

Reimbursement Request Vendor Set-up

NAME: _____

Section A) If US Citizen or US Permanent Resident

HUID (if applicable): _____

Address: _____

Email: _____

SSN: _____

W9 Completed/signed only if NOT Harvard Registered Student

Section B) If Non US Citizen

HUID (if applicable): _____

Email: _____

Visa Type: _____

Visa issue and expiration dates: _____

Remit address (U.S): _____

Foreign address: _____

SSN (if applicable): _____

(Before submitting your paper work to the finance office, please verify if the vendor is already in the system)

Section C) *Visa types and reimbursements (Documents required)

Visa	Allowed Reimbursement	Documentation required with payment request
B-1, WB, ESTA	YES	A copy of the I-94** document
B-2 or WT	YES	A signed certification form , and a copy of the I-94** document
DACA	YES	Employment Authorization Card
F-1	YES	Form I-20
H-1, G-1, O-1, O-2, or TN	POSSIBLY	Written permission must be obtained from the responsible officer at the immigration office of the sponsoring institution
J-1 or J-2	YES	Form DS-2019
TN	POSSIBLY	A copy of the I-94** document, along with written permission from the responsible officer at the immigration office of the sponsoring institution
All Other Visa Types	NO	Please contact the NRA Tax Compliance Team to determine whether payment to any other visa type would be allowed

For security purposes, please do not email this form.

Signature

Printed Name

Date

I certify that all of the information above is to the best of my knowledge and belief true, correct and complete.