

Acceptance of Administrative Responsibility Form (AARF)

SER-UW Native Plant Nursery

Project Title:

Budget Number: Grant Total:	
expense, human resources, and other final	administrator (or equivalent) for my campus unit, in charge of ncial transactions; I agree to be responsible for any hiring actions ect. I agree to financially track this project in a "16-" (ASUW) budget
and complete monthly BAR reconciliation.	unit OrgCode number
*	
Name/Signature:	Date: 6/7/2016
Title:	
Administrator	,
Department/Organization:	
School of Environmental and Forest Science	
Phone:	Email:
206-685-2047	wkstar@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.