Compliance Statement for Payments to Visitors in Business or Tourist Status Visitor Information: Last Name \_\_\_\_\_ Current Visa Status\_\_\_\_ First Name Social Security Number Or ITIN Dates of Activity for Which Visitor is Being Paid Brief Description of Activity If You are Canadian: \_\_\_ Check if you did not receive Form I-94 (Departure Record) \_\_\_ Check if you are not carrying a passport Statement of Visitor: I attest that I have been engaged in activities described above for the benefit of Louisiana State University & A&M College 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. Signature: Date: Statement of Department Head: 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 & A& M College 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.

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