

**Registry**

T: +44 (0)20 7299 4646  
 F: +44 (0)20 7299 4656  
 E: assessments@lshtm.ac.uk

**EXTERNAL EXAMINERS FEES & EXPENSES FORM – Research Examinations**

NAME OF EXAMINER \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

CANDIDATE NAME		DATE OF VIVA	
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**BANK DETAILS** *Payment will be made straight into your bank account.*

NAME OF BANK		BANK ADDRESS	
SORT CODE		ACCOUNT NUMBER	
Bank Details: if your bank account is outside the UK, please provide in addition: (a) Full name and address of bank (b) SWIFT or BIC code (c) Account Number (d) Full IBAN (if in Europe) (e) Routing code (if in USA) (f) Specification of the currency that the account is held in. Please note that the BIC and IBAN are compulsory for transfers within Europe.			

**EXPENSES – ALL CLAIMS MUST BE SUPPORTED BY ORIGINAL RECEIPTS**

Fares		£
Hotel Accommodation		£
Other expenses (please specify)		£
<b>TOTAL EXPENSES</b>		<b>£</b>

I certify that the above claim includes only such expenses as were necessarily incurred in the performance of my duties as an external examiner for the London School of Hygiene & Tropical Medicine.

DATE: \_\_\_\_\_ EXAMINER SIGNATURE: \_\_\_\_\_

**EXPENSES – PROCESSED WITHIN 7 DAYS OF RECEIPT**

<b>FOR COMPLETION BY REGISTRY</b>	
ACCOUNT CODE:	AUTHORISING SIGNATURE:
DATE:	
<b>AMOUNT PAYABLE</b>	£
<b>EXPENSES TO BE PAID</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**FEES – PROCESSED UPON COMPLETION OF THE EXAMINATION**

<b>FOR COMPLETION BY REGISTRY</b>	
ACCOUNT CODE:	AUTHORISING SIGNATURE:
DATE:	
<b>AMOUNT PAYABLE</b>	£
<b>FEES TO BE PAID</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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## EXAMINERS FEES PAYMENTS AND EXPENSES CLAIMS INFORMATION

### Fees

Please refer to the table below for the fee payable to External Examiners. The fee covers the examination itself and any further advice or assistance which may be sought in the case of an appeal against the examiners' recommendations or Chair's Actions.

PhD/DrPH	£150
MPhil	£100

An examiners fees and expenses form must be completed and submitted to Registry to ensure prompt payment. **Examiners must provide proof of right to work in the UK to the LSHTM HR Office on the day of the examination – please bring your passport.** Payment of fees will only be processed upon receipt of the proof of right to work and the relevant reports.

### Expenses

Registry will reimburse expenses, including travel and accommodation to a **maximum of £200** and the Faculties will be asked to cover any excess expenditure. The examiners fees and expenses form must be completed (with original receipts attached) and submitted to Registry.

#### 1. Travel Expenses

Travel to the School by standard class rail is requested. Examiners are expected to book in advance to secure the lowest rate possible. Taxi fares will be reimbursed when used as completion of a journey but should not be used as the main form of transport. Car travel is not recommended except in very exceptional circumstances and will be reimbursed at the rate of 40 pence per mile (up to 10,000 miles in the tax year).

Air fares may be more economical than rail from some parts of the UK and may be required for examiners based overseas. If this is the case, tickets should be economy class.

Registry will reimburse the cost of standard class travel only.

#### 2. Accommodation

Where necessary, Examiners should book accommodation at a reasonable quality hotel. The School recommends one of the Imperial Group of Hotels which are based in Bloomsbury. Further details can be found on their web-site:

<http://www.imperialhotels.co.uk/>

Reimbursements will be made for the cost of the room, evening meal and breakfast. Where meals are not taken in the hotel, separate receipts should be obtained. Items of a personal nature such as alcoholic drinks, pay per view films or newspapers will not be reimbursed.

**Registry will only reimburse expenses to a maximum of £200 and the Faculties will be asked to cover any excess expenditure. Excesses will be processed using an Inter-account Transaction Journal.**

The completed fees and expenses form should be returned to the address at the top of this page, for the attention of *The Assessments Team, Registry*.

*Finance Office Use only*

Checked Fin:		Supp ID:	Trans No:
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