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

| Pleas | se legibly print nan | ne and address informati | ion! | | |
|--|-------------------------------------|---|------------------|---------------------------|------------|
| Legal Name | | Purpose | | | |
| FTIN (SSN / EIN / ITIN) | | Dates of Visit | | | |
| Home Address | | US Citizen / Resident Alien (Green Card) | | | |
| | | Non-Resident Alien (attach copy | | | |
| a | | If box is checked, route to Payroll Office for approval before A/P. | | | |
| City State/Prov | | DS-2019 I-797 DS-2019 B1/B2* Canadian* *The B1/B2 Affidavit Form is required to be completed, signed and attached to this voucher prior to payment. | | | |
| Country Zip/Posta | l Code | completed, signed and attached to the Date of Arrival in US | his voucher prie | or to payment. | |
| Payee Signature | | Citizen of | | | country. |
| DESCRIPT | | | 6 | | AMOUNT |
| | | | 6 | | AMOUNT |
| Independent Contractor Fee/Honorarium* | | | | 526 | |
| *Non-resident Nebraska income tax withheld wher | e applicable | | | | |
| Travel Expenses: | | Non-Recruitment Recruitment | | 526001 522100 | |
| Meals** | | Recluiment | | 522100 | |
| Lodging (Attach Receipts) Commercial Fare (Attach Receipts) | | | | | |
| Parking (Attach Receipts) Mileage | | | | | |
| **For meals over \$39.00 per day (Nebraska) or \$4 | 9.00 per day (Omaha) itemized rece | ipts/listing required. For single meals | | | |
| greater than \$25.00, itemized receipt/listing requir | red. | | | | |
| Study Participant, IRB# | | | | 526902 | |
| Other (Miscellaneous expenses over \$5.00 r | equire receipts) | | | | |
| | | | | | |
| Royalty Payment | | | | 521804 | |
| | | TOTAL | | | |
| Dept Name | | | Dept Zip C | ode | |
| Preparer's Name | | | Phone | | |
| Cost Center/WBS Element | | | | | |
| Department Signature Approval | | | Date | | |
| To be completed by the Payroll Office: | Fed Tax Type = F1 | State Tax Type = S | 51 | | |
| Tax Treaty Country | Fed Tax Code Y1= 5% Y2=10% Y3=12 | .5% Y4=15% StateTax Code Y0=0% | | Rec. Type Royalties=12 | Ath/Ent=20 |
| | Y5=30% Y6=0% Y7=30 | | | Ind Cont= 16 | |