UNIVERSITY OF NEBRASKA

Visiting Personnel / Nonresident Alien Independent Contractor Miscellaneous Expense Voucher

Please	e legibly print name and address information!		
Legal Name	Purpose		
FTIN (SSN / EIN / ITIN)	Dates of Visit		
Home Address	US Citizen / Resident Alien (Green C	Card)	
	Non-Resident Alien (attach copy of I-94,	visa and passport)	
	If box is checked, route to Payroll Office f ☐ J1 ☐ H1 ☐ F1 ☐ Oth		
City State/Prov	DS-2019 I-797 DS-2019	DS-2019 I-797 DS-2019	
Country Zip/Postal		The B1/B2 Affidavit Form er prior to payment.	is required to be
	Date of Arrival in US		
Payee Signature	Citizen of		country.
I hereby attest that my response and the information	tion provided on this form is true, complete and accurate and may be used		
DESCRIPTION			AMOUNT
Independent Contractor Fee/Honorarium*		526	
Location of Services Provided			
*Non-resident Nebraska income tax withheld who	ere applicable		
Travel Expenses:	Non-Recruitment	526001	
Meals**	Recruitment	522100	
Lodging (Attach Receipts)			
Commercial Fare (Attach Receipts) Parking (Attach Receipts)			
Mileage			
**For meals over \$46.00 per day (Nebraska) or \$ greater than \$25.00, itemized receipt/listing requ	61.00 per day (Omaha) itemized receipts/listing required. For single meals irred.		
Study Participant, IRB#			
Other (Miscellaneous expenses over \$5.00 r	equire receipts)		
Royalty Payment		521804	
	TOTAL		
Dept Name	Dept Z	ip Code	
Preparer's Name Phone			
Cost Center/WBS Element			
Department Signature Approval	Date		
To be completed by the Payroll Office:	Fed Tax Type = F1 State Tax Type = S1		
Tax Treaty Country	Fed Tax Code Y1= 5% Y2=10% Y3=12.5% Y4=15% StateTax Code Y0=0%	Rec. Type Royalties=1	
	Y5=30% Y6=0% Y7=30% Y8=20% Y9=4%	Ind Cont= 1	

Payroll Approval