EXTERNAL EXAMINER – FEE AND EXPENSE CLAIM FORM

Pay I	Rate	(Office	use	only) – p	lease	ticl
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\square External Examiner duti	es (hourly rate £13.48	B including holiday pay ele	ment
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	Annual Report submission and	completion (hor	ırly rate £26.66	including holiday	v na	v element
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Cost Centre	Activity	Job Code	Account Code	
QUN	N/A	N/A	50021	

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 Re Please stat below Full day 7.5 (Payroll-14	te hours	Expense amount (Payroll- 1225)	Fee amount
					Sub-total		
					Total		
							т

Claimant Signature	Date	Authorised by Budget Holder	Date

Please submit your completed form, with receipts to external examiners edge hill.ac.uk or Governance, Quality Assurance and Student Casework, Edge Hill University, St. Helens Road, Ormskirk, Lancashire, L39 4QP.