



MOLLOY UNIVERSITY

P.O. Box 5002
1000 Hempstead Ave
Rockville Centre, NY 11571-5002

REQUEST FORM FOR HONORARIUM

Please submit at least two weeks prior to presentation date to allow processing by the Accounting Department

Employee of Molloy? Yes No

**** Any employee of Molloy must be paid through the payroll department, all others are paid through accounts payable*

DATE OF REQUEST: _____

REQUEST MADE BY: _____

DEPARTMENT: _____

DATE / DATES OF PRESENTATION: _____

TOPIC: _____

It is important to procure the following information from your speaker in order to assure prompt payment.
Please note this form must be attached to an accounts payable check request.

NAME: _____

COMPANY / AFFILIATION: _____

ADDRESS: _____

HONORARIUM AMOUNT: _____

SOCIAL SECURITY NUMBER: _____

APPROVED BY: _____