



National Alliance on Mental Illness

NAMI Ending the Silence



Speaker Fee Request Form

Name of presenter requesting payment: _____

Role of presenter: Lead Presenter Young Adult Presenter

Check here if below information in box is the same as listed on accompanying presenter report form.

School/site where presentation was given: _____

Address where presentation was given: _____

Name/ contact info. for contact person at school: _____

Date of presentation: _____

Total number of presentations made on this date at this site: _____

Total number of students for all presentations made on this date at this site: _____

Number of Evaluations collected/ submitted (*must be included*): _____

Mail payment to:

Speaker name: _____

Address _____

Phone number _____ Email address _____

Number of presentations given ___ times **\$30** per presentation = \$_____ (total amount requested)

Today's date _____ Signature _____

Mail completed form to NAMI Missouri, 3405 West Truman Blvd. #102, Jefferson City, MO 65109 or scan forms and evaluations and email to info@namimissouri.org using subject line "ETS Presentation Request for Payment"

Note: Speaker fees are \$30 per presentation per speaker. The **Presenter Report Form** and **Audience Evaluations** must accompany this **Speaker Fee Request Form** to receive payment. Payments are processed twice a month and may not be mailed out for up to a month after we receive your documentation. Thank you for your patience and understanding.

Internal Accounting Use Only