

**University of Louisiana at Lafayette  
Honoraria Eligibility Certification Form  
Tax Year Ending December 31, 20\_\_**

Name \_\_\_\_\_ SSN/ITIN \_\_\_\_\_

I, \_\_\_\_\_, arrived in the United States bearing a B-1 or B-2 visa, or under the Visa Waiver Program, or I was exempt from documentary requirements for entering the United States. I will perform the following academic services:

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I hereby certify to the following facts:

1. The services are being conducted for the benefit of the University of Louisiana at Lafayette.
2. The activities will last no longer than 9 days at this institution.
3. I have not accepted honoraria (and incidental expense in the case of a B-2 visitor) from more than 5 institutions or organizations in the previous 6 months.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

E-mail Address \_\_\_\_\_