

## NON-EMPLOYEE DIRECT PAYMENT TRAVEL REIMBURSEMENT CHECKLIST

### (Business Expense, Non-Reportable RCUH Policy 2.008)

\_\_\_ Non-Employee Expense Form (Attachment 10)

\_\_\_ UH WH-1 Form

\_\_\_ US Federal Per Diem Rate/ M&IE Calculation Worksheet

\_\_\_ Airfare Itinerary/ Receipt (Personal Time? Include Business Only Comparison – see note 1)

\_\_\_ Hotel folio/ Proof of Payment

\_\_\_ Original Receipts (taxi, Shuttle, baggage fee, etc)

\_\_\_ Letter of Invitation/ Workshop Agenda

\_\_\_ Employee Independent Contractor (EIC) Determination (RCUH Policy 3.225)

#### VISA TYPE

Required Documents	B1/WB (Business)	B2/WT (Tourist)	F1	J1	H1B
Maximum days of service	see note <sup>2</sup>	9			
WH-1	X	X	X	X	X
Passport Photo Page	X	X	X	X	X
Passport Admittance Stamp OR Electronic I-94	X	X	X	X	X
Attachment 33 - Cert. of Academic Activity	X (only if receiving honorarium)	X			
DS-2019				X	
I-20			X		
I-797A					X
Letter of Payment Approval from Sponsoring Institution Authorized Responsible Officer (ARO)			X	X	X

\* Optional: Attachment 43 Wire Transfer Form (Fees Apply)

1: If travel includes personal time, all business-only airfare quotations should be obtained prior to travel and on the same day as actual-itinerary is purchased for cost comparison purposes.

2: B1/WB Visitors are limited to 9 days of service if receiving reimbursement for travel expenses **AND** honorarium.

NE Payments must be received by RCUH Disbursing within 60 days of end date of travel, otherwise justification memo signed by PI/FA must be submitted.

## Non-Employee Travel Subcodes Business Expense, Non-Reportable (RCUH Policy 2.008)

US Territories FNE, NE, NR	
Per Diem	4540
Transportation	4440
Other	4840

FNE: Foreign Non-Employee  
NE: Non-Employee  
NR: Non-Reportable

Foreign FNE, NE, NR	
Per Diem	4570
Transportation	4470
Other	4870

In State FNE, NE, NR	
Per Diem	4340
Transportation	4240
Other	4820

- \* Travel for NE coming to Hawaii and returning home is based on point of origin. (i.e. LAX - HNL - LAX would be **US**)
- \* Travel for NE leaving from Hawaii and returning to Hawaii is based on destination. (i.e. HNL - Tokyo - HNL would be **Foreign**)
- \* Travel outside of Hawaii is also based on destination. (i.e. SFO - Italy - SFO would be **Foreign**.)
- \* Travel for NE within the State of Hawaii is **In State**.

### Additional Required Documents for NRAs (Non-Resident Aliens)

Payment Type: Business Expense, meets Accountable Plan Rules

No tax withholding/reporting

#### VISA TYPE

Required Documents	B1/WB (Business)	B2/WT (Tourist)	F1	J1	H1B
Maximum days of service	see note <sup>1</sup>	9			
WH-1	X	X	X	X	X
Passport Photo Page	X	X	X	X	X
Passport Admittance Stamp OR Electronic I-94	X	X	X	X	X
Attachment 33 - Cert. of Academic Activity	X (only if receiving honorarium)	X			
DS-2019				X	
I-20			X		
I-797A					X
Letter of Payment Approval from Sponsoring Authorized Responsible Officer (ARO)			X	X	X

*\*optional: Attachment 43 Wire Transfer Form (Fees Apply)*

*1: If travel includes personal time, all business-only airfare quotations should be obtained prior to travel and on the same day as actual-itinerary is purchased for cost comparison purposes.*

# RCUH Non-Employee (NE) Non-US Visitor - General Work Flow

## *Non-employee "starter" questions:*

- Is this person a US Citizen or **Foreign Citizen**
- What account will you be using to pay for the expenses?
  - o **Are there any restrictions (Fly America Act? If using Federal funds, does the account allow for NE Non-US visitors?)**
- How long will this person be staying (what are the visit dates)?
  - o **See "Visa Type" matrix for length of stay restrictions for B-visa holders**
- **If residing in US, but currently on a visa, do you know what the visa status is?**
  - o **If the NE visitor has a F1 / J1 / H1B visa, it will require a letter from the NE visitor's Authorized Responsible Officer acknowledging the reimbursement**
- What costs will you be covering?
- Does the NE visitor need help finding lodging?
- If your PI would like you to help generating an invitation letter, ask them to provide a brief (one or two sentences) of the description of work that will be collaborated on / business purpose of visit
- Obtain the business address / employer / affiliation and title of the NE visitor
  - o If the NE visitor is not employed in a related field, discuss with your FA as soon as you are able to

## *General things to do before visitor arrives:*

- Create invitation letter, sign, and send
  - o **Specify the visa type and/or supporting documents you will need in the invitation letter**
- Initiate contact with visitor and start requesting airfare itinerary (or, if not booked yet, ask visitor to send you what itinerary they are looking at booking), lodging information, car rental information (if applicable)
- If you're unsure if the account your PI would like to cover visitor costs from have any specific rules regarding NE reimbursements, talk to your FA immediately
- If you need to prepare an EIC determination, submit it to RCUH HR at least 7 business days prior to work commencement

