### COLLEGE CODE: 499 COLLEGE NAME: College of Social Sciences

### PAY NUMBER: \_\_\_\_

###  [TO BE COMPLETED BY SCHOOL]

###

### EXAMINER EXAMINER

### SURNAME: FORENAME:

# College Information

Examination Period (Session/Diet):

Candidate’s Name:

Date of Oral Examination:

Subject:

Degree (PhD etc):

Date of Receipt of External Examiner’s Report:

**Expenses Claim *to be completed by External Examiner*** - Please return form to School Office. Please see Note of Guidance; **reasonable** actual outlay will be reimbursed

**Description** – e.g. Rail Standard; Air Economy Class; **Amount**

 Mileage (40p per mile); Taxis; etc

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **£****\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ £****\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ £****\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ £****\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ £****\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ £****\_\_\_\_\_\_**

 **Total £****\_\_\_\_\_\_**

I certify that this claim **a)** is to reimburse expenditure actually and necessarily incurred by me on behalf of the University of Glasgow and **b)** has not been and will not be met by any other outside agency.

**External Examiner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NB: Receipts should be provided for all expenses

Description Elem No Amount Account/Project

**Expenses 6040 £****\_\_\_\_\_ 6831 40681**

 (College to complete from above)

**Fee 6180 £200.00\_\_\_\_\_ 6830 40681**

 (to be completed by College)

### PD06/07 Screens Updated:       Date:      Input Checked By:      \_\_\_

# College Authorisation

Authorised Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorised Signatory (BLOCK LETTERS):**

Designation (BLOCK LETTERS):