



RETURN FOR PAYMENT FOR ACADEMIC SERVICES RENDERED

Payment processed by Direct Credit Only

Part One: Personal Information

Name & Surname:

RES ID: (employee no)

PRS Code: (Sims User Name)

ID Card No:

National Insurance No:

Telephone:

Email:

Address:

Other Post/s at University of Malta/Junior College:

BANK INFORMATION (MANDATORY)

Bank Name:

Bank address (mandatory for non-EU bankers):

City/Town:

Country:

Zip Code:

Account Number:

Account IBAN:

IBAN input grid

Account Swift:

DECLARATION:

- I, hereby declare that the information above has been filled in to the best of my knowledge and all details contained within this application form are for the explicit use of the University of Malta.
I, understand that future claims for payment will be credited to the above account unless otherwise specified

Signature: _____

Part 2: Details of Services Rendered

Department/Division:

Faculty/Institute/Centre:

Course Title :

Day/Evening:

Semester :

Course Level: Diploma in/Bachelors of/Masters in/PhD in:

ECTS Value:

Date	Time of Service		No of Hours	Type Of Service (e.g. Tutorial, Lecture, etc.)	Study Unit (Code And ECTS Value)
	From	To			

TOTAL:

Employee Signature

Head of Department Signature

Date: _____

Date: _____

For Official Use:

Cost Centre to be charged

Finance Office:

No. of Hours:

Rate:

Amount: €

Approved by OHRM&D:

Signature

Date:

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Kindly attach forms together if more than one is used