

NAMI Missouri
In Our Own Voice/Lived Experience Presenter

PAYMENT FORM FOR SPEAKING FEE

PLEASE PRINT LEGIBLY & FILL OUT COMPLETELY

***MAIL TO:** NAMI Missouri
ATTN: Alice Kliethermes, Director of Consumer Services
3405 West Truman Blvd., Suite 102
Jefferson City, MO 65109

TODAY'S DATE _____

INFORMATION ABOUT THE PRESENTATION

PRESENTATION GIVEN TO THE FOLLOWING ORGANIZATION

STREET ADDRESS _____

CITY/STATE/ZIP CODE _____

DATE PRESENTATION WAS GIVEN _____

NUMBER IN AUDIENCE _____ NUMBER OF EVALUATIONS COLLECTED _____

MAIL PAYMENT TO

SPEAKER'S NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

AMOUNT TO BE PAID \$30.00

***NOTE: Audience Evaluations & Presentation Report Form must accompany this form to receive payment.**

**Payments are processed twice a month, so please be patient.
It may take up to three weeks to receive your payment.**

Internal Accounting Use Only: <i>Account:</i> Education Expense/Public <i>Class:</i> SAMHSA Grant (Year 1) March 31, 2019 – March 30, 2020
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