Travel Abroad Services Provided by a non-U.S. person

Description of Services:

_____

_____

Location of services: _____ Date: _____

Amount Paid or value of travel expenses paid on behalf of provider: _____

Receipt Signature, if no other paid receipt provided: _____

If between the date departure until the date of return, the payment to any one individual, in aggregate, is $600 or more, Stop here. You will need to obtain either a signed W-8BEN form or a signed W-9 form from them.

If between the date of departure until the date of return, the payment to any one individual, in aggregate, is under $600, please fill out the rest of this form and sign below.

Service Provider Contact Information:

Provider's

Name: _____

Address: _____

_____

Phone Number: _____

Email: _____

I, UO representative, have recently traveled to a foreign country on official University of Oregon business. During my travels, I made a payment for services, in either cash, room & board, or travel expenses for services provided. I have no actual knowledge or reason to know that the recipient of this payment is a U.S. person.

I also acknowledge that if I do have knowledge, or reason to know, that any recipient of these payments is a U.S. person.

***I should obtain and provide a signed W-9 form from the payee.**

*For purposes of this form, the term "U.S. person" means an individual who is a U.S. citizen or a Resident Alien (a 'green card' holder).

University of Oregon Representative Signature *Date*

_____ _____

(Print Name) _____

Department _____

Department is instructed to keep a hard copy of this form in departmental files for 7 years.

UNIVERSITY OF OREGON

Tax Services/ Business Affairs/ University of Oregon
Eugene, OR 97403-USA

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