



Exchange Visitor Request Payment Form

In accordance with the SUNY J-1 Exchange Visitor Program Consortium Fee Addendum signed by each participating institution, a non-refundable per-visitor fee is required for each DS-2019 requested. This form is used for the following J categories: Student, Research Scholar, Professor, Short-Term Scholar, Specialist. Please enter the required information below and submit the completed form at the time of request.

J-2 dependents of a J-1 visitor are NOT subject to the \$100 fee. Contact the J-1 EVP Consortium Responsible Officer, Tricia Tierney at tricia.tierney@suny.edu with any questions.

Consortium Member Information

Campus:

Exchange Visitor Advisor (EVA):

EVA's E-mail Address:

Date of Submission:

Payment Information

Fee Per EV Request	Number of EV Requests	TOTAL AMOUNT DUE
\$100.00		

Please list the name of each Exchange Visitor associated with this payment:

Select type of payment below.

Payment must be received within 60 days of the request. EV DS-2019 requests will be processed while payment is pending. Payment from a Research Foundation account can only be made by check. Expense Transfer (Journal Voucher) payment can only be done with a State account.

Expense Transfer (Journal Voucher). Note that SUNY System will submit a journal voucher transfer with the account listed.

NYS Account Number: (*campus code-account-subaccount*)

Print Name of Person Authorizing Payment:

Title of Person Authorizing Payment:

Authorized Signature:

Date:

Check (make payable to "State University of New York"). Check should be requested at time of submission.

PAYMENT ADDRESS:

State University of New York
SUNY Plaza, T-11
ATTN: Tricia Tierney
353 Broadway
Albany, NY 12246

FOR SUNY OGA ONLY:

Check Received: Check #: Amount: Transfer Received: Amount:

EV Request processed on:

Processed by:

Deposit in IFR Account - OIP Projects 910173-01