REQUEST FOR AGENCY ACCOUNT

Complete the form and send it to General Accounting, campus zip code 3166.

1. Are you requesting an extension for an existing agency account?

☐ Yes **Account Title:** _____

☐ No **Account Num:** _____

2. Non UI entity (Principal) for whom UI will be acting as fiscal agent:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

3. UI Staff/Contact:

Name: _____

Department: _____

E-mail: _____ Phone Number: _____

4. Authorized Approver/Sponsor for Agency Account:

Name: _____

Payroll Title: _____

Department: _____

E-mail: _____ Phone Number: _____

5. Relationship of Principal to the University:

☐ Faculty or staff organization ☐ Faculty or staff professional society

☐ Student Organization ☐ Other (describe): _____

_____

6. Description of the activities or projects for which the agency account service is being requested, refer to Appendix A for points that should be included in your narrative. Attach a signed copy of any contracts or agreements.

7. Event information (complete if activities will include conferences, workshops, or special events)

Event Title: _____

Dates(s): _____

Location of Event: _____

Contact Person: _____ Phone Number: _____

8. Method(s) of collecting funds to be placed in agency account (check all that apply)

☐ Admission ☐ Sales of : _____

☐ Conference Registration ☐ Dues

☐ Sponsorship ☐ Other (explain): _____

_____

9. Agency account services desired (check all that apply)

☐ Normal cash receipting and disbursing services through Accounts Receivable & Accounts Payable

☐ Purchase of materials and services through campus service departments

☐ Purchase of materials and services through Purchasing Services

☐ Scholarship and fellowship administration services through Student Financial Aid Services

☐ Payroll Services through Human Resources (describe below)

_____

☐ Services provided through Conference, Events & Info Services

☐ Other (describe below) _____

10. **Per University of Idaho's policy agency accounts <u>must have a positive balance at all times.</u>**

A. **Any <u>balance</u> remaining in the agency account after completion of the activity will be disbursed as follows to the:**

☐ UI gift fund #....The (group/association) agrees that this transfer will represent an irrevocable charitable contribution to the University and therefore, once closed, funds may not be refunded.

Principal's Signature: _____ **Date:** _____
Print Principal's Name: _____

☐ Principal named in question 2.

☐ UI's miscellaneous income account (used at the Discretion of the Office of the President).

B. It is the responsibility of the individuals named in questions 3 and 4, above, to remove any deficits in a timely manner.

Any deficit will be cleared as follows:

☐ Check from the Principal named in question 2
☐ Funding from corporate or other Principal.
☐ Funding from professional/scientific organization
☐ Other (explain): _____

C. It is the responsibility of the individuals named in questions 3 and 4, above, to notify BAAS, when an Agency relationship has terminated.

Certification
I certify that I understand and agree to the terms and conditions under which the University of Idaho provides Agency account services.

Requestor's Signature: _____ **Date:** _____

Print Requestor's Name: _____

Dept. Chair/Dean's Signature:_____ **Date:** _____

Print Chair/Dean's Name:_____

Accounting Use Only (BAAS)
Approvals

_____	_____	_____	_____
Megan Mowrer Accountant	Date	John Keatts Manager, General Accounting	Date:

APPENDIX A

Account Title:

In your narrative description of the daily activities of the new or existing fund please address the questions listed below.

1) Background information.

Why did we choose to enter into this agreement?
How does it contribute to the mission of the university?

2) What is the source of the revenues?

If it was a fundraiser, was it hosted on or off campus?
Who footed the cost of the fundraiser was it the UI or the non-University entity?
If we paid the up-front costs for a fundraiser when were we reimbursed?

3) Who is involved in making the decision as to how the funds will be spent?

Does the independent entity include us in the decision making process?
To what extend are we involved in the decisions?

4) Do we turn over all monies received from the independent entity to the designated recipient?

Do we retain a portion for our out of pocket costs?
If so, what were the funds retained for?
Do we retain a buffer, to guard against a deficit balance in the account?

5) Are there any tax related transactions?

Do you withhold sales taxes?
Do you withhold payroll related taxes?
Do you have vendors who will require Form 1099? (We may need to inform the IRS of payments paid to vendors for services provided)

6) Do we benefit from the funds in the agency account?

Is anything purchased for the UI?
Is it used to pay for services provided by the UI?

7) Do you pay wages to UI employees?

Are the wages a subsidy (part is paid by UI and part paid by the county, for example)?
Is this a full-time employee, part-time, irregular help..?

8) Under what scenario would your account have a deficit balance?

Do have pay up-front fees to secure a venue or registration fees before you actually start receiving fees from the participants? For example, you book a conference center but the attendance was lower than expected. As such, the fees received from the participants do not cover the venue charges.

9) Did you select the Question 10A option that transfers remaining funds to the UI gift fund?
If so, did you get signature approval from the Principal; the person or group who entrusted the UI with their funds? If this is a student organization you may request the signature from the chair of the group or the national office.

10) Is this a student group?

If so, are they registered with the Student Activities office? If registered, why aren't they availing themselves of the services provided by that office (versus requesting an agency fund)? Include a copy of the constitution.