 (EXC. VAT)

Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOC	✓	COSUM **Approval attached**		Security Measures **Approval attached**	
Cat 2 Costs		Disability Costs		Other e.g. Rates, Overnight accommodation	

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	**Service Provided**	**Invoice Total Amount**	**Claimed* Amount**	***OR***	**%**
•The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.					
VODAPHONE	DEVICE PLAN JUNE	£ 12·89	£		100% %
	(HANDSET) JULY	£ 12·89	£		%
	AUGUST	£ 12·89	£		%
	Total	£ 38·67	£		

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ✓
2. In submitting this claim I have complied fully with the requirement of the Determination* ✓
3. I confirm that I have paid this cost directly to the supplier ✓
4. The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ✓
5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ✓

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member has [redacted] for the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 03/11/2025

Print Name: TIMOTHY GASTON MLA Telephone Contact 02825 640250.

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Mr. TIMOTHY GASTON

[redacted]

28 October 2025

Device Plan reference: 1004554345

Hello TIMOTHY,

Device Plan payment history

Thank you for asking for information about your Device Plan. Please find below a breakdown of your payments and remaining balance as of 28/10/2025

Device Plan start date: 13/09/2024
Device Plan end date: 28/10/2025

Total paid:	**Total remaining:**
£836.56	£0.00

Total device credit amount:	**Payments remaining:**
£836.56	0

Details of your payments

Date	Amount	Transaction Type	Payment Type
30/09/2024	£23.24	Payment	Direct Debit
28/10/2024	£23.24	Payment	Direct Debit
28/11/2024	£23.24	Payment	Direct Debit
30/12/2024	£23.24	Payment	Direct Debit
28/01/2025	£23.24	Payment	Direct Debit
28/02/2025	£23.24	Payment	Direct Debit
28/03/2025	£23.24	Payment	Direct Debit
31/03/2025	£300.00	Partial Settlement	Debit Card
28/04/2025	£12.89	Payment	Direct Debit
28/05/2025	£12.89	Payment	Direct Debit
30/06/2025	£12.89	Payment	Direct Debit
28/07/2025	£12.89	Payment	Direct Debit

Registered office: Vodafone House, The Connection, Newbury, Berkshire, RG14 2FN, England. Registered in England No. 1471587.
In relation to Insurance and Consumer Credit, Vodafone is authorised and regulated by the Financial Conduct authority (Reference Number 712210).

Date	Amount	Transaction Type	Payment Type
28/08/2025	£12.89	Payment	Direct Debit
29/09/2025	£12.89	Payment	Direct Debit
28/10/2025	£12.89	Payment	Direct Debit
28/10/2025	£283.65	Settlement	Debit Card

Thank you,

The Customer Care Team

Call **03333 043 222** or email disability.access@vodafone.co.uk for a large print, braille, audio CD or dyslexia friendly version of this document.

Registered office: Vodafone House, The Connection, Newbury, Berkshire, RG14 2FN, England. Registered in England No. 1471587.

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Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOC	✓	COSUM **Approval attached**		Security Measures **Approval attached**	
Cat 2 Costs		Disability Costs		Other e.g. Rates, Overnight accommodation	

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	**Service Provided**	**Invoice Total Amount**	**Claimed* Amount**	***OR***	**%**
**The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.*					
VODAPHONE	MOBILE CALLS + DATA (AUG)	£ 31·80	£		%
	(SEPT)	£ 31·80	£		%
	(OCT)	£ 31·80	£		%
	Total	£ 95·40	£		100%

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ✓
2. In submitting this claim I have complied fully with the requirement of the Determination* ✓
3. I confirm that I have paid this cost directly to the supplier ✓
4. The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ✓
5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ✓

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member has [redacted] for the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 03/11/2025.

Print Name: TIMOTHY GASTON MLA Telephone Contact 02825 640250.

