

**UW System Administrative Policy – Inter-Institutional Financial Transactions (324, formerly F18)  
Attachment C**

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

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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 Institution B's payroll.. Completion of the Inter-Institutional Overload Request Form for Faculty/Academic Staff/Limited Appointee 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. If deemed necessary, the selling institution should submit an invoice to the buying institution. The invoice should provide itemization of expenditures by account/class code. An interunit journal (IUJ) will be processed by the buying unit based upon the billing schedule noted below.

For further information consult the following resources on web:

[UW System Financial and Administrative Policy—Inter-Institutional Financial Transactions \(324, formerly F18\)](#)

List of [UW Institutional IIA Contacts](#)

[Fringe Benefit Account Coding by Institution](#)

List of [Grant Accountants](#)

**Work Agreement Form**

This agreement is between the department of \_\_\_\_\_ at UW-\_\_\_\_\_ (the BUYING institution) and the department of \_\_\_\_\_ at \_\_\_\_\_ (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 \_\_/\_\_/\_\_. This agreement can be terminated by either party by providing a sixty-day written notice to the other party.

Billing Schedule:  Monthly  Quarterly  Upon completion of services  Other (Describe): \_\_\_\_\_

Itemized Invoice required:  No  Yes

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SIGNATURE APPROVALS<sup>1</sup>:

BUYING

SELLING

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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<sup>1</sup> Only the individuals listed here <https://www.wisconsin.edu/financial-administration/systemwide-business-office-directory/interinstitutional-agreements/> are authorized to sign this agreement.

Financial Agreement Form

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

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

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

\* Use the support fringe of the SELLING for extramural rate for non-extramural rate if are not known.

	Fringe Rate*	Fund	Div./ Dept.	Prog.	Project	SFS Acct. Code		Fund	Div./ Dept.	Prog.	Project	SFS Acct. Code.	Amount
Faculty/Academic Staff/Limited Appointee Salaries						1006						1006	
Project, Teaching & Research Assistants Salaries						1217						1217	
University Staff						1538						1538	
LTE Salaries						1604						1604	
Student Salaries						1774						1774	
Fringe Benefits*													
Faculty/Academic Staff/Limited Appointee					**	1986					**	1986	
Project, Teaching & Research Assistants					**	1986					**	1986	
University Staff					**	1987					**	1987	
LTE					**	1987					**	1987	
Student					**	1987					**	1987	
Supplies						3940						3940	
Capital						4680						4680	

extramural benefit rate institution funds. The can be used extramural actual rates

\*\* To determine the Project/Dept to be used for Fringe Benefit Coding Lines for fringe pooled funds<sup>2</sup> consult your respective [grant accountant](#). For non-fringe pooled funds , the Project/Dept should be the same as the Project/Dept used for the salaries (generally blank).

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<sup>2</sup> Fringe pooled funds vary by institution. Examples of fringe pooled funds are Fund 133 or Fund 144.