



UNIVERSITY *of* WASHINGTON | BOTHELL
DEFICIT RESOLUTION FORM

DATE:

UNIT:

CONTACT NAME:

ADDRESS/LOCATION:

VICE CHANCELLOR NAME:

BUDGET NUMBER:

BUDGET NAME:

DEFICIT AMOUNT:

BUDGET NAME	FY 2018 ENDING BALANCE	FY 2019 ENDING BALANCE	BIENNIUM ENDING BALANCE

EXPLANATION OF WHY DEFICIT OCCURRED:

PROPOSED PLAN FOR CLEARING DEFICIT:

TIMELINE (When will deficit be cleared):

SIGNATURE: _____
 DATE: _____