

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

*Please legibly print name and address information!*

Legal Name <u>Cecilia Beckerbauer</u>	Purpose <u>IT Innovation Cup Award Recipient</u>
FTIN (SSN / EIN / ITIN) <u>505-49-5128</u>	Dates of Visit <u>4/30/2021</u>
Home Address <u>5028 S 163rd Ave</u>	<input checked="" type="checkbox"/> <b>US Citizen / Resident Alien (Green Card)</b>
	<input type="checkbox"/> <b>Non-Resident Alien</b> (attach copy of I-94, visa and passport)
City <u>Omaha</u> State/Province <u>NE</u>	If box is checked, route to Payroll Office for approval before A/P.
Country <u>United States</u> Zip/Postal Code <u>68135</u>	<input type="checkbox"/> <b>J1</b> <input type="checkbox"/> <b>H1</b> <input type="checkbox"/> <b>F1</b> <input type="checkbox"/> <b>Other</b> _____
	<input type="checkbox"/> <b>B1/B2*</b> <input type="checkbox"/> <b>Canadian*</b> *The B1/B2 Affidavit Form is required to be completed, signed and attached to this voucher prior to payment.
Payee Signature <u>Cecilia Beckerbauer</u>	Date of Arrival in US _____
Citizen of _____ country.	
<i>I hereby attest that my response &amp; the information provided on this form is true, complete &amp; accurate &amp; may be used to verify my lawful presence in the U.S.</i>	

DESCRIPTION	G/L ACCOUNT	AMOUNT
<b>Independent Contractor Fee/Honorarium*</b>	526__	
<b>Location of Services Provided</b> _____ <small>*Non-resident Nebraska income tax withheld where applicable</small> <small>*A US Citizen Attestation form is required for all Indep. Contractor/Honorarium payments (one-time per vendor).</small>		
<b>Travel Expenses:</b>		
Non-Recruitment	526001	
Recruitment	522100	
<b>Meals**</b> <b>Lodging (Attach Receipts)</b> <b>Commercial Fare (Attach Receipts)</b> <b>Parking (Attach Receipts)</b> <b>Mileage</b>		
<small>**Original, Itemized receipts are required for all food/meal expenses equal to or greater than \$5. Include itemized receipts for items under \$5, if available.</small>		
<b>Study Participant, IRB#</b> _____	526902	
<b>Other (Miscellaneous expenses over \$5.00 require receipts)</b> <u>2021 IT Innovation Award Cup Cybersecurity Award Recipient</u>	521701 521701	 \$83.33
<b>Royalty Payment</b>	521804	
<b>TOTAL</b>		<u>\$83.33</u>

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

State Tax Code
Y0=0% Y9=4%

Rec. Type
Royalties=12   Ath/Ent=20 Ind Cont= 16   Corp=50

Payroll Approval \_\_\_\_\_