



Department: _____

Guest Lecturers / Visitors' Accommodations Form

Please submit this form at least one month in advance of the guest's arrival for approval purposes.

Event/Guest Info

Your Name:

Visitor's Name:

Visitor's E-mail & Phone #:

Describe Event Type:

Event Dates: Start

End

Do you need us to book you a room for the event? Yes No

If yes, please provide let us know when the event will start/end, and approximate number of seats needed:

Honorarium:

Note: If your guest is not receiving an honorarium, please skip to the next section.

Honorarium Amount:

Funding Source:

Please forward funding award letter or email correspondence to department

office. Is your guest a foreign visitor: Yes No
If yes, what is their current visa/status? B-1/B-2 F-1 J-1/J-2 ESTA/Waiver Other
(Check one).

Note: only the above listed visa categories are eligible to receive an honorarium. If you do not see the guest's visa status listed above, select "Other" and write the guest's visa category in the blank space provided below.

Travel Bookings / Reimbursements

Airfare:	<input type="text"/>
Lodging:	<input type="text"/>
Preferred Hotel:	<input type="text"/>

Guest Entertaining / Meal

Will you be seeking a reimbursement for meals/entertaining? Yes No

If yes, please retain your original itemized receipt as well as the credit card receipt.

Will alcohol be purchased during the meal? Yes No

If yes, please list the name of the person who will pay for the meal.

If you are unsure, please select "Yes."

All alcohol purchases must be listed on a separate itemized receipt. Please retain both the itemized alcohol purchase receipt and credit card receipt.

Section below is for Departmental Office Use Only:

Cost String #1	<input type="text"/>
Cost String #2	<input type="text"/>
Cost String #3	<input type="text"/>
Cost String #4	<input type="text"/>