

**UNIVERSITY OF MARYLAND, BALTIMORE**  
**BUDGET MODIFICATION REQUEST**

Principal Investigator: \_\_\_\_\_

Telephone: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

Financial Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Project for which changes are requested: Do not use this form to request transfer of funds between Projects.**

Award #	Project #
---------	-----------

Budget modification request is to modify summary level to detailed level only (attach budget) ***no justification is required***

Budget modification request is to modify the following. Complete the table and questions below.

		Object / Description		Object / Description
\$ _____	from	/	to	/
\$ _____	from	/	to	/
\$ _____	from	/	to	/
\$ _____	from	/	to	/
\$ _____	from	/	to	/
\$ _____	from	/	to	/
\$ _____	from	/	to	/
\$ _____	from	/	to	/

**REMINDER: When applicable, include changes that affect the F&A budget category (examples: transfer of funds to purchase equipment or to enter into a sub-recipient agreement).**

Total Amount of Funds to be Re-budgeted: 0.00  
 \$ \_\_\_\_\_

Please indicate why this transaction is requested. Specific and adequate documentation is essential:

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

\_\_\_\_\_  
 (3) Department Chair / Date

\_\_\_\_\_  
 (2) Department Administrator / Date

\_\_\_\_\_  
 (4) Dean / Date  
 (not required for Schools of Medicine and Pharmacy)