National Institutes of Health
Office of Management

Division of International Services

NIH Building 31, Room B2B07 Tel (301) 496-6166
Bethesda, MD 20892-2028 Fax (301) 496-0847
http://www.ors.od.nih.gov/pes/dis/Pages/default.aspx

TO BE COMPLETED BY INSTITUTE/CENTER AND BUSINESS VISITOR

Declaration by Institutes/Centers and Business Visitors Engaged in Academic Activities with Honorarium

Instructions: As per the **"Payment of Academic Honorarium to Foreign Business Visitors,"** DIS requires the following declaration to be completed by both the NIH Institute/Center (IC) and foreign Business Visitor. The original notice is to be retained by the IC and a copy must be sent to DIS with the Notification of Arrival at the time of the Business Visitor's arrival to the United States.

I. TO BE COMPLETED BY B-1 DELEGATE OR ADMINISTRATIVE OFFICER

The Institute/Center: _____

certifies that the Business Visitor will be:

1. Engaging in academic activities at NIH described as:

2. The dates for the activities described above are from

   Start Date (Month/Day/Year): _____

   End Date (Month/Day/Year): _____

   and I understand if an honorarium is received, payments cannot extend more than **NINE (9) DAYS**.

3. Such activities are for the main benefit of NIH

4. The IC will notify the Internal Revenue Service (IRS) of payments.

B-1 Delegate/ AO Name: _____

B-1 Delegate/AO Signature: _____

Date (Month/Day/Year): _____

II. TO BE COMPLETED BY THE BUSINESS VISITOR

1. Family Name: _____

2. Given Name: _____

3. Duration of visit to NIH:

   Start Date (Month/Day/Year): _____

   End Date (Month/Day/Year): _____

4. To help determine eligibility for honorarium, please count back **SIX (6) MONTHS** from the ending date listed in number 3.

   Enter that date here: _____
   (Example: NIH visit ends 12/31/2015; six-month period began 07/01/2015).

   During this six-month period, have you accepted reimbursement or honorarium payments from any other U.S. institution?
   Yes ☐ No ☐

   If you checked "Yes":

   a. Number of institutions that paid you honorarium: _____
   b. U.S. Immigration statuses during these occasions:

   _____

I have completed the above to the best of my knowledge and am submitting copies of my passport, Form I-94, and entry visa (if applicable). I have read the **"Payment of Academic Honorarium to Foreign Business Visitors"** and certify my eligibility for such payments.

Business Visitor Name: _____

Business Visitor Signature: _____

Date (Month/Day/Year): _____