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| Extern Examiner Expense Claim Form  |

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| --- | --- |
| Full Name |  |
| Address |  |
| Email |  | Telephone |  |
| UCD School |  | UCD Admin Contact |  |
| Subject Extern Examiner: Date of Visit |  |
| Special Extern Examiner: Date of Viva Voce  |  |

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| **EURO (€)** **EXPENSES** **- attach all receipts** | **DESCRIPTION** | **TOTAL (€)** |
| **Accommodation** *Number of overnight stays while visiting UCD. The cost of reasonable hotel accommodation (approx. €168 per night) will be reimbursed on a vouched basis.* |  |  |
| **Incidentals** *Food (max. €39.08 per day)* |  |  |
| **Travel** *Travel fares or motor km/mileage claimed* |  |  |
| **TOTAL € Expenses payable** |  |

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| **FOREIGN CURRENCY EXPENSES** **- attach all receipts** | **DESCRIPTION** | **TOTAL (Fx)** |
| **Incidentals**  |  |  |
| **Travel** *Travel fares or motor km/mileage claimed* |  |  |
| **TOTAL Foreign Currency payable** |  |

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| --- | --- |
| **TOTAL € and Foreign Currency Expenses in Payment** **Currency Requested** |  |

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| **Bank Details for Bank Transfer** |
| **Bank Name** |  |
| **Bank Address** |  |
| **Account Name** |  |
| **Swift/BIC** |  |
| **IBAN** |  |

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| **Extern Examiner***(PRINT)* |  | **Extern** **Examiner***(Signature)* |  | **Date** |   |
| **Head of School***(PRINT)* |  | **Head of School***(Signature)* |  | **Date** |  |

**For School Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Charge Code** | **Cost Centre** | **Expense Code** | **Amount**  |
| **Travel & Subsistence** |

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| **TOTAL Claimed (Specify Currency to be paid)** |  |