 

**Pass Through Confirmation Form**

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| *Pass Through Name* |  |
| *Account Numbers (GL/SL)* |  |
| *Executive Level/Department* |  |

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| *Pass Through Operations Manager* |  |
| *Title* |  |
| *Phone Number* |  |
| *Email* |  |

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| *Pass Through Financial Manager* |  |
| *Title* |  |
| *Phone Number* |  |
| *Email* |  |

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| --- | --- |
| *Pass Through Building Name* |  |
| *Pass Through Rooms* |  |
|  |  |
| *Current Fiscal Year* |  |

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| *Description of Pass Through Operation (****including types of costs passed through to users****)* |  |

*I confirm that the above is currently a pass through. A pass through is a recharge that provides goods and/or services to the University community and the charge is equal to the purchase price of the goods/services being provided to users with no mark up for administrative or other recharge expenses. The pass through purchases the goods/services from a vendor and then recharges users. While these operations do not need to submit a questionnaire and rate template, they do need to submit an annual Pass Through Confirmation form that confirms that they are still operating as a pass through. They should follow the recharge procedures of excluding federally unallowable costs, charging users based on measurable usage, charging all users, charging all users the same price for the same service, recognizing revenue as services are provided and breaking even. I will inform Financial Services if it is decided in the future that the operation will recover any other expenses. In this case, the operation will be required to submit a questionnaire and rate template to demonstrate compliance with Federal regulations related to the rate calculations. Operations will be moved to a new account in the recharge range. My signature indicates confirmation of current pass through status.*

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| *Financial Manager Signature:* |  |
| *Financial Manager Name (print):* |  |
| *Financial Manager Email:* |  |
| *Date:* |  |