Bangor University

**Fees and Expenses for External Examiners for   
Research Degrees**

**A TRAVEL EXPENSES**

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

2 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. The maximum payment for mileage claims will be the equivalent to the appropriate off peak return rail fare.

**Note:** Examiners should ensure that their insurance policy covers the use of their car on University business.

3 Air travel within UK may be permitted in exceptional circumstances. This MUST be agreed in advance with the Quality Assurance Manager. 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.

**B SUBSISTENCE CLAIMS**

**All claims MUST be supported by relevant expense vouchers or VAT receipts otherwise payment will be refused.** **Please note photocopies of receipts are not acceptable**.

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:

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | |

**C POSTAGE/CARRIAGE EXPENSES**

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

**This form should be signed by the External Examiner and then returned for approval to:**

**Dr Sarah Jackson: s.m.jackson@bangor.ac.uk**

|  |  |
| --- | --- |
| **Bangor University** | Pay No. |
| **External Examiners  Claim Form**  **Research Degrees** |  |

**Please note that Payment is by BACS; on the last day of the month**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of External Examiner |  | | | | |
| Address for Remittance Advice |  | | | | |
| Home Address  (if different) |  | | | | |
| Contact Telephone /  E-Mail |  | | | | |
| Name of Candidate |  | School |  | | |
| Bank Sort Code/SWIFT  Bank Account Number/ IBAN NO. |  | | | | |
| Bank Name & Branch Location |  | | | | |
|  | **Please provide details and receipts** | | | **Cost Code** | **Amount to be paid** |
| **Examination Fee** | **MbyRes / MPhil / PhD / DAgEnv / DClinPsy / DHealthcare / EdD / EngD**  (delete as appropriate) | | | GSS 603  448 |  |
| **Mileage** | Total mileage (return)  From/To: | | | GSS 603  550 |  |
| **Travel Costs**  (See over for rates) |  | | | GSS 603  542 |  |
| **Subsistence**  (See over for rates) |  | | | GSS 603  555 |  |
| **Other Expenses** |  | | | GSS 603 |  |
| **Total**  **(for Office Use only, please leave blank)** | | | | |  |

**The period covered by this claim:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Claim Start Date |  | | Time |  | Claim End Date |  | | Time |  |
| I certify that I have actually and necessarily incurred the expenses above and the amounts claimed are in accordance with the University’s current rates. **Supporting receipts, tickets etc. are enclosed as requested**. I also certify that the expenses are wholly as a result of the discharge of my examiner duties and they have not and will not be claimed from another source. | | | | | | | | | |
| **Signed**  (External Examiner) | |  | | | | **Date** |  | | |
| **Approved**  (QE Unit) | |  | | | | **Date** |  | | |

**Please attach all receipts and vouchers**