



UNIVERSITY OF WASHINGTON

Acceptance of Administrative Responsibility Form (AARF)

Project Title: "as viewed through the looking glass"

Budget Number: _____

Grant Total: \$5350. -

Primary Contact: Joseph Blake / 801.230.0449

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 (2540121000), and complete monthly BAR reconciliation. unit OrgCode number

Notes (if applicable):

Name/Signature: Chieko Pneu Date: 6/6/16

Title: ADMINISTRATOR

Department/Organization: DANCE PROGRAM

Phone: 206-543-0550 Email: chieko@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.