UNIVERSITY OF ULSTER

(Tut/dem. doc 02/02/04)

DEMONSTRATOR / TUTORIAL POSTGRADUATE FEES

FACULTY/ SCHOOL : …….. **CAMPUS:** ……

CLAIMANT NAME: …… TITLE: ……

NATIONAL INSURANCE NO: ……

DATE OF BIRTH: …….

ADDRESS : ……

….……...

..……

BANK.BUILDING SOCIETY DETAILS :

BANK NAME : …….

SORT CODE : ……...

ACCOUNT NO : ……..

N.B. (ALL OF THE ABOVE DETAILS MUST BE COMPLETED FOR EVERY CLAIM SUBMITTED BEFORE IT CAN BE PROCESSED FOR PAYMENT)

CLAIM DETAIL

DATE	COST CENTRE / ANALYSIS CODE E.g. 1100U0000 / 23100	MODULE	HOURS

TOTAL HOURS ……
TOTAL AMOUNT £……..

I certify I have carried out the duties detailed above.

SIGNED: …… (CLAIMANT) DATE: …….

I certify that the above record of hours is correct.

SIGNED: …… (HEAD OF SCHOOL) DATE: …….

SIGNED: ……. (DEAN) DATE: …….