



Nonresident Payment Request for Honorarium, Awards, Prizes, Payments

Date(s) of Activity:

University Department:

Name of Payee:

NRA Home Country:

Address of Payee:

Email of Payee:

Social Security Number or ITIN Number (If Available):

(NRA Tax Coordinator will assign temporary number to Nonresident without a SSN or ITIN #)

University of Arkansas ID if applicable:

Is Payee: Student Faculty Visitor UA Inventor

Amount of Payment:

CCN to charge:

CC Category:

Check/Method of Delivery:

Type of Payment and Reason (Must be completed)

Person initiating this form:

Name:

Phone Number:

E-Mail Address:

Approver Signature:

Date:

NRA Tax Coordinator Signature:

NRA Tax Coordinator USE ONLY

Requisition #: _____

PO#: _____

Date Processed: _____

Amount of Tax (If Applicable): _____