

FORM C: Non - U.S. Resident - ADVANCE APPROVAL FORM FOR SERVICES

Purpose: A "Prior-to-Visit" request for participation, compensation, and/or reimbursement in advance of payment to all non - U.S. Residents.

International Scholar Services and UTSA Payroll offices should be notified of any changes made after the Form C has been approved.

Note: Submit this form for review and approval to International Student and Scholar Services at GSR 2.116 **prior** to routing the agreement.

This form is available at <http://international.utsa.edu> and <http://research.utsa.edu/research-funding/research-integrity/export-control/>

PART I: VISITOR INFORMATION: Please provide a scanned copy of your passport and visa or I-94 Form.*

Name: _____ Email Address: _____

Address: _____

Permanent Address for purpose of mailing IRS 1099 or 1042S Information Return (if different than above):

Title and Qualifications: _____

Employer Name and Address: _____

Former UTSA employee? Yes No If yes, UTSA EID: _____

To the best of the requester's knowledge, is payee related by blood or marriage to a regent, official, or employee of the University of Texas System?

Yes No If yes, provide the name and relationship to said employee: _____

PART II: IMMIGRATION STATUS

Citizen of what country?

Type of VISA to be used for entry into the U.S. or type of visa to be held in U.S. while travelling to a foreign country.

Eligibility for payments: Visitors in business or tourist status (B-1, B-2, WB, WT) may be paid honoraria if (a) the visitor is engaged in the activity being compensated for any portion of nine (9) days or less and (b) the visitor has not been paid or reimbursed by more than five (5) other U.S. institutions or organizations during the past six (6) months. Academic activities may include lecturing, guest teaching, performing in an academically sponsored event, speeches, program presentations, panel discussions, and other similar academic activities. Please note that the visitor's Social Security Number or Individual Taxpayer Identification Number is required for any honoraria payment. For collaborative/active in-lab research, [contact International Scholar Services](#).

***If individual resides outside of the U.S. and will provide services outside of the U.S., please check this box: ID document required!**

PART III: SERVICES RENDERED

Dates of activity for which the visitor is being paid: From: _____ To: _____ Prepared by: _____

Department requesting service(s): _____ Bldg. /Room Location: _____

Responsible UTSA Faculty/Staff member: _____ Phone number _____

| If grant or contract, has certification been complied with? | | Yes | No | | Yes | No |
|---|----------|-----|---------------------------------------|--|-----|----|
| CONSULTANT OR PERSONAL SERVICE FEE: | \$ _____ | | CLIBA USED? | | Yes | No |
| AIRFARE: | \$ _____ | | Taxi, mileage, parking, etc. | | Yes | No |
| OTHER TRANSPORTATION COSTS: | \$ _____ | | Will lodging be direct billed? | | Yes | No |
| LODGING: | \$ _____ | | Dates of Lodging: From _____ To _____ | | | |
| Meals and Other Costs: | \$ _____ | | Specify: _____ | | | |
| Total: | \$ _____ | | | | | |

Tax related questions should be referred to the Payroll Office located in the NPB 4.170. Please contact Payroll at 210-458-8024 or nnennaya.ikwuagwu@utsa.edu

Short description of work to be performed:

PART IV. SIGNATURES

I attest that I have read and understand the provision for B-1/B-2/WB/WT visa holders who will be engaged in the activities described above at UTSA.

Dept. Chair _____ Date _____ College Dean _____ Date _____

PART V. ISS REVIEW

Director ISS _____ Date _____ Date ISS sent to Payroll _____ Please Initial _____