



Step 1: Sponsoring faculty/staff complete page 1 and obtain Dean's signature.
Step 2: Payee complete & sign page 2.
Step 3: Send forms to NRA Tax Office, Financial Services,
 Administration Building, 4th floor; T. 410.704.5269; F. 410-704.4910

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 Type
1. Travel/Transportation		<input type="checkbox"/> Travel Agency Invoice <input type="checkbox"/> Reimbursement
2. Hotel/Lodging Name of Hotel: _____		<input type="checkbox"/> Berkshire Invoice <input type="checkbox"/> Sheraton Invoice <input type="checkbox"/> Other Hotel Invoice: _____
3. Meals/Per diem		<input type="checkbox"/> Cash Payment (May be subject to tax) <input type="checkbox"/> Direct bill/invoice <input type="checkbox"/> Reimbursement (receipts required)
4. Payment for Services Type of Services & Date(s): _____		<input type="checkbox"/> Cash Payment (May be subject to tax) ___ Salary Advance (Payroll paperwork required) ___ Working Fund Payment ___ Accounts Payable
Total		

Part E – BUDGET, APPROVAL & WORKING FUND

Dept or Grant/PS Account:
 _____ / _____ \$ _____
 _____ / _____ \$ _____

<i>Working Fund Summary</i>	
Check #	_____
Check Amount	_____
Check Date	_____
Check Receipt Signature	_____

Department Approval: _____ Date: _____
 Dean Approval: _____ Date: _____



International Payment Authorization Form (Page 2)

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 _____

Dates of Engagement From _____ To _____

Will the Services be performed in the US? Yes No

Part H – PAYEE'S SIGNATURE

This document verifies that Towson University has offered to engage your services. Please confirm your acceptance of this offer by signing and dating below.

Signature _____

Date _____