|  |  |
| --- | --- |
|  | External Examiner Claim Form This form should not be used by full time UEL members of staff. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 1 : General Information | | | | | | | | | | | | | | | | | | | |
| **Surname** |  | | | | | | | | | | | Mr/Mrs/Miss/Ms/Prof/Dr | | | | | | | |
| **Forenames** |  | | | | | | | | | | | Male/Female/Prefer not to say | | | | | | | |
| **Home Address**  Please give your FULL postal address  If this is a change to your address details please tick 🞏 | This is where your pay advice is sent | | | | | | | | | | | | | | | | | | |
| **Daytime Contact Number** |  | | | | | | | | | | | | | | | | | | |
| **Bank/Building Society Details** | Bank Name | | | | | | | | | | | Sort Code | | | | | | | |
| If this is a change to your bank details please tick 🞏 | Branch | | | | | | | | | | | Account No. | | | | | | | |
| National Insurance Number | **A** | | **A** | **N** | **N** | **N** | | **N** | **N** | **N** | **A** | Date of Birth\* | | **D** | **D** | **M** | **M** | **Y** | **Y** |
| **NB: All of the above details must be completed for each claim before it can be processed for payment.** | | | | | | | | | | | | | | | | | | | |
| Section 2 : Fee & Travel Expenses for External Examiners Travel receipts or tickets must be attached to this form. We regret that we are able to reimburse standard class rail fares and economy airfares only. | | | | | | | | | | | | | | | | | | | |
| **Reason for claim (i.e. board meeting/ school visits)** | | | | | | |  | | | | | | | | | | | | |
| **Fee** | | Date/Dates | | | | | | | | | | | £ | | | | | | |
| **Tube/Bus/Rail Fare** | | From \*\* | | | | | | | | | | | £ | | | | | | |
| **Car Mileage** (45p/mile) | | Distance | | | | | | | | | | | £ | | | | | | |
| **Subsistence** (please specify) | |  | | | | | | | | | | | £ | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |
| **Project Code:** | | **Analysis Code:** | | | | | | | | | | | **TOTAL: £** | | | | | | |
| Costing for budgetary purposes only, to be completed by Schools/Services authorising signatory. | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| Section 3: Declaration I certify that I have performed the above duties, and that the above expenses were actually and necessarily incurred for the purposes stated. **(Please read the notes below before making a claim)** | |
| **Claimants Signature:** |  |
| **Date:** |  |
| **Authorising Signature:** |  |
| **Date:** |  |

|  |
| --- |
| **Please return this form and any attachments to the respective UEL school office.** |

Thank you for agreeing to external examine at the University of East London. Please read the following important information before completing the form overleaf.

## FEE PAYMENTS

All fee payments are processed through the University’s payroll system. Pay day is the last Thursday of the month and payment is made by BACS transfer into your bank account. Please ensure that these details are provided in an accurate and timely basis to ensure payment is received. Your National Insurance Number is needed in order for a payment to be processed.

*(Please note that fee payments are processed on the submission of your annual report.)*

## EXPENSES

We are only able to reimburse standard class travel fares, for which receipts or travel tickets must be produced.

Expense claims must be submitted within three months of the expenditure being incurred. Claims received after this deadline may not be paid.

Please refer to the guidance notes contained within the External Examiners Manual and the Travel, Subsistence & Expenses Policy.