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| **EXTERNAL EXAMINERS (TAUGHT PROGRAMMES)**  ***CLAIM FOR REIMBURSEMENT OF FEES, TRAVELLING AND SUBSISTANCE EXPENSES ACTAULLY INCURRED*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please use block capitals and refer to notes overleaf \*These fields are mandatory* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME OF CLAIMANT** | | | |  | | | | | | | | | | | | | | | | | | | | **Date of Birth\*** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | |  | | | |  | |  | |  | | |  | |
| **HOME ADDRESS** | | | |  | | | | | | | | | | | | | | | | | | | | **National Insurance No\*** *(unless foreign national)* | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | |  | | | |  | |  | |  | |  | | |  |
| **BANK DETAILS** | | | | **Bank Name and Address** | | | | | | | | | | | | | | | **Sort Code** | | | | | | | | | | | | | | | | | | | | **Account Title/**  **Reference**  *(if applicable)* | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Account Number** | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **FEE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U/Grad |  | | | | P/Grad | | |  | | **Date Report Submitted** | | | | | | | | | | | | | | **Report Reference No** | | | | | | | | | | | | | | | | | | | | | | |
| **School/College:** | | | | | | | | | | **Programme:** | | | | | | | | | | | | | | **Subject Area:** | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Examination Board attended:** *(if applicable)* | | | | | |  | | | | Total Numbers | | | | **Modules:** | | | | | | | | **Dissertations:** | | | | | | | | | | | | | | **Scripts:** | | | | | | | | | | |
| **TOTAL FEE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **£** | | | | | | | |  | | |
| **TRAVEL AND SUBSISTENCE EXPENSES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date(s) of journey** | | | | | | | **Travel between:** | | | | | **Times of:** | | | | | | | | | **Public Transport/Car Hire £** | | | | | | | | | | | | | | **Subsistence £** | | | | | | | | | | | |
| **Depart Return** | | | | | | | | |
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| **RECEIPTS/VOUCHERS MUST BE SUBMITTED WITH THE CLAIM Sub totals (A)** | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | |  | | |
| **If claiming car allowance, please provide the following information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **From:** | | | | | | | | To: | | | | | | | | Mileage: | | | | | | | | | | | | | | **Car Allowance (B)** | | | | | | | | | | | | | | | | |
| **From:** | | | | | | | | To: | | | | | | | | Mileage: | | | | | | | | | | | | | | **£** | | | | | | | | | | | | | |  | | |
| **Postages, Carriage and other Expenses (Please specify)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RECEIPTS MUST BE SUBMITTED WITH THE CLAIM – IF UNOBTAINABLE, FULL DETAILS SHOULD BE GIVEN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Postages, etc. (C)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **£** | | | | | | | | | | | | |  | | |
| **TOTAL EXPENSES (A) + (B) + (C)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **£** | | | | | | | | | | | | |  | | |
| **DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the fees and expenses I have claimed above are correct and in accordance with the approved scales of payment. The journey(s) I have stated were in respect of my official work duties and that no other claim, or request for a fee in respect of the journey(s) made has been, or will be made, against the University, or any other agency.  **Signature: ……………………….……………………………………………………. (Claimant) Date: …………………………………………** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACADEMIC SERVICES/FINANCE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cost Codes £ p** | | | | | | | | | | | | | | | | | | | | | | | **Checked By (Quality Office):** | | | | | | | | | | | | | | | | | | | | | | | |
| Fee | | **ASD1012-101.5340** | | | | | | |  | |  | |  | |  | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Expenses | | **ASD1012-101.5900** | | | | | | |  | |  | |  | |  | |  | | |  | | |
| **TOTAL CLAIM** | | | | | | | | |  | |  | |  | |  | |  | | |  | | | **Authorised By Head of Academic Quality Services:** | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | | | | | | | | | |
| **Payroll Use** | | | **Week No** | | | | | | **Payroll No** | | | | | | | | | **Initials** | | | | | | | | | | | | | | **Date** | | | | | | | | | | | | | | |

**Please send all completed forms to:**

**External Examiners | Hawliad Arholwr Allanol**

Academic Quality Services | Gwasanaethau Ansawdd Academaidd

Academic Services| Gwasanaethau Academaidd

Swansea University | Prifysgol Abertawe, Singleton Park | Parc Singleton

Swansea | Abertawe, Wales | Cymru, SA2 8PP

Email: [externalexaminers@swansea.ac.uk](mailto:externalexaminers@swansea.ac.uk)

Fees are only payable on submission of an acceptable end of year report using the University’s on-line system - a claim form must be submitted, as the fee is not automatically generated.

#### Notes/Extracts from Financial Regulations

1. Failure to (a) complete the appropriate sections of this form or (b) comply with University regulations will lead to delays or non-payment of claims.
2. **Supporting receipts/vouchers must be obtained and submitted with each claim**; photocopies and credit card slips will not be accepted with postal claims – scans/photo images are acceptable for emailed claims.
3. Reimbursement will only be made in cases where expenditure has been incurred properly and necessarily for the University’s benefit. Any aspects of private usage must be excluded from expense claims.
4. Income tax and/or national insurance payments will be deducted from reimbursed expenses as required by the Inland Revenue.
5. **Public Transport**

Actual expenditure on ‘bus, tube, rail fares, etc., will be reimbursed. Rail travel will normally be expected to be second-class.

1. The cost of taxis will be refunded only if their use is clearly necessary.
2. **Travelling**

Where reasonable public transport facilities do not exist or a substantial saving in time could be effected, a car allowance of **45p per mile** (24p per mile for motorcycles) may be claimed.

1. **Personal Expenses**

Personal expenses should not be included on claims for reimbursement of expenses. Examples of personal expenses are:

* Alcoholic drinks from a mini-bar or purchased other than to accompany a meal
* Newspapers; Green fees; ‘Pay as you view’ film/satellite/TV subscriptions
* Hair salons; Health Spas; Clothes; Child Care costs; Kennel fees

Where a member of staff stays overnight with a friend or relative instead of staying in a hotel, a payment of up to £25.00 per night may be made to the host. A signed receipt must be obtained from the host, which must be attached to the expenses form.

On receipt, your claim will be checked and authorised by Academic Quality Services before being sent to the Finance Department. Claims are processed by Finance around the **24th of each month.**

**ELIGIBILITY TO WORK IN THE UK**

External Examiners should be eligible to work in the UK and relevant evidence must be provided to the University during the UK Visas and Immigration/Right to Work checks. **The claim will not be processed until these checks have been carried out**.

**Please note**: All payments of fees and expenses will be made by bank transfer to UK bank accounts. If a UK bank account is not available, payments will be made by cheque.