



Office of Finance

Foreign Visitor Payment Request Form

DEPARTMENT INFORMATION

DATE OF REQUEST	
DEPARTMENT NAME	
BUDGET UNIT DIRECTOR NAME	
BUDGET CODE AND SUBACCOUNT	
CONTACT NAME/EMAIL/PHONE	

PAYEE INFORMATION

PAYEE (LAST NAME, FIRST NAME)					
BANNER I.D.					
MAILING ADDRESS					
Street/apt					
State/zip code					
Country					
PAYMENT REASON					
PAYMENT TYPE		HONORARIUM	PERFORMANCE	TRAVEL ONLY	OTHER
DATES OF ENGAGEMENT					
AMOUNT OF PAYMENT					
GROSS PAYMENT?*		YES	NO	PREPAYMENT?	YES NO
METHOD OF PAYMENT		MAIL CHECK	HOLD CHECK FOR PICKUP	WIRE TRANSFER	
If Pickup- Name and number of person picking up check					
If wire transfer there is an additional fee- Name of bank					
Full address of bank					
Name of payee on account					
Routing number of bank					
Account number of payee					

ATTACHMENT CHECKLIST

STANDARD SPEAKING ENGAGEMENT		-9-request https://odu.edu/content/dam/odu/offices/procurement -
INDUSTRY PRACTICE CHECKSLIST(3 PAGES)		https://odu.edu/content/dam/odu/offices/finance-office/docs/worker-classification/IPSCchecklist.pdf
COPY OF PASSPORT		From visitor when arrives
COPY OF 94 ARRIVAL		From visitor or with visitor permission at https://i94.cbp.dhs.gov/i94/#/home#section

Signature of Budget Unit Director	Date
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***Please note** (The following information is for informational purposes only and does not constitute an offer of insurance or any other financial product. It is not intended to be used as a basis for investment decisions. It is not intended to be used as a basis for investment decisions. It is not intended to be used as a basis for investment decisions.)