## *General things to do while the visitor is here:*

- Collect WH1 (and supporting documentation if applicable)
- Collect any original receipts the visitor might have available
- Provide self-address envelope for visitor to mail receipts after work is complete
- **Optional: If your NE visitor does not reside in the US, it is recommended that you send the reimbursement by wire transfer (Attachment 43: Wire Transfer Request form)**

## *General things to do after the visitor leaves:*

- Collect original receipts
- Prepare NE reimbursement form (attachment 10)
- Route NE reimbursement form for signatures and send to Fiscal

# [PRINT ON LETTERHEAD]

Date

Name

Address

Address

Address

Dear (Title) (Last Name):

This is to extend to you a cordial invitation to travel from (location) to visit the [Department / Project / Program, etc] at the University of Hawaii, Manoa from (dates of service). Your visit to the University of Hawaii, Manoa, will give you the opportunity to (what activities the project wants this person to participate in and how it will benefit the project).

In order to defray the cost of your travel, I am offering to cover the following expenses:

- An economy class, roundtrip airfare on a U.S. carrier on an approved route from (location) to (location).
- The cost of one roundtrip baggage fee with provision of the original receipts.
- The Federal allowable rate for meals and incidental expenses (M&IE) of (M&IE Rate) during your visit and applicable travel dates
- The cost of lodging at a commercial establishment on the applicable dates, up to the Federal allowable rate of (FAR Rate) per night for lodging. You will need to provide an original hotel folio showing proof of payment.
- Business related ground transportation costs (including associated parking fees) with provision of original receipts where available
- Internet fees for business may be requested for reimbursement with provision of original receipts.
- An economy or compact class rental car during the applicable dates of your visit. The Loss Damage Waiver (or the rental company's equivalent to a Loss Damage Waiver) is the only insurance election that will be reimbursed. Fuel charges related to the rental car are also reimbursable. Please let us know if you plan to rent a car, so that we can fully inform you in advance of the requirements for rental car reimbursement. Reimbursement for a rental car and fuel will require provision of original receipts.
- Other business related expenses may be reimbursable with provision of original receipts

Please provide an English translation for all receipts not written in English.

For non-US Citizens and non-Permanent Residents: If the duration of your visit (from departure to return) is 9 days or less, you may enter the U.S. on a B-1 (Business) Visa, B-2 (Tourist) Visa, a WT (Tourist under Visa Waiver Program) or a WB (Business under Visa Waiver Program). If the duration of your visit is more than 9 days, you MUST obtain a B-1 (Business Visa) or a WB Status (Business under Visa Waiver Program). We cannot reimburse you for more than 9 days if you enter the U.S. on a B-2 Visa or WT status—no exceptions.

You will be required to fill out all necessary paperwork, which will be provided by (Name). Please make certain to keep all original receipts, as they will need to be turned in upon completion of your trip to request reimbursement. Receipts for meals are not necessary. Please do not hesitate to contact (Name) at (email address) or call 808-956-XXXX with any questions or concerns.

Sincerely,

[PI Name]

[PI Title]

## Certification of Academic Activity for Foreign Visitors

The FY 1999 Omnibus Appropriations Bill (H.R. 4328) allows payment of honoraria and associated incidental expenses to B-1, B-2, WB, and WT visa holders for "academic activity," if offered by an institution of higher education, a nonprofit, or a governmental research organization provided that such activities do not exceed nine days at a single institution. In addition, such visa holders cannot accept honoraria and/or incidental expenses from more than five such institutions or organizations in a previous six-month period.

**Please complete the information below:**

I have accepted an invitation by the Research Corporation of the University of Hawaii (RCUH) or the University of Hawai'i (UH) for the purpose of engaging in an academic activity which will benefit RCUH or UH. I will receive compensation for my academic activity.

The dates of my activity at RCUH/UH will be from \_\_\_\_\_ to \_\_\_\_\_.  
(Please note that the academic activity at RCUH/UH cannot exceed nine days.)

**Please check ONE of the following boxes:**

- I have not accepted honoraria and/or incidental expenses from any academic institution, nonprofit, or governmental research organization while on B-1, B-2, WB, or WT status during the previous six months.
- I have accepted honoraria and/or incidental expenses during the previous six months while on B-1, B- 2, WB, or WT status from the organization(s) listed below:

Organization Name	Date	
	From	To

**I certify that the information contained on this form is to the best of my knowledge and belief, true and complete.**

Signature of Nonresident Alien: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**UNIVERSITY OF HAWAII  
STATEMENT OF CITIZENSHIP AND FEDERAL TAX STATUS**

**PURPOSE:** This form is for individuals. To comply with applicable tax provisions of the Internal Revenue Service (IRS) regulations, the information requested on this form is **required** to determine the appropriate federal tax withholding and is required for each calendar year. (Business entities should use IRS Form W-9)

<b>DIRECTIONS:</b>	<b>UNITED STATES (US) CITIZENS:</b>	1. Complete Sections A and E only.
	<b>PERMANENT RESIDENT ALIENS:</b>	1. Complete Sections A and E only. 2. Attach a photocopy (front and back) of your Alien Registration Card.
	<b>ALL OTHERS:</b>	1. Complete Sections A, B, C, and E. 2. Complete Section D if applicable. 3. Submit copy of your electronic I-94 Passport ID Page and Visa page. 4. Submit IRS Form W8-BEN for foreign status. 5. For J-1 visaholders, submit copy of DS-2019. 6. For B visaholders, submit DISB-45. 7. For F-1 visaholders, submit copy of I-20. 8. Submit IRS Form 8233 if performing services as independent contractor (Treaty only).

