Claim for Payment HDR Thesis Marking



INFORMATION

- 1. This form is to be used for payment requests for individuals who are appointed by the University as external examiners of higher degree by research theses and higher doctorates.
- 2. Please complete "1. Examiner Details" below and forward this form to hdr.exams@flinders.edu.au for processing.

| 1. EXAMII | NER DETAIL | S - to be c | ompleted b | by the | e Exa | miner | • | | | | | | | | | | | | | | | | | |
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| Mailing Add | Iress | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Phone Number Email | | | | | | | | | | | | | | | | | Date of Birth (dd/mm/yyyy) | | | | | | | |
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| | oreviously provid | ed your bank | details: | | | | | | | | | | | | | | | | | | | | | |
| YES If YES, have your bank details changed since you last provided them? | | | | | | | | | | If NO, our Accounts team will email you to request your bank details. | | | | | | | | | | | | | | |
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| 2. CLAIN | 1 DETAILS – | to be com | pleted by t | he O | ffice o | of Gra | idua | te F | Rese | arch | | | | | | | | | | | | | | |
| Select Type of Thesis Stud | | | Student's Name | | | Student's ID | | | | Amount to be Paid * | | | | | D | Date of Claim (dd/mm/yyyy) | | | | | | | | |
| Master by Research | | | | | | | | | | | AUD\$ | | | | | | | | | | | | | |
| PhD | / Prof Doc | | | | | | | | | | | | AUD \$ | | | | | | | | | | | |
| Higher Doctorate | | | | | | | | AUD \$ | | | | | | | | | | | | | | | | |
| College: | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please note | e account to be o | charged (inclu | ding applicable | e onco | sts) is: | | | | | | | | | | | | | | | | | | | |
| External Contractors - Academic | | | 0 | 1 | 0 | 8 | 6 | | 0 | 0 | 3 | | 7 | 8 | 3 | | 1 | 0 | 5 | 0 | | | | |
| 3. HON | ORARIUM DI | ECLARA <u>TI</u> | ON A <u>ND A</u> | UT <u>H(</u> | DRITY | – to <u>k</u> | oe <u>cc</u> | mg | ole <u>te</u> | d by | th <u>e</u> l | Po | rtfo | lio | | | | | | | | | | |
| | inations Officer | | | | | | | | | | | | | | | | | | | | | | | |
| I certify | that the above-n | nentioned thes | sis has been e | xamine | ed and t | hat the | exam | iner | shoul | ld be p | aid ar | n H | onor | ariu | ım. | | | | | | | | | |
| OGR Exar | OGR | Exami | aminations Officer Digital Signature: | | | | | | | | . [| Date: (dd/mm/yyyy) | | | | | | | | | | | | |
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*Amount to be paid is set by Universities Australia: <u>Universities Australia</u>

CRICOS No. 00114A OGR Dec 2025