

## BUDGET CHANGE REQUEST

**Complete this form online. Print it, sign it, get your dean's signature, and send the original to the Office of Research Administration, Suite 101, Perkins Admin. Bld., PO Box 750302, FAX 81079**  
**Sponsored project budget changes must be adequately justified and require approval of the dean.**

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Project Account No. **G**                      Award expiration date:                      Date: 6/13/2010  
Sponsoring Agency:

**I certify that the requested budget revisions will not significantly change the project objectives, project scope, or the level of effort described in the award agreement.<sup>1</sup>**

Principal Investigator:                      Dept:                      School or College:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I request transfer of funds between the following categories and subcodes:**

**EQUIPMENT** (subcode 8240 or 8245) **I certify that purchase of this equipment is: 1) necessary for the research supported by the grant; 2) not reasonably available and accessible; 3) of the type normally charged as a direct cost to grants; and 4) will be purchased in accordance with SMU policy and procedure.** Moving funds to or from the equipment subcode will change the F&A costs. Show the F&A cost change to or from subcode 7600.

**PERSONNEL COMPENSATION** (subcodes 61XX) Moving funds to or from salary subcodes (first line below) must be accompanied by a move in related benefit subcodes. Changing GRA compensation affects benefits and indirect costs. Show the transfer of these funds.

**TRAVEL** (subcode 66XX) (Changes to Foreign Travel require agency approval. Contact ORA)

**OTHER** (supplies, etc.)

Transfer:	From:	Description	To:	Description & Justification
\$				
\$				
\$				
\$				
\$				
\$				
\$				
\$				
\$				
\$				
\$				
\$				
\$				
\$				

**Dean of the college or school:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BCR 20071031

<sup>1</sup> Changes in project objectives, scope, and or level of effort require amendment of the award agreement. Contact ORA.