Compliance Statement for Payments to Visitors in Business or Tourist Status

Visitor Information:

Last Name_____Current Visa Status_____

First Name_____

Social Security Number_____Or ITIN_____

Dates of Activity for Which Visitor is Being Paid _____

Brief Description of Activity _____

_____

_____

If You are Canadian:
___ Check if you did not receive Form I-94 (Departure Record)
___ Check if you are not carrying a passport

Statement of Visitor: I attest that I have been engaged in activities described above for the benefit of Louisiana State University & A&M College for nine days or less. I further attest that I have not been paid or reimbursed by more than five other U.S. institutions or organizations during the past six months.

I authorize that all information provided on this application, including any and all personal, academic and financial data may be shared with the Internal Revenue Service for tax reporting. This data will be securely retained indefinitely. To learn more about privacy at LSU, please see the LSU Privacy Statement at www.lsu.edu/privacy.

Signature:_____Date: _____

Statement of Department Head: As sponsor of the above individual, I attest that the individual has been engaged in the activities described above for the benefit of Louisiana State University & A& M College for nine days or less. I attest that the activities for which the individual is being paid or reimbursed are within the broad realm of customary academic activities associated with teaching, research, public service, academic administration or academic operations.

Signature:_____Date: _____