



University of Massachusetts – Amherst

Controller's Office

Accounts Payable

100 Venture Way, Rm 319

Hadley, MA 01035

413-545-4710

B Honoraria/Reimbursement Eligibility Certification

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: _____
- I will be receiving a reimbursement for travel expenses

I hereby certify to the following facts:

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

Signed under penalties of perjury,

Signature: _____

Date Signed: _____

SSN/ITIN # _____