



The Foreign Vendor Information Form must be completed before you can receive any form of payment. All applicable questions below must be answered. A copy of the following documents should be attached to this form if applicable: passport, U.S. visa, SSN, and both sides of the I-94 card. This form must be submitted before any payment is processed by Finance and Accounting.

Family or Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

US Local Address

Foreign Residence Address

Country of Citizenship: \_\_\_\_\_

Passport #: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

Visa/Waiver Type: \_\_\_\_\_ Visa Number: \_\_\_\_\_

Current Visa Start Date (MM/DD/YYYY): \_\_\_\_\_ Current Visa End Date (MM/DD/YYYY): \_\_\_\_\_

**Please indicate the purpose of the visit:**

- Job Interview
- To provide services (eg. Consulting, performing, lecturing)
- Other: \_\_\_\_\_

**Please indicate which of the following will be provided to the vendor:**

- Travel reimbursement
- Payment for services

**Have you ever received tax treaty benefits under your current status?**

- Yes
- No

**Have you previously visited the United States?**

- No
- Yes, If yes please complete the following:

Date of Entry/Change (MM/DD/YYYY)	Date of Exit/Change (MM/DD/YYYY)	Immigration Status (Visa Type)	Purpose of Activity

I hereby certify that all of the above information is true and correct.

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