

REQUEST FORM FOR ALL FOREIGN PAYMENTS **FI008b/1**
To be used for all Foreign payments

Please complete sections 1-8 and return with expenses claim form and receipts to the Graduate School

NOTE: Please attach any relevant documents to this form

You will be required to provide a copy of your passport for identification verification, as well as original receipts for all expenses claimed, before your fee or expenses can be paid.

1) Payee

2) Address of Payee

.....

3) Purpose of Payment

.....

4) Currency of Payment (e.g. \$US)

5) Amount (in currency)

Where possible 'Euroland' payments should be made in Euros

6) Is payment to be made by
Cheque/Draft Electronic Transfer

Please tick if charges to be paid by recipient

7) Payment will be by cheque unless otherwise requested and Bank details of Payee are quoted

8) Bank Details of Payee

Name and Address of Bank

.....

IBAN No

SWIFT/BIC code

REQUESTED BY

Person Requesting Payment School/Support service

Telephone Ext. No. Date

AUTHORISING SIGNATORY

I confirm that this expenditure is being necessarily incurred for the good and benefit of the University and that adequate funding exists within the budget

Authorised by

Name (Block letters) Date

VERIFYING SIGNATORY

I confirm the Authorising Signatory is valid

Signed

Name (Block letters) Date

NEWCASTLE UNIVERSITY
Research Degree - External Examiner Claim Form

PLEASE COMPLETE FORM IN BLOCK CAPITALS

PLEASE REFER TO GUIDANCE NOTES ON PAGE 3

SECTION 1 – FOR COMPLETION BY THE CLAIMANT (ALL FIELDS ARE MANDATORY)

- THE FOLLOWING PERSONAL INFORMATION IS REQUIRED FOR STATUTORY PURPOSES
- NAMES MUST BE PRECISELY AS SHOWN ON OFFICIAL DOCUMENT e.g. PASSPORT AND A COPY MUST BE RETURNED WITH THE CLAIM FORM.
- FAILURE TO PROVIDE ACCURATE AND COMPLETE INFORMATION WILL MEAN PAYMENT CANNOT BE PROCESSED (please see HMRC Guidance on Page 3)

Title: _____ First Name: _____ Middle Name(s): _____

Preferred First Name: _____ Surname (Last name): _____

Date of Birth: _____(DD/MM/YY)

MALE / FEMALE (Delete as appropriate) Nationality: _____

National Insurance Number _____

*If you have never had a National Insurance number – tick here See Note 7 on Page 4

Home Address: _____

Post Code: _____

E-mail Address: _____

ALL OF THE ABOVE FIELDS MUST BE COMPLETED (if applicable)

SECTION 1a – FOR COMPLETION BY THE ACADEMIC/SERVICE UNIT

I verify that the above data is a correct reflection of details shown on official documentation:

Signature: Name (please print): Judith Snaith

If this section is not signed the payment cannot be processed and the form will be returned for completion.

BANK ACCOUNT DETAILS

SORT CODE _ _ - _ _ - _ _ ACCOUNT NUMBER _ _ _ _ _ _ _ _ _ _

This data is used solely for monitoring purposes

What is your ETHNIC GROUP? Please tick the most appropriate box to indicate your background.

<p>A White</p> <input type="checkbox"/> White <input type="checkbox"/> Gypsy or Traveller	<p>B Mixed</p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background	<p>C Asian or Asian British</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
<p>D Black or Black British</p> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background	<p>E Other ethnic group</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Arab <input type="checkbox"/> Any other Ethnic background	<p>If you have ticked an 'Other' box, please write in the details below:</p>
<input type="checkbox"/> Information refused		
Do you have a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Information refused

If you have declared a disability please liaise with the Academic/Service Unit to discuss any arrangements or adjustments that may be necessary.

TAX FORM DECLARATION

Your present circumstances

Read all the following statements carefully and enter 'X' in **the one** box that applies to you.

A – This is my first job in the UK since last 6 April and **I have not** been receiving taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or occupational pension. **A**

OR

B – This is now my only job in the UK, but since last 6 April **I have** had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a state or occupational pension. **B**

OR

C – I have another job in the UK or receive a state UK or occupational pension.

SECTION 2 – FOR COMPLETION BY THE CLAIMANT

PARTICULARS OF CLAIM

Exam Type:	Postgraduate Research	Amount
Exam Details/Name of Student: Yang-Lin Liu		£180
Expense Details:		£
(Please attach all receipts)	(Details below)	
	Total	£

If you do **NOT** expect to receive any further payment and require tax Form P45, please tick box
 (this will mean you will be processed as a leaver and HMRC informed)

Mileage			Other Expenses			
Date	Details of Journey	Miles	Date	Details	£	p
Total			Total		£	

PENSIONS AUTO ENROLMENT

With effect from May 2013, if your earnings from the University reach the auto enrolment trigger, currently £787 in any one month (Tax Year 2013/14 rate) and you are aged 22 or over and under State Pension Age, you will become eligible for auto-enrolment into National Employment Savings Trust (NEST). You will be enrolled 3 months later, assuming you meet the age and earnings criteria in that month. Information about pensions auto-enrolment will be sent to your e-mail address if you have provided one, or to your postal address. The NEST website is www.nestpensions.org.uk

DECLARATION BY CLAIMANT –

- I confirm all details have been completed, are accurate and acknowledge that failure to complete this information will result in payment not being processed.
- Expenses claimed above were incurred wholly, exclusively and necessarily in the performance of the work

Claimant's Signature:	Date:
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HMRC GUIDANCE

Providing your employer with accurate details about yourself helps make sure that you are paying the correct amount of tax and National Insurance contributions. It also helps to protect your entitlement to certain State Benefits and State Pension.

