

William Marsh Rice University

Visitor Reimbursement Sheet

Please print/type complete information

Date of visit: _____

Department/Institute/Center Visited: _____

Visitor's Information

Name: _____

Position: _____

Phone Number: _____

Affiliation: _____

Home Address: _____

E-mail: _____

Please check the appropriate box below:

Are you a United States Citizen? ☐ Yes ☐ No

If no, please provide the following:

Status (check one) ☐ U.S. Permanent Resident ☐ Non-resident alien (W8 Required)

LINK: W-9 is for US citizens, permanent residents, and resident aliens.

LINK: W-8 BEN is required for Non-US Individuals

Country of Citizenship: _____ Current visa: _____

Payment Methods:

☐ Check (Mailed to U.S. Address only) ☐ Direct Deposit (US Bank, provide the following information)

Bank Name: _____ Checking ☐ Savings ☐

Name on the Account: _____

Routing Number : _____

Account Number: _____

Signature

Today's Date

Please email this completed form along with your **W-9** or **W-8 BEN** to:
Suppliers@rice.edu

Cambridge Office Building
6100 Main St. MS-70
Houston, TX 77005

Phone: (713) 348-6700