**Section A. PERSONAL INFORMATION**

<b>1. General Information</b>				
Last Name	First	Middle	US Social Security Number or ITIN Number	
Country of Citizenship	Country of Residence for Tax Purpose		E-Mail Address	
<b>[FOR NON-UH PERSONNEL]</b>				
Are you a <b>PostDoc</b> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Are you employed anywhere?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If you answered "YES", please provide your employer's information:	
Employer's Name	Number & Street	City / Province	State	Postal Code
<b>2. US Residence Address</b>				
Number and Street	City		State	Zip Code
<b>3. Foreign Residence Address</b>				
Number and Street	City/Province		Country	Postal Code

**Section B. US IMMIGRATION ACTIVITY**

<b>1. Current Visa Status</b>					
Date of US Entry	Expiration Date of Current Visa	Intended Length of Stay (Days)	Anticipated Departure Date		
<b>Current Visa Type</b> (check appropriate box):			What is the primary purpose of the visit? (check appropriate box)		
<input type="checkbox"/> F-1 Student	<input type="checkbox"/> J-1 Student	<input type="checkbox"/> J-1 Visitor (Non-Student)	<input type="checkbox"/> B-1/WB Visitor for Business	<input type="checkbox"/> B-2/WT Visitor for Pleasure (Tourist)	<input type="checkbox"/> Other INS Classification (list status):
<input type="checkbox"/> Studying/Training/Research in a Degree Program			<input type="checkbox"/> Studying/Training/Research in a Non-Degree Program		
<input type="checkbox"/> Training/Research as a Post-Doctoral Fellow			<input type="checkbox"/> Providing Service as an Independent Contractor (e.g., consulting, conducting a workshop, etc.)		
<input type="checkbox"/> Other:					
<b>2. Is this the first time you have entered the United States?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>3. Past Visa History</b>					
Provide the number of days you were physically present in the United States. Note: Calendar year refers to the period January 1 - December 31.					
Calendar Year	Enter Visa Type/INS classification held while present in the US during the listed calendar year	Enter period(s) when you were physically present in the US during the listed calendar year. (list dates as mm/dd/yy, e.g., 01/01/12 – 12/31/12)	Number of days present in the United States?	Are you leaving the US this year?	Have you taken any treaty benefits during the listed year?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
2016					<input type="checkbox"/> YES <input type="checkbox"/> NO
2015					<input type="checkbox"/> YES <input type="checkbox"/> NO
2014					<input type="checkbox"/> YES <input type="checkbox"/> NO
2013					<input type="checkbox"/> YES <input type="checkbox"/> NO



VISA

UNITED STATES OF AMERICA



Issuing Post Name  
NORWAY

Control Number  
87537850500984

Surname

ODINSON  
Given Name  
THOR

Visa Type /Class  
R F1

Passport Number

Sex

Birth Date

Nationality

R6546540  
Entries

M

01MAR1962

NORW

Issue Date

Expiration Date

Annotation

12NOV2011

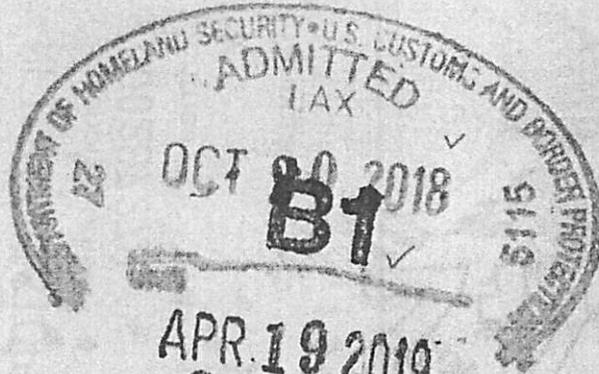
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APR 19 2019

