 **ABUBAKAR TAFAWA BALEWA UNIVERSITY, BAUCHI**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM EE-02**

**EXTERNAL EXAMINERS ALLOWANCE CLAIM FORM**

 **Date ………………………………..**

 **Semester…………………………..**

 **Session ……………………………**

**To: Bursar**

**Through**

**Dean of Faculty …..…………………………………Sign………………………Date……………………..**

**From H.O.D …………………..………………………………………………………………………………..**

**Name of Examiner ……………………………………………………………………………………………**

**Address of Examiner ……………………………………………Phone ……………………………….**

**Account Details: Bank Name …………………Acct. No …………………Sort code……..………….**

**A. Examiners Honorarium**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Description** | **Rate** | **Quantity** | **Amount** |
| **1** | **PhD Dissertation**  | **N50,000** |  |  |
| **2** | **MSc Thesis** | **N30,000** |  |  |
| **Total** | **N** |

**B. Examiners DTA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Description** | **Rate** | **Days** | **Amount** |
| **1** | **DTA**  | **N16000/Day** |  |  |
| **2** | **Local Running @** | **30% of DTA** |  |  |
| **3** | **Transport**  | **N20/KM X 2** |  |  |
| **Total** | **N** |
| **Total amount recommended** | **N** |

**Total amount recommended in words………………………………………………………………………**

**…………………………………………………………………………………………………………….............**

**Name of H.O.D. ……………………………………Sign …………..…………Date………………………...**

**Dean SPGS.………………………………………….Sign …………..…………Date………………………**

**Bursar’s Approval ………………………………… Sign …………..…………Date…………….………..**

***NOTE***

***# Please attach copy of letter of appointment of the Examiner***

***# Please attach list of students to be examined***

***# Provide photocopy of this claim to Dean SPGS and the External Examiner***



 **ABUBAKAR TAFAWA BALEWA UNIVERSITY, BAUCHI**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM EE-03**

**EXTERNAL EXAMINERS ALLOWANCE CLAIM FORM**

 **Date …………………………………...**

 **Semester……………………………...**

 **Session ……………………………….**

**To: Bursar**

**Through**

**Dean of Faculty …..…………………………………Sign………………………Date……………………….**

**From H.O.D …………………..………………………………………………………………………………….**

**Name of Examiner ………………………………………………………………………………………..........**

**Address of Examiner ……………………………………………Phone ……………………………………**

**Account Details: Bank Name …………………Acct. No …………………Sort code……..…………….**

**A. Examiners Honorarium**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Description** | **Rate** | **Quantity** | **Amount** |
| **1** | **Master’s thesis**  |  **N 2000**  |  |  |
| **2** | **PGD Projects**  |  **N 1000** |  |  |
| **Total** | **N** |

**B. Examiners DTA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Description** | **Rate** | **Days** | **Amount** |
| **1** | **DTA**  | **N16000/Day** |  |  |
| **2** | **Local Running @** | **30% of DTA** |  |  |
| **3** | **Transport**  | **N20/KM X 2** |  |  |
| **Total** | **N** |
| **Total amount recommended** | **N** |

**Total amount recommended in words ………………………………………………….…………………..**

**…………………………………………………………………………………………………………..……….....**

**Name of H.O.D. ……………………………………….Sign …………..…………Date…………….………..**

**Dean of SPGS …………………………………………Sign …………..…………Date…………….………..**

**Bursar’s Approval ……………………………………Sign …………..…………Date…………….………..**

***NOTE***

***# Please attach copy of letter of appointment of the Examiner***

***# Please attach list of students to be examined***

***# Provide photocopy of this claim to Dean SPGS and the External Examiner***