

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)
	If box is checked, route to Payroll Office for approval before A/P.
City _____ State/Province _____	<input type="checkbox"/> J1 <input type="checkbox"/> H1 <input type="checkbox"/> F1 <input type="checkbox"/> Other _____
	DS-2019 I-797 DS-2019
Country _____ Zip/Postal Code _____	<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.

DESCRIPTION	G/L ACCOUNT	AMOUNT
Independent Contractor Fee/Honorarium*	526_ _ _	
Location of Services Provided _____ <small>*Non-resident Nebraska income tax withheld where applicable</small>		
Travel Expenses:	Non-Recruitment	526001
	Recruitment	522100
Meals**		
Lodging (Attach Receipts)		
Commercial Fare (Attach Receipts)		
Parking (Attach Receipts)		
Mileage		
<small>**For meals over GSA daily rate for location (see http://www.gsa.gov and click on Per Diem Rates) itemized receipts/listing required. For example, the rate is \$49.00 per day for Omaha or \$39 for the rest of Nebraska. **For single meals greater than \$25.00, itemized receipt/listing required.</small>		
Study Participant, IRB# _____	526902	
Other (Miscellaneous expenses over \$5.00 require receipts)		
Royalty Payment	521804	
TOTAL		

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

Payroll Approval _____