

## REQUEST FOR GRANT BUDGET CHANGE

(TRANSFER OF BUDGET WITHIN RESTRICTED FUND)

Requesting Organization (College or Department): [Click here to enter text.](#)

Requesting Fund (Grant or Contract Title): [Click here to enter text.](#)

### BUDGET CHANGE DETAIL

| FOAP(S) TO BE <b>INCREASED</b> |              |         |            |                  |        |
|--------------------------------|--------------|---------|------------|------------------|--------|
| FUND                           | ORGANIZATION | ACCOUNT | PROGRAM NO | ACCT DESCRIPTION | AMOUNT |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            | <b>TOTAL</b>     |        |
| FOAP(S) TO BE <b>DECREASED</b> |              |         |            |                  |        |
| FUND                           | ORGANIZATION | ACCOUNT | PROGRAM NO | ACCT DESCRIPTION | AMOUNT |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            |                  |        |
|                                |              |         |            | <b>TOTAL</b>     |        |

**Please note:** Changes in Stipend/Fellowship/Participant Support Costs/Equipment Account Codes: 71001, 71002, 71003, 71004, 71005, 73101, 73209, 73401, 73409, 74309, 77005 *will require prior agency approval.*  
Salary Account Codes must have matching associated Fringe Rates included

**BUDGET CHANGE JUSTIFICATION:** [Click here to enter text.](#)

SIGNED BY (BUDGET MANAGER): \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

APPROVED BY (DEAN): \_\_\_\_\_ (Date) \_\_\_\_\_

APPROVED BY (VICE PRESIDENT): \_\_\_\_\_ (Date) \_\_\_\_\_