

‘ONE-OFF’ PAYMENT – THESIS EXAMINER

To be used for a ‘one-off’ payment to a Thesis Examiner using the standard rates.

Please note: Incomplete forms will not be processed and will be returned to the area responsible for completion.

DETAILS OF EXAMINER:

Office: _____ Budget Unit Code: _____

Previously employed by the University? No Yes - Employee number: _____

Family Name: _____ Other Names: _____

Title: _____ Gender: Male Female Date of Birth: ___/___/___ Phone (h): _____

Home Address: _____ State: _____

Country: _____ Post code: _____

Is the person a Permanent Resident?: Yes No

Citizenship: Australia New Zealand Other - * Attach a photocopy of visa from passport

Current **Tax** form: attached **OR** already supplied this year and unchanged.

Current **Banking Authority** form: attached **OR** already supplied this year and unchanged.

Qualifications: _____

Examiner’s Signature: _____ Date: ___ / ___ / ___

PAYMENT DETAILS:

Position No.: **42EXTEX000** Position Title: **External Examiner**

Work performed during the period from: ___/___/___ to ___/___/___

Examination of: _____ (name of thesis)

Submitted by: _____ (name of student)

Total Amount Claimed: \$ _____ Account Number: _ _ _ _ _ % A/C: _____

Account Number: _ _ _ _ _ % A/C: _____

I recommend that payment be made on the above basis.

Supervisor’s Signature: _____ Date: ___ / ___ / ___

Payment Approved: _____ Date: ___ / ___ / ___
Financial Delegate

HR USE ONLY:

Processed/entered: _____ (inits) ___ / ___ / ___ Checked: _____ (inits) ___ / ___ / ___