



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 |
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| Foreign Residence Address |
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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 |
|-----------------------------------|----------------------------------|--------------------------------|---------------------|
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I hereby certify that all of the above information is true and correct.

Signature: _____ Date: _____ Email: _____