



UNIVERSITY OF WASHINGTON
APPLICATION FOR REVOLVING FUND CURRENCY ACCOUNT
 FINANCIAL SERVICES, BANKING & ACCOUNTING OPERATIONS
 BOX 351120

ACCOUNT INFORMATION		
Name of Fund		Amount of Fund
Custodian(s)		
Describe Purpose of Fund		
Department	Contact Name	Telephone Number
		Box Number
Usual Budget Name(s) for Charges		Budget Number(s)

ADDRESS AND SECURITY INFORMATION			
Specific Address where fund will be located (Street)			Box Number (Required)
(City)	(State)	(ZIP)	
Describe Security Procedures			
University Security Police Report			
<input type="checkbox"/> Not Required (less than \$100.00) <input type="checkbox"/> Attached (Required for accounts \$100.00 or more)			

APPROVAL SIGNATURES
Department Head or Principal Investigator Signature
Financial Services Approval Signature