

Before completing this claim form, please read "[Guidance of Fee Rates](#)" and "[Additional Information fro Claiming Examination Fees and Expenses](#)"

1. CLAIMANT DETAILS

Surname*	
Forename 1*	
Forename 2	
Title	
Date of Birth* DD/MM/YYYY	
UK NI Number* (AA123456A)	
Gender (circle)*	M F
Email Address*	

House Name	
Number/Street*	
Local Area	
Post Town*	
County	
Country	
Post Code*	

2. EXAMINATION DETAILS

Date or period of Examination(s) _____

Module/Examination(s) e.g. History Part II _____

Names of candidates _____

3. EXPENSES

Guidance on rates is given in the [Additional Information for Claiming Examination Fees and Expenses](#)

	Description	Cost
Travel		
Subsistence	<i>If an internal examiner entertains the External Examiners, please give details of person(s) included in the claim.</i>	
Other Expenses		
	Total Expenses	

4. PAYMENT DETAILS
a) University of Cambridge employee

If you are a University of Cambridge employee, provide the **8-digit** Employee Number from the centre of your payslip. **You will be paid with your monthly salary subject to tax and NI.**

If claiming reimbursement of expenses, please provide the last 4 digits of your bank account number used by Payroll.

b) Non -University of Cambridge employee

All payments will be made by direct deposit to your bank account. Complete the relevant section below.

Complete either **b (i) or (ii)**

(i) Bank Details - UK personal bank account only

UK Bank Name*	
UK Branch	
Account Holder's Name*	
Sort Code* (6 digits)	
Account Number*(8 digits)	

(ii) Bank Details Non-UK bank accounts

Please attach your **personal** bank details required to make international payments **as supplied by your bank**. This should include IBAN and BIC/SWIFT numbers for EU accounts, and a SWIFT and Routing Number for US accounts. This information can also be found on statements or through on-line banking services which you can print or scan and attach to this form. Please indicate if you would like the payment to be processed in a currency different than GBP when submitting the form. **Hand written international bank details cannot be accepted.**

Bank name	
IBAN/Account number	
SWIFT code	
Routing Number (US & Canada only)	

Payroll Requirements

Undergraduate Examiners and Assessors are treated as workers, therefore tax may be deducted from your payment (see pages [ESM4150](#) and [ESM4151](#) of the UK Employment Status Manual). To make sure that the correct amount of tax is deducted, **please submit either a [P45 or Starter Checklist](#) along with the examiner claim form.**

If a P45 or Starter Checklist has already been submitted with a previous claim in the current tax year, there is no need to submit it again.

Claimant Signature _____

Date _____

Return this form to the Degree Committee or Department/Faculty that has appointed you for authorisation



4. DEPARTMENTAL USE ONLY

Please read the [Guidance on Fee Rates](#) and use the [Calculator Spreadsheet](#) to complete this section

Examination details

(a) Exams, orals, practicals and presentations

Type of examiner	Please tick <input type="checkbox"/> External Examiner <input type="checkbox"/> Examiner responsible for setting a paper <input type="checkbox"/> Examiner not responsible for setting a paper <input type="checkbox"/> Assessor
Category of assessment	Please tick <input type="checkbox"/> EM1- text dense <input type="checkbox"/> EM2- hybrid <input type="checkbox"/> EM3 - simple <input type="checkbox"/> EP - orals, practicals, presentations
Total length of paper	
Percentage of paper marked	
Number of papers	
Adjustment of hours*	

(b) Coursework

Type of examiner	Please tick <input type="checkbox"/> External Examiner <input type="checkbox"/> Examiner responsible for setting a paper <input type="checkbox"/> Examiner not responsible for setting a paper <input type="checkbox"/> Assessor
Category of assessment	Coursework
Total word count	
Number of papers	
Adjustment of hours*	

*Please note a valid reason and/or evidence may be required to demonstrate that an adjustment of hours is necessary.

Payment

Total hours worked	
Fee	
Holiday pay	
Total Expenses	
Payment Total	



Right to work check for Non UoC Employees

Please confirm that the [right to work](#) has been checked for examiners and assessor that are not employees

'Right to Work' checked

Authorisation

Department: _____ Contact Email: _____

Processed by (print name): _____ Signature: _____ Date: _____

*Authorised by: (print name): _____ Signature: _____ Date: _____

*Authorisation can only be made by the **Chairman, Senior Examiner** or **Departmental Administrator**.

If you require advice about the nature and level of fees and expenses to be claimed, please contact the Student Registry on:
feeandexpenseclaims@admin.cam.ac.uk