

Transaction No. 126019673

PAYMENT AUTHORISATION FORM (Ref: APF1)

Location: SPS	Headquarters, KK	2 Directorate.	Invoice No:	
Payee Name:	POA.		Entity No (if applica	able):
Date Invoiced:			Date Inv. Rec'd	
Date Invoice due payr	ment:			
Reason for Payment t	through Cashbook: TWS Expenditure	contribution by 8	75 for POA(S)	- 2013-14
Account Code	Cost Centre	Project Code	Net Cost	
4777111	14 10 11:071	111.0	£ [6,173	р
47772212.	14006 14034	014	16,173	00
				-
	Document net value		16,173	
	Document VAT value		10,113	60
	Document inclusive val	ue	16,173	00
Payment is for reimbulaimant's signature:	tructions (e.g. Bank Deta -> flense issue in ursement:-	th attached (e	Date:	
uthorising Officer's Sig	gnature:		Date:	
mount Authorised:	fl6, 173-00.	Job Title: #EA DIRFC	TOR of CORPORATE	SERVICEI.
elephone Number: 03	31244 8573	Job Location: H	eadquarks.	
ounter Signature (if ap	plicable)		Date:	
		CE BRANCH USE ONL		
	FINANC	CE BRANCH USE ONL Paying Officer's Name	Y	
ounter Signature (if ap	FINANC	CE BRANCH USE ONL Paying Officer's Name: Method of Payment:	Y	

This form is not a Purchase Requisition, it should be used to authorise payment for goods/services only

Budget Holders Signature:	I have checked my budget and I	Requester's Signature:			ADDITIONAL	6	S	4	w	2	1 PoA	ogue No	LINE NSV CODE	PROJECT CODE:	COST CENTRE:	REQUESTERS CONTACT TEL No	DELIVERY LOCATION:	DATE OF REQUEST:	REQUESTERS LOCATION:		A CINCHASE NECOISITION	DIIBCHASE DECUISITION	Transaction Number
	have checked my budget and I have sufficient funds available to make this				ADDITIONAL INFORMATION					PS - 2013-	TOS Expenditure contribution	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DESCRIPTION	07	14001			THE SAME AND SAME	HRD - ER			Human Kesources	Scottish Prison Service
Print Name:	o make this Purchase	Print Name:	NAME P	SUPPLIER							6	E	DATE ACCOUNT	SIGNATU	THIS DEC							ources	Service
CATRICRIENT TOPLEY	e.	MALI EKONS.	POA.								MUCACORE	CODE MEASURE	+	SIGNATURE OF DPA OFFICER:	HISTORIUS DEPT CONTROL	*	AUTH Signature	INVNO	GRN 2	GRN 1	PO AUTH Signature	P/ORDER No:	REQUISITION NO:
Date		Date 11/2/15	ENTITY	Total 6 \175.	Sub Total 16/73					16,173	PRICE EX VAT CODE	VALUE		DBY:									14R000266





The Professional Trades Union for Prison, Correctional & Secure Psychiatric Workers ALBA HOUSE, 21 CALDER ROAD, EDINBURGH EH11 3PF



Our Ref: Dep/01/15

Scottish Prison Service Calton House 5 Redheughs Rigg EDINBURGH EH12 9HW

4 February 2015

Dear Sirs

CLAIM FOR REIMBURSEMENT OF A PROPORTION OF TRAVEL AND SUBSISTENCE COSTS OF ELIGIBLE POA SCOTTISH NATIONAL COMMITTEE MEMBERS

I refer to the outline agreement reached between the Scottish Prison Service and the Prison Officers' Association at our meeting on 2 July 2004. In accordance with Section 2 of that agreement, I hereby submit a claim for reimbursement from the Scottish Prison Service of the agreed proportion of Travel and Subsistence expenses incurred by the Prison Officers' Association in relation to the eligible POA SNC members for the period 1 April 2013 to 31 March 2014.

I attach a spreadsheet showing the total qualifying travel and subsistence expenses which have been paid by the Prison Officers' Association to the eligible POA SNC members identified during this period.

