

Steward Observatory Business Office

Speaker/Visitor Request Form (Required for all Speakers/Visitors/Interviewees Prior to Event)





<u>Speaker/Visitor: Complete Via Email:</u> *University of Arizona Employees/Students are <u>NOT</u> eligible to receive compensation/reimbursement.

Visitor Name (Last	, First):			
Mailing Address: _				
Contact Number: _		Email:		
Citizenship:		Are you a US Permanent Resident?	Yes No	
Non-US Citizen Trav	rel Document:			
	Visa	Type:		
	Passport	Type:		
	Other	Type:		
	er/Interviewee: certify that all pa	F1 Visa Non-Reimbursable / Interview Only ***** ayments and/or associated expenses I will receive from th	e University of Arizona are for	
the usual academic/resear Signature:	<u> </u>	Date:		
_	ria Recipients (When			
Signature:		ose activities do not/will not last for more than nine days. Date:		
The Business Off	fice will contact you y approved and send	sing-Reimbursements-Travel@teams.arizo within 24 – 48 hours once submitted to con d additional UA forms to complete before t	firm your request has he event/visit.	
Completed by H	ost:			
Date of Visit:	to	Payment Amount:		
UA Research/Busin	ness Purpose:			
Responsible Party Signature:		Accou	Account#:	
Completed by St	eward Observato	ory Business Office		
US Citizen:	W-9	Icon Form (Non-Reimbursement Pa	nyment Only)	
Non-Us Citizen:	Glacier	Icon Form (Non-Reimbursement Pa	ayment Only)	
Documents:	Verified	Copies		
Wire Transfer Form	: No Yes	Other Flyer / Meeting Agenda Othe	r	