

### Hello and Welcome to the University of Pennsylvania!

- In order to expedite your travel reimbursement, please return all **original** receipts for your expenses to the address on the **BGS Reimbursement Request Form**. Original receipts include airfare passenger receipts, ground transportation receipts (shuttle, taxi, etc.) and any other receipts for **reasonable expenses** incurred while traveling to U of Penn (including your meals). **Please submit these to BGS no later than (5) days after completion of event. Requests submitted later than 30 days from recruiting weekend may not be reimbursed.**
- Reimbursement requests can be mailed (a mailed request needs to include original receipts) or emailed (an emailed request should include scanned copies of original receipts). The emailed reimbursement request should be sent to Jennifer Lu ([Jennifer.Lu@penmedicine.upenn.edu](mailto:Jennifer.Lu@penmedicine.upenn.edu)). All requests should clearly identify your graduate group, so your form can be promptly directed to the correct point person. In your emailed request, please be sure to add your full name, graduate group and interview weekend dates to the Subject line of the email. This will facilitate your reimbursement request.
- Please note that your reimbursement cannot be processed without the submission of all appropriate forms with the requisite signatures.

#### Three forms are attached:

- On the **Guest Travel Reimbursement Worksheet**, please fill in your name, mailing address, and signature. Your reimbursement check will be sent to the address you list on this form.
- On the **BGS Reimbursement Request Form**, please fill in all the appropriate lines; including your signature and the mailing address for the check (this address should match the address on the **Guest Travel Reimbursement Worksheet**).
- On the Foreign National Information Form please fill out all that applies to your visa status and include a copy of your passport, which should include the following pages:
  - Signature page
  - Photo page
  - Visa page
  - I-94 page
- **All Three of these forms should be typed, but if you are unable to type, please write legibly. These forms are required for reimbursement and must be completed in their entirety.**
- (Note: this is a total of **three** signatures; any incomplete or missing information will delay processing). All 3 forms must be returned together.
- The information submitted will be used to setup a University MARKETPLACE account. You will be sent a link to complete either a W9 or W8 Ben form. You can also select whether you want direct deposit or paper check.

#### Specific Instructions:

1. Airline passenger receipts are usually the last page of your ticket packet. Airline itineraries are not accepted as original receipts unless it specifically states that it is an "Itinerary/Receipt" and includes cost and payment confirmation.
2. Electronic Tickets must at least be accompanied by a standard notification, which states that you have purchased an electronic ticket. To be most efficient, an official receipt can always be obtained from the airline desk before departure.
3. Must submit receipts for reimbursement of taxis. **Expenses related to UBER and Lyft will be reimbursed. Please be sure to attach the emailed receipt from either of these vendors which includes, date, time, map w/start and end point, and amount paid.**
4. Must submit Amtrak stub, please keep in mind BGS will not reimburse for the following travel related expenses: **additional expenses incurred due to changes in travel dates and/or times, unless weather related and business and/or 1st class Amtrak tickets.**
5. **An acceptable itemized receipt is a document that contains:**
  - a. Transaction date
  - b. Name of merchant
  - c. Amount of charge
  - d. Transaction details (what was purchased)

- e. Form of payment used – credit/cash
  - f. Amount of purchase
  - g. Indication that the amount was paid
  - h. Please note that receipts must be in the name of the traveler in order to receive a reimbursement
6. Cash payment if any should be clearly identified and a paid notation from vendor should be evident from the receipt submitted.
  7. Please note that you are not entitled to reimbursement of extraneous expenses like room service, phone calls, and non-recruitment entertainment or meals.
  8. If you have lost or misplaced one of your receipts, please provide a brief explanation and amount of the expense on the form attached. We cannot guarantee that these expenses will be reimbursed, especially if over \$25.
  9. If you are scanning your receipts to send your reimbursement request via email, please tape all receipts (at the edges, using clear tape) to a blank sheet of paper and then scan and/or photograph them. The receipts need to be clear, legible and readable. Unclear receipts will simply delay the payment of your reimbursement request, while we reach out to you for a re-submission.
  10. If you are mailing your receipts, please tape all receipts (at the edges, using clear tape) to a blank sheet of paper. The receipts need to be clear, legible and readable. Unclear receipts will simply delay the payment of your reimbursement request, while we reach out to you for a re-submission.
  11. If you are requesting reimbursement for mileage, complete the attached form noting your departure city and round trip mileage. You should also include any toll and parking receipts in your reimbursement packet. Reimbursement for mileage includes gas expenses. (Please note that the University is not responsible for car repairs or injuries sustained during your arrival or departure from the Penn campus.)
  12. **Please complete forms where indicated only**, do not fill in any other information on the **Guest Travel Reimbursement Worksheet** except for areas marked with an **X** or **indicated with an arrow**.

