Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

COMPLIANCE STATEMENT FOR PAYMENTS TO VISITORS IN BUSINESS OR TOURIST STATUS

AS566

VISITOR'S INFORMATION

_____ _____ _____
Last Name *First Name* *MI*

Current Visa Status _____

Please check one:

☐ U.S. SSN _____ ☐ ITIN _____

Dates of Activity for which Visitor is being paid _____

Brief Description of Activity

_____

_____

_____

I attest that I have been engaged in activities described above for the benefit of Louisiana State University for nine days or less. I further attest that I have not been paid or reimbursed by more than five other U.S institutions or organizations during the past six months.

_____ _____ _____
Visitor's Signature Printed Name Date

As sponsor of the above individual, I attest that the individual has been engaged in the activities described above for the benefit of Louisiana State University for nine days or less. I attest that the activities for which the individual is being paid or reimbursed are within the broad realm of customary academic activities associated with teaching, research, public service, academic administration or academic operations.

_____ _____ _____
Department Head Printed Name Date