

Is the visitor participating in training/research? () YES () NO If yes, please explain fully.

Check visitor's means of financial support below.

() Ag Center salary. State amount to be paid each month. \$ _____

() Visitor's Government/University. (This will require written proof of support.) State total amount to be received during period of stay: \$ _____

() Visitor's Personal Funds. (This will require written proof of availability of funds.) State total amount available for period of stay: \$ _____

() Sponsoring Agency: **Other** _____ \$ _____

() Ag Center supplement for expenses. Explain fully. Include itemized expenses and costs.

Will travel expenses be paid from the amount identified above? () YES () NO If yes, provide estimated travel cost. \$ _____

Will additional support funds (e.g., for supplies, equipment, etc.) be provided by the visitor's government/home university to the Ag Center? () YES () NO If yes, please explain fully.

Note: All nonresident visitors are subject to IRS regulations and may be subject to 30% withholding on U.S. source funds.

FACULTY MEMBER REQUESTING VISITOR:

UNIT CONTACT PERSON:

UNIT HEAD APPROVAL SIGNATURE:

Route this form to the Ag Center Human Resource Management Office, 103 J.N. Efferson Hall

Human Resource Management review and action.

International Programs review and action.

BY _____

BY _____

Once this form has been fully routed and acted upon, the unit will be contacted and provided with instructions on how to proceed and additional documentation needed.