

**UNIVERSITY OF NEBRASKA
ACCOUNTS PAYABLE
VISITING PERSONNEL AND MISCELLANEOUS EXPENSE VOUCHER**

DATE _____ PURPOSE _____

NAME _____ DATES OF VISIT _____

SOCIAL SECURITY/FTIN# _____ U.S CITIZEN _____ RESIDENT ALIEN (GREEN CARD) _____

ADDRESS _____

 NON RESIDENT ALIEN (VISA TYPE) J1, F1, H1 _____
 OTHER IF THE PAYEE IS A NON-RESIDENT ALIEN,
 PLEASE CONTACT THE PAYROLL OFFICE.

PAYEE SIGNATURE _____

DESCRIPTION	G/L ACCOUNT	AMOUNT
CONSULTANT FEE/HONORARIUM ¹⁾		
CONSULTANT TRAVEL		
MEALS ²⁾		
LODGING, ATTACH RECEIPTS		
COMMERCIAL FARE, ATTACH RECEIPTS		
PARKING, ATTACH RECEIPTS		
MILEAGE		
RECRUITMENT		
STUDY PARTICIPANT, IRB# _____		
OTHER (MISCELLANEOUS EXPENSES \$5.00 OR OVER REQUIRE RECEIPTS)		
NOTE:		
1) NON-RESIDENT STATE INCOME TAX WITHHELD WHERE APPLICABLE		
2) EXPENSES OVER \$30.00/\$46.00 PER DAY (IRS SPECIFIED CITES) ITEMIZE OR RECEIPTS REQUIRED. EXPENSES GREATER THAN \$25.00 PER MEAL RECEIPT REQUIRED.		
TOTAL		

DEPARTMENT NAME _____

COST/CENTER/WBS _____

DEPARTMENT CAMPUS ZIP CODE _____

DEPARTMENT SIGNATURE APPROVAL _____