CPT

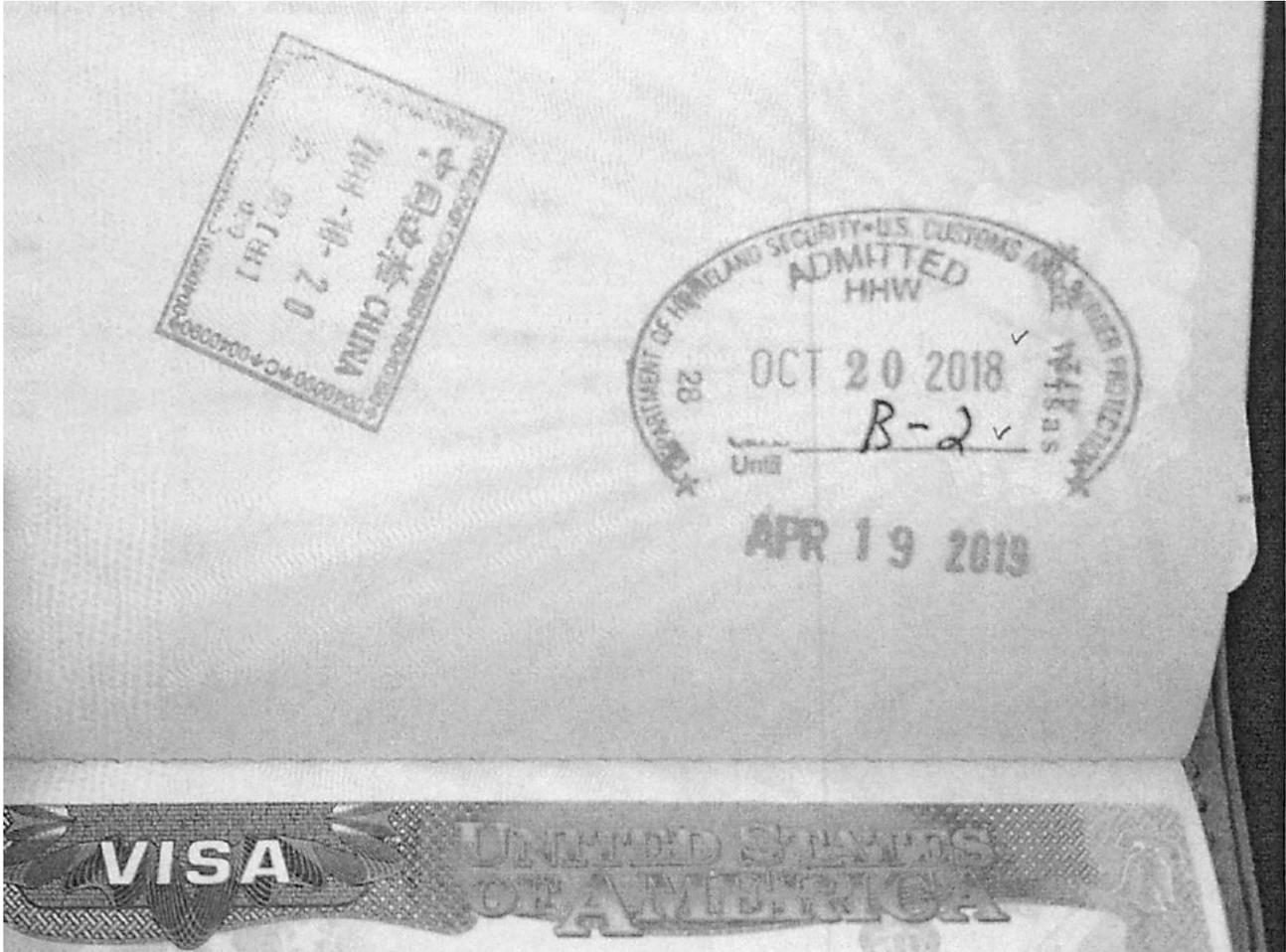
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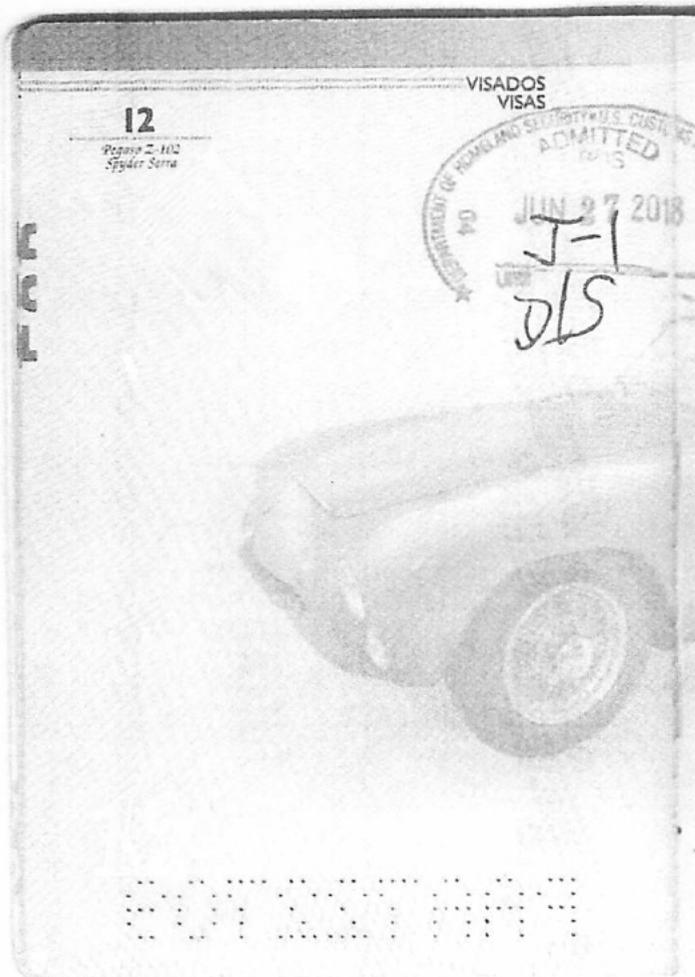
VISAS



