



BUDGET MODIFICATION REQUEST FORM

Requestor's Name: _____ Date: _____

Project Title: _____

Project Core: (if applicable) _____ CDU Account #: _____

Sponsor: _____

Sponsor Award #: _____ Budget Period - Begin Date: _____ End Date: _____

Proposed Revisions (must attach a revised Detailed Budget and Budget Justification for processing)					
	Approved Budget*	Change (+ / -)	Proposed New Budget	% of Change based on Total Cost per category	% of Change based on Total Cost
Salaries & Benefits					
Consultant Costs					
Equipment					
Supplies					
Travel					
Patient Care Costs					
Alterations and Renovations					
Other Expenses					
Consortium/Contractual Costs					
Direct Cost					
Indirect Cost					
Total Cost					

*Indicate the categorical amounts per the original award approved by the Sponsor from the NGA budget line item. For modular budgets use the approved budget submitted with your proposal.

Reason(s) for Change (Please justify why changes are being made): See attached justification

PI Signature: _____ Date: _____

PI (Print or Type Name): _____

FOR OSP/ FINANCE USE ONLY	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with conditions (see attached)
	<input type="checkbox"/> Denied	Reason(s): _____
	OSP	Date: _____
	Finance	Date: _____

The Office of Sponsored Programs (OSP) cannot consider a request without the required Detailed Budget and Budget Justification. Any change, which reflects a modification in the design and/or scope of the project will require approval from Sponsor. If further assistance is needed, contact OSP Director, Perrilla Johnson-Woodard at (323) 563-5973 or via email at perrillajohnson@cdrewu.edu