

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 _____
* If supplier already exists in SAP, please provide their supplier number. If a standard W-9 has already been submitted through the Firefly Supplier Maintenance tile to create their supplier record, the SSN is not required on this form.	<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
Independent Contractor Fee/Honorarium*	526 _ _ _	_____
Location of Services Provided _____ <small>*Non-resident Nebraska income tax withheld where applicable</small>		_____
Travel Expenses:	526001	_____
Meals**	522100	_____
Lodging (Attach Receipts) Commercial		_____
Fare (Attach Receipts)		_____
Parking (Attach Receipts)		_____
Mileage (Attach map or log - \$0.34/mile)		_____
<small>**For meals use the Domestic Per Diem Calculator (excel sheet) at the bottom of the university's travel website. On multiple day trips, indicate when a meal is provided by another source (e.g. hotel, incl in conf fee, purchased by 3rd party). Any meal provided shall be deducted from the daily Per Diem Rate.</small>		_____
Study Participant, IRB# _____	526902	_____
Other 1) _____ 2) _____ 3) _____	(Miscellaneous expenses over \$5.00 require receipts)	_____
Royalty Payment	521804	_____
TOTAL		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Dept Name _____ Dept Zip Code _____

Preparer's Name _____ Phone _____

Cost Center/WBS Element _____

Department Signature Approval _____ Date _____

To be completed by the Payroll Office (if necessary):

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 _____