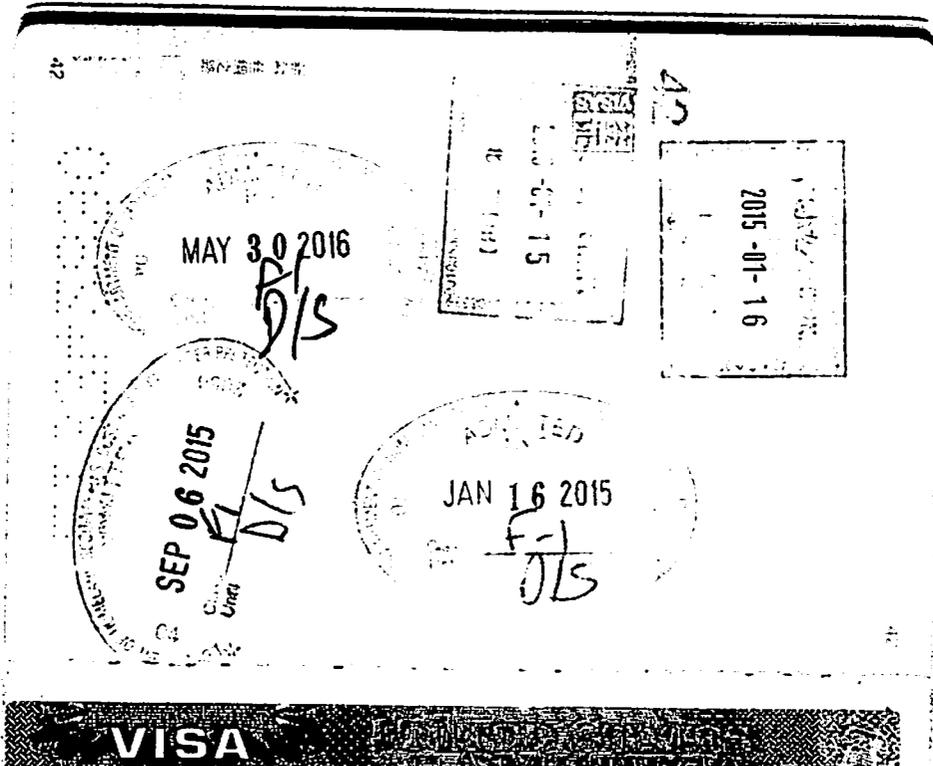
SAMPLE: B2 Visa Stamp



# SAMPLE: J-1 Visa Stamp



# SAMPLE: F1 Visa Stamp





SAMPLE: H1B Visa Stamp



For: Odinson, Thor

**U.S. Customs and Border Protection**  
*Securing America's Borders***Most Recent I-94**

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Admission (I-94) Record Number :  
Most Recent Date of Entry: 2018 May 20  
Class of Admission : F1  
Admit Until Date : D/S  
Details provided on the I-94 Information form:

Last/Surname : Odinson  
First (Given) Name : Thor  
Birth Date : 08/01/1962  
Passport Number :  
Country of Issuance : Norway

[Get Travel History](#)

- 
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
  - ▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.
  - ▶ **Note:** For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

**OMB No.**  
**Expiration Date: 03/31/2019**

[For inquiries or questions regarding your I-94, please click here](#)

[Accessibility](#) | [Privacy Policy](#)

# SAMPLE: ESTA Form

 Official Website of the Department of Homeland Security



U.S. Customs and  
Border Protection



## AUTHORIZATION APPROVED

Your travel authorization has been approved and you are authorized to travel to the United States under the Visa Waiver Program. This does not guarantee admission to the United States; a Customs and Border Protection (CBP) officer at a port of entry will have the final determination.

If necessary, you can update the following information on an approved authorization: address while in the United States and e-mail address. To access your travel authorization, you will be required to provide your application number, Passport number, and birth date. If you need to change any other information on the form, you must apply for a new travel authorization.

## PAYMENT RECEIPT

You have successfully submitted payment for the application listed below. A request by the cardholder to the bank or PayPal for a refund of fees will result in an automatic denial of the application. Please print this page for your personal records.

NAME	DATE OF BIRTH	APPLICATION NUMBER	PASSPORT NUMBER	STATUS	EXPIRES
Miles Morales	Apr 11, 1990	RXWXXXXXXXXXX	12345678	Authorization Approved	Jul 21, 2020

### PAYMENT SUMMARY

PAYMENT RECEIVED: US \$14.00

PAYMENT DATE: July 21, 2018 3:32:13 AM

PAYMENT TRACKING CODE: 26B3PTR3



VisitTheUSA.com

To begin planning your trip to the United States today, please visit [VisitTheUSA.com](http://VisitTheUSA.com), the Official Travel and Tourism website of the United States.

U.S. Customs and Border Protection (CBP) has developed a new program called [Automated Passport Control \(APC\)](#) that expedites the entry process for eligible Visa Waiver Program international travelers by providing an automated process through CBP's Primary Inspection area. To learn more about APC and participating airports following this link: <https://www.cbp.gov/travel/us-citizens/apc>

DHS RECOMMENDS YOU PRINT THIS SCREEN FOR YOUR RECORDS.

