

## NOTIFICATION OF GUEST SPEAKER PAYMENT FORM

Current Date: \_\_\_\_\_

Professor Name: \_\_\_\_\_

Course name/number: \_\_\_\_\_

Guest Speaker Name: \_\_\_\_\_

Guest Speaker email: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Time of Visit: \_\_\_\_\_

Are you requesting guest courtesy parking for the visit?      YES      NO

Amount of payment: \_\_\_\_\_

Funding Source: \_\_\_\_\_

*Please complete this form and email  
the completed form to Sandy Garcia,  
[sgarcia@chavez.ucla.edu](mailto:sgarcia@chavez.ucla.edu).*