Agreement for KFS Service Billing Document Transactions

The Service Billing document does not route for approval and therefore requires a separate agreement(s) between the Service Provider, the Service Billing Customer, and Financial Management Services. This document authorizes billings originating from the specified Service Provider account(s) using the KFS Service Billing document.

By completing this agreement, the Service Provider agrees to meet the following conditions:

The Service Provider agrees to maintain documentation for all transactions recorded on Service Billing documents for a period of seven fiscal years plus the current fiscal year.

The Service Provider agrees to make that documentation available to Service Billing Customer(s), Indiana University Internal Audit, Financial Management Services and the State Board of Accounts upon request.

The Fiscal Officer of the account charged on a Service Billing document is aware of the services performed and agrees the Service Provider may initiate Service Billing documents to bill accounts for which they are responsible. Further, the Fiscal Officer of the account being charged understands that the Service Billing document in the KFS does not route for approval.

This agreement may be revoked at the request of the Service Billing Customer, by the Service Provider, by Financial Management Services, or if charges are made on the Service Billing document when any of the above conditions are not met.

Please complete the following section of this document and mail the signed original via Campus or US Mail to:

Attn: FMS Operations
Financial Management Services
400 E. 7th Street
Poplars Room 506
Bloomington, IN 47405

Income Account Number to be Used on the Service Billing:

________________________________________________________________________

Income Account Name:

________________________________________________________________________

Account Fiscal Officer Name:

________________________________________________________________________

Account Fiscal Officer Signature:  Date:

________________________________________________________________________

Service Billing Document Initiator Names: