

222 Administration Building • Fayetteville Arkansas 72701 • (479) 575-4851 • (479) 575-6971 (FAX)

## Nonresident Payment Request for Honorarium, Awards, Prizes, Payments

Date(s) of Activity:			University Department:
Name of Payee:			NRA Home Country:
Address of Payee:			
Email of Payee:			
Social Security Number (NRA Tax Coordinate)		•	e): ber to Nonresident without a SSN or ITIN #)
<b>University of Arkans</b>	as ID ifapplicab	le:	
Is Payee: Student	Faculty	Visitor	UA Inventor
Amount of Payment	t:		
CCN to charge:			CC Category:
Check/Method of Deli	very:		
pe of Payment and Reason	n ( <u>Must be completed</u>	<u>d)</u>	
Person initiating this form:			
Name:			
Phone Number:			E-Mail Address:
			Date:
Approver Signature:			Date.
NRA Tax Coordinat	or Signature:		
NRA Tax Coordinator	USE ONLY		
Requisition #:			PO#:
Date Processed:	·	Amount	of Tax (If Applicable):