

**REQUEST FOR ALIEN INFORMATION & CERTIFICATION OF ELIGIBILITY  
FOR PAYMENT OF HONORARIA**

Payee's U.S. Social Security Number or Taxpayer ID Number: \_\_\_\_\_

Full Name of Individual: \_\_\_\_\_

Foreign Address (Include Street Address, City, Country, Zip Code):

\_\_\_\_\_  
\_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

U.S.A. Address (Include Street Address, City, Country, Zip Code):

\_\_\_\_\_  
\_\_\_\_\_

Date Entered U.S.A.: \_\_\_\_\_ VISA Class listed on the I-94 form or VISA: \_\_\_\_\_

Expiration Date on I-94 or VISA: \_\_\_\_\_

(Attach a copy of the I-94 or VISA which shows the status and expiration date)

Intended length of stay in the U.S.A. (if known)? \_\_\_\_\_

What is your primary purpose of being in the U.S.A. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of days to be spent at this institution \_\_\_\_\_

Number of U.S. institutions or organizations providing payment for personal services within the  
previous 6 months \_\_\_\_\_

If VISA status indicated is B-1, B-2, WB, or WT complete the following declaration:

I hereby certify, under penalties of perjury, that the activities to be performed by me, as detailed above, will last no longer than 9 days at this institution and I have not received payment for honoraria from more than 5 institutions or organizations within the previous 6 months.

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Payee Print Name

\_\_\_\_\_  
Date

If VISA status indicated is J-1 (Non-student) attach a letter of authorization from your sponsoring institution that states that you can receive payment for honoraria from the University at Buffalo Foundation.