

	<p><b>SOKOINE UNIVERSITY OF AGRICULTURE</b>                  DIRECTORATE OF POSTGRADUATE STUDIES, RESEARCH, TECHNOLOGY TRANSFER AND CONSULTANCY                  P.O. Box 3151, Chuo kikuu ,Morogoro, Tanzania                  Telephone: +255 023 264 0013 Fax: +255 023 260 4388 Telex: 55308 UNIVMOG TZ</p>
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**EXTERANAL 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:.....

**Payee’s Bank details**

Bank Names:.....

SWIFT CODE/No.....

Account No.....

Branch Name/Code No.....

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.*