

Stockton University  
Guest Lecturer Payment Request Form

Date of Request: \_\_\_\_\_

Presenter Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Presentation Information<sup>1</sup>

Title of Lecture and/or Lab session(s): \_\_\_\_\_

Course acronym and name: \_\_\_\_\_

Date(s) and time(s) of presentation: \_\_\_\_\_

Location: \_\_\_\_\_

Total hours: \_\_\_\_\_

Amount of Compensation for the guest speaker: \_\_\_\_\_ hour(s) X \$ \_\_\_\_\_ program accepted  
rate/hour = \$ \_\_\_\_\_ (total)

Course Faculty/Instructor (who will be proctoring the presentation): \_\_\_\_\_

Course Coordinator Name \_\_\_\_\_

Please submit this form for