

## Project Approval Form (PAF)

UNIVERSITY OF WASHINGTON

Project Title: Dual
Flush Toilets at
Women's Odegaard
Restrooms
Primary Contact:
Vincent Asuncion
253-314-3785
asuncv@uw.edu
By signing this form, I confirm that the project lead(s) has/have discussed this project with me, and that I
(please check all that apply)
papprove the stated project to be conducted on the University of Washington-Seattle campus
(this approval can only be given by campus units or by individuals on behalf of campus units)
(REQUIRED).
dagree to be a part of the project team.
will provide support to the project by being a partnering organization, department or individual.
to 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.
Other notes (if applicable):
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Name/Signature: Date:
ASSA Director of Malutenance - Interim  Title:  Date:
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FM1 P
Department/Organization:
206-221-2884
hone: Email:
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dditional Notes: Lance Karvonen (Supervisor shop 15) Karvone at Ow. e.
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Macts: Jett Huila ( Phunh bed) Ilialia Donne
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se save this completed form as "Project Contact Name" Project Name" and email it to <a href="mailto:csfcoord@uw.edu.">csfcoord@uw.edu.</a>
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The email originating directly from the approving body will be considered a signature. Paper copies may be

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