Payroll Use Only - Employee Number

**MP’s Name** CAPITAL LETTERS **Constituency** CAPITAL LETTERS

**Staff Member Details**

Title First Name Last Name

KIT Day(s) – List Date(s)

Max 10 days

or

SPLIT Day(s) – List Date(s)

Max 20 days

**Authorisation & Declaration**

* I authorise IPSA to pay the staff member for the KIT / SPLIT days shown above
* I confirm the payments requested were incurred in the provision of staff to assist me with the performance of my parliamentary duty

MP’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: Amendments must be received before the 15th of each month. If the 15th falls on a weekend then the payroll cut-off is the previous working day.***

**Please email this signed form to** [**payroll@theipsa.org.uk**](mailto:payroll@theipsa.org.uk)

**Alternatively please send it to IPSA, 2nd Floor, 85 Strand, London, WC2R 0DW.**

**If you have any questions about completing this form, please call 020 7811 6400 / Option 2.**

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**Payroll use only**

**Keyed by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Checked by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**