

VISITOR REIMBURSEMENT FORM

NAME: _____

SOCIAL SECURITY NUMBER: _____

EMAIL ADDRESS: _____

PERMANENT HOME ADDRESS: (Required by the University for 1099 Tax Purposes)

ADDRESS TO MAIL CHECK (if different than Home Address):

___ US CITIZEN ___ Permanent Resident ___ VISA TYPE: _____

This section MUST be completed or we cannot process your request for payment.

SEMINAR NAME or REASON FOR VISIT: _____

HOST'S NAME: _____

DATE OF ARRIVAL: _____

Time: _____

DATE OF DEPARTURE: _____

Time: _____

***** TO BE COMPLETED BY HOST *****

EXPENSES: (check applicable and Attach Original Receipts)

___ HONORARIUM: Amount \$_____ (an additional form is needed)

___ Auto MILEAGE ___ TRAVEL: (air, train, bus, taxis) ___ Per Diem

What meals were provided: _____

Comments or details regarding amounts, limits: _____

ACCOUNT INFORMATION:

