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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXTERNAL EXAMINER EXPENSES CLAIM FORM**  **FOR TAUGHT PROGRAMMES**  **UNDERGRADUATE AND POSTGRADUATE**  *Please read the Guidance Notes overleaf and complete the WHITE areas legibly (this is a three-page document)* | | | | | | | | | | | | | | | | | | | | | | *FOR PAYROLL SECTION USE ONLY* | | | | | | | | | | | | | |
| Surname | | | | | |  | | | | | | | |
| Initial | | | | | |  | | | | | | | |
| Personnel No | | | | | |  | | | | | | | |
| Payroll Area | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | |
| Personal Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dr/Prof/Mr/Ms/Mrs/Miss | | First Name | | | | | | | | | | | | | | | Middle Name | | | | | | | | Surname | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| National Insurance Number | | | |  | |  | |  | |  |  |  | |  | |  | |  | Personnel No (if known) | | | |  | | | | | | | | | | |
| Date of Birth | / / | | | | | | | | Gender | | | | M | | F | | | | Workplace Pension Scheme (Automatic/Contractual Enrolment) | | | | | | | | | | | | | | |
| Nationality |  | | | | | | | | | | | | | | | | | | The University is enrolling its workers into a workplace pension scheme on the first day of employment. If you are being paid an examiner fee, and the work was carried out in the UK, it must be established whether you meet the criteria for automatic enrolment. We are postponing this assessment to enable your average monthly earnings to be determined; however, if you wish to opt in to the workplace pension scheme (NEST) immediately, and declare that the work was carried out in the UK, please sign and date this section. (See Guidance Notes for further information). | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | |
| House No/Street |  | | | | | | | | | | | | | | | | | |
| 2nd Line |  | | | | | | | | | | | | | | | | | |
| Town/City |  | | | | | | | | | | | | | | | | | | I confirm I wish to join the workplace pension scheme (NEST) | | | | | | | | | | | | | | |
| Country |  | | | | | | | | | | | | | | | | | | Signature |  | | | | | | | | | Date | | / / | | |
| Post Code |  | | | | | | Tel. No | | | |  | | | | | | | | Bank Details | | | | | | | | | | | | | | |
| Email |  | | | | | | | | | | | | | | | | | | Bank Name and Branch | | | | | | |  | | | | | | | |
| *If this is a new address please tick here so we can update our records* | | | | | | | | | | | | | | | | | | | Bank Sort Code | | | | | | |  | | | | | | | |
| Bank Account No | | | | | | |  | | | | | | | |
| Expenses (please attach all receipts) | | | | | | | | | | | | | | | | | | | Building Society Roll No | | | | | | |  | | | | | | | |
| Mileage | | | | | No of miles (up to 100) @ 45p \_\_\_\_\_\_\_\_\_\_\_\_\_No of miles (excess of 100) @ 20p \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | *If your bank details have changed since you submitted your Bank Authority Form please tick here so we can update our records* | | | | | | | | | | | | | | |
| Total Mileage Amount | | | | | £ | | | | | | | | | | | | | |
| Rail/Air/Bus/Taxi | | | | | £ | | | | | | | | | | | | | |
| Hotels | | | | | £ | | | | | | | | | | | | | | Claimant Certification | | | | | | | | | | | | | | |
| Meals | | | | | £ | | | | | | | | | | | | | | I confirm that this is a true statement of expenses wholly and necessarily incurred whilst on University business, and this claim is made in accordance with University regulations. I have also read and understood the workplace pension scheme information. | | | | | | | | | | | | | | |
| Other | | | | | £ | | | | | | | | | | | | | |
| **Total Expenses** | | | | | **£** | | | | | | | | | | | | | |
| Date of Attendance | | | | | / / | | | | | | | | | | | | | |
| Purpose of Attendance | | | | |  | | | | | | | | | | | | | | Signed | | |  | | | | | | | | | | | |
| **Details of Programme(s) Examined or Module/Subject Area** | | | | | | | | | | | | | | | | | | | Date | | | **/ /** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Authorisation by Quality and Management Office | | | | | | | | | | | | | | |
| PG Programme Expenses | | | | | £ | | | | | | | | | WT3125 |
| List of Students for Dissertation (Research only) | | | | | | | | | | | | | | | | | | | UG Programme Expenses | | | | | £ | | | | | | | | | WT3190 |
|  | | | | | | | | | | | | | | | | | | |
| I authorise this claim for payment and confirm that it is made in accordance with University regulations. | | | | | | | | | | | | | | |
| Cost Assignment | | | | | | | | | | | | | | | | | | | Signed: | | |  | | | | | | | | | | | |
| Project Code | | | | |  | | | | | | | | | | | | | | Print Name: | | |  | | | | | | | | Date | | **/ /** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *For Payroll Section Use Only* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Authorised signature checked by* | | | *Input by & date* | | | | | | | | | | | | | | | | | | | | | | | | | *Audited by* | | | | | |

**EXTERNAL EXAMINER EXPENSES CLAIM FORM**

**FOR TAUGHT PROGRAMMES**

**UNDERGRADUATE AND POSTGRADUATE**

**Guidance Notes**

This form must only be used to claim expenses whilst acting as an External Examiner for taught programmes for the University of Salford.