In accordance with the apportionment arrangements set out in Section 2 of the agreement between us, taking into account the provisions relating to the 'Annual Cap', I would be grateful if you could arrange to reimburse us the amount of £16,173. This amount being the value of the 'Annual Cap' which is set at 50% of the equivalent expenditure for 2003-04

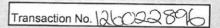
I certify that:

- the eligible POA SNC members detailed on the spreadsheet made the journeys detailed;
- the expenses shown were actually and necessarily incurred by the eligible POA SNC members detailed in the carrying out of appropriate employment relations activities and trade union duties;
- all of the qualifying travel and subsistence expenses claimed were legitimate and complied fully with the travel and subsistence rules of the POA;

- all of the qualifying travel and subsistence expenses detailed in the attached spreadsheet have been paid by the Prison Officers' Association to the eligible POA SNC members detailed; and
- none of the qualifying travel and subsistence expenses claimed relate to expenses arising out of the involvement of eligible POA SNC members in designated partnership projects (Section 1 of our agreement) which fall to be claimed by the eligible POA SNC member directly from SPS.

Yours faithfully





PAYMENT AUTHORISATION FORM (Ref: APF1)

	HO CACTON HOUSE	BENE	Invoice No:	
637/81	D. O. A.	RECE	EMENY INO (IT a	
Date Invoiced:	10/2/2016	0 1 MA	R 20 Pate Inv. Red	d'd
Date Invoice due par	yment:	0		
Reason for Payment	through Cashbook: YEAR Contrustian To	2 POA S.N.C	MEMBERS T	MANE COST
Account Code	Cost Centre	Project Code	Net	Cost
4777	14034	014	16, 173	00
	Document net value		16,173	00
	Document VAT value		0	00
estimates and the second and the second	Document inclusive value	ue	16,173	00.
I confirm the details give		Quantity Price Arithmetic		
If Payment is for reimbur Claimant's signature:	sement:-		Date:	
Authorising Officer's Sign	nature:		Date: 2912	16
Amount Authorised: E	16,173.00	Job Title:	DIRECTOR	22 =
Telephone Number:	1312448573	Job Location:	HQ	
Counter Signature (if app	licable)		Date:	
	FINANC	E BRANCH USE ONLY		
Date Pay Auth Rec'd:		Paying Officer's Name:	Wa.	
Date Paid:	13/16.	Method of Payment:	028072	
his form is not a Purch	ase Requisition, it should	be used to authorise pa	vment for goods/s	services only

Budget Holders Signature:	Requester's Signature: I have checked my budget and I	ADDITIONAL	PURCHASE REQUISITION REQUESTERS LOCATION: DATE OF REQUEST: DELIVERY LOCATION: REQUESTERS CONTACT TEL No COST CENTRE: PROJECT CODE: LINE NSV CODE Catalogue No 1 (?, Ø., \$), 3 4 5	Transaction Number
	have checked my budget and I have sufficient funds available to make this Purchase.	ADDITIONAL INFORMATION	HRD-ER 19/2/16. 19/2/16. 19/3/16. 10/3/	Scottish Prison Service
\cap	Print Name: ake this Purchase.	NAME P.O.A.	DATE	
TOPLEY Date	24/2/16 Date	Sub Total 16,173 Vat Total 16,173	CHECKED BY: CHECKED BY: UNIT ASURE PRICE M	REQUISITION NO: 14R000966
29/2/16		16,173	VALUE TAX EX VAT CODE 6 173	



The Professional Trades Union for Prison, Correctional & Secure Psychiatric Workers ALBA HOUSE, 21 CALDER ROAD, EDINBURGH EH11 3PF



Our Ref: Dep/01/16

10 February 2016

Scottish Prison Service Calton House 5 Redheughs Rigg EDINBURGH EH12 9HW

Dear Sirs

CLAIM FOR REIMBURSEMENT OF A PROPORTION OF TRAVEL AND SUBSISTENCE COSTS OF ELIGIBLE POA SCOTTISH NATIONAL COMMITTEE MEMBERS

I refer to the outline agreement reached between the Scottish Prison Service and the Prison Officers' Association at our meeting on 2 July 2004. In accordance with Section 2 of that agreement, I hereby submit a claim for reimbursement from the Scottish Prison Service of the agreed proportion of Travel and Subsistence expenses incurred by the Prison Officers' Association in relation to the eligible POA SNC members for the period 1 April 2014 to 31 March 2015.

