



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 T to Other Hotel Invoice: \_\_\_\_\_



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**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 \_\_\_\_\_

