LIVERPOOL JOHN MOORES UNIVERSITY EXTERNAL EXAMINER FEE AND EXPENSES CLAIM FORM

# External Examiner details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | **Title** |  |
| **Address** |  |
| **Postcode** |  | **Tel. No.** |  |
| **Email address** |  |

**Bank details:** (Please note: failure to provide bank details will delay payment)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bank Sort Code** |  |  |  |  |  |  | **Bank Account No.** |  |  |  |  |  |  |  |  |

# Details of claim:

***Please specify details and enclose receipts. Receipts MUST be provided for all expense claims, excluding car travel (Please see the*** [***External Examiner Expenses Regulations***](https://www.ljmu.ac.uk/-/media/staff-intranet/academic-registry/files/external-examining/links/2324-updated-links-and-templates/ee-link-6--regulations-governing-external-examiner-expenses-202324.pdf) ***for further information)***

|  |  |  |
| --- | --- | --- |
| **Annual Fee** | **£** | **P** |
| **To be inserted by the Academic Quality & Standards Team** |  |  |

|  |
| --- |
| **Expenses** |
| **Expense type** | **Activity this expense relates to (including dates), for example meetings with programme teams or students, moderation activities etc.** | **Academic Year claim relates to** | **£** | **P** |
| **Car travel** | **Total Number of miles** |  |  |  |  |
|  |
| **Rail travel** |  |  |  |  |
| **Air travel** |  |  |  |  |
| **Other travel (please provide details below)** |  |  |  |  |
|  |
| **Hotel accommodation** |  |  |  |  |
| **Meals and subsistence** |  |  |  |  |
| **Other (please provide details below)** |  |  |  |  |
|  |
| **TOTAL (to be inserted by the Academic Quality & Standards Team)** |  |  |

I certify that I have performed the duties as set out in the letter of engagement and terms and conditions, therefore I have incurred the above expenses and I am entitled to the payment. I note that payment will be credited to my bank account. (If you have any queries regarding this please contact the [Academic Registry Helpdesk](https://helpme.ljmu.ac.uk/#form/class_name=RequestManagement.Request&lifecycle_name=NewProcess112&object_template_name=NewTemplate33632928160))

Claimant’s signature or e-signature: Date:

|  |  |
| --- | --- |
| *To be completed by: Academic Quality & Standards Assistant to facilitate payment of the annual fee.*Confirm receipt of annual report: Yes [ ]  No [ ]  | Date annual report received: |
| Authorised Signature (Head of Academic Quality and Standards) | Date: |
| *For collaborative provision only:*Authorised Signature (Director of School) | Date: |

# Second row to be completed in relation to collaborative provision only.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment 1**(Organisation) | **Segment 2**(Cost Centre) | **Segment 3**(Account Code) | **Segment 4**(Source of funds) | **Segment 5**(HESA cost centre) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Completed forms should be sent to the Academic Quality & Standards Team**

**Data Protection Act 2018/GDPR:** LJMU requires the personal data on this form in order to process your expenses claim. The data may be shared with the HMRC or the University’s auditors for tax and auditing purposes. The data is retained for six years after the end of the current financial year as required by the HMRC. **Tax:** Please note that the University will not deduct tax from payments made. External Examiners will need to make their own arrangements.