



Sponsored Programs Finance Administration and Compliance

UNIVERSITY
OF
LOUISIANA
L a f a y e t t e .

Budget Revision Request Form

If you need assistance completing this form please contact your Post Award Specialist or spfac@louisiana.edu.

Directions: Complete and submit this form to SPFAC prior to deviating from the approved budget. Prior approval from the sponsor may be required before deviations from the approved budget are approved. Your Post Award Specialist will determine if prior approval is required upon submission to SPFAC and will reach out to the Sponsor if needed.

Note: Your budget modification cannot be processed until this Budget Revision Request Form has been approved by SPFAC and, if required, the Sponsor.

| REQUIRED PROJECT INFORMATION | | |
|--------------------------------|-------------------------|-----------------|
| Principal Investigator: | Date of Request: | |
| Sponsor: | Grant No: | Fund No: |

| EXPLANATION AND JUSTIFICATION * attach additional pages if more space is needed |
|---|
| 1) Explain why the funds to be rebudgeted are not being spent for the purpose originally approved by the awarding agency. |
| 2) Why is the change necessary for the project? |
| 3) How will the rebudgeted funds be used? |

| REBUDGET | | |
|--------------------------------|--------------|--------------|
| Budget Category | Decrease (-) | Increase (+) |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| *Must Balance to \$0.00 | | |

| PRINCIPAL INVESTIGATOR'S SIGNATURE AND CERTIFICATION |
|---|
| By submitting this form, I certify that this budget modification is necessary to achieve the project objective(s) and does not constitute a change in scope to the project. |
| PI Signature: _____ Date: _____ |

| SPFAC Use Only | YES | NO | Notes: |
|---|---|-----|------------|
| | 1) Are the funds available to rebudget? | | |
| 2) Is the rebudget allowable according to the award T&Cs? | | | |
| 3) Is Agency approval required? | | | |
| | a. Is the request approved? (attach approval) | | |
| Approval Date: | MPA: | PA: | RA: JV No: |