**UNIVERSITY OF KENT**

**EXTERNAL EXAMINERS' PAYMENT REQUEST FORM FOR KENT & MEDWAY MEDICAL SCHOOL**

External Examiners are invited to claim travel costs and other reasonable and necessary expenses. The mileage rate for private cars is **45p per mile**. The University of Kent asks External Examiners to accept payment via bank transfer direct to their bank account as this reduces costs. Please complete the following details of the claim and return the signed form, together with relevant receipts,to:

**Examiners@kent.ac.uk** or

**Quality Assurance & Compliance Office, Rutherford College, The University of Kent, Canterbury, Kent CT2 7NX.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title: Forename(s):**  **Surname:**  **Home Address:**  **Tel No: Kent Pay Ref No:** | | | **Academic Year:**  **Programme of Study: BMBS** | | | | | | |
| **TRAVELLING EXPENSES: (please keep separate totals for expenditure in different currencies e.g. Euros, US Dollars)** | | | | | | | | | |
| **From** | **To** | **By car/rail/bus/taxi** | | **Mileage (by car only)** | | **Amount**  **£ p** | | **Total**  **£ p** | |
|  |  |  | |  | |  |  |  |  |
| **SUBSISTENCE:** Please give details of any expenses incurred for accommodation and meals. | | | | | | | |  |  |
|  | | | | | | | |
| **OTHER EXPENSES: (excluding the fee which will be included in the total payment) e.g. Postage**  **Telephone calls** | | | | | | | |  |  |
|  | | | | | **TOTAL** | | |  |  |
|  | | | | |  | | |

**\*Your National Insurance Number (if you have one) and date of birth are required before payment can be made\***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NI No:** |  |  |  |  |  |  |  |  |  | **Date of Birth:** |  |  |  |  |  |  |
| **Bank Name & Address: (For International Banks please include IBAN and SWIFT BIC)** | | | | | | | | | | | | | | | | |
| **A/C No:** |  |  |  |  |  |  |  |  |  | **Sort Code** |  |  |  |  |  |  |

I certify that the details of this claim are correct:

**SIGNATURE OF CLAIMANT:** .................................................................................. **DATE OF CLAIM**: ....................................................

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| **For University of Kent Use:** | | | | | | | | | | | |  |  | **£** | **P** |
| **4** | **2** | **5** | **5** | **5** | **7** | **1** | **4** | **3** | **6** | **2** | **2** |  | **Expenses** |  |  |
| **Fee** |  |  |
|  | | | | | | | | | | | |  | **Total** |  |  |
| **Authorised Officer: ................................................. Date Authorised: ...................** | | | | | | | | | | | | | | | |