

Project Approval Form

Project Title:	UW Campus Salvage Wood Program		
Primary Contact:	Daniel Sorensen		
By signing this form, I (please check all that	• •	ct lead(s) has/have di	scussed this project with me, and that I
1 1	•		ty of Washington-Seattle campus iduals on behalf of campus units)
agree to be part	of the project team		
_	port to the project by I	peing a partnering org	ganization, department, or
am the administ	crator for my campus u es transactions associat r the operational costs	ted with this project.	esponsible for the financial and
With the following	stipulations <i>(if applica</i>	uble):	
Name/Signature:	las Blens	Sara Shores	Date: 1/12/2015
Title:			
Campus Arborist			
Department/Organ	ization:		
Facilities Services			
Phone:	Email:		
206-255-0645 shoress@uw.edu		ouw.edu	
Additional Notes:			

Please save this completed form as "Project Contact Name_Project Name" and email it to wwc.f@uw.edu. The email originating directly from the approving body will be considered a signature. Paper copies may be sent through campus mail to Attn: CSF Fund Coordinator, Box 351248 or dropped off to the CSF Office at 280 Gerberding Hall and must include an original signature of the approving body.