

**Stockton University**

Guest Lecturer Payment Request Form

for guests that have been approved for compensation

Please submit this form to Kent Mayhew [kent.mayhew@stockton.edu](mailto:kent.mayhew@stockton.edu) at **least six (6) weeks** before the scheduled guest lecture presentation

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: \_\_\_\_\_

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

Course Coordinator: \_\_\_\_\_

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

<sup>1</sup>Note: Any changes in the above information following submission of this form, such as the guest lecturer's presentation time is less than originally submitted, must be communicated as soon as possible to the SHS Budget Administrator, Program Director, and Course Coordinator.

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