



Manchester
Metropolitan
University

**EXTERNAL EXAMINER CLAIM FORM
FOR FEES AND EXPENSES**

Fin 1E

TO BE COMPLETED BY EXTERNAL EXAMINER

All approved claims will be paid directly into the External Examiner's bank account

Title Telephone No.
 Surname Email Address
 Forename Bank A/C No
 Home Address (including post code)
 Sort Code - -
 National Insurance No.
 Employee Ref. No.

	Amount	
	£	p
Examiner's Agreed Annual Fee		
Mileage - total from breakdown on next page		
Other Expenses - total from breakdown on next page		
Total Claimed		

I request payment of fees, and reimbursement of the expenses specified above incurred wholly, exclusively and necessarily on University business.

EXTERNAL EXAMINER'S SIGNATURE **Date**

Please forward the form, and any associated receipts, to the relevant Faculty Quality Administrator

Faculty Quality Administrator's Signatures

Original Right-to-Work Documentation (verified by)..... **Date**

Examiner's Report Received (checked by) **Date**

Head of Department's Authorisation & Confirmation Work Completed

Head of Department's Name (PRINTED)

Head of Department's Signature..... **Date**

Please forward the form to the Faculty Finance Office

FINANCE USE ONLY

Description	Wage Types	Miles Claimed	Amount		Cost Centre / Project	Business Area
			£	p		
Examiner's Fees	2127					39
Subsistence	2500					
Car Mileage (higher rate)	2182					
Car Mileage (lower rate)	2181					
Tube	2514					
Bus	2515					
Tram	2516					
Trains	2517					
Taxis	2518					
Air Fares	2519					
Sea Travel	2520					
Cycle Mileage	2521					
Other Travel	2501					
Postage / Phone	2508					
TOTAL						

CHECKED BY FINANCE: **Date**

Please forward the form to Payroll

