## **Olivet University**

## Foreign Visitors Honoraria Eligibility Certification

1. Name First:	Middle:	Last:	
	cation number (required for work perf		
3. Permanent residences	address (street, apt. or suite no., or rura	al route). <b>Do not us</b> o	e a P.O. Box.
4. City or town, state or p	province. Include postal code where ap	propriate.	Country (do not abbreviate)
5. Mailing address (if dif	ferent from above)		
6. City or town, state or p	province. Include postal code where ap	propriate.	Country (do not abbreviate)
payments for work per	et University is required by federal leformed in the US, unless specifical me at year end, and that I will be re	ly exempted by ar	n income tax treaty, and to
I hereby certify to the	_		
	ng conducted for the benefit of	·44:	·
	ast no longer than 9 days at this inst honoraria and incidental expenses f		institutions or organizations in
statements are true, c consent to any provis	f perjury, I declare that to the be correct, and complete. The Intern ions of this document other than gn person and, if applicable, obta	al Revenue Servi the certifications	ce does not require your required to establish
Signed:		Date:	

After your arrival to our campus, submit this form along with a **legible** copy of the first page of your passport, visa, I-94 card, and the IAP-66 for J-1 visas to your sponsor. They will attach these documents to the accounting voucher. Checks to foreign nationals may be processed only after a complete packet of documentation is received and reviewed for compliance with IRS and INS regulations.