

Foreign National Payment

UPB Use Only E-Class _____ Citizenship Code _____ Tracking Number _____	UPAY Use Only Banner Doc # _____ Check Print Loc _____ <input type="checkbox"/> 1099 <input type="checkbox"/> Enclosures OBFS Approval _____
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UIN/Vendor ID: _____

Payee Name: _____ Campus: _____ Mail Code _____

Address: _____ Department Name: _____

_____ Department Contact: _____

_____ Special Handling: _____ Phone Number: _____

Date of Activity	Description	Amount

Enter CFOAPALs below: Total: _____

Account Title: _____

Chart	Fund	Org	Acct	Program	Activity	Location	Amount

Account Title: _____

Chart	Fund	Org	Acct	Program	Activity	Location	Amount

- To submit this form:
- For all payment types you **MUST** fax copies of the following to 217-239-6909 and include the tracking number (see Step #3 to obtain tracking number):
 - Passport photo ID page and pages with US entry stamps.
 - US entry visa (if applicable), which includes a photo, passport/visa number, issue and expiration dates.
 - I-94 card - both sides.
 - Select the reason for the payment below (see additional required forms below the payment type).
 - Send the form by clicking on the e-mail button. The form will insert a number in the Tracking Number field in the upper right of the form. The form remains open so that you can copy the tracking number for Step #1, then you may close the form.

<input type="radio"/> Honorarium Requires: Honorarium Agreement Foreign National Tax Info Form	<input type="radio"/> Service Agreement Requires: P&A Contract Foreign National Tax Info Form	<input type="radio"/> Prize Requires: W-8BEN Foreign National Tax Info Form	<input type="radio"/> Royalty Requires: W-8BEN Foreign National Tax Info Form
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If other documents are required, check those you have attached:

Copy of SSN Card, ITIN or Certification of Application
 Form I-20
 Form DS-2019
 EAD Card
 Form 1-797
 Award Letter

Other Please describe: _____

Please see these [instructions](#) on how to set up your digital Id in order to approve this form.

Department Certification: As an employee of the University requesting payment to the above-referenced individual, I hereby certify on behalf of the department that the above information is true, correct, and complete to the best of my knowledge and belief.

Department Authorized Approval: _____ Date: _____