

Before completing this claim form, please read [“Guidance on Fee Rates”](#) and [“Additional Information for 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) \_\_\_\_\_

### 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

All payments will be made by direct deposit to your bank account. Complete the relevant section below.  
**Complete either (i) or (ii)**

**(i) Bank Details - UK personal bank account only**

<b>UK Bank Name</b>	
<b>UK Branch</b>	
<b>Account Holder's Name</b>	
<b>Sort Code (6 digits)</b>	
<b>Account Number (8 digits)</b>	

**(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.**

<b>Bank name</b>	
<b>IBAN/Account number</b>	
<b>SWIFT code</b>	
<b>Routing Number (US &amp; Canada only)</b>	

#### Self-Employment Declaration

I acknowledge and declare that:

- I will be wholly responsible for any liability and payment of tax arising from these payments.
- I will abide by university policies including but not limited to those governing health and safety and dignity at work and comply with reasonable requests as regards compliance with such policies. I consent to the holding and processing, both electronically and manually, of my personal data for the purposes of the administration purposes and for compliance with applicable laws.
- I have obtained any licences or consents required for the use of third party materials in the provision of the Services.
- I will keep confidential now and in the future all matters relating to the University, its research, its students and its business except insofar as those matters are already in the public domain.
- This appointment for services does not confer on me any right to sick pay or holiday pay, or any other employment or workers' rights.
- This appointment is terminable by the University on seven days written notice.
- I understand that the University will use the personal information on this form to process this claim in order to fulfil its obligations to me. I also understand that the information will be retained for six years following the end of the University's financial year end, after which it will be destroyed.

(For more information on how the University processes your personal information, please see <https://www.information-compliance.admin.cam.ac.uk/data-protection>)

**Claimant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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

**5. DEPARTMENTAL USE ONLY**

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

**Payment**

Fee	
Total Expenses	
<b>Payment Total</b>	

**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](mailto:feeandexpenseclaims@admin.cam.ac.uk)