

**UNIVERSITY OF NEBRASKA**  
**Visiting Personnel / Nonresident Alien Independent Contractor**  
**Miscellaneous Expense Voucher**

*Please legibly print name and address information!*

Legal Name _____	Purpose _____
FTIN (SSN / EIN / ITIN) _____	Dates of Visit _____
Home Address _____	<input type="checkbox"/> US Citizen / Resident Alien (Green Card)
_____	<input type="checkbox"/> Non-Resident Alien (attach copy of I-94, visa and passport)
City _____ State/Province _____	If box is checked, route to Payroll Office for approval before A/P.
Country _____ Zip/Postal Code _____	<input type="checkbox"/> J1 DS-2019 <input type="checkbox"/> H1 I-797 <input type="checkbox"/> F1 DS-2019 <input type="checkbox"/> Other _____
	<input type="checkbox"/> B1/B2* <input type="checkbox"/> Canadian*    *The B1/B2 Affidavit Form is required to be completed, signed and attached to this voucher prior to payment.
Payee Signature _____	Date of Arrival in US _____
	Citizen of _____ country.

I hereby attest that my response and the information provided on this form is true, complete and accurate and may be used to verify my lawful presence in the U.S.

DESCRIPTION	G/L ACCOUNT	AMOUNT
<b>Independent Contractor Fee/Honorarium*</b>	526 ___	
<b>Location of Services Provided</b> _____ <small>*Non-resident Nebraska income tax withheld where applicable</small>		
<b>Travel Expenses:</b>		
<b>Meals**</b>		
<b>Lodging (Attach Receipts)</b>		
<b>Commercial Fare (Attach Receipts)</b>		
<b>Parking (Attach Receipts)</b>		
<b>Mileage</b>		
<small>**For meals over \$46.00 per day (Nebraska) or \$61.00 per day (Omaha) itemized receipts/listing required. For single meals greater than \$25.00, itemized receipt/listing required.</small>		
<b>Study Participant, IRB#</b> _____	526902	
<b>Other</b>		
1) _____		
2) _____		
3) _____		
		(Miscellaneous expenses over \$5.00 require receipts)
<b>Royalty Payment</b>	521804	
<b>TOTAL</b>		

Dept Name \_\_\_\_\_ Dept Zip Code \_\_\_\_\_

Preparer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Cost Center/WBS Element \_\_\_\_\_

Department Signature Approval \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the Payroll Office:**

Tax Treaty Country _____	<b>Fed Tax Type = F1</b> <b>Fed Tax Code</b> _____ Y1= 5%    Y2=10%    Y3=12.5%    Y4=15% Y5=30%    Y6=0%    Y7=30%    Y8=20%	<b>State Tax Type = S1</b> <b>StateTax Code</b> _____ Y0=0% Y9=4%
	<b>Rec. Type</b> _____ Royalties=12    Ath/Ent=20 Ind Cont= 16    Corp=50	

Payroll Approval \_\_\_\_\_