



**CLAIM FORM FOR VIVA VOCE EXTERNAL EXAMINERS  
FEES & EXPENSES**

**CLAIMANT PERSONAL DETAILS**

Title:	Surname:	Forename:
Email:	Contact Telephone Number:	
Address:		
Tax Resident in Ireland: Yes <input type="checkbox"/> / No <input type="checkbox"/>		
If yes, PPS No. required:	If no, Date of Birth: <i>(required for Irish Tax Authorities)</i>	

**PROGRAMME DETAILS**

Academic Year <i>(Please specify which AY you are claiming for):</i>	AY20 _____ / 20 _____
Name of Thesis Candidate	
Type of Thesis <i>(Please tick the appropriate box):</i>	Master's Thesis <input type="checkbox"/> Doctoral Thesis <input type="checkbox"/>
External Examiner for which Institution <i>(Please tick the appropriate box):</i>	
University of Limerick <input type="checkbox"/>	Mary Immaculate College <input type="checkbox"/>

**ACCOUNT DETAILS**

Bank Name:	
Bank Address:	
Account Number:	Bank Sort Code:
<b>For Bank Accounts outside Ireland</b>	
IBAN Number:	BIC:
ABA Rounting Number: <i>(For U.S. Bank Accounts)</i>	

**TRAVEL EXPENSES**

	Date of Travel	Travel From	Travel To	Mode of Transport If by private car, please specify Distance (km) & Engine capacity (cc) <i>(See Over: Note 1)</i>			For Non-Irish Examiners only			Amount Claimed €
				Mode of Transport	Distance (km) <i>(If applicable)</i>	Engine Capacity (cc) <i>(If applicable)</i>	Currency Amount	Curr.	Exch. Rate	
1										
2										
3										
4										
5										
6										

SUB TOTAL €

**SUBSISTENCE / OTHER EXPENSES** *(See: Note 2)*

	Date	Description	Currency Amount	Curr.	Exch. Rate	Amount Claimed €
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**SUB TOTAL €**

**EXAMINATION FEE**

Fee Payable for Master's Thesis	Fee Payable for Doctoral Thesis	Amount Due €
€65	€135	

**GRAND TOTAL €**

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorisation Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Account Cost Centre: **3690 25402**

Grand Total € \_\_\_\_\_

**NOTE 1 - MILEAGE RATES**

**PLEASE NOTE:** Travel should be by public transport. If travelling from other areas where convenient public transport is not available, the following rates are payable for private car use:

<u>Rate per Kilometre (Cent)</u>	<u>Rate per Kilometre (Cent)</u>	<u>Rate per Kilometre (Cent)</u>
Engine Capacity up to 1,200 cc	Engine Capacity 1,201 cc to 1,500 cc	Engine Capacity 1,501 cc & over
39.12	46.25	59.07

**NOTE 2 - SUBSISTENCE**

**PLEASE NOTE:** Actual and reasonable expenses will be allowed, such expenses **must** be supported by receipts, when claiming reimbursement.

PLEASE **SIGN** THIS CLAIM FORM AND RETURN IT, ACCOMPANIED BY RECEIPTS TO:

CATE HORAN  
OFFICE OF THE VICE PRESIDENT ACADEMIC & REGISTRAR  
UNIVERSITY OF LIMERICK  
LIMERICK