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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:  |
| Programme Examined: | Pathway/Subject: |
| CLAIM FOR FEE IN RESPECT OF 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 External Examiner | Date |  |

NOTE: Please return this form to: **Deputy Head of Higher Education, University Centre South Devon, Long Road, Paignton, TQ4 7EJ** |
| **HE QUALITY OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
|  | Cost centre |  Analysis Code |
| Fee |   |  |
|  |  |  |  |
| Budget Authority |  | Print Name |  | Date |  |
|  |  |  |  |
| Finance Authority |  | Print Name |  | Date |  |

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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.