**THE PAPUA NEW GUINEA UNIVERSITY OF TECHNOLOGY**

**FEE AND EXPENSES CLAIM FORM FOR HIGHER DEGREE EXAMINERS**

CANDIDATE: --------------------------------------------------------------------------------

DEGREE: -----------------------------------------------------------------------------------

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I have completed the examination of the above candidate and wish to claim the following fee.

FEE: ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SIGNED: ------------------------------------------- DATE: ---------------------------------------

ADDRESS TO WHICH PAYMENT SHOULD BE SENT (**Pl include the bank account details so that payment check could be deposited directly to your bank account)**

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FOR OFFICE USE ONLY

The above claim is approved

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GA/ccmb

30/11/98