

# Request for Visitor

9/18/06

Requestor: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Visitor's Information

Name: \_\_\_\_\_

U.S. Citizen: ( ) yes ( ) no

Phone: \_\_\_\_\_

If Alien, copy of passport & I-94 or I-94W

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Dates of Visit: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

## Honorarium

( ) yes ( ) no, if yes, Amount: \_\_\_\_\_ ( ) SSN or Tax ID: \_\_\_\_\_

Additional paperwork will need to be filled out for Non-Resident Aliens and in many cases Honorarium may not be practical.

## Airfare

( ) Visitor will or paid for airfare and needs to be reimbursed. Itinerary required, please attach.

( ) Visitor would like us to purchase airfare. They can arrange their flight by contacting our travel agency. Visitor should charged Biological Structure account. Classic Connections will verify approval with me.

Classic Connections

408 Boston Ave

Seattle, Washington 98109

Phone 206-547-7300, Fax 206-547-1311

Toll Free 800-397-7304 (within the US only)

Email: [www.classic-connections.net](http://www.classic-connections.net)

## Lodging

( ) yes ( ) no Number of nights: \_\_\_\_\_

Hotel: ( ) University Inn ( ) Watertown Hotel ( ) Silver Cloud Inn

Other: \_\_\_\_\_

## Other Expenses

( ) Taxi/Shuttle: \$ \_\_\_\_\_ ( ) Car Rental: \$ \_\_\_\_\_

Budget Name: \_\_\_\_\_ Budget Number: \_\_\_\_\_

Faculty/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RETURN TO SANDRA MOORE

Box 357420

Phone 543-4423, Fax 543-1524

HSB, Room I-146

[sandram@u.washington.edu](mailto:sandram@u.washington.edu)

## Office Use Only:

PO# \_\_\_\_\_ Object Code: \_\_\_\_\_ Total: \_\_\_\_\_