# LOUGHBOROUGH UNIVERSITY

**Payment of Fees and Expenses for External Examiners**

The following fees and expenses may be claimed in connection with the examination of research degrees of the University. Please submit your claim with the examination report form.

### FEES FOR EXAMINERS ARE AS FOLLOWS:

1. Examination of PhD/EngD candidate £175
2. Examination of MPhil candidate £100
3. Examination of referred PhD/EngD candidate (with oral examination) £100
4. Examination of referred PhD/EngD candidate (without oral examination) £75
5. Examination of referred MPhil candidate £50

### EXPENSES MAY BE CLAIMED AS FOLLOWS:

**Travel**

1. **Standard** rail fare – Please state class of travel, cost and return destination on the expenses claim form and provide the receipt/ticket. First class or business class travel is not permitted and no contribution towards first class travel costs will be made.
2. Mileage allowance – 45p per mile up to 150 miles

Thereafter – 25p per mile

Please state start and finish postcodes and verify mileage claimed via a suitable web mileage calculator eg Multimap, RAC, AA (please attach the sheet to the claim)

### Parking:

The costs of safe and appropriate car parking, together with the cost of toll and congestion charges, can be reimbursed.

### Taxi:

The expectation is that public transport will normally be used. Where this is not possible, or there are safety concerns, taxi fares are claimable with receipts. Please provide a supporting statement as to why a taxi was used. *If there is not strong justification for the use of a taxi, this will not be reimbursed.*

1. International Air Fare at standard rate

A maximum of £300 towards an international airfare may be claimed from the Doctoral College Office. An outstanding balance must be met by other sources and must be confirmed to the Doctoral College Office in advance.

1. Domestic air fares may be claimed. Examiners are requested, however, to obtain the most reasonable standard class fare.

### Hospitality

1. Overnight stay plus breakfast (if the oral examination has an early or late start) £100
2. The Doctoral College Office will also contribute up to £7.55 per head for lunch for the External and Internal Examiners making a maximum claim of £15.10
3. Dinner up to £25

### Receipts

1. Claims should be submitted for payment with the original itemised receipts obtained (please do not submit a credit card voucher).

Candidate’s name and ID number:



# CLAIM PAYMENTS FORM FOR EXTERNAL EXAMINERS

*Please note that fees will be subject to UK Income Tax. Claims for reimbursement of expenses, if applicable, should be in accordance with University regulations.*

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| **PERSONAL DETAILS** | | Loughborough University Payroll no. (if paid by the University before) | | |  |  |  |  |  |  |  |  |
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| Title | First Name(s) | | | Family Name | | | | | | | | |
| UK National Insurance no.  **(if you have one)** |  | | | Gender (M/F) Date of Birth (DDMMYY) | | | | | | | | |
| Address  **(if not provided previously**) |  | | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | |
| Bank Details  **(if not provided previously)**  If a foreign payment is required, please complete the “International Bank” spreadsheet to notify us of the relevant account details (i.e. SWIFT and IBAN codes). | Bank Branch Sort Code  Account No.  Roll No.  (if applicable) | |  | | | | | | | | | |

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| **Claim Details** | Claim Period:  DD **/** MM **/** YY **To** DD **/** MM **/** YY | | | | | | | | | | | | | | |
| Type of Examination | Fee | Charge Code | | | | | | | | | | | | | |
|  | **£** |  | Cost Centre | | **Account**  Code | | | | **Project**  Code | | | | | |  |
| **R** | **G** | **2** | **4** | **0** | **5** | **R** | **G** | **1** | **0** | **1** | **4** |  |
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Expenses should be claimed by completing an E1 form, ensuring that all instructions regarding the attachment of receipts are followed. The E1 form should then be authorised attached to this Claim form and submitted to Payroll.

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## Claimant Signature ……………………………………………………… Date…………………...

**FOR OFFICE USE ONLY**

Claim checked in department by [please print name] ...................................................................................... Signature of Department checker ………………………………………………………..Date …………………… HOD Approval ……………………………………………………………………………...Date……..………………

## 1

**Claim for travelling and out of pocket expenses (please return for to the Doctoral College Office, Registry)**

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| **Name:** |  | **EXTERNAL EXAMINER** |
| **Address:** |
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| **Email address:** |  | |
| **Purpose of Loughborough University business & dept:** | | |
| **Please can you complete all above in block capitals to prevent delays in payment** | | |

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| Date | Time(s) claim  incurred | **FULL PARTICULARS** | Mileage (car only) | **AMOUNTS CLAIMED** | | | |
| **example below** | Travelling (other than  car) | Subsistence | | Other items  (please |
| **01.01.2010** | **1.00pm** | **Return train ticket to leicester** | **-** | **£ 4.80** |  | | **-** |
| **ATTACH RECEIPTS TO A4 SHEET WITH GLUE OR SELLOTAPE - STAPLED RECEIPTS WILL BE RETURNED** | | | | | | | |
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|  |  | **TOTAL** |  |  |  | |  |
|  | | | | **SUB-TOTAL** | | |  |
|  |  | **Total mileage** |  | **Miles @ 45p** | | |  |
|  | **Miles @ 25p** | | |  |
| **Exchange rate used for overseas travel:** | | | **TOTAL EXPENSES CLAIMED** | | **£** |  | |

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| **NON-STAFF MUST SUPPLY U.K. BANK ACCOUNT DETAILS AS PAYMENT WILL BE MADE VIA BACS.** | |
| **Bank Sort Code:** | **Bank Account Number:** |

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As a claimant I certify that:

-expenses claimed have been incurred by me in the course of my official duties and are in accordance with payment of fees for external examiners,

-they have not and will not be reimbursed to me from any other source,

-claims for rail travel were via standard class,

-claims for air travel were via the most economic form of economy class,

-where claiming mileage I have attached evidence of route from Google Maps, RAC Route or AA Route map.

**Signed**

Date:

**Checked in Dept by: Print Name:**

**Registry Certification:**

**Print Name:**

Value: C/D

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Account code and Project code Type

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**Please print name/extension number/email address of the person to be contacted by Finance in the event of query**

Finance Office Comments:

Agresso Form E3 24.10.2013