
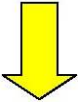


## Visitor Reimbursement Form

<b>Name:</b>
<b>Country of Citizenship:</b>
<b>Type of Visa:</b> <b>H1</b> <b>J1</b> <b>F1</b> <b>B1</b> <b>B2</b> <b>Other:(specify)</b>
<b>Permanent US Resident?</b> <b>YES</b> <b>NO</b>
<b>Salary Paid by Federal Funds at Time of Visit?</b> <b>YES</b> <b>NO</b>
<b>Current Mailing Address:</b>
<b>E-Mail:</b>
<b>Purpose of Visit:</b>
<b>Date of Arrival:</b>
<b>Date of Departure:</b>
<b>Total Amount to be reimbursed:</b>
<b>How many Per Diem days:</b>
<b>Lodging:</b>
<b>Travel:</b>
<b>Other (Specify):</b>
<b>COMMENTS:</b>

Attached is a list of the documents we will need to reimburse you. Please locate your Visa type and **make sure we have copies of all documents listed or your reimbursement will be delayed.** Once it is filled out, please **mail to: Donna Guzy, University of Illinois, 1110 W. Green St., Urbana, IL 61801.** If you have any questions, please contact Donna Guzy at [dguzy@illinois.edu](mailto:dguzy@illinois.edu). If you need to fax the documents (however, originals are much preferred) our FAX number is 217-333-4990. Thanks.

<p><b>Please provide these documents</b></p> <p><b>AND</b></p> <p><b>Locate any additional documents you may need in the table below.</b></p>  	<p><b>Copy of I-94 Card (both sides, regardless of whether the back is blank)</b></p> <p><b>Receipts to be reimbursed</b></p> <p><b>Copy of Passport pages showing:</b>          Photo and Identification number          All U.S. Entry stamps          Entry Visa</p>
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<b>B1/B2</b>	<ul style="list-style-type: none"> <li>• Foreign National Compliance Statement <b>(form attached)</b></li> </ul>
<b>F1</b>	<ul style="list-style-type: none"> <li>• I-20</li> </ul>
<b>H1</b>	<ul style="list-style-type: none"> <li>• Items listed at the top</li> </ul>
<b>J1</b>	<ul style="list-style-type: none"> <li>• <b>Prior to visit</b> obtain authorization letter from sponsor signed by Dean, Department Head, Asst. Head, or Officer with International Office <b>(sample letter attached)</b></li> <li>• DS-2019 form (all pages)</li> </ul>
<b>J2</b>	<ul style="list-style-type: none"> <li>• Employment Authorization Document</li> </ul>
<b>O1/O2</b>	<ul style="list-style-type: none"> <li>• I-797</li> </ul>
<b>P1/P2/P3</b>	<ul style="list-style-type: none"> <li>• I-797</li> </ul>
<b>Permanent Residents</b>	<ul style="list-style-type: none"> <li>• I-551 or Green Card <b>(other documents not needed)</b></li> </ul>
<b>Adjustment Applicant (Green Card Pending)</b>	<ul style="list-style-type: none"> <li>• I-797</li> <li>• Employment Authorization Document (EAD)</li> </ul>
<p><b>Waivers for Business or Tourism</b></p> <p>- no longer than 9 days and</p> <p>- no more than 5 payments within 6 months</p>	<ul style="list-style-type: none"> <li>• Foreign National Compliance Statement <b>(sample attached)</b></li> </ul>

**If your Visa type is not listed above, please contact Donna Guzy for additional assistance.**  
**Phone: 217-333-4452 Email: dguzy@illinois.edu**

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## Foreign National Compliance Statement

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**Eligibility for Payments:** Visitors in business or tourist status (B-1, B-2, WB, and WT) may be paid honoraria and reimbursed for associated travel expenses if (a) the visitor is engaged in the activity being compensated for any portion of nine (9) days or less, and (b) the visitor has not been paid or reimbursed by more than five (5) other United States institutions or organizations during the past six (6) months.

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**Please complete as stated on Social Security card or Individual Taxpayer Identification Number (ITIN) documents.**

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Last or Family Name First Middle

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Individual Taxpayer Identification Number /  
United States Social Security Number

Visa status

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Dates of activity for which visitor is being paid

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Brief activity description

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If you are Canadian, check here if you did not receive Form I-94 (Departure Record):

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### Statement of Visitor

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I attest that I have been engaged in the activities described above for the benefit of the University of Illinois for any portion of nine (9) days or less, and that I have not been paid or reimbursed by more than five (5) other United States institutions/organizations during the past six (6) months.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Statement of Department Head

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As sponsor of the above individual, I attest that the individual has been engaged in the activities described above for the benefit of the University of Illinois for any portion of nine (9) days or less, and that the activities for which the individual is paid or reimbursed are within the broad realm of customary academic activities associated with teaching, research, public service, or academic administration or operations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**THIS STATEMENT MUST ACCOMPANY ALL PAYMENT REQUEST DOCUMENTS.**

*Note: Honoraria may be paid to visitors in B-1, B-2, WB, and WT status only under the above requirements. Travel reimbursements may be made to any B-1, B-2, WB, and WT visitors. All payments are subject to standard University policies and procedures.*

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# **SAMPLE J1 Letter**

*NEEDS TO BE ON LETTERHEAD*

Date:

To Whom It May Concern:

The purpose of this letter is to authorize the reimbursement for xxxxxxx. He/She is currently holding a J1 visa. This office will not reimburse xxxxxxxx for any expenses incurred during the visit to the University of Illinois on [dates]

Sincerely,

*Letter needs to be signed by Department Head,  
Assoc. Dept Head, Director, or appropriate  
person in traveler's International Office*