**EXTERNAL EXAMINER/ASSESSOR EXPENSE CLAIM FORM**

Expense claim forms including scanned receipts should be submitted electronically to

academicquality@staffs.ac.uk

Please return your completed form as soon as possible after each visit.

|  |  |  |  |
| --- | --- | --- | --- |
| Forename(s) |  | Surname: |  |
| Date of Birth |  |  |  |  |  |  | National Insurance Number: |  |  |  |  |  |  |  |  |  |
| Staffordshire University School |  |

|  |  |
| --- | --- |
| **Purpose of Visit** |  |
| **Date of Visit** | From To  |

|  |  |
| --- | --- |
| **Expenses Incurred** | **Cost** |
| **Journey by Car:** Miles @ £0.45 per mile**Postcode travelled from:** |  |
| **Rail Fare:** From To |  |
| **Tube/Bus Fares:** From To |  |
| **Taxi Fares:** |  |
| **Hotel Accommodation:** |  |
| **Meals extra to above:** |  |
| **Other expenses (please specifiy):** |  |
|  | **Total** |
|  | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:*****External Examiner/Assessor*** |  | **Date:** |  |

Please submit scanned copy of form with handwritten signature or insert electronic version (eg jpeg image).

**Payment will be made to the bank details submitted in your personal details pack.**

**A pay advice will be sent to your home address as notified in the same pack.**

**If these details have changed, please update as applicable below:**

**CHANGE OF DETAILS**

|  |  |
| --- | --- |
| Full Name |  |
| National Insurance Number |  |

**New Address: *(only complete if this has changed)***

|  |  |
| --- | --- |
| Home Address |  |
| Telephone Number  |  |
| Email Address |  |

**New Bank Details: *(only complete if these have changed)***

|  |  |
| --- | --- |
| Name of Bank/Building Society |  |
| Branch Address |  |
| Sort-code |  |  | **-** |  |  | **-** |  |  |
| Account Number |  |  |  |  |  |  |  |  |
| Roll No (if applicable) |  |