When complete this form should be emailed to membersfinance@niassembly.gov.uk or sent to: Claims Team, Finance Office, Room 401, Parliament Buildings

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20 August 2025

[redacted]umber

Your bill number
B3-716350148

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£41.80**

The amount due will be collected from your bank account by Direct Debit on or just after **30 August 2025**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£31.80	-	£31.80 £26.50 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage Please note: If you have more than one discount on your Vodafone Insurance,the maximum discount that you can receive is 100% of the monthly cost.		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£31.80**	**£10.00**	**£41.80** £36.50 (EXC. VAT)

20 August 2025

Your account number [redacted]

Your bill number
B3-716350148

vodafone

Bill breakdown for
Mobile [redacted]

Bundle and extras

£31.80
£26.50 (EXC. VAT)

From 20 August to 19 September 2025

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra	£30.00 £25.00 (EXC. VAT 20%)
> Mobile Pay Monthly: Annual Price Change - Apr 2025 - Apr 2026	£1.80 £1.50 (EXC. VAT 20%)

Total **£31.80**
£26.50 (EXC. VAT)

20 September 2025

Your account number [redacted]

Your bill number
B3-719896247

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£41.80**

The amount due will be collected from your bank account by Direct Debit on or just after **30 September 2025**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£31.80	-	£31.80 £26.50 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage Please note: If you have more than one discount on your Vodafone Insurance,the maximum discount that you can receive is 100% of the monthly cost.		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£31.80**	**£10.00**	**£41.80** £36.50 (EXC. VAT)

20 September 2025

Your account number [redacted]

Your bill number
B3-719896247

vodafone

Bill breakdown for

Mobile [redacted]

Bundle and extras £31.80
£26.50 (EXC. VAT)

From 20 September to 19 October 2025

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra	£30.00 £25.00 (EXC. VAT 20%)
> Mobile Pay Monthly: Annual Price Change - Apr 2025 - Apr 2026	£1.80 £1.50 (EXC. VAT 20%)

Total **£31.80**
£26.50 (EXC. VAT)

20 October 2025

Your account number [redacted]

Your bill number
B3-723455922

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£41.80**

The amount due will be collected from your bank account by Direct Debit on or just after **30 October 2025**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£31.80	-	£31.80 £26.50 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage and Breakdown Please note: If you have more than one discount on your Vodafone Insurance,the maximum discount that you can receive is 100% of the monthly cost.		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£31.80**	**£10.00**	**£41.80** £36.50 (EXC. VAT)

20 October 2025

Your account number [redacted]

Your bill number
B3-723455922

vodafone

Bill breakdown for
Mobile [redacted]

Bundle and extras £31.80
£26.50 (EXC. VAT)

From 20 October to 19 November 2025

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra	£30.00 £25.00 (EXC. VAT 20%)
> Mobile Pay Monthly: Annual Price Change - Apr 2025 - Apr 2026	£1.80 £1.50 (EXC. VAT 20%)

Total **£31.80**
£26.50 (EXC. VAT)

Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOC	✓	COSUM **Approval attached**		Security Measures **Approval attached**	
Cat 2 Costs		Disability Costs		Other e.g. Rates, Overnight accommodation	

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	**Service Provided**	**Invoice Total Amount**	**Claimed*** Amount	*OR*	%
**The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.*					
VODAPHONE	DEVICE PLAN SEPTEMBER	£ 12.89	£		%
	(HANDSET) OCTOBER	£ 12.89	£		%
	BALANCE SETTLEMENT	£283.65	£		%
	Total	£ 309.43	£		100 %

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ✓
2. In submitting this claim I have complied fully with the requirement of the Determination* ✓
3. I confirm that I have paid this cost directly to the supplier ✓
4. The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ✓
5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ✓

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member has been absent for the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 03/11/2025.

Print Name: TIMOTHY GASTON MLA Telephone Contact 02825 640250.

When complete this form should be emailed to membersfinance@niassembly.gov.uk or sent to: Claims Team, Finance Office, Room 401, Parliament Buildings

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Mr. TIMOTHY GASTON

[redacted]

28 October 2025

Device Plan reference: 1004554345

Hello TIMOTHY,

Device Plan payment history

Thank you for asking for information about your Device Plan. Please find below a breakdown of your payments and remaining balance as of 28/10/2025

Device Plan start date: 13/09/2024
Device Plan end date: 28/10/2025

Total paid:	**Total remaining:**
£836.56	£0.00

Total device credit amount:	**Payments remaining:**
£836.56	0

Details of your payments

Date	Amount	Transaction Type	Payment Type
30/09/2024	£23.24	Payment	Direct Debit
28/10/2024	£23.24	Payment	Direct Debit
28/11/2024	£23.24	Payment	Direct Debit
30/12/2024	£23.24	Payment	Direct Debit
28/01/2025	£23.24	Payment	Direct Debit
28/02/2025	£23.24	Payment	Direct Debit
28/03/2025	£23.24	Payment	Direct Debit
31/03/2025	£300.00	Partial Settlement	Debit Card
28/04/2025	£12.89	Payment	Direct Debit
28/05/2025	£12.89	Payment	Direct Debit
30/06/2025	£12.89	Payment	Direct Debit
28/07/2025	£12.89	Payment	Direct Debit

Registered office: Vodafone House, The Connection, Newbury, Berkshire, RG14 2FN, England. Registered in England No. 1471587.

