

# PAYROLL INFORMATION FOR GUEST ARTIST

## Division of Performing Arts

This form MUST be completed for all guest artist Payments. The following fields with \* indicate **required** information from the guest. Any field left blank may cause delay of payment.

Note this form may not be used for current students or UI employees.

Last Name\*

First Name\*

Date (mm/dd/yyyy)

Are you a US Citizen?

Email

Yes

No\*

If NO, what Visa type will you be traveling on? If you have a Green Card, please enter dates:

If you are **NOT** a US citizen, you are required to bring your immigration documents to the DPA Business Office before payment can be processed. Address and contact information are provided at the bottom of this form.

Address\*

City

State

Zip

Date of Birth (mm/dd/yyyy)

### The following information is required from faculty sponsor regarding services provided:

Faculty Sponsor Name

Department (Dance, Music or Theatre)

Funding Source and/or MFK

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Total Fee (\$)

*Fee to be paid approximately 2-4 weeks after services provided.*

Description of Services:

Your signature below indicates that you agree to allow broadcast and distribution of your performance on the UITV non-commercial public access television channel, on Iowa Public Radio, or via live stream at the discretion of the University of Iowa. Exceptions or exclusions to this must be noted at signing. In addition, for guests of the School of Music, signing below indicates you agree to release the recording of your performance for duplication by the School of Music Recording Studio. If restrictions are to apply, please notify the recording studio within 48 hours of the performance.

Guest Signature

Date (mm/dd/yyyy)

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Faculty Sponsor Signature

Date (mm/dd/yyyy)

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Rosie Ver Steegh Signature (DPA Administrator)

Date (mm/dd/yyyy)

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## COMPLIANCE STATEMENT FOR PAYMENTS TO VISITORS IN BUSINESS OR TOURIST STATUS

**Eligibility for Payments:** Visitors in business or tourist status (B-1, B-2, WB, WT) may be paid honoraria or reimbursed for travel expenses if (a) the visitor is engaged in the activity being compensated for any portion of nine days or less, **and** (b) the visitor has not been paid or reimbursed by more than five other U.S. institutions or organizations during the past six months.

### Visitor Information:

Last Name (Family Name) \_\_\_\_\_  
As stated on Social Security card or Individual Taxpayer Identification Number (ITIN) documents

First Name (Given Name) \_\_\_\_\_  
As stated on Social Security card or Individual Taxpayer Identification Number (ITIN) documents

Social Security Number \_\_\_\_\_ **or** ITIN \_\_\_\_\_

Dates of Activity for Which Visitor is Being Paid \_\_\_\_\_

Briefly Describe the Activity

Immigration Status \_\_\_\_\_

**Statement of Visitor:** I attest that I have been engaged in the activities described above for the benefit of The University of Iowa for any portion of nine days or less, and, that I have not been paid or reimbursed by more than five other U.S. institutions/organizations during the past six months.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Department Head:** As sponsor of the above individual, I attest that the individual has been engaged in the activities described above for the benefit of The University of Iowa for any portion of nine days or less, and, that the activities for which the individual is paid or reimbursed are within the broad realm of customary academic activities associated with teaching, research, public service, or academic administration or operations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please Attach This Statement to The University of Iowa Payroll Voucher

**Note:** Honoraria and travel expenses may be paid to B-2 and WT visitors only under the eligibility requirements noted above. Honoraria may be paid to visitors in B-1 and WB status only under the above eligibility requirements. Travel reimbursements may be made to any B-1 or WB visitors. All payments are subject to standard university policies and procedures.



# Wire Transfer Payment Form

The following information is needed before any wire transfer can be completed. Attach this completed form to any PReq, eVoucher, or ProTrav transaction. Questions regarding this form contact:  
Pam Nixon [pamela-nixon@uiowa.edu](mailto:pamela-nixon@uiowa.edu) or Sam Etten [samuel-etten@uiowa.edu](mailto:samuel-etten@uiowa.edu)

\* Required

## Department Contact Information

\* Contact Name: \_\_\_\_\_ \*Date: \_\_\_\_\_  
\* Department: \_\_\_\_\_ \*email or phone: \_\_\_\_\_

## Beneficiary Information

\*Beneficiary: \_\_\_\_\_ \*Currency: \_\_\_\_\_  
\*Beneficiary Phone #: \_\_\_\_\_ City: \_\_\_\_\_  
\*Beneficiary email (if individual): \_\_\_\_\_ State or Province: \_\_\_\_\_  
Address 1 (no PO Box): \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Address 2: \_\_\_\_\_ \*Country: \_\_\_\_\_  
Address 3: \_\_\_\_\_ Taxpayer ID (CNPJ/CPF): \_\_\_\_\_

If Bank Account below is in BRAZIL, the following information is required: Beneficiary Phone: \_\_\_\_\_

CNPJ (Cadastro de Pessoa Juridica) for an incorporated taxpayer, CPF (Cadastro de Pessoa Fisica) for an individual.

## Beneficiary Bank Information

\*Bank Name: \_\_\_\_\_ \*IBAN: \_\_\_\_\_  
International Bank Account Number  
\*Domestic Routing Code: \_\_\_\_\_ or \*SWIFT (BIC) Code: \_\_\_\_\_  
\*Account Number: \_\_\_\_\_  
\*Address 1: \_\_\_\_\_ City: \_\_\_\_\_  
Address 2: \_\_\_\_\_ \*State or Province: \_\_\_\_\_  
Address 3: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
\*Country: \_\_\_\_\_

## Intermediary Bank Information

Bank Name: \_\_\_\_\_ IBAN: \_\_\_\_\_  
International Bank Account Number  
Domestic Routing Code: \_\_\_\_\_ or SWIFT (BIC) Code: \_\_\_\_\_  
Account Number: \_\_\_\_\_ City: \_\_\_\_\_  
Address 1: \_\_\_\_\_ State or Province: \_\_\_\_\_  
Address 2: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Address 3: \_\_\_\_\_ Country: \_\_\_\_\_