


Appendix 15: External Examiners Claim form

	<p>SOKOINE UNIVERSITY OF AGRICULTURE <i>Directorate of Research and Postgraduate Studies,</i> P.O. Box 3151 Morogoro, Tanzania Tel: +255 23 260 3511-14 Telfax: +255 23 260 4388</p>
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EXTERNAL EXAMINER’S CLAIM FORM

I.....confirm with my appointment as an External Examiner for candidate:.....

That I have examined: Candidate thesis/dissertation, and that I have signed the appropriate mark sheet and I attach my report on the examination

I wish/do not wish* to claim my honorarium and reimbursement of expenses incurred in connection with my duties as External Examiner

Expenses Details

Honorarium.....

**Plus refund of expenses incurred (*please attached receipts*):

1.
2.
3.

Total (Tsh.) = = = = =

My honorarium should be paid to me at the following address

Names (*Three names in full*) :.....

Address :.....

Tel. (mobile):.....E-mail:.....

Bank Details

Bank Names :.....

Account Number :.....

Branch Name:.....

Signature:.....

Date:.....

Approved for payment. Signature:..... Date:.....

DIRECTOR, DPRTC

*+**Please delete what is not applicable

****Please give details and amounts of out-of-pocket expenses incurred, e.g. postage of thesis.