REBUDGETING REQUEST

A request is required for any of the following (1) an unbudgeted category expenditure (i.e. travel, international travel); (2) additional personnel are required for the project; (3) an increase or decrease to a project subaward (rebudget requests for a decrease should include the final invoice, when applicable, and termination of the subaward); or (4) purchase of equipment with a unit cost of $5,000 or greater (see additional certifications under I below).

Note: Sponsor requirements differ and prior sponsor approval may be required in some instances. For additional guidance see Direct and F&A (Indirect) Cost Classification Guidelines.

Date _____ Principal Investigator _____

Contact Person _____ Phone _____ Email _____

Oracle Project # _____ From Task _____ To Task _____ Award _____

Sponsor Project ID _____ OSP Assigned No _____

Budget Period From _____ To _____

Project Title _____

(1) Identify the previously unbudgeted expenditure which requires prior approval. Specify items and cost. (If a portion of the needed funds are already budgeted, state the additional funds needed as well as the total cost.)

(2) Justify how the expenditure relates to the specific aims as outlined in the original research plan.

(3) Indicate the budget category from which funds are to be transferred and indicate to what budget category the funds are to be transferred. Give explanation of why the funds are no longer required as originally budgeted.

I. This expenditure is essential to the attainment of the original objectives of the above sponsored project. We further certify that if this request includes the acquisition of equipment, (1) it has been determined that it is required for or will enhance the conduct of this study, and (2) that no similar equipment is currently accessible to this study, and (3) the item of equipment will be dedicated to the scientific conduct of this sponsored project.

Principal Investigator _____ Dean or Dept Chairman _____

Print Name _____ Print Name _____

II. Office of Sponsored Programs (OSP)

( ) This request is allowed.
( ) This request requires sponsor approval.
( ) This request is not allowed.

Reviewer Name _____ Date _____

****OSP is only checking the request against the terms and conditions of the award and is not verifying the availability of funds.**

III. Office of Grants and Contracts Accounting

( ) Funds have been transferred for this Rebudgeting Request.
( ) Funds are not available for this Rebudgeting Request.

Signed _____ Date _____

Comments _____