UNIVERSITY OF NEBRASKA

Visiting Personnel / Nonresident Alien Independent Contractor Miscellaneous Expense Voucher

Please	e only complete in	formation	in this box			
Legal Name FTIN (SSN / EIN / ITIN)		Purpose Dates of Visit				
City State/Pro	ovince		H1 F1 I-797 DS-2019	Oth	er	
Country Zip/Post	tal 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 Arrival in US				
Payee Signature		Citizen o	f			country.
DESCRIPT	ION				G/L ACCOUNT	AMOUNT
Independent Contractor Fee/Honorarium*					526	
Location of Services Provided						
*Non-resident Nebraska income tax withheld where	applicable.					
Travel Expenses:			Non-Recruitme Recruitment	nt	526001 522100	
Meals**			Recluitment		322100	
Lodging (Attach Receipts)						
Commercial Fare (Attach Receipts) Parking (Attach Receipts)						
Mileage						
**Original, Itemized receipts are required for all receipts for Items under \$5, if available.	food/meal expenses equal to or gre	eater than \$5. Include	eitemized			
Study Participant, IRB#					526902	
Other (Miscellaneous expenses over \$5.0	00 require receipts)					
Royalty Payment					521804	
			TOTAL			
Dept Name Dept /					ip Code	
Preparer's Name Ph				Phone		
Cost Center/WBS Element						
Department Signature Approval				Date		
Department Administrator Approval				Date		
To be completed by the Payroll Office:	Fed Tax Type = F1		State Tax Type =	: S1		
Tax Treaty Country	Fed Tax Code	NA 4504	StateTax Code		Rec. Type	A. 15
	Y1= 5% Y2=10% Y3=12 Y5=30% Y6=0% Y7=30		Y0=0% Y9=4%		Royalties=12 Ind Cont= 16	

Payroll Approval