

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 _____ FTIN (SSN / EIN / ITIN)* _____ Email Address _____ Home Address _____ City _____ State/Province _____ Country _____ Zip/Postal Code _____	Purpose _____ Dates of Visit _____ <input type="checkbox"/> US Citizen / Resident Alien (Green Card) <input type="checkbox"/> Non-Resident Alien (attach copy of I-94, visa and passport) If box is checked, route to Payroll Office for approval before A/P. <input type="checkbox"/> J1 DS-2019 <input type="checkbox"/> H1 I-797 <input type="checkbox"/> F1 DS-2019 <input type="checkbox"/> Other _____ <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. Date of Arrival in US _____ Citizen of _____ country.
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* 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.

Payee Signature _____

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
Independent Contractor Fee/Honorarium*	526 ___	
Location of Services Provided _____ <small>*Non-resident Nebraska income tax withheld where applicable</small>		
Travel Expenses:		
Meals**		
Lodging (Attach Receipts)		
Commercial Fare (Attach Receipts)		
Parking (Attach Receipts)		
Mileage (Attach map or log - \$0.34/mile)		
<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>		
Study Participant, IRB# _____	526902	
Other 1) _____		
2) _____		
3) _____		
		(Miscellaneous expenses over \$5.00 require receipts)
Royalty Payment	521804	
TOTAL		

Dept Name _____ Dept Zip Code _____

Preparer's Name _____ Phone _____

Cost Center/WBS Element _____

No signature required if submitted via eSHOP.

Department Signature Approval _____ Date _____

Wire Instructions Required for International Payees with an International Address

Bank Name _____	Name on Bank Account _____	IBAN _____
SWIFT/BIC _____	Account _____	