

Please complete this form for all UCF Foreign National students. All applicable questions below must be answered. This form should be completed before a vendor number can be created.

Payee Name \_\_\_\_\_ UCF ID \_\_\_\_\_

Payee Phone \_\_\_\_\_ Payee E-mail \_\_\_\_\_

Date(s) of Activity \_\_\_\_\_ U.S. Visa Type during Activity Date(s) \_\_\_\_\_

Estimated Amount \_\_\_\_\_ UCF Department \_\_\_\_\_

UCF Dept. Phone \_\_\_\_\_ UCF Dept. Contact \_\_\_\_\_

Is the individual a UCF student?  Yes  No Will payment be done with a PCARD?  Yes  No

Business purpose for expense (such as research, conference, etc.) \_\_\_\_\_

Include a brief description of incurred expenses (e.g. hotel, meals, etc.) \_\_\_\_\_

Is the payee a permanent resident of the U.S. (green card holder)?  Yes  No

*If yes, please skip the remaining questions, sign and date form, then submit form to IAGS with copy of payee's permanent resident card. If no, please proceed with the questions and instructions below.*

Did the funds for the payment originate from a foreign source (grants only)?  Yes  No

Is the payment for group travel?  Yes  No

**ONLY FOR NON-U.S. CITIZENS**

*Check all that apply and **sign form** before forwarding.*

	Yes	No	N/A
1. Is the student a UCF employee (such as a GRA, GTA, GA or an OPS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If unemployed, is the student providing services to the department? <i>If the answer is yes to questions 1 or 2, please also answer 2A, 2B, 2C, 2D and 2E.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2A. How does this expense relate to the individual's employment/service requirements? _____			
<i>If the expense is not justifiable for IRS audit purposes, the UCF Sponsoring Department will be responsible for any tax liability.</i>			
2B. Is the student/employee attending a conference to present material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2C. Is the student/employee attending a conference only to observe (will not be presenting material)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2D. If you are attending a conference, did your supervisor/PI require that you to attend this conference to aid in your work assignment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2E. If the student/employee is <b>not</b> attending a conference, will the activity be related to a work assignment from a supervisor/PI? (An example would be a student assisting a professor at a meeting.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the purpose of the student's travel/expenses for personal reasons, such as a flight home or vacation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the reimbursement or payment exclusively for travel or lodging expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the payment be exclusively for travel or lodging reimbursement for a job interview at UCF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the payment for activities that are being performed entirely outside the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please sign this form to confirm that all travel reimbursements were done according to the UCF Travel Manual and State Statute Sec. 112.061 (3)(a).

*Payments to Non-Resident Aliens may be subject to a 30% or 14% withholding tax in accordance with IRS regulations.*

Dept. Representative Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**FOR IAGS STAFF ONLY**

Completed Form Received From \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Vendor No \_\_\_\_\_ PCard Approved for Activity  Yes  No

Tax Explanation \_\_\_\_\_