

## 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 <a href="#">certification form</a> , 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 <a href="#">contact the NRA Tax Compliance Team</a> 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.