

Acceptance of Administrative Responsibility Form (AARF)

Project Title: UW Water Recapture

Project Number:

Primary Contact: Duncan Clauson

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 CSF Financial Organization Code (OrgCode) structure.

Tracking of this project will include the completion of a monthly BAR reconciliation. The *original* of these reports (and appropriate back-up documentation) will be sent to the attention of the CSF Coordinator at Box 351248.

Notes (if applicable):

Name/Signature: Michael Flanagan <i>Michael Flanagan</i>		Date: January 10, 2012
Title: Analyst		
Department/Organization: Facilities Services		
Phone: 206-221-4701	Email: flanam@u.washington.edu	

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

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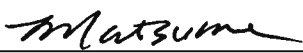
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Notes (if applicable):

Name/Signature: Lori Natsume 		Date: January 10, 2012
Title: Manager		
Department/Organization: Facilities Services		
Phone: 206-221-4366	Email: natsume@u.washington.edu	

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