YOU WILL NOT RECEIVE A SEPARATE VERIFICATION THAT YOU HAVE APPLIED FOR ESTA OR A NOTIFICATION ABOUT WHETHER OR NOT YOUR APPLICATION WAS APPROVED. TO RETRIEVE AN APPLICATION AND FIND THE DISPOSITION, SELECT "CHECK ESTA STATUS" FROM THE GLOBAL NAVIGATION MENU OR HOME PAGE. FOR ADDITIONAL GUIDANCE, SELECT "HOW DO I RETRIEVE MY APPLICATION?" FROM THE HELP SECTION OF THIS WEBSITE.

Have a nice trip. Welcome to the United States.



Official Website of the Department of Homeland Security

U.S. Customs and  
Border ProtectionElectronic System for  
Travel Authorization

U.S. Department of Homeland Security

[Download](#) [Print](#) [CLOSE](#)

## AUTHORIZATION APPROVED

Your travel authorization has been approved and you are authorized to travel to the United States under the Visa Waiver Program. This does not guarantee admission to the United States; a Customs and Border Protection (CBP) officer at a port of entry will have the final determination.

**APPLICATION NUMBER**

RWRXXXXXXXXXATKFT

**EXPIRATION DATE**

Apr 6, 2020

## PAYMENT RECEIPT

Payment Date April 6, 2018

Payment Tracking Code 268SOL2M

PAYMENT RECEIVED \$14.00

## APPLICANT INFORMATION

**FAMILY NAME**

Odinson

**FIRST (GIVEN) NAME**

Thor

Are you known by any other names or aliases?

No

Don

**DATE OF BIRTH**

Aug 8, 1988

**GENDER**

F (Female)

**CITY OF BIRTH**

STAVANGER

**COUNTRY OF BIRTH**

NORWAY

## PARENTS

**FAMILY NAME**

Borson

**FIRST (GIVEN) NAME**

Odin

**FAMILY NAME**

Frigg

**FIRST (GIVEN) NAME**

Frigga

## PASSPORT INFORMATION

**PASSPORT NUMBER**

12345678

**ISSUING COUNTRY**

NORWAY

**ISSUANCE DATE**

Oct 23, 2014

**EXPIRATION DATE**

Oct 23, 2024

OMB APPROVAL NO 1405-0119  
EXPIRES: 10/31/2020  
ESTIMATED BURDEN TIME 45 min  
\*See Page 2

## U.S. Department of State

### CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

1. Surname/Primary Name: Maximoff		Given Name: Wanda		Gender: FEMALE	N0029221617
Date of Birth (mm-dd-yyyy):	City of Birth: SABADELL	Country of Birth: SPAIN	Citizenship Country Code: SP	Citizenship Country: SPAIN	<b>J-1</b>
Legal Permanent Residence Country Code: SP	Legal Permanent Residence Country: SPAIN	Position Code: 213	Position: UNIVERSITY TEACHING STAFF INCLUDING R		
Primary Site of Activity: Marine Chemistry and Geochemistry 360 WOODS HOLE RD WOODS HOLE, MA 02543-1531					
2. Program Sponsor: Woods Hole Oceanographic Institution				Program Number: P-1-00544	
Participating Program Official Description: RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE					
Purpose of this form: Begin new program; accompanied by number (1) of immediate family members.					
3. Form Covers Period:		4. Exchange Visitor Category:			
From (mm-dd-yyyy): 06-04-2018		RESEARCH SCHOLAR			
To (mm-dd-yyyy): 05-31-2019 ✓		Subject/Field Code: 30.3201      Subject/Field Code Remarks: understand the ocean biological carbon pump			
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:					
Current Program Sponsor funds : \$59,100.00 Total : \$59,100.00					
6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program; and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.			7. Pietro Maximoff		Alternate Responsible Officer
			Name of Official Preparing Form Nobska House, MS 15 Woods Hole, MA 02543		Title
			Address of Responsible Officer or Alternate Responsible Officer		808-555-5555 Telephone Number
			Signature of Responsible Officer or Alternative Responsible Officer		04-04-2018 Date (mm-dd-yyyy)
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.					
Signature of Responsible Officer or Alternate Responsible Officer			Date (mm-dd-yyyy) of Signature		
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).			TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)		
The Exchange Visitor in the above program:			*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work Travel.		
1. <input checked="" type="checkbox"/> Not subject to the two-year residence requirement.			(1) Exchange Visitor is in good standing at the present time		
2. <input type="checkbox"/> Subject to two-year residence requirement based on:			(2) Exchange Visitor is in good standing at the present time		
A. <input type="checkbox"/> Government financing and/or			<div style="font-size: 1.5em; font-weight: bold;">06-28-2018</div> <div style="font-size: 1.5em; font-weight: bold;">Date (mm-dd-yyyy)</div> <div style="font-size: 1.5em; font-weight: bold;">[Signature]</div> <div style="font-size: 1.5em; font-weight: bold;">Signature of Responsible Officer or Alternate Responsible Officer</div>		
B. <input type="checkbox"/> The Exchange Visitor Skills List and/or					
C. <input type="checkbox"/> PL 94-484 as amended					
<div style="font-size: 1.5em; font-weight: bold;">David M. Schneider</div> <div style="font-size: 1.5em; font-weight: bold;">VICECONSUL</div> <div style="font-size: 1.5em; font-weight: bold;">United States of America</div> <div style="font-size: 1.5em; font-weight: bold;">Signature of Consular or Immigration Officer</div>			<div style="font-size: 1.5em; font-weight: bold;">25 APR 2018</div> <div style="font-size: 1.5em; font-weight: bold;">Date (mm-dd-yyyy)</div>		
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).			Signature of Responsible Officer or Alternate Responsible Officer		
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.					
<div style="font-size: 1.5em; font-weight: bold;">Muntse</div> <div style="font-size: 1.5em; font-weight: bold;">Signature of Applicant</div>		<div style="font-size: 1.5em; font-weight: bold;">MADRID</div> <div style="font-size: 1.5em; font-weight: bold;">Place</div>		<div style="font-size: 1.5em; font-weight: bold;">04-25-2018</div> <div style="font-size: 1.5em; font-weight: bold;">Date (mm-dd-yyyy)</div>	

