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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 | |  | |

|  |  |  |
| --- | --- | --- |
| **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** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 8 | 3 | 6 | 0 | 4 | |  |
| **TOTAL Claimed (Specify Currency to be paid)** | | |  |