UNIVERSITY OF IBADAN

POSTGRADUATE COLLEGE

CLAIMS FORM FOR EXTERNAL EXAMINERS FOR HIGHER DEGREES

(Please complete in triplicate)

Address	of Clain	nant					
Status:		Professor []	Reader []	Senior Lecturer []
Bank Details: (a) Bank & Branch							
(c) Sort Code							
Telephone No.: e-mail address:							
Examination: Candidate:							
Departm	nent: ULE OF	PAYMENT TO EXT	ERNA	S L EXAMINERS	ession of		
	Approved Rate (i) Up to 24 candidates @ N10,000.00/candidate (maximum of 8 Candidates per day) Approved Rate						
	per day)	(No External Examiner can examine more than 24 candidates) For participating in M.Sc Examination					20,000.00
(b)	(ii) (iii) (iv) The Uni (i) (iii) (iii) Note:	For participating in For participating in Versity will also be Tourist/Air and/or Road Travel Claim University mileage Hotel Accommoda Head (1) Examiners we the receipt(s) (2) Refund for carrate for the discontinuous f	Ph.D., online response Econories at (No et form settion (sport Depho pure) and tick restance port taxistance expectases shadial rate	M.D	llowing: or Rail/ret m. (appro l). must be m when nec et directly order to c 1.8 times t exceed 2	priate ade in writing by the	ses incurred.
9.	Externa	l Examiner's Signat	ure				
10.	External Examiner's Signature Claim certified by H.O.D.:					Date	
10.	Official Stamp						

The Bursar,

University of Ibadan

Name of Claimant_

Please arrange for payment to be made to the External Examiner named above. For external examiners from outside Nigeria, their fees should be paid from the university's foreign account.