

EXAMINER'S CLAIM FORM

Version date: January 2023



Payments for examination may be made to:

- the **University's Bursary Fund** which assists students in need (no documentation necessary); or
- an **institution** (an ABN and a Tax Invoice must be provided); or
- an **individual** (an ABN and a Tax Invoice must be provided, if no ABN quoted on the Tax Invoice, a [Statement by a supplier](#) must be provided); or
- **Overseas Examiners** will be reimbursed by international bank transfer in the currency of the country in which they live.

| EXAMINATION DETAILS | | | | |
|--------------------------|--------------------------|---------------------------|-----------|---------------|
| Examiner's Name | | | | |
| Email Address | | | | |
| Candidate's Name | | | | |
| Award <i>Tick one</i> | <input type="checkbox"/> | 16,000 words Minor thesis | AUD\$ 182 | 16,000 words |
| | <input type="checkbox"/> | MPhil or MTheol thesis | AUD\$ 291 | 40,000 words |
| | <input type="checkbox"/> | PhD or DTheol thesis | AUD\$ 517 | 100,000 words |
| | <input type="checkbox"/> | | | |
| Examiner's Signature | | | Date | |

| PAYMENT DETAILS |
|--|
| Complete ONE of the following four options |

| OPTION 1: University of Divinity Bursary Fund | |
|---|--|
| <i>tick above</i> | Please deposit my examiner's fee in the University of Divinity Bursary Fund to support students in need of financial assistance. <i>Thank you!</i> |

| OPTION 2: Payment to Institution (Australian examiners only) | | | |
|---|-----------|----------|--|
| Institution | | | |
| Address | | | |
| Country | Australia | Postcode | |
| ABN | - - - - - | | |
| ATTACH: Please attach a Tax Invoice from the Institution | | | |

| OPTION 3: Payment to Individual (Australian examiners only) | | | |
|---|-----------|----------|--|
| Name | | | |
| Address | | | |
| Country | Australia | Postcode | |
| <p>Please attach a Tax Invoice, which should be on official letterhead and include:</p> <ul style="list-style-type: none"> - Australian Business Number (ABN) - If no ABN quoted on the invoice, please attach a completed Statement by a supplier, available on www.ato.gov.au/uploadedFiles/Content/MEI/downloads/Statement by a supplier.pdf - The words 'Tax Invoice' - Name of the student examined - Payment and bank account details (name of financial institution, account name, account and BSB number) - GST inclusive fee (e.g. payment amount plus 10% GST). If your ABN is not registered for GST do not include GST in the amount and indicate 'GST free' on the Tax Invoice. <p>Please note: penalties apply for deliberately making a false or misleading statement. For more information, please visit www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn. The University may withhold partial payment on behalf of the ATO if it has reasonable grounds to believe that this statement is false or misleading.</p> | | | |

| OPTION 4: Payment to Overseas Examiner | | | |
|---|--|----------|--|
| Please complete below details for either the person or the institution to be paid. Only give the full street address including country; post office boxes are not permitted. | | | |
| Full Name | | | |
| Address | | | |
| Country | | Postcode | |
| Account Number or IBAN (<i>IBAN required for payments to Europe and selected countries</i>) | | | |
| - - - - - | | | |
| SWIFT or BIC Code (<i>if known and applicable</i>) | | | |
| - - - - - | | | |
| Bank Code (<i>e.g. ABA routing or Fedwire number (USA), or Sort Code (UK), or Branch code</i>) | | | |
| - - - - - | | | |
| Beneficiary Bank's Name | | | |
| | | | |
| Beneficiary Bank Branch's full street address, including country and postcode | | | |
| | | | |

| | | | |
|--|--|---------------|--|
| <i>Office of the Vice-Chancellor use only</i> | | | |
| Date received | | Date approved | |
| Signature of authorised officer | | | |

Please submit this form and all other required documents to:

Registrar, School of Graduate Research

Email skashyap@divinity.edu.au