

**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.

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

DESCRIPTION	G/L ACCOUNT	AMOUNT
Independent Contractor Fee/Honorarium*  Location of Services Provided _____ <small>*Non-resident Nebraska income tax withheld where applicable *A US Citizen Attestation form is required for all Indep. Contractor/Honorarium payments (one-time per vendor).</small>	526__	
Travel Expenses:  Meals** Lodging (Attach Receipts) Commercial Fare (Attach Receipts) Parking (Attach Receipts) Mileage  <small>**Original, Itemized receipts are required for all food/meal expenses equal to or greater than \$5. Include itemized receipts for items under \$5, if available.</small>	Non-Recruitment Recruitment	526001 522100
Study Participant, IRB# _____	526902	
Other (Miscellaneous expenses over \$5.00 require receipts)		
Royalty Payment	521804	
<b>TOTAL</b>		

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

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

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

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

Department Administrator 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

State Tax Code	
Y0=0%	Y9=4%

Rec. Type	
Royalties=12	Ath/Ent=20
Ind Cont= 16	Corp=50

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