Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

COMPLIANCE STATEMENT FOR PAYMENTS TO VISITOR S IN BUSINESS OR TOURIST STATUS

AS566

VISITOR'S INFORMATION

_____ _____ _____
Last Name First Name MI

Current Visa Status _____

Please check one:

☐ U.S. SSN _____ ☐ ITIN

_____

I attest that I have been engaged in activities described above
days or less. I further attest that I have not been paid or rei
organizations during the past six months.

_____ _____
Visitor's Signature Printed Name