I attach a spreadsheet showing the total qualifying travel and subsistence expenses which have been paid by the Prison Officers' Association to the eligible POA SNC members identified during this period.

In accordance with the apportionment arrangements set out in Section 2 of the agreement between us, taking into account the provisions relating to the 'Annual Cap', I would be grateful if you could arrange to reimburse us the amount of £16,173.00 this amount being the value of the 'Annual Cap' which is set at 50% of the equivalent expenditure for 2003-04

I certify that:

- the eligible POA SNC members detailed on the spreadsheet made the journeys detailed;
- the expenses shown were actually and necessarily incurred by the eligible POA SNC members detailed in the carrying out of appropriate employment relations activities and trade union duties;
- all of the qualifying travel and subsistence expenses claimed were legitimate and complied fully with the travel and subsistence rules of the POA;

t: 0131 443 8105 f: 0131 444 0657 e: adminscot@poauk.org.uk

- all of the qualifying travel and subsistence expenses detailed in the attached spreadsheet have been paid by the Prison Officers' Association to the eligible POA SNC members detailed; and
- none of the qualifying travel and subsistence expenses claimed relate to expenses arising out of the involvement of eligible POA SNC members in designated partnership projects (Section 1 of our agreement) which fall to be claimed by the eligible POA SNC member directly from SPS.

Yours faithfully

126025082



Transaction No.

PAYMENT AUTHORISATION FORM (Ref: APF1)

Location: SPS HW	. Mr. Wieutoratt	و	Invoice No:	
Payee Name:	ison Officers Assa	ociation	Entity No (if app	licable):
Date Invoiced:				
Date Invoice due payme	ent:		RECE	IVED 26 JA
Reason for Payment thr	ough Cashbook:			
	TUS expenditure	contribution by St	S for rOALS) -	2015/16.
Account Code	Cost Centre	Project Code	Not	Cont
		i Toject Obde	£	Cost
4777	14006	014	16,173	00
	Document net value		16, 173	
100	Document VAT value		10,173	00
Remittance Instructions: confirm the details given	please provide a for attaching with a above are correct:	dugue Sort C Lette Account Nun	16,173 Code:	00
confirm the details given	please provide a for attaching with a above are correct:	Quantity Price	Code:	00 4,
confirm the details given	please provide a for attaching with a above are correct:	Jugue Sort C Letter_ Account Nun Sig Quantity	Code:	7,
alidation of invoice details	please provide a for attaching with a above are correct:	Quantity Price	Code:	00 4,
alidation of invoice details	please provide a for attaching with a above are correct:	Quantity Price	Code: Inber: Ined: G G G	00
'alidation of invoice detail Payment is for reimburs	please provide a for attaching with a above are correct: ils:	Quantity Price	Date:	
confirm the details given 'alidation of invoice detail Payment is for reimburs laimant's signature: uthorising Officer's Signa	please provide a for attaching with a above are correct: ils:	Quantity Price Arithmetic	Date:	J. J
Payment is for reimburs laimant's signature: uthorising Officer's Signature.	please provide a for otherwise in above are correct: ils: mement:-	Quantity Price	Date:	J. J
Payment is for reimburs laimant's signature: uthorising Officer's Signature:	please provide a for otherwise in above are correct: ils: ement:- ature: 173-00 31 330 3796	Quantity Price Arithmetic Job Title:	Date:	J. J
Payment is for reimburs alimant's signature: uthorising Officer's Signature: nount Authorised: #6	please provide a for otherwise in above are correct: ils: ement:- ature: 173-00 31 330 3796	Quantity Price Arithmetic Job Title:	Date: Date: Date: Date: Description of Control of C	J. J
Payment is for reimburs laimant's signature: uthorising Officer's Signature: nount Authorised: 16	please provide a for otherwise in above are correct: ils: ement:- ature: 173-00 31 330 3796. cable)	Quantity Price Arithmetic Job Title:	Date:	J. J
Payment is for reimburs laimant's signature: uthorising Officer's Signature: prount Authorised: 16	please provide a for otherwise in above are correct: ils: ement:- ature: 173-00 31 330 3796. cable)	Quantity Price Arithmetic Job Title: Job Location:	Date: Date: Date: Date: Date: Date: Date: Date:	J. J

