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

Clear Form

Please only complete information in this box

Legal Name _____ **Purpose** _____

FTIN (SSN / EIN / ITIN) _____ **Dates of Visit** _____

Home Address _____ ☐ **US Citizen / Resident Alien (Green Card)**

☐ **Non-Resident Alien** **(attach copy of I-94, visa and passport)**

If box is checked, route to Payroll Office for approval before A/P.

☐ **J1** DS-2019 ☐ **H1** I-797 ☐ **F1** DS-2019 ☐ **Other** _____

City **State/Province**

Country **Zip/Postal 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 of** _____ **country.**

DESCRIPTION		G/L ACCOUNT	AMOUNT
Independent Contractor Fee/Honorarium*		**526_ _ _**	
Location of Services Provided _____			
*Non-resident Nebraska income tax withheld where applicable.			
Travel Expenses:	Non-Recruitment	**526001**	
	Recruitment	**522100**	
Meals**			
Lodging (Attach Receipts)			
Commercial Fare (Attach Receipts)			
Parking (Attach Receipts)			
Mileage			
Study Participant, IRB# _____		**526902**	
Other (Miscellaneous expenses over $5.00 require receipts)			
Royalty Payment		**521804**	
	TOTAL		$0.00

Dept Name _____ **Dept Zip Code** _____

Preparer's Name _____ **Phone** _____

Cost Center/WBS Element _____

Department Signature Approval _____ **Date** _____

Department Administrator Approval _____ **Date** _____

To be completed by the Payroll Office:

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 _____

Revised 10/18