

# University of Arkansas Agent Agreement

## AGENT INFORMATION

Name \_\_\_\_\_ Emp ID \_\_\_\_\_  
Campus Address \_\_\_\_\_ Phone \_\_\_\_\_  
Department \_\_\_\_\_ Email \_\_\_\_\_

## CONTACT PERSON

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

## CONTROLLER'S OFFICE USE ONLY

AR Company Cost Center \_\_\_\_\_

## 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 I understand that receiving an agent advance is a privilege that can be withdrawn for failure to follow the provision of this agreement.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 each advance will be repaid in full no later than 30 calendar days from the return date indicated above.
- To submit a STATEMENT OF AGENT EXPENSES to the Controller's Office showing expenses incurred, with the required receipts attached, within 30 working days after the completion of the activity.
- 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 if an agent advance exceeds the reimbursable expenses submitted on a STATEMENT OF AGENT EXPENSES, I will make payment in person at the University Cashiers Office for the difference.
- 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.

I certify that I have read and understand Fayetteville Policy and Procedure 332.1 on Agent Advances.

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date