|  |  |
| --- | --- |
| Office of the Registrar Direct tel. (01904) 876844Lord Mayor's Walk YORK  YO31 7EX |  |

# EXTERNAL EXAMINER EXPENSES CLAIM FORM

## Please complete all details in Section A, sign, attach receipts and return to the Registrar.

**A.** *To be completed by the claimant*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | | |  |  | | | | | |
| NATIONAL INSURANCE NO. | | | | | | | | | |  | EMPLOYEE NO. | | | |  | DATE OF BIRTH | | | | | |
|  |  |  | | |  | | |  | |  |  | | | |  |  | | |  | |  |
|  | | |  | | | | | | | | | | | | | | | | | | |
| ADDRESS | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |
| *This claim is being made in my capacity as External Examiner for (please state subject/programme)* | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| TRAVEL | | | DATE | | | | | | | FROM | | TO | | | SINGLE/RETURN | | | | | £ | |
| RAIL FARE | | |  | | | | | | |  | |  | | |  | | | | |  | |
| BUS FARE | | |  | | | | | | |  | |  | | |  | | | | |  | |
| AIR FARE | | |  | | | | | | |  | |  | | |  | | | | |  | |
| OTHER PUBLIC TRANSPORT | | |  | | | | | | |  | |  | | |  | | | | |  | |
| PRIVATE CAR | | | Please complete details overleaf and enter total claimed | | | | | | | | | | | | | | | | |  | |
| SUBSISTENCE | | |  | | | | | | | | | | | |  | | | | |  | |
| MEALS | | |  | | | | | | | | | | | |  | | | | |  | |
| HOTEL EXPENSES | | |  | | | | | | | | | | | |  | | | | |  | |
| OTHER EXPENSES | | |  | | | | | | | | | | | |  | | | | |  | |
| Please give details | | |  | | | | | | | | | | | |  | | | | |  | |
|  | | | PLEASE ATTACH ALL RELEVANT RECEIPTS TO THIS CLAIM FORMTOTAL AMOUNT CLAIMED | | | | | | | | | | | | | | | | | *£* | |
| *I certify that the whole of this claim relates to expenses incurred on University business only. Where mileage allowance has been claimed I certify that a valid certificate of insurance and road fund licence were operative throughout the period covered by the claim. I also certify that no other claim has been submitted in respect of claims above.* | | | | | | | | | | | | | | | | | | | | | |
| Signature of claimant | | | |  | | | | | | | | | | Date | | |  | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | |
| B. To be completed by the Registrar | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | DATE | | | | ACCOUNT NUMBER | | | | | TOTAL CLAIMED | | | |
|  | | | | | | | | |  | | | |  | | | | |  | | | |
| Registrar/Deputy Registrar | | | | | |  |  | | | | | | | | | | | | | | |
| Checked and approved as a claim in respect of external examining of University programmes | | | | | | | | | | | | | | | |  |

|  |  |  |
| --- | --- | --- |
| MILEAGE ALLOWANCE | | |
| **TRAVEL BY PRIVATE CAR** |  | |
| For the first 50 miles of each return journey | 45p per mile | |
| Thereafter | 25p per mile | |
|  |  | |
| DATE OF TRAVEL | MILEAGE | RATE PER MILE | TOTAL £ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | TOTAL CLAIMED | £ |

**What is a journey**? A return journey is classed as one journey e.g. travelling from A to B at 60 miles, then returning from B to A at 60 miles is a total journey of 120 miles. This will be paid as 50 miles at 45p, then 70 miles at 25p per mile.

**Subsistence Rates:** up to a maximum of:

|  |  |  |
| --- | --- | --- |
| Breakfast | Up to £6.00 | (if travel before 7.30am) |
| Lunch | Up to £8.00 | (if travel before 10am and continuing after 2pm) |
| Dinner | Up to £15.00 |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QA Reference: EE6

Maintained by: Registry

Last update: April 2013