LIVERPOOL JOHN MOORES UNIVERSITY EXTERNAL VERIFIER FEE AND EXPENSES CLAIM FORM

External Verifier det	tails:													
Title														
Full name														
Address														
Postcode														
Email address														
Tel. No.														
Bank details: (Pleas	e note: failu	ire to pro	vide b	ank d	detail	s will delay payment)								
Bank Sort Code				Bank Account No.										
Details of claim: Please specify details and enclose receipts. Receipts MUST be provided for all expense claims, excluding car travel (Please see the External Verifier Expenses Regulations for further information)														
Annual Fee												£		Р
To be inserted by the Academic Quality & Standards Team														
<u> </u>														
Expenses:														
Expense type			(inc	Activity this expense relates to (including dates), for example meetings with programme teams, apprentices, or employers, moderation activities etc. Academic Year claim relates to								£		P
Car travel (please probelow including total miles)														
Rail travel														
Air travel														
Other travel (please below)	provide de	etails												
Hotel accommodation	on													
Meals and subsister	nce												+	
Other (please provid	de details b	elow)											1	
-	TOTAL (to b	ne insert	ed by	the :	∆rad	emic Quality & Stand	arde	Tool	m)			1		

I certify that I have performed the duties as set out in the letter of engagement and terms and conditions, therefore I have incurred the above expenses and I am entitled to the payment. I note that payment will be credited to my bank account. (If you have any queries regarding this please contact the Academic Registry Helpdesk)										
Claimant's signature or e-signature: Date:										
To be completed by: Apprentice Quality Assurance & Admin Officer to facilitate payment of the annual fee.	Date annual report received:									
Confirm receipt of annual report: Yes \square No \square										
Authorised Signature (Head of Academic Quality and Standards)	Date:									
For collaborative provision only:	Date:									
Authorised Signature (Director of School)										

Second row to be completed in relation to collaborative provision only.

Segment 1 (Organisation)		Segment 2 (Cost Centre)					Segment 3 (Account Code)				Segment 4 (Source of funds)					Segment 5 (HESA cost centre)							

Completed forms should be sent to the Academic Quality & Standards Team

Data Protection Act 2018/GDPR: LJMU requires the personal data on this form in order to process your expenses claim. The data may be shared with the HMRC or the University's auditors for tax and auditing purposes. The data is retained for six years after the end of the current financial year as required by the HMRC. **Tax:** Please note that the University will not deduct tax from payments made. External Verifiers will need to make their own arrangements.