**Once again welcome and thanks for visiting the University of Pennsylvania.**

**FOR ASSISTANCE CONTACT**

The Office of Tax & International Operations  
3451 Walnut Street, Suite 310  
Philadelphia, PA 19104 (215)898-6291

## University of Pennsylvania Foreign National Information Form (FNIF)

- Please Check One:**     **Initial Submission - Required** prior to first payment.
- Update** - Required only if any information in Section B, C or D changes during individual's stay in U.S.

**SPECIAL NOTE FOR VISITORS ON J-VISAS:**

Visitors on J visas not sponsored by the University of Pennsylvania **MUST** obtain written permission from the International Office of their sponsoring institution **PRIOR TO** receiving honoraria or service payments (including employee compensation) from the University of Pennsylvania.

**SPECIAL NOTE FOR VISITORS ON TN, H-1B, E or O VISAS:**

Visitors on TN, H-1B, E or O visas not sponsored by the University of Pennsylvania may **NOT** receive honoraria or service payments (including employee compensation) from the University of Pennsylvania.

**Section A General Information**

1. Last Name/Surname \_\_\_\_\_ Middle Initial \_\_\_\_\_ First Name/Given Name \_\_\_\_\_
2. PENN I.D. Number \_\_\_\_\_
3. United States Address  
    Line 1 \_\_\_\_\_  
    Line 2 \_\_\_\_\_  
    City/Town \_\_\_\_\_  
    State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_
4. Foreign Address  
    Line 1 \_\_\_\_\_  
    Line 2 \_\_\_\_\_  
    City/Town \_\_\_\_\_  
    Region/Province \_\_\_\_\_  
    City/Regional Postal Code \_\_\_\_\_  
    Country \_\_\_\_\_
5. Telephone \_\_\_\_\_
6. Email Address \_\_\_\_\_

**Section B Residence Status for Tax Purposes**

Check the appropriate box below to indicate your residence status for tax purposes only.

**If you do not know your tax residency, please leave blank. The Tax Office will determine your status upon review of this form.**

7.  I am a Permanent Resident. Please provide the alien number as shown on the front of your Alien Registration Receipt Card. (Green Card) #A \_\_\_\_\_ and proceed to Section E-Certification.
8.  I am or have been classified previously as a Resident Alien for Tax Purposes.
9.  I am a Nonresident Alien for Tax Purposes.  
    I DO NOT meet the requirements for tax residence in the United States of America.
10. **If you are a Nonresident Alien for tax purposes, what is your country of "tax residency"?** \_\_\_\_\_

**Note: If you checked Box 8 or 9 in this section, you must complete Section C.**

**Section C Passport and Visa Information**

No entry to U.S. (Proceed to "Certification" section below)

11. Visa Type – Select One:

- |  |   |  |   |                                   |
|--|---|--|---|-----------------------------------|
| <input type="radio"/> B-1                | <input type="radio"/> WB (Visa Waiver for Business) | <input type="radio"/> J-1 Research Scholar   | <input type="radio"/> H-1B                        | <input type="radio"/> J-1 Student |
| <input type="radio"/> B-2                | <input type="radio"/> WT (Visa Waiver for Tourism)  | <input type="radio"/> J-1 Short Term Scholar | <input type="radio"/> TN                          | <input type="radio"/> F-1 Student |
| <input type="radio"/> Canadian Walk-over | <input type="radio"/> J-1 Professor                 | <input type="radio"/> O-1                    | <input type="radio"/> Other, please specify _____ |                                   |

