



**SOKOINE UNIVERSITY OF AGRICULTURE**  
 Directorate of Postgraduate Studies, Research, Technology  
 Transfer and Consultancy  
 P.O. Box 3151 Morogoro, Tanzania  
 Tel: +255 23 264 0013  
 Telfax: +255 23 264 0013

<http://www.sua.ac.tz/drpgs>

e-mail: [drpgs@sua.ac.tz](mailto:drpgs@sua.ac.tz)

**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. ....
4. ....

**Total (Tsh.) = = = = =**

My honorarium should be paid to me at the following address

.....  
 ...  
 .....

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

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.