

UNIVERSITY OF NEBRASKA
Visiting Personnel / Nonresident Alien Independent Contractor
Miscellaneous Expense Voucher

Invoice Number Reference is:
 Last Date of Service in
 MMDDYY format

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 _____
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.	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:	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 _____