

QUEEN'S UNIVERSITY BELFAST

PAYMENT OF FEES AND EXPENSES TO EXTERNAL EXAMINERS POSTGRADUATE EXAMINING

Name of Examiner (CAPITALS) Title

Address (to which cheque should be sent)

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National Insurance Number

TRAVEL

Purpose of Journey

Travelling - **Outward** from to QUB on20

Return from QUB to on 20

Claimed
£ p

Air/Boat

Bus/Underground/Taxi/Train etc

Car _____ miles @ 40p per mile

SUBSISTENCE

Accommodation

Meals etc

Postage and Telephone

Other expenses

TOTAL

RECEIPTS AND VOUCHERS WILL BE REQUIRED TO SUBSTANTIATE CLAIM

OFFICE USE ONLY

Appointment - Faculty of Page

W	CA	P	O	D	Points	CHARGE AC:-	Expenses £	:	p
Payment							£		

Authorised by Examinations Officer Date

Paid by Bursar's Office Date

General Subject of Examination Main/Supplementary

Faculty

*IT IS THE RESPONSIBILITY OF THE CHAIRPERSON OF THE BOARD OF EXAMINERS TO ENSURE THAT THIS SIDE OF THE FORM IS COMPLETED ACCURATELY AND THAT THE FORM IS MADE AVAILABLE TO THE EXTERNAL EXAMINER FOR SIGNATURE. A SEPARATE CLAIM FORM IS REQUIRED FOR SUPPLEMENTARY EXAMINATIONS.

Module No	Course Title	Date of Examination	No of Students taking this paper	+Forms of examination
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+ For example, written (W), practical (P), oral (O), dissertation (D), continuous assessment (CA).

Signature of external examiner Date

*Signature of Chairperson of Board of Examiners Date

SINCE PAYMENT OF FEES IS MADE ONLY ON RECEIPT OF THIS CLAIM (AND THE EXAMINER'S REPORT TO THE SECRETARY TO ACADEMIC COUNCIL), IT IS ESSENTIAL THAT THIS FORM BE COMPLETED AND RETURNED AS SOON AS POSSIBLE TO:-

The Academic Council Office
Level 6 - Administration Building
The Queen's University of Belfast
University Road
Belfast BT7 1NN