



## Visitor Reimbursement Form

Legal Name: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen: Yes ☐ No ☐

Current UA Student: Yes ☐ No ☐

If no, US Permanent Resident: Yes ☐ No ☐

If no, type of Visa: \_\_\_\_\_

***IF YOU ARE TRAVELLING ON VISA DOCUMENTS, please make sure to bring these documents to the Business Office when you arrive. We will need to make copies for our records and your reimbursements.***

US Social Security Number or Tax ID: \_\_\_\_\_

Have you been employed by the University of Arizona within the past twelve months?

Yes ☐ No ☐ If yes, which department: \_\_\_\_\_

### **Statement for Honoraria Recipients**

\_\_\_\_\_ I certify that I have not received honoraria payments and associated expenses from more than five institutions in the previous six-month period.

\_\_\_\_\_ I further certify that the honoraria payment and/or associated expenses I will receive from the University of Arizona are for usual academic activities and that those activities do not/will not last for more than nine days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_