In relation to Insurance and Consumer Credit, Vodafone is authorised and regulated by the Financial Conduct authority (Reference Number 712210)

Date	Amount	Transaction Type	Payment Type
28/08/2025	£12.89	Payment	Direct Debit
29/09/2025	£12.89	Payment	Direct Debit
28/10/2025	£12.89	Payment	Direct Debit
28/10/2025	£283.65	Settlement	Debit Card

Thank you,

The Customer Care Team

Call **03333 043 222** or email disability.access@vodafone.co.uk for a large print, braille, audio CD or dyslexia friendly version of this document.

Registered office: Vodafone House, The Connection, Newbury, Berkshire, RG14 2FN, England. Registered in England No. 1471587.

In relation to Insurance and Consumer Credit, Vodafone is authorised and regulated by the Financial Conduct authority (Reference Number 712210)

Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOC	☒	COSUM **Approval attached**	☐	Security Measures **Approval attached**	☐
Cat 2 Costs	☐	Disability Costs	☐	Other e.g. Rates, Overnight accommodation	☐

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	Service Provided	Invoice Total Amount	Claimed* Amount	OR	%
*The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.					
VODAPHONE	NOV 25 CALLS. (MOBILE)	£ 31.80	£		%
	DEC 25 CALLS. "	£ 31.80	£		%
	JAN 26 CALLS. "	£ 31.80.	£		%
	Total	£ 95.40.	£		100%.

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ☑
2. In submitting this claim I have complied fully with the requirement of the Determination* ☑
3. I confirm that I have paid this cost directly to the supplier ☑
4. The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ☑
5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ☑

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member has been absent for the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 02/04/2026

Print Name: TIMOTHY GIBSON MLA Telephone Contact 02825 640250.

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20 November 2025

Your account number [redacted]

Your bill number
B3-727042407

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£41.80**

The amount due will be collected from your bank account by Direct Debit on or just after **30 November 2025**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£31.80	-	£31.80 £26.50 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage and Breakdown Please note: If you have more than one discount on your Vodafone Insurance,the maximum discount that you can receive is 100% of the monthly cost.		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£31.80**	**£10.00**	**£41.80** £36.50 (EXC. VAT)

20 November 2025

Your account number [redacted]

Your bill number
B3-727042407

vodafone

Bill breakdown for

Mobile [redacted]

Bundle and extras £31.80
£26.50 (EXC. VAT)

From 20 November to 19 December 2025

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra	£30.00 £25.00 (EXC. VAT 20%)
> Mobile Pay Monthly: Annual Price Change - Apr 2025 - Apr 2026	£1.80 £1.50 (EXC. VAT 20%)

Total **£31.80**
£26.50 (EXC. VAT)

20 December 2025

Your account number
[redacted]

Your bill number
B3-730567823

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£41.80**

The amount due will be collected from your bank account by Direct Debit on or just after **30 December 2025**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£31.80	-	£31.80 £26.50 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage and Breakdown Please note: If you have more than one discount on your Vodafone Insurance,the maximum discount that you can receive is 100% of the monthly cost.		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£31.80**	**£10.00**	**£41.80** £36.50 (EXC. VAT)

20 December 2025

Your account number [redacted]

Your bill number
B3-730567823

vodafone

Bill breakdown for

Mobile [redacted]

Bundle and extras £31.80
£26.50 (EXC. VAT)

From 20 December 2025 to 19 January 2026

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra	£30.00 £25.00 (EXC. VAT 20%)
> Mobile Pay Monthly: Annual Price Change - Apr 2025 - Apr 2026	£1.80 £1.50 (EXC. VAT 20%)

Total **£31.80**
£26.50 (EXC. VAT)

20 January 2026

Your account number [redacted]