Scottish Prison Service			
Human Resources	P/ORDER No:	O: 14R001003	103
	PO AUTH Signat	re	
	GRN 1		
	GRN 2		
	INV NO		
8-1	AUTH Signature		
000 T			
	HIS REQUISITION HAS BEE	CHECKED BY:	
	IGNATURE OF DPA OFFICE		
_	-		VALUE TAX
REQUIRED			EX VAT
S. SI BUSIA			24171
015/2016.			
		Sub Tota	Sub Total 16,173.00
		Vat	
SUPPLIER		Total	16,173.00
NAME	96.0		
A L ALFALL		ENTITY	,
Print Name:	PHICIP RY		20/11207
- 11		Date	
	Furchase.		
		-	
	DATE QUIRED QUIRED	Scottish Prison Service Human Resources DATE REQUIRED Co. Colladian NAME Print Name:	REQUISITION NO: P/ORDER No: PO AUTH Signature GRN 1 GRN 2 INV NO AUTH Signature FO COUNT QUANTITY UNIT OF MEASURE L+747 CACCOUNT QUANTITY UNIT OF MEASURE H-76A . P/ORDER No: PO AUTH Signature AUTH Signature



The Professional Trades Union for Prison, Correctional & Secure Psychiatric Workers ALBA HOUSE, 21 CALDER ROAD, EDINBURGH EH11 3PF



Our Ref: Dep/01/17

12 January 2017

Adam Jobson Scottish Prison Service Calton House 5 Redheughs Rigg EDINBURGH EH12 9HW

Dear Sirs

CLAIM FOR REIMBURSEMENT OF A PROPORTION OF TRAVEL AND SUBSISTENCE COSTS OF ELIGIBLE POA SCOTTISH NATIONAL COMMITTEE MEMBERS

I refer to the outline agreement reached between the Scottish Prison Service and the Prison Officers' Association at our meeting on 2 July 2004. In accordance with Section 2 of that agreement, I hereby submit a claim for reimbursement from the Scottish Prison Service of the agreed proportion of Travel and Subsistence expenses incurred by the Prison Officers' Association in relation to the eligible POA SNC members for the period 1 April 2015 to 31 March 2016.

I attach a spreadsheet showing the total qualifying travel and subsistence expenses which have been paid by the Prison Officers' Association to the eligible POA SNC members identified during this period.

In accordance with the apportionment arrangements set out in Section 2 of the agreement between us, taking into account the provisions relating to the 'Annual Cap', I would be grateful if you could arrange to reimburse us the amount of £16,173.00 this amount being the value of the 'Annual Cap' which is set at 50% of the equivalent expenditure for 2003-04

I certify that:

- the eligible POA SNC members detailed on the spreadsheet made the journeys detailed;
- the expenses shown were actually and necessarily incurred by the eligible POA SNC members detailed in the carrying out of appropriate employment relations activities and trade union duties;
- all of the qualifying travel and subsistence expenses claimed were legitimate and complied fully with the travel and subsistence rules of the POA;

t: 0131 443 8105 f: 0131 444 0657 e: adminscot@poauk.org.uk

- all of the qualifying travel and subsistence expenses detailed in the attached spreadsheet have been paid by the Prison Officers' Association to the eligible POA SNC members detailed; and
- none of the qualifying travel and subsistence expenses claimed relate to expenses arising out of the involvement of eligible POA SNC members in designated partnership projects (Section 1 of our agreement) which fall to be claimed by the eligible POA SNC member directly from SPS.

