

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 _____ |
| 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 _____