

**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 <input type="checkbox"/> H1 <input type="checkbox"/> F1 <input type="checkbox"/> Other _____
	DS-2019 I-797 DS-2019
	<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.
* 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.	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>	526 ___	
Location of Services Provided _____ <small>*Non-resident Nebraska income tax withheld where applicable</small>		
<b>Travel Expenses:</b>		
<b>Meals**</b>	526001	
<b>Lodging (Attach Receipts) Commercial</b>	522100	
<b>Fare (Attach Receipts)</b>		
<b>Parking (Attach Receipts)</b>		
<b>Mileage (Attach map or log - \$0.34/mile)</b>		
<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>		
<b>Study Participant, IRB#</b> _____	526902	
<b>Other</b> 1) _____		
2) _____		
3) _____		
(Miscellaneous expenses over \$5.00 require receipts)		
<b>Royalty Payment</b>	521804	
<b>TOTAL</b>		

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

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

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

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

No signature required if submitted via eSHOP.

**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%
Payroll Approval _____		Rec. Type Royalties=12 Ath/Ent=20 Ind Cont= 16 Corp=50

**Wire Instructions Required for International Payees with an International Address**

Bank Name \_\_\_\_\_ Name on Bank Account \_\_\_\_\_ IBAN \_\_\_\_\_

SWIFT/BIC \_\_\_\_\_ Account \_\_\_\_\_