

External Examiner Set-up Form (first claim)

Title:						
Name:						
Address:						
Date of Birth:	PI	PS No.:		PRSI	Class:	
Home Phone No.:			Mobile No.:			
Marital Status:			Staff No.:			
Job Title						
Work Address:						
Extension No.:	Email Address:					
Bank Details						
Account No.:						
Sort Code:						
Address of Bank:						

Please return this completed form to:

Payroll Services, PayrollService@tcd.ie by 5.30pm the last working day of the month to ensure set up in the next payroll. Please note that a External Examiners Re-Imbursement Form should also be submitted with this form.

All queries to Extn. 4969