

DIVISION OF RESEARCH

Request sent by:

Name: Email: Phone:

PI Name: Grant #: Sponsor:

REBUDGET WORKSHEET

Complete current budget amounts (as reflected in Banner) and rebudgeted amounts.

Line Item Category	Account Code	Current Budget	Rebudgeted Amount (+ or -)	Revised Budget
Salaries and Wages	611	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fringes	621	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplies	721	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	721	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuition	72111	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subcontract	72H11	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment	711	<input type="text"/>	<input type="text"/>	<input type="text"/>
Revenue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	subtotal	<input type="text"/>	<input type="text"/>	<input type="text"/>
F&A (Indirect Costs):	791	<input type="text"/>	<input type="text"/>	<input type="text"/>
% <input type="text"/>	TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: The total INCREASED amount must equal the total DECREASED amount. Please account for F&A, if applicable.

JUSTIFICATION

Affix additional sheets if necessary.

APPROVAL

Enter cognizant GCO name and forward for signature upon completion of form.

GCO Name:

GCO Signature: _____