



International Payment Authorization Form (Page 1)

Part A – PAYEE’S NAME AND CONTACT INFORMATION

Name _____ Taxpayer ID # (SSN/EIN) _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____ Phone _____
Country _____

Part B – REASON FOR PAYMENT

Business Agreement Lecturing Teaching workshop/seminar/class Visiting Scholar/Researcher Performing*
**If performing, will tickets be sold or fees charged to attendees?* Yes No

Part C – TU SPONSORING FACULTY

Name of Sponsoring TU Faculty/Staff _____
Campus Department _____
Campus Address _____
E-mail Address _____ Telephone Number _____

Part D – PAYMENT INFORMATION

Amount

Payment T to Other Hotel Invoice: _____



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Part F – PAYEE'S BACKGROUND INFORMATION

Will the individual/vendor perform the services in the United States? Yes No If no, then where? _____

What visa/immigration status does the payee have?

B1/B2, WB/WT From which country are you visiting? _____

Date of Arrival _____ Date of Departure _____

I hereby certify under the penalties of perjury that **I am the holder of a B1, B2, WB or WT visa**, AND I am being paid for usual academic activities conducted at Towson University for a period of **no more than 9 days**. I also certify that I have not accepted honoraria payment(s) or reimbursement(s) for expenses **from more than 5 US institutions or organizations in the previous 6 months**.

Signature _____ Date _____

J1 Researcher/Scholar Date of Arrival _____ Date of Departure _____

Name of J1 Sponsor _____

Other Please Specify: _____

Part G – SERVICES TO BE PERFORMED

Description of Services _____

