



U of M Visitor Visa / Visa Waiver Compliance Form

Eligibility for Payments: A visitor in business or tourist status (B-1, B-2, WB, WT) may be paid an honorarium only if (a) the visitor is engaged in the activity for which they are being paid or reimbursed for any portion of nine days or less, and (b) the visitor has not been paid or reimbursed by more than five other U.S. institutions or organizations during the past six months. If a visitor is in tourist status (B-2, WT), the same timing requirements apply to expense reimbursements. A visitor in business status (B-1, WB) can receive expense reimbursements without satisfying these timing requirements.

Visitor Information:

Name: _____
First and last name, as stated on Social Security or ITIN documents if applicable

Social Security Number: _____ or ITIN: _____

Immigration status (B-1, WB, etc): _____

Date entered the US for this trip (I-94 data stamp): _____

Dates of activity for which the visitor is being paid or reimbursed: _____

Number of academic, research or similar institutions which have paid or reimbursed the visitor during the 6 months preceding the last day of University of Minnesota activity: _____

Briefly describe the activity for which the visitor is being paid or reimbursed:

Statement of Visitor: I attest that the information I have provided is accurate and complete and that I am eligible to receive an honorarium and/or expense reimbursement from the University of Minnesota. I understand that the University of Minnesota cannot pay me an honorarium or reimburse my expenses if it learns that I am not eligible for such payments.

Signature _____ Date _____

Statement of Department Head: 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 Minnesota, 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 _____

Please attach this statement to UM 1695.