

UNIVERSITY OF MARYLAND, BALTIMORE
BUDGET MODIFICATIONS REQUEST

Principal Investigator: _____

Telephone: _____

Department: _____

School: _____

Financial Contact: _____

Telephone: _____

Project for which changes are requested: Do not use this form to request transfer of funds between Projects.

PCBU	Project ID	Owner Dept	Fund	Program

Budget modification request is to modify summary level to detailed level only (attach budget) no justification is required

Budget modification request is to modify the following. Complete the table and questions below.

	Account / Description	Account / Description
\$ _____	from _____ / _____	to _____ / _____
\$ _____	from _____ / _____	to _____ / _____
\$ _____	from _____ / _____	to _____ / _____
\$ _____	from _____ / _____	to _____ / _____
\$ _____	from _____ / _____	to _____ / _____
\$ _____	from _____ / _____	to _____ / _____
\$ _____	from _____ / _____	to _____ / _____
\$ _____	from _____ / _____	to _____ / _____

REMINDER: When applicable, include changes that affect the F&A budget category (examples: transfer of funds to purchase equipment or to enter into a subrecipient agreement).

Total Amount of Funds to be Rebudgeted: \$ _____

Please indicate why this transaction is requested. Specific and adequate documentation is essential:

If purchasing equipment, does the campus currently have similar equipment? ____ Yes ____ No
 If yes, why do you need additional equipment?

Required signatures: Signature of the Principal Investigator certifies that this budget reallocation is necessary to achieve project objectives, is consistent with award terms and conditions, and does not change the scope of the project. Please date all signatures.

 (1) Principal Investigator / Date

 (3) Department Chair / Date

 (2) Department Administrator / Date

 (4) Dean / Date
 (not required for Schools of Medicine and Pharmacy)