

SUNY Cobleskill

HONORARIUM REQUEST FORM

DATE: _____

REQUEST FOR PAYMENT OF HONORARIUM FOR:

Name of Person: _____

Social Security Number: _____

Person's Mailing Address: _____

The event, class, or meeting for which the speaker is engaged or invited:

The dates of above: _____

The location of above: _____

The audience will consist of: _____
The anticipated size of the audience: _____

The performer's program:

In brief, the qualifications of the speaker: professional position, education, training, background, or similar:

The amount of honorarium requested: \$ _____

The mileage from _____ to Cobleskill and return, if reimbursement for travel is requested

Signature of faculty making this request _____

Signature of Dean / Vice President _____