

HONORARIA REQUEST FORM

Note: All Honoraria Request Forms must be submitted in PDF format to saabofoms@jjay.cuny.edu.

Name of Organization/Department: _____

Contact Person Name: _____ **Phone Number:** _____

Email: _____

Event Information

Event Date/Time: _____ / _____ **Event Location:** _____

Event Description:

Item Details

	Recipient Name	Item Description	Item Amount	Quantity
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

By signing below, I acknowledged that I am responsible for following the policy procedures outlined in the SAA Honoraria Gift Card Policy.

_____ Title _____ Date _____
 SC Officer/CSIL/Department Designee