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| |  |  |  |  | | --- | --- | --- | --- | | **To be completed by all claimants - please use BLOCK CAPITALS** | | | | | Title: | Forename: | Middle name(s): | Surname: | | Gender: | Date of Birth: | Nationality: | National Insurance Number: |  |  |  |  |  | | --- | --- | --- | --- | | Address: | Name of account holder: | | | |  | Bank name: | | | |  | Branch: | | | | Postcode: | Sort code: | | | | Tel no: | Account No: | | | | Email address: | | | | | Programmes Examined: | | Pathway/Subject (if different): | | | **CLAIM FOR FEE IN RESPECT OF AWARD EXTERNAL EXAMINING AT UCSD** | | | Amount (£) hhh | | Date(s) of attendance during academic year: | | Reason for attendance(s): |  | | TOTAL | | |  | |
| I certify I have worked on the dates indicated above and request payment.   |  |  | | --- | --- | | Signature of Award External Examiner | Date |   NOTE: Please return this form to: **Deputy Head of Higher Education, University Centre South Devon, Long Road, Paignton, TQ4 7EJ or** [**university@southdevon.ac.uk**](mailto:university@southdevon.ac.uk)**.** |
| **HE QUALITY OFFICE USE ONLY**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Cost centre | Analysis Code | | | | | Fee |  |  | | | | |  | | | | | | | Budget Authority |  | Print Name |  | Date |  | |  | | | | | | | Finance Authority |  | Print Name |  | Date |  | |

Please note that payment of the fee cannot be made until the Right to Work check has been completed and all due reports have been received.