

EXTERNAL EXAMINERS CLAIM FORM POSTGRADUATE

For payment details please complete clearly in block capitals in Section 2. For payment details please complete either Section 3 or Section 4. Complete Section 5, sign Section 8 and return form to the School. If National Insurance number has been provided, the School should complete the Authorisation box in Section 9 and send original copy to Payroll - if being treated as Self-Employed, then please scan form and receipts to expenses.ap@dundee.ac.uk.

1. SCHOOL USE ONLY		
From	Department	Ext No
Student Name/Subject of Examination	School	Degree

2. PAYEE DETAILS	
First Name	Surname
Home Address	
Post Code	Email Address
<p>The University will treat you as Self Employed. It is your responsibility to declare to HMRC any payment or fees made to you for work done. This does not apply to reimbursement of expenses.</p>	

3. PAYMENT WITHIN THE UK - DIRECT BANK TRANSFER		
Sort Code (6 digit number)	Bank Account Number (maximum 8 digits)	Bank Name and Address

4. PAYMENT OUTWITH THE UK - DIRECT BANK TRANSFER
Beneficiary Account Name
Beneficiary Bank Account Number
MANDATORY FOR PAYMENT OF EUROS WITHIN THE EUROPEAN UNION
Beneficiary IBAN Number
Beneficiary Bank SWIFT Code
ABA Routing Number / Clearing Code
Beneficiary Bank Name and Address (including Country)

5. DETAILS OF EXPENDITURE / PAYMENT				Mileage	Currency	Amount	FINANCE USE ONLY	
Please list payment details below and number receipts accordingly								
Travel Details (if applicable) - Road travel, please list journeys, individually, showing dates / mileage under details of claim / expenditure								
TRAVEL FROM	DATE OF TRAVEL					£	p	£ p
1								
2								
3								
4								
ANNUAL FEE								
EXAMINERS MEETING/ORAL EXAM		Date	No of Days					
						TOTAL		

6. FINANCIAL LEDGER CODE ALLOCATION (UNIVERSITY OF DUNDEE USE ONLY)								
Project	Project Type	Budget Group	Fund Source	Budget Centre	Nominal	PAYMENTS WITHIN UK		AMOUNT IN GBP
						PAYMENTS OUTWITH UK		
						TYPE OF CURRENCY	AMOUNT IN CURRENCY	

7. CLAIMANT'S SIGNATURE		DATE	8. AUTHORISATION SIGNATURE		DATE