

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 (MT1F & MT2F).
2. Once authorised and signed, the form should be forwarded to hdr.exams@flinders.edu.au for processing (for examiners resident in Australia and overseas examiners).
3. For Domestic payments, individuals will also need to complete an ATO 'Statement by a Supplier' form available from Step 3 'Examiner's Honorarium' on the [Information for HDR Examiners website](#) to accompany the HDR form.

1. EXAMINER DETAILS – to be completed by the Examiner

Title	Family Name	Given Name(s) in full						
<input type="text"/>								
Mailing Address								
<input type="text"/>								
Contact Phone Number	Email						Date of Birth (dd/mmm/yyyy)	
<input type="text"/>	<input type="text"/>						<input type="text"/>	
State/Territory (where work is performed):								
SA	NT	WA	QLD	NSW	ACT	VIC	TAS	INTERNATIONAL

2. FINANCIAL INSTITUTION DETAILS

Australian Bank Account Details

Institution Name:					Branch Location:				
<input type="text"/>									
Branch (BSB) Code:					Account Number (max 9 digits):				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name(s) in which the account is held:									
<input type="text"/>									

International Bank Account Details (Electronic Payment)

Name(s) in which the account is held:					Country:				
<input type="text"/>									
Bank Name:					Bank Code:				
<input type="text"/>									
Account Number / IBAN:									
<input type="text"/>									
Bank Street Address:									
<input type="text"/>									
Swift Code:					Currency Type:				
<input type="text"/>									

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3. CLAIM DETAILS – to be completed by the Office of Graduate Research

Select Type of Thesis	Student's Name	Student's ID	Amount to be Paid *	Date of Claim (dd/mmm/yyyy)
Master by Research			AUD \$	
PhD / Prof Doc			AUD \$	

College:

Please note account to be charged (including applicable oncosts) is:

External Contractors - Academic

0 1

0 8 6

0 0 3 7 8

1 0 5 0

4. HONORARIUM DECLARATION AND AUTHORITY– to be completed by the Portfolio

OGR Examinations Officer

- I certify that the above-mentioned thesis has been examined and that the examiner should be paid an Honorarium.

OGR Examinations Officer Name:

OGR Examinations Officer Digital Signature*:

Date: (dd/mm/yyyy)

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[*Digital Signature Information](#)

*'Amount to be paid' is set by Universities Australia: [Fees for External Examiners](#)