



Exchange Visitor Request Payment Form

In accordance with the SUNY J-1 Exchange Visitor Program Consortium Fee Addendum signed by each participating institution, a per-visitor fee is required for each DS-2019 requested. This form is used for these 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.

Dependents (J-2) of a J-1 visitor are NOT subject to the \$100 fee. If you have any questions regarding this process, please contact the J-1 EVP Consortium Responsible Officer, Emily Brew at emily.brew@suny.edu.

Consortium Member Information

Campus:

Exchange Visitor Advisor (EVA):

EVA's E-mail Address:

EVA's Telephone:

Payment Information

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

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

Select type of payment below. Payment must be received within 60 days of exchange visitor (DS-2019) request.

Expense Transfer (Journal Voucher):

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. EV Request will be processed while payment is pending.

PAYMENT ADDRESS: State University of New York
 SUNY Plaza, T-6
 ATTN: Emily Brew
 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