



DEMONSTRATOR / TUTORIAL POSTGRADUATE FEES

Faculty / School: CAMPUS:

Surname:Forename:.....Title.....

National Insurance No: Date of Birth:

Address:
..... Post Code:

BANK / BUILDING SOCIETY DETAILS:

Bank Name:.....

Bank Address:

Sort Code: Account No:

IBAN: SWIFT / BIC:

NSC: ROUTING:

IBAN / SWIFT / BIC / NSC MUST BE COMPLETED FOR ALL NON UK BANK A/C'S

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

CLAIM DETAIL

<u>DATE</u>	<u>COST CENTRE / ANALYSIS CODE</u> Eg: 11000U / 23100	<u>MODULE</u>	<u>HOURS</u>

TOTAL HOURS TOTAL AMOUNT £.....

* I CERTIFY I HAVE CARRIED OUT THE DUTIES DETAILED BELOW.

Signed: (CLAIMANT) DATE:

* I CERTIFY THAT THE ABOVE RECORD OF HOURS IS CORRECT.

HEAD OF SCHOOL: DEAN:

PRINT NAME: PRINT NAME:

DATE: DATE: