

Spelman College
Title III
Honorarium/Guest Lecturer/Speaker/Facilitator
Service Form

Name of Title III Activity: _____

Grant Period: _____

Person Name: _____

Traveling From: _____

Date(s): _____

Purpose: _____

HONORARIUM/LECTURER (PLEASE ENTER AMOUNT):

Honorarium/Lecturer Fee \$ _____

Total \$ _____

GUEST SPEAKER (PLEASE ENTER AMOUNT):

Guest Speaker Fee \$ _____

Total \$ _____

FACILITATOR (PLEASE ENTER AMOUNT):

Facilitator Fee \$ _____

Total \$ _____

Requestor Signature

Date

**Activity Director's Supervisor Signature

Date

Activity Director Signature

Date

Title III Director Signature

Date

* Attach documentation supporting the purpose for the service and, if a contract is required, please attach copy.

**Only required if the Activity Director is the requestor.