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| **Bangor University - External Examiners Claim Form  Undergraduate and Taught Postgraduate Programmes  delivered in partnership with another institution** |

**IMPORTANT - PLEASE READ THIS INFORMATION FIRST**

**Use this form (PYEE) for External Examiners payments via the payroll only.**

This form should be used for externally examining the following:

Undergraduate programmes

Taught Master’s programmes, including MRes

DAgEnv, DClinPsy, DHealthcare, DMin, EdD and EngD programmes - Part one only.

**DO NOT use this form for:**

Externally examining Research Degree theses (Professional Doctorate, PhD, MPhil, Masters by Research).

**TRAVEL EXPENSES:**

Original itemised VAT receipts must be produced.

Public transport should be used where practicable, and standard class off peak or advanced fares should be used where available. The University will **not** reimburse first class rail fares.

Where reasonable public transport facilities do not exist, or a substantial saving in time could be effected, a car mileage allowance may be claimed at the rate of 45p per mile. Examiners should ensure that their policy covers the use of their car on business. The maximum payment for mileage claims will be the equivalent to the appropriate off peak return rail fare.

Air travel within the UK may be permitted in exceptional circumstances. This **MUST** be agreed in advance with the Senior Quality Assurance Officer. External Examiners traveling from Dublin are expected to travel as foot passengers on the ferry. The University will not reimburse the cost of bringing a car to the UK.

**SUBSISTENCE CLAIMS:**

**All claims must be supported by relevant, itemised, VAT receipts otherwise payment will be refused.** The actual amount of expenditure incurred on subsistence whilst undertaking external examining on behalf of the University will be reimbursed, up to the following maximum amounts.

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| --- | --- | --- | --- |
| Overnight | Maximum for each night absent from home to cover also an absence up to 24 hours | Accommodation | £66.00 |
| Subsistence | £30.00 |
| 16 plus | Maximum for an absence from home of more than 16 hours but not including a night | £20.00 | |
| 12 to 16 | Maximum for an absence from home of more than 12 hours but not more than 16 hours, not including a night | £16.00 | |
| 8 to 12 | Maximum for an absence from home of more than 8 hours but not more than 12 hours, not including a night | £12.00 | |
| 4 to 8 | Maximum for an absence from home of more than 4 hours, but not more than 8 hours, not including a night | £8.00 | |

**POSTAGE/CARRIAGE EXPENSES:**

Any expense incurred in the transfer of theses, scripts or other examination material should be specified and receipts provided.

**NOTE TO EMPLOYING DEPARTMENT**

The identity check is mandatory for all claim forms. Please ensure that all documents are photocopied and retained in the Department. The photocopies must clearly show the necessary information including type of document, name of the person, and expiry dates or limitations or reference numbers and photographs where possible.

The employing department should also ensure that the documents relate to the person presenting them, by checking photo­graphs and dates of birth, where possible.

For further advice or guidance on the identity check, please contact the Human Resources Department.

**This form should be signed by the External Examiner and then returned for approval to:  
Dr Sarah Jackson: s.m.jackson@bangor.ac.uk**

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| **Bangor University - External Examiner Claim Form** |  | **Pay No** |  |

**PAYEE DETAILS — You must complete all the boxes in this section fully. If you do not, the form will be returned to you.**

|  |  |  |
| --- | --- | --- |
| Title (Mr/Mrs etc) | Date of Birth | National Insurance No. |
| Full Name | | |

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| --- | --- |
| **Partner Institution** |  |
| **Programmes Examined** |  |

**THE FEES - You must complete all the boxes in this section fully. If you do not, the form will be returned. Enter each fee on a separate line with the fullest details. All payments on the form will subject to tax and national insurance.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date start | Date finish | Description of Work | Cost Code | Fee  to be Paid |
|  |  | External examining undergraduate programmes, including attendance at BoE |  |  |
|  |  | External examining postgraduate programmes, including attendance at BoE |  |  |
| **Total Fees Claimed £** | | | |  |

**MILEAGE CLAIM - You must complete all the boxes in this section fully. If you do not, the form will be returned. Enter each business journey on a separate line. Use a separate piece of paper if there is insufficient room.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Travel from | Travel to | Purpose of journey | Cost Code | Miles | Rate (£) | Amount to be Paid |
|  |  |  |  |  |  | 0.45 |  |
|  |  |  |  |  |  | 0.45 |  |
|  |  |  |  |  |  | 0.45 |  |
|  |  |  |  |  |  | 0.45 |  |
| **Total Mileage Claimed £** | | | | | | |  |

**OTHER EXPENSES - You must complete all the boxes in this section fully. If you do not, the form will be returned. If applicable, list each expense. All expenses must be supported by original receipts.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Description of expense | Cost Code | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Expenses Claimed £** | | |  |

**CLAIMANTS SIGNATURE**

*I certify that I have undertaken the work for which payment is requested and that the expenses have been actually and necessarily incurred in conducting that work. I understand that the University is obliged to deduct Income Tax and National Insurance from my payments and that Basic rate will be assumed unless I provide a P45/P46/P38s before the payment is made.*

Form ref **PYEE** available from the Quality Enhancement Unit

Signed: Date:

**EMPLOYING DEPARTMENT** In the event of a query, this will enable us to contact the right administrator in the employing department.

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| Name of Raising Department | Quality Enhancement Unit |
| Contact Name in Department | Sarah Jackson |
| Contact Telephone No | 01248 382429 |

**AUTHORISING SIGNATURE**

I have checked the details on the above claim and confirm that the work has been undertaken and I approve the payment. I understand my obligations as an authorised signatory under the Financial Regulations. I am not connected or related to the claimant.

Signed: Name: Date:

**This form should be signed by the External Examiner and then returned for approval to Dr Sarah Jackson: s.m.jackson@bangor.ac.uk**