In order to process your reimbursement in a timely manner, please submit all required documentation no later than 1 week from the time you received this packet.

**Required documents for submission**

1) IRS W-8BEN (or W-BEN): Please fill out form completely and make sure to include your email and home address so that the University of Massachusetts can properly process disbursement to you. This form is necessary along with the appropriate documents (see below) related to your visa to establish you in the University Procurement system and allow processing of reimbursement.

2) Invoice: **ONLY** fill out the box where it says, “Name and Remit Address of Vendor” (this should match what you entered on the W-8BEN/W-BEN) and sign in the box directly to the right. Please print legibly!

<table>
<thead>
<tr>
<th>B Visa Reimbursement:</th>
<th>F-1 Visa Reimbursement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• W-BEN</td>
<td>• W-8BEN</td>
</tr>
<tr>
<td>• Copy of Passport</td>
<td>• Copy of Passport</td>
</tr>
<tr>
<td>• Copy of Visa</td>
<td>• Copy of Visa</td>
</tr>
<tr>
<td>• Copy of Entry Stamp</td>
<td>• Copy of Entry Stamp</td>
</tr>
<tr>
<td>• B-Certificate</td>
<td>• I-20 Form</td>
</tr>
<tr>
<td></td>
<td>• Sponsor Letter</td>
</tr>
</tbody>
</table>

3) **Expense receipts**: All expenses that need to be reimbursed must have receipts showing proof of payment. The University does not accept confirmations as proof alone.

**Failure to submit the proper forms and supporting documentation could result in processing delays and effect your ability to collect funds.**
Form W-8BEN

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

Instead, use Form:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of individual who is the beneficial owner</td>
<td>Country of citizenship</td>
</tr>
</tbody>
</table>

3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.

4 Mailing address (if different from above)

5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)

6 Foreign tax identifying number (see instructions)

7 Reference number(s) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):

   Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is a U.S. person,
- The income to which this form relates is:
  (a) not effectively connected with the conduct of a trade or business in the United States,
  (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  (c) the partner’s share of a partnership’s effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)

For Paperwork Reduction Act Notice, see separate instructions.
# University of Massachusetts / Amherst Invoice

**DEPARTMENT:**

**BUILDING:**

**ATTN:**

**Purchase Order #:**

**Vendor's Code:**

**Invoice #:**

**Date:**

---

**Name and Remit**

**Address Of Vendor:**

**Vendor's Certification:**

I certify that the goods were shipped or the services Rendered as set forth below.

(please sign in ink)

---

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>

**Acct:** | **Speed Chart:** | **Fund:** | **Dept. ID:** | **Prg:** | **Class:** | **Project/Grant:** |

**Date Goods Received:**

**Verified By:**

**Departmental Approval:**

Original-Controllers

Copy-Department

06/07/16
B Honoraria Eligibility Certification

Name: __________________________________________ Date: __________

SSN/ITIN #: ________________________________________

I, __________________________________________, arrived in the United States bearing a B-1 or B-2 visa or under the Visa Waiver Program, or I was exempt from documentary requirements for entering the United States.

I will perform the following academic services: ________________________________.

I hereby certify to the following facts:

1. The services are being conducted for the benefit of UMass Amherst.
2. The activities will last no longer than 9 days at this institution.
3. I have not accepted honoraria (and incidental expenses in the case of B-2 visitors) from more than 5 institutions or organizations in the previous 6 months.

Signed under penalties of perjury,

Signature: __________________________________________

Date Signed: __________________________________________