UNIVERSITY OF WASHINGTON

INTERDEPARTMENTAL

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Phone (206)-543-8940 or (206)-543-8947

TO: New Accounts; Grant and Contract Accounting Box 351122

Date Prepared

FROM:

Prepared by	Phone
Box Number	email

SUBJECT: TRANSACTIONS / PARENT AND / OR SUBS (TRANPASU)

Approval is given to the allocation of funds (transfer) from University of Washington Parent Budget No. _____ which expires on ____/____/____ as defined below.

Please take the following action:

- ☐ Establish a new Sub-Budget No. from Parent Budget above. **Complete all A, B, C, & D below.** Transfer amount indicated below from the parent to this sub-budget.
- ☐ Replace Advance budget on Budget No._____ with budget noted below. **Complete any changes in A and all of B, C, & D.**
- ☐ Extend Budget No. _____ through ____/____/____. **Complete Budget periods in A, and all of C & D.**
- ☐ Supplement on Budget No. _____. Transfer the amounts shown below from the parent. **Complete B, C, & D.**
- ☐ Transfer amounts indicated below from Sub-Account No. _____ to the parent budget. **Complete B, C, & D.**

A. Complete the following as necessary for changes or new accounts:

Sub-Budget Title: (22 spaces or less)

Old Budget#____-_____

Current Budget Period:____/____/____-____/____/____ Total Budget Period: ____/____/____-____/____/____

Principal Investigator Name (Last) (First) (M.I.)		PI Department
PI Employee ID No.	Organization Code	Box Number

Location of Project (check one): ☐ On-Campus ☐ APL ☐ Regional Med Library ☐ VAMC ☐ HMC ☐ Primate Center ☐ Other Off-Campus

Indirect Cost Rate:_____% Per Award

B. The following budget amounts are to be transferred between the parent & the sub-account

01 Salaries and Wages	06 Equipment
02 Contract Pers Serv	07 Retirement & Benefits
03 Other Contractual Serv	08 Grants & Subsidies
03-62 Subcontract	38 Unallocated Budget
03- ____ _____	36 Advance Budget
04 Travel	**Total Direct Costs**
05 Supplies	25-99 Indirect Costs (Rate:_____%)

TOTAL BUDGET

C. Fiscally Responsible Dept. See GIM-2

Principal Investigator Signature
Chairman Signature/Dean Signature
Department Name

D. Parent Department Approval

Parent Dept./Authorized Signature
PARENT:
SUB: (GCA use only)