

**Claim form for External Examiner Fees and Expenses (Research)**

To prompt payment of your fee please complete this form even if no expenses are due. A scanned copy of your bank statement is required to ensure we have your correct bank account/ sort code details when paying your fee.

# Full name and title of Examiner: ....................................................................................

**Name of Student Examined: …………………………………………… Date of viva: ………………**

Degree of: (please  the relevant degree) Ph.D M.Phil DClinPsy Other Please indicate with a  if this is a resubmitted thesis Yes No

**Preferred contact address:**

**Date:**

**Signature of external examiner:**

All payments will be made via BACS directly to your account.

Account details for BACS payment

|  |
| --- |
| Name on the account: |
| Name and address of bank or building society: |
| Account number: | Sort Code: - - |
| For payments to overseas accounts please provide both your International Bank Account Number and Bank Identification Code: | IBAN: BIC: |

P.T.O

**Travel Expenses** (Please enclose all receipts)

**Office Use Only**

Total payment due: £

Processed:

……………………………….….……..….…

Date:…………………….

Authorised:

…………………………………..………....…

Date:…………………….

Date report received:

Please note that for journeys within the U.K. it is University policy to reimburse standard class rail fare, irrespective of the mode of transport actually used.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Mode of transport (if car please state number of miles)\* | From | To | Amount Claimed\* |
|  |  |  |  | £ |
|  |  |  |  | £ |
|  |  |  |  | £ |
|  |  |  |  | £ |

Travel by car will usually be reimbursed at an amount equivalent to the standard class rail fare plus an allowance for parking & taxi connections

**Reason for use of private car (if applicable): ..........................................................................................................................**

**......................................................................................................................................................................................................**

**Other Expenses** (Please enclose all receipts)

|  |  |
| --- | --- |
| DESCRIPTION – Hotel, Meals, Car Parking, Postage / etc. | Amount claimed |
|  | £ |
|  | £ |
|  | £ |
|  | £ |

|  |  |  |
| --- | --- | --- |
| **Examination Fee** | **MPhil, MRes** or **MSc by Research** - **£110** (resubmission **£77**)**PhD, DClinPsy** or **MD** - **£165** (resubmission **£77,** or **£105** if 2nd viva is held)**DSc, DLitt,** or **PhD by published work** - **£220** | Fee Payable |
| £ |

Please submit this completed form to: externalexaminers@lancaster.ac.uk

|  |  |  |  |
| --- | --- | --- | --- |
| 1735/URP(vatable exp) | vat amount | 1706/URP(non vatable exp) | 1291/URP(fee payt) |