



GRANT BUDGET REVISION FORM

DATE: _____

PRINCIPAL INVESTIGATOR: _____

GRANTING AGENCY: _____ PROJECT: _____

ACCOUNT NUMBER <i>(12 Digits)</i>	ACCOUNT NAME	INCREASE	DECREASE
TOTAL:			

JUSTIFICATION	
Why is this budget revision being requested?	
Is this a temporary revision (affects only the current fiscal year)?	
Is this a permanent revision (affects current and future fiscal years)?	
PRINCIPAL INVESTIGATOR <i>(Signature)</i>	PRINT NAME

SEND FROM TO GRANTS COORDINATOR, CAMPUS BOX 2620

TO BE COMPLETED BY GRANTS COORDINATOR		
Does the sponsor require approval for budget revisions?	Yes	No
<i>If so, attach a copy of the approval from the Granting Agency.</i>		
GRANTS COORDINATOR <i>(Signature)</i>	DATE	

TO BE COMPLETED BY GRANTS ACCOUNTANT			
CURRENT BUDGET:		REVISED BUDGET:	
DATE OF ENTRY:	EFFECTIVE DATE:	B#:	INITIALS: