## **UNIVERSITY OF NEBRASKA**

## Visiting Personnel / Nonresident Alien Independent Contractor Miscellaneous Expense Voucher

Plea	se legibly print name	and address information	n!	
Legal Name		Purpose		
FTIN (SSN / EIN / ITIN)		Dates of Visit		
Home Address		US Citizen / Resident Alien (Green Card)		
		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         DS-2019         I-797         DS-2019           ■ B1/B2*         ■ Canadia			*The B1/B2 Affidavit Form	is required to be
Country Zip/Post	al Code	completed, signed and attached to this voucher prior to payment.		
		Date of Arrival in US		
Payee Signature	_	Citizen of		country.
I hereby attest that my response and the in presence in the U.S.	nformation provided on this fo	orm is true, complete and accurate	and may be used to	verify my lawful
DESCRIPT	ΓΙΟΝ		G/L ACCOUNT	AMOUNT
Independent Contractor Fee/Honorarium*			526	
Location of Services Provided *Non-resident Nebraska income tax withheld who	ere annlicable			
Travel Expenses:  Non-Recruitment Recruitment			526001 522100	
Meals (itemized receipts required; ald	cohol is not reimbursable)	reordimone	022100	
Lodging (Attach Receipts)				
Commercial Fare (Attach Receipts)				
Parking (Attach Receipts)	_			
Mileage (note number of miles travel	ed)			
O. I. D IDD#			50000	
			526902	
Other 1)		(Miscellaneous		
2) 3)		expenses over \$5.00 require receipts)		
Royalty Payment		require receipts)	521804	
		TOTAL		
		TOTAL		
Dept Name De		pt Zip Code		
Preparer's Name Phone			one	
Cost Center/WBS Element				_
Department Signature Approval		Dat	te	
To be completed by the Payroll Office:	Fed Tax Type = F1	State Tax Type = S1		
Tax Treaty Country	Fed Tax Code	StateTax Code	Rec. Type	
	Y1= 5% Y2=10% Y3=12.59 Y5=30% Y6=0% Y7=30%	% Y4=15% Y8=20% Y9=4%	Royalties=12 Ind Cont= 10	

Payroll Approval