



Acceptance of Administrative Responsibility Form (AARF)

Project Title: Lab
Glove Recycling

Budget Number:

Grant Total: \$2000

Primary Contact:
Dalena Huynh

By signing this form, I certify that I am the administrator (or equivalent) for my campus unit, in charge of expense, human resources, and other financial transactions; I agree to be responsible for any hiring actions and/or purchases associated with this project. I agree to financially track this project in a "16-" (ASUW) budget within the Financial Organization Code (OrgCode) structure of my unit (2080210020), and complete monthly BAR reconciliation.
unit OrgCode number

Notes (if applicable):

Name/Signature:

Emily Newcomer

Date:

5/19/16

Title:

Assistant Director

Department/Organization:

UW Recycling, Building Services, Facilities Services

Phone:

206-685-8928

Email:

emilyn2@uw.edu

Please save this completed form as "Project Contact Name_Project Name" and email it to csfcoord@uw.edu.
The email originating directly from the approving body will be considered a signature.