UNIVERSITY OF NEBRASKA

Visiting Personnel / Nonresident Alien Independent Contractor Miscellaneous Expense Voucher

Please	e legibly print na	ame and addi	ress information!			
Legal Name	Name Purpose					
FTIN (SSN / EIN / ITIN)		Dates of Visi	Dates of Visit			
Home Address	US Citizen / Resident Alien (Green Card)					
			dent Alien (attach copy of I-94, v			
City State/Provi	nce	J1 [ecked, route to Payroll Office for the I-797 DS-2019	or approval before A/P er		
Country Zip/Postal (Code		B1/B2* Canadian* *The B1/B2 Affidavit Form is required to be completed, signed and attached to this voucher prior to payment.			
		Date of A	rrival in US			
Payee Signature		Citizen of	·		country.	
I hereby attest that my response and the in lawful presence in the U.S.	nformation provided	on this form is true	e, complete and accurat	e and may be use	ed to verify my	
DESCRIPTION	ON			G/L ACCOUNT	AMOUNT	
Independent Contractor Fee/Honorarium*			526			
Location of Services Provided *Non-resident Nebraska income tax withheld whe	ere applicable					
Travel Expenses: Non-Recruitment Recruitment			526001 52210			
Meals**			Recluiment	32210		
Lodging (Attach Receipts) Commercial Fare (Attach Receipts) Parking (Attach Receipts)						
Mileage	04 00 d (Ob) it		od. For simple mode			
**For meals over \$46.00 per day (Nebraska) or \$ greater than \$25.00, itemized receipt/listing requi		zea receipts/listing require	ea. For single meals			
Study Participant, IRB#				526902		
Other (Miscellaneous expenses over \$5.00 re	equire receipts)					
Royalty Payment				521804		
			TOTAL			
Dept Name Dept 2				ip Code		
Preparer's Name Phon						
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		3=12.5% Y4=15% 7=30% Y8=20%	StateTax Code Y0=0% Y9=4%	Rec. Type Royalties=12 Ind Cont= 16	Ath/Ent=20 Corp=50	