**SAMPLE: Letter from ARO for F1 Visa**  
(similar to what would be needed for a J1 Visa too)



August 24, 2018

St. Petersburg, FL 33705

To Whom It May Concern:

This letter is to verify that **Odinson, Thor** is an F-1 student at the University of South Florida for the period of 08/26/2013 – 08/31/2019. She is authorized to receive reimbursement for the following incidental activity:

Site of Activity: University of Hawaii

Dates of Activity: 21-26 October 2018

Description of Activity: Participation in the Dissertations Symposium in Chemical Oceanography XXVI

This incidental activity does not interfere with the activities of the student's program, is incidental to the students's primary program activities, and will not delay the completion date of the student's program.

Please feel free to contact me if you have any questions.

Sincerely,

Erik Selvig

SEVIS Coordinator, Office of International Services

USF World|University of South Florida|4202 East Fowler Ave, CGS 101|Tampa, FL 33620

P: 813-974-5102; Fax: 813-974-0491

Email: [aam4@usf.edu](mailto:aam4@usf.edu) ; <http://global.usf.edu/is/>

# SAMPLE: I-20 Form (F1 Visa)

Department of Homeland Security  
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status  
OMB NO. 1653-0038

**SEVIS ID: N0004720633**

<p><b>SURNAME/PRIMARY NAME</b> ODINSON</p> <p><b>PREFERRED NAME</b> THOR ODINSON</p> <p><b>COUNTRY OF BIRTH</b> NORWAY</p> <p><b>DATE OF BIRTH</b> 8/1/1962</p> <p><b>FORM ISSUE REASON</b> CONTINUED ATTENDANCE</p>	<p><b>GIVEN NAME</b> THOR</p> <p><b>PASSPORT NAME</b></p> <p><b>COUNTRY OF CITIZENSHIP</b></p> <p><b>ADMISSION NUMBER</b></p> <p><b>LEGACY NAME</b></p>	<p><b>Class of Admission</b></p> <h1 style="font-size: 2em; margin: 0;">F-1</h1> <p><b>ACADEMIC AND LANGUAGE</b></p>
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**SCHOOL INFORMATION**

<p><b>SCHOOL NAME</b> SEVP School for Advanced SEVIS Studies SEVP School for Advanced SEVIS Studies</p> <p><b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Helene Robertson PDSO</p>	<p><b>SCHOOL ADDRESS</b></p> <p><b>SCHOOL CODE AND APPROVAL DATE</b> BAL214F44444000 03 APRIL 2015</p>
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**PROGRAM OF STUDY**

<p><b>EDUCATION LEVEL</b> BACHELOR'S</p> <p><b>PROGRAM ENGLISH PROFICIENCY</b> Required</p> <p><b>START OF CLASSES</b> 01 JUNE 2016</p>	<p><b>MAJOR 1</b> History and Philosophy of Science and Technology 54.0104</p> <p><b>ENGLISH PROFICIENCY NOTES</b> Student is proficient</p> <p><b>PROGRAM START/END DATE</b> 04 MAY 2016 - 30 MAY 2020</p>	<p><b>MAJOR 2</b> None 00.0000</p> <p><b>EARLIEST ADMISSION DATE</b> 04 APRIL 2016</p>
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**FINANCIALS**

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 15,000	Personal Funds	\$ 19,000
Living Expenses	\$ 4,000	Funds From This School	\$
Expenses of Dependents (0)	\$ 0	Funds From Another Source	\$
Other	\$ 0	On-Campus Employment	\$
<b>TOTAL</b>	<b>\$ 19,000</b>	<b>TOTAL</b>	<b>\$ 19,000</b>

**REMARKS**

**SCHOOL ATTESTATION**

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

<input checked="" type="checkbox"/>	<b>DATE ISSUED</b>	<b>PLACE ISSUED</b>
<b>SIGNATURE OF:</b>		Ft. Washington, MD

**STUDENT ATTESTATION**

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

<input checked="" type="checkbox"/>	
<b>SIGNATURE OF:</b> Student Sample	<b>DATE</b>
<input checked="" type="checkbox"/>	
<b>NAME OF PARENT OR GUARDIAN</b>	<b>SIGNATURE</b>
	<b>ADDRESS (city/state or province/country)</b>
	<b>DATE</b>

**SEVIS ID: N0004720633 (F-1)**

**NAME: Student Sample**

**EMPLOYMENT AUTHORIZATIONS**

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
CPT	PART TIME	APPROVED		

**EMPLOYER INFORMATION**

TYPE	AUTHORIZATION DATES			
CPT	01 JULY 2016 - 15 JULY 2016			
EMPLOYER NAME	START DATE	END DATE	CITY & STATE	
SEVP applied labs	01 JULY 2016	15 JULY 2016	Arlington, VA	