- Key personal details that your employer needs to have recorded accurately are:-
 - Name – full and official forename(s) and surname *i.e. full forename(s) not initials*
 - Date of birth - *giving a wrong date of birth may affect your entitlement to state benefits*
 - National Insurance number (NINO) – *this will begin with two letters, followed by six numbers and will end with a letter either A, B, C or D. If you don't know this you may find it on documents we have sent you e.g. Tax Credit Award notices, or from Department of Work and Pensions (DWP). It may also be on a payslip you have received or the following link will help you trace your NI number using form CA5403* <http://search2.hmrc.gov.uk/kb5/hmrc/forms/view.page?record=WCHbIKPNSXc&formId=3643>

Claimant should return completed form to Newcastle University Medical Sciences Graduate School, Ridley 1, 3rd floor, Queen Victoria Road, Newcastle upon Tyne, NE1 7RU for authorisation by 8th of the month (1st of the month for December) Note: Deadlines are subject to change throughout the year, please see current payroll deadlines at <http://www.ncl.ac.uk/hr/pay/payroll.php> or contact Academic/Service Unit for confirmation. Forms not received in the Academic/Service Unit by the deadline will not be paid until the following month.

SECTION 3 – FOR COMPLETION BY ACADEMIC/SERVICE UNIT			PAYROLL USE ONLY		
	Cost Centre 101/112 WBS Element	Amount £ p		Wagetype	No. of Miles
Fee	C0716D0010/203020	£180			
Expenses	Travel C0716D0010/206030				
	Travel/Taxis etc C0716D0010/206090				
	Accommodation C0716D0010/206000				
	Subsistence C0716D0010/206020				
Mileage	C0716D0010/206010				
Total					

CONTACT NAME FOR QUERIES Judith Snaith **Extension No.** 83848

SECTION 4 – FOR COMPLETION BY APPROVED AUTHORISING SIGNATORY

I confirm that Payment and Entitlement to work is authorised, and that eligibility to work has been established. In addition, that expenses claimed comply with the Expenses Policy

Signature: Please Print name: .BARBARA SUMNER

Academic/Service Unit: Faculty of Medical Sciences Graduate School Date:

VERIFYING SIGNATORY - I confirm the Authorising Signatory is valid

Signature: Please print name GILLIAN WHITTAKER

Faculty of Medical Sciences Date:

- Academic/Service Unit must return the completed form to Payroll by 12th of the month (5th of the month for December) if payment is to be made at the end of the month otherwise payment cannot be made until the end of the following month.
- Note: Deadlines are subject to change throughout the year, please see current payroll deadlines at <http://www.ncl.ac.uk/hr/pay/payroll.php>
- It is the responsibility of the Academic/Service Unit to ensure all details have been accurately recorded as per HMRC guidance on page 3 and documentary evidence is retained. Payment will be withheld and the claim form returned if Section 1a – Data verified has not been completed.

Newcastle University

External Examiner Expenses

The following information is a guide for External Examiners of the expenses that Newcastle University will reimburse following a visit to Newcastle.

Travel

The following mileage rate may be claimed when travelling to Newcastle in your own vehicle:

First 200 miles of a round trip 45p per mile

Excess over 200 miles 25p per mile

The cost of toll bridge, tunnels and parking incurred on the journey between your home/place of work and the University may also be claimed.

Standard class, advanced purchase train tickets for travel to and from your home/place of work and the University will be reimbursed.

Air travel within the UK is discouraged except where this is less costly overall, taking account of accommodation costs. All air travel should be economy class.

Travel costs will be reimbursed provided you retain and submit original receipts for each item of expenditure (except mileage).

Accommodation and Related Costs

The cost of overnight accommodation in a hotel approved by the University's Purchasing Department will be paid up to a maximum of £90 per night. Accommodation should be booked by the relevant School Office

**Institute of Cellular Medicine, 4th Floor William Leech Building, Medical School,
Framlington Place, University of Newcastle upon Tyne NE2 4HH; Telephone: +44 (0)
191 208 3874; Email: ICMinfo@ncl.ac.uk**

and the University will pay the cost directly to the hotel.

The cost of internet access when this is used for University business will be refunded. Phone calls, mini bar items or pay per view TV will not be reimbursed.

Meals

Cost of meals up to a maximum £20 for lunch or £35 for dinner, including drinks, will be reimbursed when supported by original receipts or included in the hotel bill.

Hospitality payable to Schools

Entertainment of visiting examiners will be reimbursed where one member of University staff is present per examiner. The maximum allowable reimbursement per person for lunch and