

Please legibly print name and address information!

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

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

<b>Legal Name</b> _____ <b>FTIN (SSN / EIN / ITIN)*</b> _____ <b>Phone#</b> _____ <b>Email Address</b> _____ <b>Address</b> _____ City _____ State/Province _____ Country _____ Zip/Postal Code _____ <small>* If supplier already exists in SAP, please provide their supplier number. If a standard W-9 or previous VP has already been submitted to create their supplier record, the SSN is not required on this form.</small>	<b>Purpose</b> _____ <b>Dates of Visit</b> _____ <input type="checkbox"/> <b>US Citizen / Resident Alien (Green Card)</b> <input type="checkbox"/> <b>Non-Resident Alien</b> (attach copy of I-94, visa and passport) If box is checked, route to Payroll Office for approval before A/P. <input type="checkbox"/> <b>J1</b> <input type="checkbox"/> <b>H1</b> <input type="checkbox"/> <b>F1</b> <input type="checkbox"/> <b>Other</b> _____ <small>DS-2019 I-797 DS-2019</small> <input type="checkbox"/> <b>B1/B2*</b> <input type="checkbox"/> <b>Canadian*</b> <small>*The B1/B2 Affidavit Form is required to be completed, signed and attached to this voucher prior to payment.</small> <b>Date of Arrival in US</b> _____ <b>Citizen of</b> _____ <b>country.</b> _____
<b>Payee Signature</b> _____	
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>	526__	_____
<b>Location of Services Provided</b> _____ <small>*Non-resident Nebraska income tax withheld where applicable</small>		
<b>Travel Expenses:</b> _____ Choose one: Non-Recruitment _____ Job Applicant Recruitment	526001	_____
<b>Meals**</b> _____ <b>Lodging (Attach Receipts)</b> _____ <b>Commercial Fare (Attach Receipts)</b> _____ Note: Expenses over \$9.99 require receipts. <b>Parking (Attach Receipts)</b> _____ <b>Mileage (Attach map or log - \$0.70/mile)</b> _____	522100	_____
<small>**For meals use the Domestic Per Diem Calculator (excel sheet) on 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>		
<b>Study Participant, IRB#</b> _____	526902	_____
<b>Other</b> 1) _____ 2) _____ 3) _____		_____
<b>Royalty Payment</b> _____	521804	_____
<b>TOTAL</b>		_____

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

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

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

No signature required if submitted via the University's Procurement Tool.

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

**Wire Instructions Required for International Payees with an International Address Individuals Claiming a Tax Treaty Must Include IRS Form 8233**

Bank Name \_\_\_\_\_ Name on Bank Account \_\_\_\_\_ IBAN \_\_\_\_\_  
 SWIFT/BIC \_\_\_\_\_ Account \_\_\_\_\_