University College C	Cork				
Finance Office					University College Cork, Ireland Coláiste na hOllscoile Corcaigh
EXTERNAL EXAMINI	ERS FEE & EX	PENSE CLAIM FO	RM		Colaiste na nOliscolle Corcaign
 Doctorate Degree/Vica Undergraduate & Taug Research Masters/MD: Dissertation Correction (For 1, 3 or 4) STUDENT NAME: 	sht Postgraduate : (€250 for MD/€	102 for Research Mas			
CLAIMANT DETAILS					
Name of External Exam	niner:				
Address:					
Email Address:					
-	low, ONE of th	e 2 options that app	lies to your taxation sta		
A) Tax Resident/Irish	PPSN Holder:			S No.:	
B) Non-Tax Resident:			ust Quote DOB if no PP		
Total No. of Days Wor	ˈked:	N	o. of Days Worked in Ir	eland:	
Remote or Hybrid Exa Please select one of the fo these do not apply. Remote: A) Remote: 3 days (100 B) Remote: 5 days (100 Mixed (In person and ro C) Hybrid: 3 days (1 day D) Hybrid: 5 days (2 day	ollowing that ap 0% remote, 1 da 0% remote, 2 da emote): v in person & 2	ay remote exam boa ay remote exam boa days remote)	rd, 2 days other remote	e duties)	r leave blank if
DETAILS OF CLAIM	Dates	Description	Amount/Currency	Exch ¹ Rate€	Total €
Examining Fee: —					
Travel:	·				
Accommodation: —	·				
Other Expenses:	·				
(Please List) —					
Receipts must be attached to	the claim and in I	ine with UCC Travel & Su	ubsistence Rates.	Total	

For more information on the Travel and Expenses Policy, please click here.

For more information on Claiming Expenses, please click here.

¹ The rate of exchange as determined by UCC Finance Office will apply unless evidence of specific exchange rate is attached to receipts i.e. rate charged by Credit Card Company.

University College Cork Finance Office EXTERNAL EXAMINERS FEE & EXPENSE CLAIM FORM



PAYEE BANK DETAILS:	
Name on Bank Account:	
Bank Name:	
Bank Address:	

Choose from ONE of the following three payment options and complete the relevant information:

Option 1: For EURO PAYMENTS with	nin the EU
IBAN:	
BIC/SWIFT:	
Option 2: For GBP PAYMENTS to th	e UK

Option 2. For GDP PATIMENTS to the OK			
Account Number:			
Sort Code:			

Option 3: For all OTHER CURRENCIES (CAD/USD/AUD			
Bank Account Number:			
Bank Routing Code: <i>and/or</i> Bank Swift/BIC Code:			

This section to be completed by the relevant UCC Academic Unit:			
Relevant Academic School/Department:			

Head of Academic School/Department	
(Print Name):	

Form completed by:

Please Code	External Examiners FEE to:					
	4614	7]		7
	Account Code:		Cost Centre Code:		Project Code:	-
Please Cod	e External Examiners EXPEN	SES to	:			
						7
	Account Code:		Cost Centre Code:		Project Code:	

Please email copy of completed for with relevant receipts to <u>expenses@ucc.ie</u> for processing.