



Business Office – Room 8401

Foreign Source Income Certification Form

Name of Recipient: _____ Last 4 Digits SSN: _____

Payment requested in the amount of \$ _____ (total amount) is compensation for services performed outside of the United States.

The *country* in which these services were performed is _____.

I certify that the above statement is accurate. I understand that a NYS Standard Voucher, GD-5, Invoice(s), and other supporting documents for the work completed are required.

Signature of Recipient

Date Signed

Authorized by: _____	Department: _____
_____ Signature	_____ Date Signed