



University of Washington
Capital Projects Accounting
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 Phone: (206) 543-5200 Fax: (206) 543-1277

FUNDS TRANSFER AUTHORIZATION

DATE:	TRACKER NO.:	PROJECT NO.:	PROJECT NAME:
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PROJECT DESCRIPTION:

PROJECT MANAGER:	AMOUNT TO TRANSFER:	
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SOURCE BUDGET NO.(TRANSFER FROM):	BUDGET NO. TO TRANSFER TO (EXISTING OR NEW):
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UNIT / DEPARTMENT APPROVAL:

AUTHORIZED NAME:	TITLE:	AUTHORIZED SIGNATURE:
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COLLEGE:	BOX:	TEL #:
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FOR CAP PROJ ACCOUNTING USE

Establish **Revise** **Close**

REVISION DATE: _____

APPROP: _____

PC#: _____

FUND TYPE: _____

CAP/ NON CAP: _____

BLDG#: _____

NOTE: ALL 74-XXXX & 75-XXXX SOURCE BUDGET REQUIRES COLLEGE ADMINSTRATOR'S SIGNATURE & BUDGET REVISION REQUEST NO. (BGT SYSTEM).

UNIT/COLLEGE APPROVAL

SIGNATURE: _____

NAME: _____

DATE: _____

BUDGET REVISION REQUEST #: _____--_____
college--request number