PGS Form 07 (2019)

**UNIVERSITY OF ILORIN, ILORIN, NIGERIA**

**POSTGRADUATE SCHOOL**

**CLAIMS FORM FOR EXTERNAL EXAMINER FOR Ph.D. EXAMINATIONS**

**(Please Complete In Triplicate)**

NAME OF EXTERNAL EXAMINER: ………………………………………………………………….

ADDRESS: .....…………………………………………………………………………………………….

BANK DETAILS: ………………………………………………………………………………………...

EXAMINATION:………………………………………………………………………………………….

DEGREE IN VIEW:……………………………………………………………………………………….

NAME OF THE Ph.D. STUDENT EXAMINED AND MATRICULATION NUMBER

…………………………………………………………………………………………………………..

1. Doctor of Philosophy – Honorarium
2. Mileage Claim N20.00pkm

Distance covered by the External Examiner to & fro Ilorin

1. Postal Expenses, if any
2. Night Allowance: Professor and Readers N16,000.00 Per night,

Senior Lecturers N12,500.00 per night

**GRAND TOTAL =**

Claimant: ………………………………………………………………………………………………

Signature: ………………………………….. Date: ………………………………

Certified by Head, Department of………………………… ……..…………………………………..

 …………………………………….. …………………………….

 Name & Signature Date

 Head of Department

Dean,

Payment of the above claim is recommended

 ………………………

 The Secretary,

Postgraduate School

For Registrar

**NOTE:** This Claim Form must accompany that of the appropriate External Examiner Claim Form