Tshwane University of Technology
We empower people

MARKING / MODERATION OF EXAMINATION SCRIPTS

Incomplete forms will not be processed.
Use a seperate form for each subject.

CLAIMANT INFORMATION

Last Name _____ First Names _____

Staff Number _____ ☐ permanent ☐ part-time ☐ non-staff

ID Number _____ Income Tax no. _____

Address _____ City _____ Code ____

Tel no. _____ Mobile no. _____ e-mail _____

BANKING DETAILS

Bank _____ Branch _____ Type _____ Acc no. _____

Signature of Claimant _____ Date _____

SUBJECT DETAILS

Subject _____ Code _____ Exam _____

Services rendered _____ Campus _____ Number of scripts moderated ____

FOR OFFICE USE

I _____ , hereby confirm that the claim form is correct and completed in full.

Signature of Administrator _____ Date _____

Campus _____ Ext _____ Amount _____

Signature of Entity Manager _____

Signature of Supervisor (Salaries) _____

Pretoria Campus [21-LG02]