

UW System Administrative Policy – Inter-Institutional Financial Transactions (324, formerly 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 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](#)

[Composite Fringe Benefit Rates](#) 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

SIGNATURE APPROVALS¹:

BUYING

SELLING

Authorized Institution Representative

Authorized Institution Representative

(Printed or Typed Name & Title)

(Printed or Typed Name & Title)

Date

Date

¹ 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 UW								Selling Institution: UW					
	Fringe Rate*	Fund	Driver	Cost Center	Function	Ledger Account	Spend Category		Fund	Driver	Cost Center	Function	Amount
Example:		FD0136	PG000001111	CC001111	FN0100	5006	SC00394		FD0136	PG000002222	CC002222	FN0100	500,000.00
Faculty						5006	SC00394						
Academic Staff – Professional						5007	SC00394						
Academic Staff – Instructional						5008	SC00394						
Academic Staff - Clinical						5009	SC00394						
Graduate Project Assistants						5005	SC00394						
Graduate Research Assistants						5004	SC00394						
Graduate Teaching Assistants						5003	SC00394						
Research Associates						5013	SC00394						
Post Doc Fellows						5011	SC00394						
Ad Hoc Program Specialists and Undergrad Assistants						5012	SC00394						
University Staff						5010	SC00394						
LTE Salaries						5002	SC00394						
Student Salaries						5001	SC00394						
Fringe Benefits*													
Faculty/Academic Staff						5100	SC00004						
University Staff						5100	SC00005						
LTE						5100	SC00314						
Graduate Project, Teaching & Research Assistants						5100	SC00315						
Research Associates & Interns						5100	SC00317						
Post Doc Fellows						5100	SC00316						
Ad Hoc Program Specialists & Undergrad Assistants						5100	SC00319						
Student						5100	SC00006						
Supplies						9999	SC00607						
Capital**						6027	SC00280						

*Use the fringe rate of the SELLING institution. **Use Expenditure treatment ET0107