

# Assessment Fee

## Employees residing outside of Europe



Note: SDU staff and students cannot receive fees.

The following information must be completed by **the employee**:

|                                                   |                                 |  |  |        |  |    |       |  |  |  |
|---------------------------------------------------|---------------------------------|--|--|--------|--|----|-------|--|--|--|
| Full Name                                         |                                 |  |  |        |  |    |       |  |  |  |
| Date and year of birth                            | Day:                            |  |  | Month: |  |    | Year: |  |  |  |
| TIN-number*                                       |                                 |  |  |        |  |    |       |  |  |  |
| E-mail                                            |                                 |  |  |        |  |    |       |  |  |  |
| Street                                            |                                 |  |  |        |  |    |       |  |  |  |
| House number                                      |                                 |  |  | Floor  |  |    |       |  |  |  |
| Postal code                                       |                                 |  |  | City   |  |    |       |  |  |  |
| Country                                           |                                 |  |  |        |  |    |       |  |  |  |
| Are you permanently affiliated with a university? | Yes, as an employee             |  |  |        |  | No |       |  |  |  |
|                                                   | Yes, as a student               |  |  |        |  |    |       |  |  |  |
|                                                   | If yes, which university: _____ |  |  |        |  |    |       |  |  |  |
| Name of your bank                                 |                                 |  |  |        |  |    |       |  |  |  |
| Adress of your bank                               |                                 |  |  |        |  |    |       |  |  |  |
| Account number                                    |                                 |  |  |        |  |    |       |  |  |  |
| SWIFT/BIC code                                    |                                 |  |  |        |  |    |       |  |  |  |
| Routing number                                    |                                 |  |  |        |  |    |       |  |  |  |
| Name of account holder                            |                                 |  |  |        |  |    |       |  |  |  |

\* Instructions on how to find your TIN-number can be found [here](#). Please note that if you do not provide your correct TIN number, we will not be able to process the payment.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*The form must be sent to the institute for further processing.*

The following information must be completed by **the institute**:

|                              |                   |                         |  |
|------------------------------|-------------------|-------------------------|--|
| Dato for arbejdets udførelse |                   | Stillingsnummer         |  |
| Beskrivelse af bedømmelse    | Professor         | Doktordisputats         |  |
|                              | Lektor            | Licentiatafhandling/PhD |  |
|                              | Eksterne lektorer | Prisafhandling          |  |
|                              | Adjunkt           |                         |  |
| Antal bedømmelser            |                   | Navn                    |  |

|               |   |   |   |   |   |   |  |  |  |
|---------------|---|---|---|---|---|---|--|--|--|
| Underkonto    |   |   |   |   |   |   |  |  |  |
| Artskonto     | 1 | 8 | 1 | 1 | 7 | 2 |  |  |  |
| Omk. Sted     |   |   |   |   |   |   |  |  |  |
| Formål        |   |   |   |   |   |   |  |  |  |
| Projektnummer |   |   |   |   |   |   |  |  |  |
| Analysenummer |   |   |   |   |   |   |  |  |  |
| Omk. Sted 2   |   |   |   |   |   |   |  |  |  |

Dato: \_\_\_\_\_

Underskrift\*: \_\_\_\_\_

\* Skal underskrives af en underskriftbemyndiget med ret til at anvisa lønubilag jf. [SDU's regnskabsinstruks](#)

Blanketten sendes af instituttet til: [loen@sdu.dk](mailto:loen@sdu.dk) og skal indeholde underskrift fra medarbejder og institut