



The Foreign Supplier 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 with this form, if applicable: passport, U.S. visa, SSN, and a copy of most recent I-94.

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

U.S. Local Address: \_\_\_\_\_ Foreign Residence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Current Visa Status Start Date: \_\_\_\_\_ Current Visa Status End Date: \_\_\_\_\_

Purpose of the visit to UCF:

Job Interview

To provide services (e.g. consulting, performing, lecturing)

Other: \_\_\_\_\_

Type of payments that will be requested:

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?

Yes

No

If Yes, please complete the following:

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

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

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

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

Email: \_\_\_\_\_