

## **Budget Revision Request Form**

Purpose: In compliance with University policy to assure that expenditures on a sponsored program accounts coincide with a budget that has been approved by the sponsor and that expenditures are incurred prior to the end date of the award performance period, this form is required to initiate a formal budget change request from the sponsored program sponsoring organization through the Office of Sponsored Programs.

Note: All budget revisions must be initiated through the OSP and must be made sufficiently early so that expenses that are incurred after the revision has been approved by the sponsor can still meet allocability standards (to advance the work of the sponsored project). Budget revisions should occur at least two months prior to the closeout of an award.

Principal Investigator / Project Director	Phone	
Project Title	Email	
Sponsor	Award Number	
Will this modification extend the award closing date? Yes No	Requested Closing Date	
Description and Justification of Budget Revision		

Current	t Approved Budget:	<b>Requested Revision:</b>	Requested Modification (Approved +/- Revision):	
Personnel:	\$	\$	\$	
Fringe Benefits:	\$	\$	\$	
Travel:	\$	\$	\$	
Equipment:	\$	\$	\$	
Supplies:	\$	\$	\$	
Contractual:	\$	\$	\$	
Participant Support:	\$	\$	\$	
Other:	\$	\$	\$	
Indirect Costs:	\$	\$	\$	
Cost Share (if required):	\$	\$	\$	
Total:	\$	\$	\$	
<b>Required Signatures</b> - Reviewed and Recommended for Submission by:				
Principal Investigator			Date	
	Print Name	Signatu	ire	
Department Chair / Dire			Date	
	Print Name	Signatu		
		Office of Sponsored Programs U	se Only	
Director of OSP Post-Aw	ard Services		Date	