Your bill number
B3-734111363

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£41.80**

The amount due will be collected from your bank account by Direct Debit on or just after **30 January 2026**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£31.80	-	£31.80 £26.50 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage and Breakdown Please note: If you have more than one discount on your Vodafone Insurance,the maximum discount that you can receive is 100% of the monthly cost.		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£31.80**	**£10.00**	**£41.80** £36.50 (EXC. VAT)

20 January 2026

Your account number
[redacted]

Your bill number
B3-734111363

vodafone

Bill breakdown for

Mobile [redacted]

Bundle and extras £31.80
£26.50 (EXC. VAT)

From 20 January to 19 February 2026

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra	£30.00 £25.00 (EXC. VAT 20%)
> Mobile Pay Monthly: Annual Price Change - Apr 2025 - Apr 2026	£1.80 £1.50 (EXC. VAT 20%)

Total **£31.80**
£26.50 (EXC. VAT)

Northern Ireland Assembly

Form MF5

Constituency Office Operating Costs

Application for Reimbursement

The **original** receipts / invoices (**stamped or marked paid**) must be submitted for reimbursement.

Please allocate the cost to:

COOC	X	COSUM **Approval attached**		Security Measures **Approval attached**	
Cat 2 Costs		Disability Costs		Other e.g. Rates, Overnight accommodation	

Please enter the supplier name, service provided and amount to be reimbursed for the invoice.

Supplier (Agency Invoices, complete declaration 5)	**Service Provided**	**Invoice Total Amount**	**Claimed*** **Amount**	***OR***	**%**
The percentage claimed should be for Assembly business only. Any expenditure relating to personal use must be deducted, e.g. calls made from a mobile or other telephone.					
VODAPHONE	FEB 2026 CALLS (LANDLINE)	£ 31.80.	£		100 %
TIMPSON	OFFICE KEYS CUT.	£ 19.00.	£		100 %
C. MOORE WINDOW CLEANING	OFFICE WINDOW CLEAN - FEB.	£ 12.00.	£		100. %
	Total	£ 61.80.	£		

I, the undersigned, certify that:

1. In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a Member and not recovered from any other source. ☑
2. In submitting this claim I have complied fully with the requirement of the Determination* ☑
3. I confirm that I have paid this cost directly to the supplier ☑
4. The payee **is not** a "connected person" as defined by the Determination* (definitions provided overleaf) ☑
5. Is the payee an associated person, as defined by the Determination* (the definitions are provided overleaf). If so, please give details below — Yes ☐ No ☑

* Assembly Members (Office and Staffing Costs and Allowances) Determination (Northern Ireland) 2025)

The name of the associated person: _____

Details of the association: _____

Agency Staff Invoices only

6. If the expenditure has been incurred covering the absence of a staff member, the staff member ha[redacted] for the whole period charged on the invoice — Yes ☐ No ☐

Signed: [redacted] Date: 02/04/2026

Print Name: TIMOTHY GAMSON MLA Telephone Contact 02825 640250.

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20 February 2026

Your account number [redacted]

Your bill number
B3-737694849

vodafone

TIMOTHY GASTON
[redacted]

Hello Timothy,
Your bill total is **£41.80**

The amount due will be collected from your bank account by Direct Debit on or just after **02 March 2026**

	BUNDLE & EXTRAS (INC. VAT)	ADDITIONAL CHARGES (INC. VAT)	TOTAL
Mobile [redacted] Unl mins and texts,picture messages - unlimited,150GB Data, 5G,5G Ultra	£31.80	-	£31.80 £26.50 (EXC. VAT)
Vodafone Insurance + AppleCare Services: Tier 2 Damage and Breakdown Please note: If you have more than one discount on your Vodafone Insurance,the maximum discount that you can receive is 100% of the monthly cost.		£10.00	£10.00 £10.00 (EXC. VAT out of scope)
Your bill total	**£31.80**	£10.00	**£41.80** £36.50 (EXC. VAT)

20 February 2026

Your account number [redacted]

Your bill number
B3-737694849

vodafone

Bill breakdown for

Mobile [redacted]

Bundle and extras £31.80
£26.50 (EXC. VAT)

From 20 February to 19 March 2026

> Unl mins and texts, picture messages - unlimited, 150GB Data, 5G, 5G Ultra	£30.00 £25.00 (EXC. VAT 20%)
> Mobile Pay Monthly: Annual Price Change - Apr 2025 - Apr 2026	£1.80 £1.50 (EXC. VAT 20%)

Total **£31.80**
£26.50 (EXC. VAT)