**Ollscoil Mhá Nuad**

**Maynooth University**

**Form: Temp Sub EE Claim**

Version 12th July 2021

**Temporary Claim Form for Subject External Examiners**

**(not resident in the Republic of Ireland)**

**during Covid-19 restrictions**

**Claims in respect of examining fees**

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| **GENERAL** |
| 1. If **no** claim is being made kindly write “No Claim” on the form and return it extern@mu.ie. |
| 1. Scanned copies of claim forms are acceptable. |
| 1. All claim forms should be returned as soon as possible but no later than three months after examining. |
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| **FEES FOR EXAMINING** |
| The Fee paid to Extern Examiners is €250 per day.   * Please note that the daily fee is paid in respect of days spent examining remotely for Maynooth University (up to a maximum of 2 days per session)   A Reading Fee of €52 is payable for each minor thesis reviewed. |
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| **POSTAGE AND TELEPHONE** |
| The charges for postage and telephone must be strictly limited to those incurred in the service of the University. |

**Academic Year 2020 / 2021**

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| Name: |  | | |
| Address: |  | | |
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| Email: |  | Tel no: |  |
| Subject |  | | |

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| I have examined, but not attended at Maynooth University in | | | | |
| Spring 2021 |  | Summer 2021 |  |

**Declaration of Residency for Tax Purposes - please select the appropriate option**

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|  | I am resident in the Republic of Ireland |  |  |
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|  | I am **not** resident in the Republic of Ireland |  |  |

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| **PAYMENT DETAILS**  **Please provide details of your bank account** |
| Bank Name: Country of Bank: |
| Bank Address: |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Account No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| **US Residents**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Routing No. |  |  |  |  |  |  |  |  |  | Account No. |  |  |  |  |  |  |  |  |  |  |  | |

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| **Details of Claim** | **Number** | **Rate**  **(per day)**  **(per thesis)** | **Total Amount (euro)** | **For Office Use Only** |
| **Examination Fee** -  Number of days examining |  | **€250.00** |  |  |
| **Reading Fee - Minor Thesis**  Number of theses read |  | **€52.00** |  |  |
| **TOTAL** |  |  |  |  |

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| --- | --- | --- | --- |
| **Signature of Claimant:** |  | Date: |  |

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| --- | --- | --- | --- |
| **Certified by Head of Department:** |  | Date: |  |

Internal Use: Cost Centre:

**551 0001**

*Please return the completed form to the Examinations Office at* [*extern@mu.ie*](mailto:extern@mu.ie)

*Examinations Office, Humanity House, Maynooth University, Maynooth, Co Kildare, Ireland.*

**Further information is available on our website at:**

<https://www.maynoothuniversity.ie/exams/extern-examiners>