

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 DS-2019 <input type="checkbox"/> H1 I-797 <input type="checkbox"/> F1 DS-2019 <input type="checkbox"/> Other _____ |
| 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: | | |
| Meals** | | |
| Lodging (Attach Receipts) | | |
| Commercial Fare (Attach Receipts) | | |
| Parking (Attach Receipts) | | |
| Mileage | | |
| <small>**For meals over \$39.00 per day (Nebraska) or \$49.00 per day (Omaha) itemized receipts/listing required. 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 _____ | <table border="0" style="width:100%"> <tr> <td style="width:50%"> Fed Tax Type = F1 Fed Tax Code _____ Y1= 5% Y2=10% Y3=12.5% Y4=15% Y5=30% Y6=0% Y7=30% Y8=20% </td> <td style="width:50%"> State Tax Type = S1 StateTax Code _____ Y0=0% Y9=4% </td> </tr> </table> | 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% |
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Payroll Approval _____