Forms can be obtained from the Quality and Management Office (address below) or the University of Salford website.

<http://www.salford.ac.uk/qeo/ExternalExaminers/forms>

***All fields are mandatory and the examiner must sign the ‘Claimant Certification’ as this confirms that they have carried out the work and also indicates that they have read and understood the workplace pension scheme information. It is the responsibility of the Quality and Management Office to ensure the form is fully completed and the information is printed clearly. If any of the fields are incomplete (including the Claimant Certification) or illegible, the form will be returned to the Quality and Management Office.***

Claims for expenses incurred in an academic year must be submitted by the deadline of 30th September

# **Workplace Pension Scheme (Automatic/Contractual Enrolment)**

# The government has introduced a new law designed to help people save for their retirement. The University already enters the majority of its workers into a pension scheme, as per the terms and conditions of their contract of employment. This is called contractual enrolment. However, the new law requires employers to enrol all workers into a work place pension scheme if they:

# work, or normally work, in the UK, and

# earn over £10,000 a year (£834 a month), and

# are aged 22 or over; and

# are under State Pension Age.

# The University has chosen NEST (National Employment Savings Trust) as its workplace pension scheme for workers who do not meet the criteria to be eligible to join the existing occupational pension schemes. The University has the option to postpone the assessment of each worker for three months after the payment date.

# For further information, please contact Pensions on 0161 295 4193 or email [pensions@salford.ac.uk](mailto:pensions@salford.ac.uk)

# For information on pensions and saving for later life, visit: [www.direct.gov.uk/workplacepension](http://www.direct.gov.uk/workplacepension)

# For information on NEST, visit <http://www.nestpensions.org.uk/schemeweb/NestWeb/public/whatIsNEST/contents/what-is-nest.html> or Email direct at [support@nestpensions.org.uk](mailto:support@nestpensions.org.uk) or telephone 0300 020 0090.

###### **Payment**

Payment is made by bank transfer only (there is no facility to issue cash/cheques). Payments to international bank accounts incur additional charges, however if the examiner does not have a UK bank account, the full bank name, full postal address, IBAN number (if applicable) and the relevant BIC/SWIFT/Routing/Clearing Code must be supplied. The Quality and Management Office will meet the costs of any bank charges, unless indicated otherwise.

###### **Travel and Subsistence Expenses**

Receipts must be provided for all expenses. The University’s current business travel expense rates are as follows:

* Mileage – 45p per mile up to 100 miles then 20p per mile for the excess (for each round trip/return journey)
* Standard class rail fares
* Hotels:
* up to £95.00 per night for room only
* up to £101.00 per night for bed and breakfast
* staying with Friends or Family - £30 per night
* Meals
* Breakfast up to a maximum of £6.00
* Lunch up to a maximum of £10.00
* Dinner up to a maximum of £20.00

*Alcoholic drinks will not be reimbursed*

**EXTERNAL EXAMINER EXPENSES CLAIM FORM**

**FOR TAUGHT PROGRAMMES**

**UNDERGRADUATE AND POSTGRADUATE**

**Guidance Notes**

Approval/clarification must be sought in advance from the Quality and Management Office for any items of expenditure that may be incurred that are not listed above. No other goods or services can be purchased on behalf of the University of Salford.

###### **Claimant Certification**

The claim form must be signed by the examiner to confirm that: -

* the travel and subsistence allowances are claimed in accordance with the University’s regulations in respect of expenses actually and necessarily incurred whilst working for the University, and
* no other claim has been or will be made to the University (or any other public body) for expenses/allowances in connection with the business stated, and
* any motor vehicle, for which mileage allowances have been claimed, is covered for full third party insurance, including cover against risk of injury or death to passengers and damage to property, and
* the insurance policy covers the above risks when using the vehicle for business purposes, and
* the insurance company undertakes to indemnify the University in the event of a claim being made against it to the same extent to which the insured is covered by the policy, and
* the claimant has read and understood the workplace pension scheme information.

The form should be returned to the following address for authorisation:

* Quality and Management Office, Ground Floor, Crescent House, University of Salford, The Crescent, Salford, M5 4WT.
* Email: [ExternalExaminers@salford.ac.uk](mailto:ExternalExaminers@salford.ac.uk)

###### **Authorisation by Quality and Management Office**

The claim form must be signed by the relevant authorised signatory and submitted to the Payroll Section by the advertised deadlines.

**Queries**

Queries should be addressed, in the first instance, to the Quality and Management Office as above; however further queries relating to payment can be referred to:

* The Payroll Section, 5th Floor, Maxwell Building, University of Salford, Salford, M5 4WT.
* Telephone: 0161 295 4193
* Email: [Payroll@salford.ac.uk](mailto:Payroll@salford.ac.uk).