12. If you have an F, J, H, TN, O, L, P, A or G Visa, please indicate the Sponsoring Institution listed on your immigration documents \_\_\_\_\_

13. Primary Purpose/Activity of Visit – Select One:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Studying in a degree program     | <input type="radio"/> Consulting          | <input type="radio"/> Conducting Research         |
| <input type="radio"/> Studying in a non-degree program | <input type="radio"/> Teaching            | <input type="radio"/> Acquiring Training          |
| <input type="radio"/> Lecturing                        | <input type="radio"/> Clinical Activities | <input type="radio"/> Temporary Employment        |
|  |   | <input type="radio"/> Other, please specify _____ |

14. Country Issuing Passport \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

15. Passport Number \_\_\_\_\_ Visa Number (Red Number) \_\_\_\_\_

**Section D Visa Immigration Activity (Substantial Presence Test)**

16. What is the actual date you entered the United States on your current visa? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

17. What is the start date and end date of your primary purpose/activity indicated on your current I-20, DS2019, or I-797 (immigration document)? Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

18. Visa Immigration History – Enter all your visits to the United States (B-1/WB or B-2/WT Visa holders do NOT need to complete this section).

Note: F and J students do not need to document short vacations home during semester breaks.

| Date of Entry | Date of Exit | Visa Type | Primary Purpose of Activity | Have you ever taken any Treaty Benefits? |                          |
|---------------|--------------|-----------|-----------------------------|--|--------------------------|
| / /           | / /          |           |                             | <input type="radio"/> Yes                | <input type="radio"/> No |
| / /           | / /          |           |                             | <input type="radio"/> Yes                | <input type="radio"/> No |
| / /           | / /          |           |                             | <input type="radio"/> Yes                | <input type="radio"/> No |
| / /           | / /          |           |                             | <input type="radio"/> Yes                | <input type="radio"/> No |
| / /           | / /          |           |                             | <input type="radio"/> Yes                | <input type="radio"/> No |

**Section E – Tax Treaty Exemption Information – IRS Forms 8233 and W-8BEN**

**\*\* You must have a Social Security Number or Individual Taxpayer Identification Number to apply for a tax treaty benefit.\*\***

Payments to nonresident aliens for services performed or benefits received within the U.S. may be subject to a maximum withholding tax rate of 30%. If you are a nonresident alien and believe that you may qualify for a tax treaty exemption, please stop by the Office of Tax & International Operations to determine if you are eligible for the exemption per IRS regulations and University guidelines.

IRS Form 8233 is used by nonresident aliens to claim an exemption from withholding on compensation for independent personal services and some dependent personal services. The exemption must be based on a tax treaty to which the United States is a party. A new Form 8233 must be submitted for each calendar year.

IRS Form W-8BEN is used by nonresident aliens to claim an exemption from withholding on other types of income (e.g., royalties, grants, scholarships, fellowships). The exemption must be based on tax treaty to which the United States is a party. The Tax Office will determine if the payee is eligible for the exemption per IRS regulations and University guidelines.

**Certification**

I certify that all of the above information is true and correct. I understand that if my "Passport and Visa Information" or "Residence Status" changes, I must submit a new "Foreign National Information Form" to: University of Pennsylvania, Office of Tax & International Operations, 3451 Walnut Street, Suite 310, Philadelphia, PA 19104.

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

UNIVERSITY OF PENNSYLVANIA  
OFFICE OF THE COMPTROLLER  
GUEST TRAVEL REIMBURSEMENT WORKSHEET

This worksheet is to be used only for guest travel reimbursement where this reimbursement is the only payment received (except honoraria and awards). Suppliers and/or independent contractors billing for services or products should not use this worksheet, and should include their expenses within their fee structure according to their agreement/contract.

