

UNIVERSITY OF MARYLAND EASTERN SHORE

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 (examples: 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?

\_\_\_\_\_

\_\_\_\_\_

**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) Sponsored Research and Programs Director/Date