

Eligibility for Payments: Visitors in business or tourist status (B-1, B-2, WB and WY) may be paid honoraria and /or be reimbursed for travel expenses if (a) the visitor is engaged in the activity being compensated for any portion of nine days or less, (b) the visitor has not been paid or reimbursed by more than a total of five U. S. institutions or organizations (including Sweet Briar College,) (c) during the past six months. *All payments are subject to standard college policies and procedures AND IRS and Department of Homeland Security regulations.*

Visitor Information

Last Name: _____

First Name: _____

Social Security or ITIN Number: _____ Visa Status: _____

Dates of Activity for Which Visitor is Being Paid: _____

Briefly Describe The Activity: _____

Statement of Visitor

I attest that I have been engaged in the activities described above for the benefit of Sweet Briar College for any portion of nine days or less, and that I have not been paid or reimbursed by more than a total of five U. S. Institutions or organizations (including this visit to Sweet Briar College) during the past six months. I realize it may take up to 30 days to receive payment for my services.

Signature: _____ Date: _____

**Verification of Request for US Taxpayer Identification Number
(Complete only if no Social Security Number or ITIN Number written above)**

I have been requested by Sweet Briar College to supply a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), which is required by the US federal tax regulation. I am not providing this information to Sweet Briar College. I realize that I cannot qualify for any treaty benefits and will have taxes withheld from my payment and /or expense reimbursement as required by tax law.

Signature: _____ Date: _____

Statement of Department Head or Sponsor

As sponsor of the above individual, I attest that the individual has been engaged in the activities described above for the benefit of Sweet Briar College for any portion of nine days or less, and that the activities for which the individual is being paid or reimbursed are within the broad realm of customary academic activities associated teaching, research, public service, or academic administration or operations.

Signature: _____ Date: _____

Please attach this statement to a check request form and include the following supportive documentation:

- Foreign National Information Form
- SBC department's letter of invitation or contract stating purpose of visit
- Copy of individual's Passport ID
- Copy of individual's current Visa
- Copy of individual's I-94 card (front and back)
- Copy of individual's social security card or ITIN, if appropriate
- For J-1 visa holders only:
 - Copy of DS-2019
 - Letter from individual's home institution authorizing the SBC activity