



# Sacramento State University Accounts Payable Department

Accounts Payable Department  
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Sacramento, CA 95819-6004  
(916) 278 - 7444  
(916) 278 - 7441 FAX

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

**Sacramento 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, 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 Sacramento State University will be from  to . *(Please note that academic activity at Sacramento State University cannot exceed nine days.)*

## Acknowledgement

I have accepted an invitation by Sacramento 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 Sacramento 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: \_\_\_\_\_