

Visitor Reimbursement Form

Name & Travel Information

First Name

Last Name

Title

Suffix

Travel Dates

to

Purpose of
Travel

Payment Mailing Address

Street Address 1

Street Address 2

City

State

Zip Code

Country

E-Mail Address

Phone Number

Citizenship/Immigration Status

Status

US Citizen or US Permanent Resident (If this is selected, please complete W-9)
Non-US Citizen or Non-US Permanent Resident [If this is selected you must fill out the attached International Information Form (IIF) and provide a copy of your passport, visa/visa stamp, and your I-94 (<https://i94.cbp.dhs.gov/I94/#/history-search>)]

Visa Type

J1

B2

Other

F1

WB

B1

WT