**Pay Rate (Office use only) – please tick**

□ External Examiner duties (hourly rate £11.01 including holiday pay element)

| Cost Centre | Activity | Job Code | Account Code |
| --- | --- | --- | --- |
| QUN | N/A | N/A | 50021 |

□ Annual Report submission and completion (hourly rate £26.66 including holiday pay element)



| **Title** |  | | **Forename** |  | | **Surname** |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pay ref No. (if known)** | |  | | | **NI** **Number** |  | |

| **Date incurred** | | **Programme/**  **Module code** | **Details of duties/expenses**  For each line of your claim please outline the activities undertaken and specify the expense incurred (*e.g. train fare*, *moderation, attendance at boards, other duties…)*  Please attach all receipts. | | | **Please state hours below**  *(Payroll -1400 & 1401)* | **Annual Report**  **Please state hours below**  Full day 7.5 hours  *(Payroll-1403 & 1402)* | | | **Expense amount**  *(Payroll- 1225)* | **Fee**  **amount** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  | |  |  | | |  |  | **Sub-total** | |  |  | |
|  | |  |  | | |  |  | **Total** | |  | | |
| **Claimant Signature** | | | **Date** | **Authorised by Budget Holder** | | | | **Date** | | |
|  | | | |  | | | | | | |

Please submit your completed form, with receipts to [externalexaminers@edgehill.ac.uk](mailto:externalexaminers@edgehill.ac.uk) or Governance, Quality Assurance and Student Casework, Edge Hill University, St. Helens Road, Ormskirk, Lancashire, L39 4QP.