

**Financial and Administrative Policy – Inter-Institutional Financial Transactions (F18)  
Attachment C**

**UW System Inter-Institutional Financial Agreement (IIA)                      Number**

This form should be completed to formalize an agreement between two UW institutions to allow an employee of one institution (Institution A) to do work for another institution (Institution B) **only in cases where that work is being performed as part of the normal load for the employee.** In cases where the employee is to be paid an additional overload amount for the services, the buying institution should obtain approval to pay the overload and payroll the employee directly. For nonrecurring services that are less than \$1,000, Institution B establishes a separate appointment with an appropriate title and payrolls the employee directly on the UW Processing Center End-of-Month payroll. Completion of the Inter-Institutional Overload Request Form for Unclassified Employees is not required.

The form consists of two parts: The Work Agreement and The Financial Agreement. The Work Agreement and the Financial Agreement should be completed and approved by the Institutional IIA Contact for both institutions. Upon completion of the services, the selling institution should submit an invoice to the buying institution. The invoice should provide itemization of expenditures by account/class code.

For further information consult the following resources on the World Wide Web:

- UW System Financial and Administrative Policy—Inter-Institutional Financial Transactions (F18) at <http://www.uwsa.edu/fadmin/fppp/fppp18.htm>
- List of UW Institutional IIA Contacts at <http://www.uwsa.edu/fadmin/direct/ia.htm>
- Fringe Benefit Account Coding by Institution and Fund at <http://www.bussvc.wisc.edu/acct/fringes.html>

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**Work Agreement Form**

This agreement is between the department of \_\_\_\_\_ at  
UW-\_\_\_\_\_ (the BUYING institution) and the department of  
\_\_\_\_\_ at UW-\_\_\_\_\_ (the  
SELLING institution) for services to be provided primarily by \_\_\_\_\_ (the  
SERVICE PROVIDER) of the SELLING institution under Award Number \_\_\_\_\_ or CFDA  
Number \_\_\_\_\_ in the amount of \_\_\_\_\_.

Description of Services:

Duration of Services: from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_.

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**SIGNATURE APPROVALS:**

BUYING

SELLING

\_\_\_\_\_  
Authorized Institution Representative

\_\_\_\_\_  
Authorized Institution Representative

\_\_\_\_\_  
(Printed or Typed Name & Title)

\_\_\_\_\_  
(Printed or Typed Name & Title)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Financial Agreement Form

Fiscal Year \_\_\_\_\_

Buying Institution Coding  
Business Unit \_\_\_\_\_

Selling Institution Coding  
Business Unit \_\_\_\_\_

\* Use the support fringe the SELLING

\*\* To determine the Number to be Benefit Coding

	Fund	Acct/Grant	Div./Dept.	Prog.	SFS Acct. Code		Fund	Acct/Grant	Div./Dept.	Prog.	SFS Acct. Code	Amount
Unclassified Salaries					1006						1006	
Classified Salaries					1538						1538	
LTE Salaries					1604						1604	
Student Hrly Salaries					1774						1774	
Fringe Benefits												
Unclassified @ ____%*		**			1986			**			1986	
Classified @ ____%*		**			1987			**			1987	
LTE @ ____%*		**			1987			**			1987	
Student @ ____%*		**			1987			**			1987	
Supplies					3940						3940	
Capital					4680						4680	

extramural benefit rate of institution.

Account/Grant used for Fringe Lines consult

<http://www.bussvc.wisc.edu/acct/fringes.html>. For all funds and units not listed, the Account/Grant Number should be the same as the Account/Grant Number used for the salaries (generally blank)