Yours faithfully



Transaction No. 126027425

PAYMENT AUTHORISATION FORM (Ref: APF1)

Location: SIS MQ	- HR Virectora	K.	Invoice No:	
Payee Name: Pris	on Officers Ass	reidting		
	M 0/110013 / 03	CHOCK TOWN	Entity No (if appl	icable):
Date Invoiced:			Date Inv. Rec'd	
Date Invoice due paym				
Reason for Payment the	rough Cashbook:	PCA(S) - 2016/2	017.	
Account Code	Cost Centre	Project Code	Net (Cost
			£	р
4777	13034	013	16,173	00
	Document net value		16 173	00
			16, 173	
	Document VAT value	e	1 1	
	Document VAT valu Document inclusive : please provide a chequi companying letter.	value どか Sort C Account Num	ber:	00
Remittance Instructions: en close with an acro I confirm the details give	Document inclusive : please provide a chequi companying letter. en above are correct:	value どか Sort C Account Num	ode: nber: ned: PORCUCE	
I confirm the details give	Document inclusive : please provide a chequi companying letter. en above are correct:	value *** Sort C Account Num Sign Quantity Price	ode: nber: ned: P ORCHICL & JF3 & JF3	
I confirm the details give	Document inclusive : please provide a chequi companying letter. en above are correct:	value	ode: nber: ned: PORCUCE	
I confirm the details give	Document inclusive : please provide a chequitor panying litter, en above are correct: ails:	value *** Sort C Account Num Sign Quantity Price	ode: nber: ned: P ORCHICL & JF3 & JF3	
I confirm the details given Validation of invoice details If Payment is for reimbur	Document inclusive : please provide a sheque companying lotter, en above are correct: ails: rsement:-	value *** Sort C Account Num Sign Quantity Price	ode: nber: ned: P ORCHICL & JF3 & JF3 & JF3	
I confirm the details given Validation of invoice details and the Validation of invoice details given I feet and the Validation of invoice details given I feet and the Validation of invoice details given I feet and the Validation of I feet and I feet	Document inclusive : please provide a sheque companying lotter, en above are correct: ails: rsement:-	value *** Sort C Account Num Sign Quantity Price	Date:	
Validation of invoice details Yalidation of invoice details If Payment is for reimbur Claimant's signature: Authorising Officer's Signature	Document inclusive : please provide a chequitor panying latter. en above are correct: ails: rement:- nature:	value P Sort C Account Num Sign Quantity Price Arithmetic	Date:	18 Aprak Som as
I confirm the details give Validation of invoice detail If Payment is for reimbur Claimant's signature: Authorising Officer's Signature Amount Authorised:	Document inclusive Please provide a chaque companying latter. en above are correct: ails: rement:- nature: 173-00 31 330 3796.	Value ***	Date: Date: Date: Date: Date:	18 April Som as
Validation of invoice details given Validation of invoice details given Validation of invoice details (Free Payment is for reimbur Claimant's signature: Authorising Officer's Signature (Free Payment Authorised)	Document inclusive Please provide a sheque tompanying latter. en above are correct: ails: rsement:- nature: 173-00 31 330 3796.	Value ***	Date: Da	18 Aprak Som as
I confirm the details given Validation of invoice details given Validation of invoice details (If Payment is for reimbur Claimant's signature: Authorising Officer's Signature (If Amount Authorised:	Document inclusive Please provide a sheque tompanying latter. en above are correct: ails: rsement:- nature: 173-00 31 330 3796.	Value P Sort C Account Num Sign Quantity Price Arithmetic Job Title: Job Location:	Date: Da	18 Aprak Som as
Validation of invoice details given Validation of invoice details given Validation of invoice details given Flayment is for reimbur Claimant's signature: Authorising Officer's Signature: Authorising Officer's Signature:	Document inclusive Please provide a sheque tompanying latter. en above are correct: ails: rsement:- nature: 173-00 31 330 3796. Dicable) FINA	Value Value Value Sort Control Account Num Sign Quantity Price Arithmetic Job Title: Job Location:	Date: Da	18 Musk Som as

