



# Office of Finance

## Foreign Visitor Payment Request Form

### DEPARTMENT INFORMATION

DATE OF REQUEST	
DEPARTMENT NAME	
BUDGET UNIT DIRECTOR NAME	
BUDGET CODE AND SUBACCOUNT	
CONTACT NAME/EMAIL/PHONE	

### PAYEE INFORMATION

PAYEE (LAST NAME, FIRST NAME)	
BANNER I.D.	
MAILING ADDRESS	
Street/apt	
State/zip code	
Country	
PAYMENT REASON	
PAYMENT TYPE	HONORARIUM   PERFORMANCE   TRAVEL ONLY   OTHER
DATES OF ENGAGEMENT	
AMOUNT OF PAYMENT	
GROSS PAYMENT?*	YES   NO   PREPAYMENT?   YES   NO
METHOD OF PAYMENT	MAIL CHECK   HOLD CHECK FOR PICKUP   WIRE TRANSFER
If Pickup- Name and number of person picking up check	
If wire transfer there is an additional fee- Name of bank	
Full address of bank	
Name of payee on account	
Routing number of bank	
Account number of payee	

### ATTACHMENT CHECKLIST

FORM NAME	Check off	FIND IT AT:
FOREIGN VISITOR INFORMATION FORM		EMAIL LISA HECKER @lhecker@odu.edu } Ć : D > Z K K W Z › î } }% Ć › }
W8BEN/W9 FORM		https://odu.edu/vendors/responsibilities/w-9-request
STANDARD SPEAKING ENGAGEMENT		https://odu.edu/content/dam/odu/offices/procurement -

INDUSTRY PRACTICE CHECKSLIST(3 PAGES)		https://odu.edu/content/dam/odu/offices/finance -office/docs/worker-classification/IPSCchecklist.pdf
COPY OF PASSPORT		From visitor when arrives
COPY OF 94 ARRIVAL		From visitor or with visitor permission at https://i94.cbp.dhs.gov/i94/#/home#section

Signature of Budget Unit Director	Date
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