EXTERNAL EXAMINER – FEE AND EXPENSE CLAIM FORM

☐ External Examiner duties (hourly rate £14.01 including holiday pay element)

Pay Rate (Office use only) – please tick

		1 1 1 1		1	<u> </u>	Cost Centre	Activity	Job Code	Account Code	
☐ Annual	Report submissio	n and completion (hou	rly rate £26.66 including holiday	pay element)		QUN	N/A	N/A	50021	
									•	
Γitle		Forename		Surname						
Pay ref No. (if known)		NI Number								
	<u>.</u>		•	•						
Date incurred	Programme/ Module code	undertaken and specif	claim please outline the activities fy the expense incurred (e.g. train endance at boards, other duties)	Please state hours below (Payroll -1400 & 1401)	Annual Report Please state hou below Full day 7.5 hour (Payroll-1403 & 1	hours amount (Payroll- 1225)		unt	Fee amount	

Claimant Signature	Date	Authorised by Budget Holder	Dat	te

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

Edge Hill University

Activity	Job Code	Account Code

Sub-total

Total