

Agent Agreement

University of Arkansas – Controller’s Office – Administration Building Room 310

AGENT INFORMATION	
Name _____	Employee ID _____
Campus Address _____	Phone _____
Department _____	Email _____
CONTACT PERSON	
Name _____	Phone _____
Email _____	

CONTROLLER’S OFFICE USE ONLY
Accounts Receivable (Agent) Cost Center Number _____

Agreement

As an employee of the University of Arkansas, I may be authorized to act on behalf of the University in certain specified situations.

I understand that receiving an agent advance is a privilege that can be withdrawn for failure to follow the provision of this agreement. When I request and receive an agent advance, I agree:

- That the agent advance agreement is also an assignment to the University of any monies due me for reimbursable expenses, to the extent of these advances.
- That the receivable represented by each advance will be reduced to zero no later than 30 calendar days after the approved end date of activity indicated on the Agent Request for Advance Form (or more frequently if required) by
 - Submitting an Agent Expenditure Report to the Controller’s Office showing expenses incurred, with the required receipts attached, and/or
 - Submitting a deposit for the outstanding balance of the receivable (advance) to the Cashier’s Office.
- That if, for any reason, I fail to complete the activity as authorized for which I have received an agent advance, I will return the check or repay the advance within 5 working days of the cancellation date.
- That in the event that I fail to repay an agent advance in full, in accordance with the above statements, the University of Arkansas is authorized to withhold the full amount of the advance from any payments due me from the University, including payroll checks, as repayment of the advance.
- That if the University deducts or withholds an agent advance from my payroll check(s) for failure to follow the provisions of the agreement twice within any 24 month period, that I will not be eligible to receive an agent advance for the next 24 month period.
- That this form remains in effect for 12 months after the signature date below, unless the agent requests its expiration or the agent ends employment with the University. This form must be replaced by a new agreement 12 months after the signature below if additional advances are desired.

I certify that I have read and understand [Fayetteville Policy and Procedure 332.1](#) on Agent Advances.

Agent Signature

Date