REQUEST FOR ESTABLISHMENT OF A FIXED PRICE SURPLUS ACCOUNT

DATE:

FROM:

TO:  Grant and Contract Accounting  
      Email: gcahelp@uw.edu | Phone: 206-616-9995

Budget Name (22 character limit): ________________________________

Budget Start Date: ________________________________

Principal Investigator (position title): ________________________________

Department: ________________________________

Organization Code: ________________________________

Box Number ________________________________

Indirect Cost Rate: [ ] On-Campus [ ] Off-Campus [ ] Clinical Trial

Justification for non-standard F&A Rate: ________________________________

Budget number with balance to transfer ________________________________

Were all the deliverables completed? ________________________________

APPROVED BY: ____________________________________________

Approved By

Title

Department

FOR GCA USE ONLY

Budget Number ________________________________

Submit completed, signed form electronically to gcahelp@uw.edu.