This form is not a Purchase Requisition, it should be used to authorise payment for goods/services only

Transaction Number	Scottish Prison Service Human Resources	eo	REQUISITION NO:	14R002936
PURCHASE REQUISITION			P/ORDER No: PO AUTH Signature GRN 1	
REQUESTERS LOCATION: DATE OF REQUEST: DELIVERY LOCATION: REQUESTERS CONTACT TEL No COST CENTRE: PROJECT CODE:	ER&R 23/1/18 48 0131 330 3807 15034 013		GRN 2 INV NO AUTH Signature	
	DESCRIPTION	DATE ACCOUNT QUANTITY	OUANTITY LINIT OF	+
Catalogue No		ED	-	PRICE EX VAT CORE
1 10/5	5 cependidine a	ナナナナ	1 ewn	16,175.00
2 ×	tial 1:00 - 548	>		
2 4				
5				
0			/-	
ADDITIONAL INFORMATION	DRMATION			Sub Total 6,/73 ⋅ ∞ Vat
	[3]	SUPPLIER		Total 6,175 cv
	I.	NAME PCA		ENTITY
Requester's Signature:		Print Name:	Pric Russes	Date 2311/18.
I have checked my budget and I have sufficient funds available to make this Purchase.	e sufficient funds available to m	ake this Purchase.		
Budget Holders Signature:		Print Name:	JANICE BARLLAY Date	Mate 30/1/18



The Professional Trades Union for Prison, Correctional & Secure Psychiatric Workers ALBA HOUSE, 21 CALDER ROAD, EDINBURGH EH11 3PF



Our Ref: Dep/01/18

16 January 2018

Adam Jobson Scottish Prison Service Calton House 5 Redheughs Rigg EDINBURGH EH12 9HW

Dear Sirs

CLAIM FOR REIMBURSEMENT OF A PROPORTION OF TRAVEL AND SUBSISTENCE COSTS OF ELIGIBLE POA SCOTTISH NATIONAL COMMITTEE MEMBERS

I refer to the outline agreement reached between the Scottish Prison Service and the Prison Officers' Association at our meeting on 2 July 2004. In accordance with Section 2 of that agreement, I hereby submit a claim for reimbursement from the Scottish Prison Service of the agreed proportion of Travel and Subsistence expenses incurred by the Prison Officers' Association in relation to the eligible POA SNC members for the period 1 April 2016 to 31 March 2017.

I attach a spreadsheet showing the total qualifying travel and subsistence expenses which have been paid by the Prison Officers' Association to the eligible POA SNC members identified during this period.

In accordance with the apportionment arrangements set out in Section 2 of the agreement between us, taking into account the provisions relating to the 'Annual Cap', I would be grateful if you could arrange to reimburse us the amount of £16,173.00 this amount being the value of the 'Annual Cap' which is set at 50% of the equivalent expenditure for 2003-04

I certify that:

- the eligible POA SNC members detailed on the spreadsheet made the journeys detailed;
- the expenses shown were actually and necessarily incurred by the eligible POA SNC members detailed in the carrying out of appropriate employment relations activities and trade union duties;
- all of the qualifying travel and subsistence expenses claimed were legitimate and complied fully with the travel and subsistence rules of the POA;

t: 0131 443 8105 f: 0131 444 0657 e: adminscot@poauk.org.uk

- all of the qualifying travel and subsistence expenses detailed in the attached spreadsheet have been paid by the Prison Officers' Association to the eligible POA SNC members detailed; and
- none of the qualifying travel and subsistence expenses claimed relate to expenses arising out of the involvement of eligible POA SNC members in designated partnership projects (Section 1 of our agreement) which fall to be claimed by the eligible POA SNC member directly from SPS.

Yours faithfully