

San Francisco State University  
Internal Audit Department  
1600 Holloway Ave. ADM 359  
San Francisco CA 94132  
(415) 338 – 2763  
(415) 338 – 7271 FAX

Internal Audit

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

**San Francisco State University** \_\_\_\_\_  
Department

### ***Certification of Academic Activity***

The American Competitiveness Workforce Act of 1998 allows payment of honoraria and associated incidental expenses to B-1, B-2, WB, and WT visa holders for "usual *academic activity*," if paid by a United States institution of higher education, a nonprofit organization affiliated with an institution of higher education, or a nonprofit or a governmental research organization. Under the Act, an academic activity may not exceed nine days at a single institution. In addition, such visa holders cannot accept honoraria and/or incidental expenses from more than five such institutions or organizations in the previous six-month period.

### **Visitor Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number or Individual Taxpayer Identification Number: \_\_\_\_\_  
*(In order to receive an honorarium payment you must have or have applied for a Social Security Number or an Individual Taxpayer Identification Number.)*

The dates of my activity at San Francisco State University will be from \_\_\_\_\_ to \_\_\_\_\_.  
*(Please note that academic activity at the San Francisco State University cannot exceed nine days.)*

### **Acknowledgement**

I have accepted an invitation by San Francisco State University for the purpose of engaging in an academic activity. I will receive an honorarium payment and/or reimbursement for incidental expenses for my academic activity. I have not accepted honoraria and/or incidental expense reimbursements within the prior six-month period from more than five institutions of higher education, a nonprofit organization affiliated with an institution of higher education, or a nonprofit or a governmental research organization. *(Please note that San Francisco State University cannot make an honorarium and/or incidental expense payment to you if you have received such payments from more than five of these organizations within the past six months.)*

### **Certification**

**I certify that the information contained on this form is to the best of my knowledge and belief, true and complete.**

Signature of Nonresident Alien: \_\_\_\_\_ Date: \_\_\_\_\_