

Project Approval Form (PAF)

(please check all that apply)) has/have discussed this project with me, and that i
approve the stated project to be conducted on the conduct	
□ agree to be a part of the project team.	
□ will provide support to the project by being a partnering organization, department or individual.	
 am the administrator for my campus unit and agree to for the financial and human resources Transactions associated with this project. 	
□ agree to take over the operational costs of this project following completion.	
agree to take over the operational costs of this	stoject tonowing completioni
Other notes (if applicable):	
Name/Signature:	Date: 10/31/18
Title: Assistant Director	
Department/Organization:	
Facilities	
Phone:	Email: numerter@uw.edu
Additional Notes: Facilities is supr	portive subject to equipment agineering services and
spec & layout veriew by Ex	vaincering Services and
EH 65 Safety Office	•
Please save this completed form as "Project Contact N	'ame_Project Name" and email it to <u>csfcoord@uw.edu</u> .
The email originating directly from the approving body	will be considered a signature. Paper copies may be
sent through campus mail to Attn: CSF Coordinator, Bo	ox 351248 or dropped off to the CSF Office at Gerberding
Hall, Room B-40 and must include an original signature	e of the approving body.