ABERYSTWYTH UNIVERSITY

FEES AND EXPENSES OF EXTERNAL EXAMINERS (TAUGHT SCHEMES)

CLAIM FOR REIMBURSEMENT OF TRAVELLING AND SUBSISTENCE EXPENSES ACTUALLY INCURRED

**N.B. Payment is made by BACs - if your bank details have changed since your appointment you must contact the payroll office before submitting your claim**

|  |  |
| --- | --- |
|  | |
| Full Name |  |
| ABW#  (to be completed by AQRO) |  |

**I declare that the total claimed has been incurred by me solely in the course of the University’s business and does not include costs incurred by any other individual.**

**I ENCLOSE ORIGINAL RECEIPTS IN SUPPORT OF THE CLAIM.**

Purpose of Visit: ................................................................................................ Date of Visit: ..........................................................................

Signature: .......................................................................................................... Date: ......................................................................................

|  |  |  |
| --- | --- | --- |
| **1 *TRAVELLING***  (a) Public Transport    From: to:  (b) Private Car    Single/Return car mileage from: to:  miles @ p per mile  (first 200 miles @ 40p per mile, every mile thereafter @ 20p per mile) | £ | p |
| **2 *SUBSISTENCE***    Period from am/pm on to am/pm on    Other periods: @ |  |  |
| **3  *POSTAGES, CARRIAGE OR OTHER EXPENSES***  (Please give details and enclose receipts where possible) |  |  |
| ***TOTAL EXPENSES* £** |  |  |

**4 *FEE (to be calculated by AQRO)***

**Department Degree Gross Fee Tax Deduction**

.................................................... ........................ ................... ...........................

**Annual report submitted: Y/N**

|  |  |  |
| --- | --- | --- |
| (Please list all PGT Dissertation candidates, using a separate sheet if necessary)  ***TOTAL FEE* £** |  |  |

|  |  |  |
| --- | --- | --- |
| **TOTAL CLAIMED £** |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Prepared by:** | | **Date:** | **Certified for Payment** | | | |
|  | | | |
| **Main** | **Sub** | **Auxilliary** | **£** | **p** |  | **Notes:** |
|  | **G1160-01** |  |  |  |  |  |
|  | **G1160-01** |  |  |  |  |  |
|  |  | **Total** |  |  |  |  |