**CHANGE OF STATUS/CAP-GAP EXTENSION**

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**AUTHORIZED REDUCED COURSE LOAD**

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**CURRENT SESSION DATES**

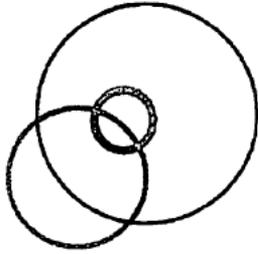
CURRENT SESSION START DATE	CURRENT SESSION END DATE
01 JUNE 2016	30 JUNE 2016

**TRAVEL ENDORSEMENT**

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		
		X		

# SAMPLE: Letter from ARO for H1B Visa



## LAMONT-DOHERTY EARTH OBSERVATORY

THE EARTH INSTITUTE AT COLUMBIA UNIVERSITY

**Garthan Saal**, MPA  
Division Administrator  
Ocean and Climate Physics, Room 203D  
Lamont-Doherty Earth Observatory  
The Earth Institute at Columbia University  
61 Route 9W, P.O. Box 1000  
Palisades, NY 10964-8000  
V: (845) 365-8518  
F: (845) 365-8157  
Email: [economos@ldeo.columbia.edu](mailto:economos@ldeo.columbia.edu)

To Whom It May Concern:

We hereby acknowledge awareness of the fact that Lamont Assistant Research Professor Rhomann Dey will be receiving travel support for attending the Deep Sea Mining and Pelagic Ecosystem Workshop in Honolulu in August 2018, detailed as follows:

- 1) Economy class, roundtrip airfare to Honolulu, HI.
- 2) Ground transportation, including taxi and shuttle fees.
- 3) \$75/day for meals and incidental expenses (to be prorated for travel days). We will be providing lunch each day as well.
- 4) Lodging at the New Otani hotel (group rate of \$160/night) or equivalent.

Best regards,

**Garthan Saal**



RECEIPT NUMBER WAC-XX-XXX+XXXXX		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE August 4, 2016	PRIORITY DATE	PETITIONER COLUMBIA UNIV
NOTICE DATE August 25, 2016	PAGE 1 of 2	BENEFICIARY DEY, RHOMANN
COLUMBIA UNIV C/O JANE ACTON 2960 BROADWAY MAIL CODE 5724 NEW YORK NY 10027		Notice Type: Approval Notice Class: H1B Valid from 09/01/2016 to 08/31/2019 Consulate:

The above petition and extension of stay have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Changes in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted an extension of stay who leaves the U.S. must normally obtain a new visa before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO)

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS  
CALIFORNIA SERVICE CENTER  
P. O. BOX 30111  
LAGUNA NIGUEL CA 92607-0111  
Customer Service Telephone: (800) 375-5283  
Form I797A (Rev. 10/31/05)N



PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# WAC-XX-XXX-XXXXX  
I-94# 935861832 30  
NAME DEY, RHOMANN  
CLASS H1B

VALID FROM 09/01/2016 UNTIL 08/31/2019

PETITIONER: COLUMBIA UNIV  
2960 BROADWAY MAIL CODE 5724  
NEW YORK NY 10027

**935861832 30**

Receipt Number WAC-16-219-50234  
United States Citizenship and Immigration  
Services

I-94  
Departure Record Petitioner: COLUMBIA UNIV

14. Family Name DEY	
15. First (Given) Name RHOMANN	16. Date of Birth 05/04/1965
17. Country of Citizenship FRANCE	



RECEIPT NUMBER WAC-16-XX-XXX-XXXXX		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE August 4, 2016	PRIORITY DATE	PETITIONER COLUMBIA UNIV
NOTICE DATE August 25, 2016	PAGE 2 of 2	BENEFICIARY Dey, Rhomann

(continued)  
at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at [www.ombudsman.sba.gov](http://www.ombudsman.sba.gov) or phone 202-205-2417 or fax 202-481-5719.

NOTICE: Although this application/petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify the information submitted in this application, petition and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of verification will be used to determine whether revocation, rescission, and/or removal proceedings are appropriate. Applicants, petitioners, and representatives of record will be provided an opportunity to address derogatory information before any formal proceeding is initiated.

Please see the additional information on the back. You will be notified separately about any other cases you filed.  
USCIS

CALIFORNIA SERVICE CENTER  
P. O. BOX 30111  
LAGUNA NIGUEL CA 92607-0111  
Customer Service Telephone: (800) 375-5283  
Form I797A (Rev. 10/31/05)N



PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>
Receipt#	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	Receipt Number	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>
I-94#	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	United States Citizenship and Immigration Services	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>
NAME	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	I-94	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>
CLASS	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	Departure Record	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>
	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	Petitioner	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>
PETITIONER:	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	14. Family Name	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>
	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	15. First (Given) Name	<b>VOID</b>	<b>VOID</b>	16. Date of Birth
	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	17. Country of Citizenship	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>
	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>		<b>VOID</b>	<b>VOID</b>	<b>VOID</b>
	<b>VOID</b>	<b>VOID</b>	<b>VOID</b>		<b>VOID</b>	<b>VOID</b>	<b>VOID</b>