Note: Penn Administrators - Please attach this worksheet to a completed PDA-NA or F Form. Use travel object codes 5206 (domestic) or 5207 (foreign).

|   |                              |                       |                             |    |  |                          |   |                        |             |
|---|------------------------------|-----------------------|-----------------------------|----|--|--------------------------|---|------------------------|-------------|
| PAYEE   |                              | LAST                  | FIRST                       | MI | VENDOR #   |                          |   |                        |             |
| ADDRESS   |                              | "for office use only" |                             |    |  |                          |   |                        |             |
| PURPOSE OF TRIP OR EVENT  |                              |                       |                             |    |  |                          |   |                        |             |
| 2024 BGS PhD recruiting   |                              | PHONE NUMBER          |                             |    |  |                          |   |                        |             |
| DESTINATION(S)  |                              |                       | BEGINNING DATE (MM/DD/YYYY) |    |  | ENDING DATE (MM/DD/YYYY) |   |                        |             |
| Penn Campus   |                              |                       |                             |    |  |                          |   |                        |             |
| <p>I CERTIFY THAT THE EXPENDITURES LISTED BELOW WERE INCURRED BY ME IN CONJUNCTION WITH OFFICIAL UNIVERSITY BUSINESS, COMPLY WITH ALL APPLICABLE POLICIES, ARE ACCURATE AND THAT I AM NOT REQUESTING REIMBURSEMENT FROM ANY OTHER SOURCE.</p> |                              |                       |                             |    |  |                          |   |                        |             |
| SIGNATURE OF PAYEE X _____  |                              |                       |                             |    | * It is okay to scan or attach an email certification/signature. |                          |   |                        |             |
|   |                              |                       |                             |    |  |                          |   |                        |             |
| DATE (MM/DD/YY)   |                              |                       |                             |    |  |                          |   |                        | TOTALS (\$) |
| S<br>N<br>A<br>R<br>T   | AIRFARE, RAIL, BUS           |                       |                             |    |  |                          |   |                        | -           |
|   | CAR RENTAL & GAS             |                       |                             |    |  |                          |   |                        | -           |
|   | PRIVATE CAR MILEAGE \$       |                       |                             |    |  |                          |   |                        | -           |
|   | TAXIS/LOCAL TRANSPORT.       |                       |                             |    |  |                          |   |                        | -           |
|   | PARKING TOLLS                |                       |                             |    |  |                          |   |                        | -           |
| PER DIEM  |                              |                       |                             |    |  |                          |   |                        | -           |
| L<br>A<br>E<br>M  | BREAKFAST                    |                       |                             |    |  |                          |   |                        | -           |
|   | LUNCH                        |                       |                             |    |  |                          |   |                        | -           |
|   | DINNER                       |                       |                             |    |  |                          |   |                        | -           |
|   | REFRESHMENTS                 |                       |                             |    |  |                          |   |                        | -           |
| LODGINGS  |                              |                       |                             |    |  |                          |   |                        | -           |
| ER<br>O<br>T<br>H   | TIPS (OTHER THAN MEAL/TAXIS) |                       |                             |    |  |                          |   |                        | -           |
|   | TELEPHONE, POSTAGE           |                       |                             |    |  |                          |   |                        | -           |
|   | OTHER                        |                       |                             |    |  |                          |   |                        | -           |
| TOTAL EXPENSES PER DAY  |                              | -                     | -                           | -  | -  | -                        | - | -                      | -           |
| <p>The Travel Policy recommends that forms be submitted for reimbursement within ten days of the Ending Date of the trip. Forms submitted after 6 months from the Ending date of the trip will not be reimbursed.</p>                         |                              |                       |                             |    |  |                          |   | GRAND TOTAL - EXPENSES | -           |

**BGS Reimbursement Request Form**  
University of Pennsylvania Biomedical Graduate Studies Recruitment  
**Please complete this form and return with your original receipts to:**

Biomedical Graduate Studies  
*ATTN: Recruitment*  
417 Anatomy-Chemistry  
3620 Hamilton Walk  
Philadelphia, PA 19104-6110

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(This is where your check will be sent) \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mileage information/extenuating circumstances (including missing receipts):

\_\_\_\_\_

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\_\_\_\_\_  
**Your Signature**                      **Date**

