

FOREING VISITOR NEED TO FILL OUT FORM 1 MONTH PRIOR TO ARRIVAL, All OTHERS AT LEAST 2 WEEKS BEFORE VISITING UCLA. NO EXCEPTIONS.

DATE: \_\_\_\_\_

### VISITOR/GUEST SPEAKER REIMBURSEMENT FORM

RETURN THIS FORM TO BRENDA TRUJILLO AT UCLA CHAVEZ DEPT, 7349 BUNCHE HALL, L. A., CA 90095-1559

SPONSOR/PROFESSOR: \_\_\_\_\_

NAME OF VISITOR (first name first) \_\_\_\_\_

DURATION OF STAY: (date: from-to) \_\_\_\_\_

PURPOSE OF STAY: \_\_\_\_\_

ARE YOU A UCLA AUTHORIZED VENDOR? \_\_\_\_\_ If so please provide VCK# \_\_\_\_\_.

ADDRESS WHERE CHECK IS TO BE MAILED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER/EMAIL ADDRESS: \_\_\_\_\_

LECTURER'S HOME ADDRESS (if different): \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

U.S. CITIZEN  YES  NO

U.S. PERMANENT RESIDENT  YES  NO

IF NO ON BOTH ABOVE, VISA TYPE: \_\_\_\_\_

(Photocopy of visa/I94 required for payment)

All non-citizens must fill out a "statement of citizenship" form – available from Accounting Office

#### J-1 VISA

MAY BE REIMBURSED FOR INCIDENTAL TRAVEL, MEALS AND LODGING. MAY RECEIVE HONORARIUM

All J-1 Visa holders will now be required to submit a copy of their DS-2019.

#### B-1/B-2/WT/WB VISA

B-1/B-2/WT/WB VISA HOLDERS MAY BE REIMBURSED FOR INCIDENTAL TRAVEL, MEALS, LODGING AND HONORARIUM, if all of the following conditions are satisfied:

- The academic activities underlying the payment must be conducted for the benefit of UCLA:
- The duration of the academic activities conducted at UCLA (or at any other single institution making payment to such visitor) may last for no more than nine days; and
- The visitor may not have accepted other payment from more than five (5) institutions in the previous six (6) month period.

B-2/B-2/WT/WB VISA HOLDERS RECEIVING HONORARIUM PAYMENTS WILL NEED TO HAVE A SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN).

B-2/B-2/WB/WB Visa holders will not be required to submit a completed "Certification of Academic Activity" along with the request for all payment.

Amount of honorarium/reimbursement: \_\_\_\_\_ UC Employee in the past 5 Years? Yes \_\_\_ No \_\_\_

Funding Source/s: \_\_\_\_\_  
(Please be specific – e.g. OID funds, departmental funds, others)

Approval of payment: \_\_\_\_\_

Signature

Date