



UNIVERSITY OF MARYLAND EASTERN SHORE

Office of Research

COST TRANSFERS/BUDGET AMENDMENTS

Principal Investigator: _____ Telephone: _____

Department: _____ Account: _____

Award Title: _____

Budget modification request is to modify the following:

BUDGET CATEGORY	APPROVED BUDGET	ADJUSTMENTS	REVISED BUDGET

Reminder: When applicable, include changes that affect the F&A budget category. (Example: Transfer of funds to purchase equipment from salary) Please indicate why this transaction is requested.

If purchasing equipment, does the campus currently have similar equipment? Yes No

If yes, why do you need additional equipment? Please provide explanation below.

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

(2) Department Chair Date

(3) Accountant Date

(4) Office of Research Director Date