

**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) Do NOT Email SSN. Call your UNL contact to provide SSN. Dates of Visit \_\_\_\_\_

Home Address \_\_\_\_\_  US Citizen / Resident Alien (Green Card)

Street Address \_\_\_\_\_  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 \_\_\_\_\_  J1 DS-2019  H1 I-797  F1 DS-2019  Other \_\_\_\_\_

B1/B2\*  Canadian\* \*The B1/B2 Affidavit Form is required to be 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 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
<b>Independent Contractor Fee/Honorarium*</b>	<b>526</b> _ _ _	
<b>Location of Services Provided</b> _____ *Non-resident Nebraska income tax withheld where applicable		
<b>Travel Expenses:</b>		
<b>Meals**</b>		
<b>Lodging (Attach Receipts)</b>		
<b>Commercial Fare (Attach Receipts)</b>		
<b>Parking (Attach Receipts)</b>		
<b>Mileage (Attach Map - \$0.34 per mile)</b>		
**For meals use Domestic Per Diem Calculator (excel) at the bottom of <a href="#">University's travel website</a> . On multiple-day trips, indicate when a meal is provided by an outside source (e.g. hotel, incl in conf fee, purchased by 3rd party). Any meal provided shall be deducted from the daily Per Diem Rate.		
<b>Study Participant, IRB#</b> _____	<b>526902</b>	
<b>Other</b> 1) _____		
2) _____		
3) _____		
(Miscellaneous expenses over \$5.00 require receipts)		
<b>Royalty Payment</b>	<b>521804</b>	
<b>TOTAL</b>		

Dept Name \_\_\_\_\_ Dept Zip Code \_\_\_\_\_

Preparer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Cost Center/WBS Element \_\_\_\_\_

Department Signature Approval \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the Payroll Office:**

Tax Treaty Country _____	Fed Tax Type = F1	State Tax Type = S1	Rec. Type _____
	Fed Tax Code _____	StateTax Code _____	Royalties=12 Ath/Ent=20
	Y1= 5% Y2=10% Y3=12.5% Y4=15%	Y0=0%	Ind Cont= 16 Corp=50
	Y5=30% Y6=0% Y7=30% Y8=20%	Y9=4%	

Payroll Approval \_\_\_\_\_