

Request for Budget or Program Revision (rev. 8/2010)

TO: Dr. Francis Otuonye, Associate Vice President
Office of Research and Graduate Studies

VIA: _____, Dean/Associate Dean
College/School of _____

VIA: _____, Chair
College/School of _____

VIA: _____, Center Director (if applicable)

FROM: _____, Principal Investigator

DATE: _____

- RE:**
- | | |
|--------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Request for No Cost Extension | <input type="checkbox"/> PI Absence for > 3 Months |
| <input type="checkbox"/> Request for Budget Revision | <input type="checkbox"/> Transfer of Funds from Direct to Indirect |
| <input type="checkbox"/> Change in Scope or Objectives | <input type="checkbox"/> Inclusion of Costs Requiring Prior Approval |
| <input type="checkbox"/> Change of PI | <input type="checkbox"/> Issuance of Subaward not Originally Identified |

Project Title: _____

TTU Account No.: _____ Agency Account No.: _____

Agency Contact Email: _____

Please respond to each of the following (request cannot exceed space allotted):

1. Rationale for request:

2. Work completed and deliverables made as of the date of request:

3. Funds expended and billed to sponsor as of the date of request.

4. If this request is for a budget revision, please designate the percent change in the budget: _____%

5. Work to be completed and deliverables to be made as of the date of the request:

6. Funds remaining to complete work: \$ _____

7. Duration of project: Begin date _____/End date _____.