# University of Oklahoma - Norman Campus
# Request for Grant/Contract Change Approval

1. Principal Investigator: _____ Department: _____
2. Funding Agency: _____ Grant/Contract No. _____
3. Budget Period Affected (dates) _____ to _____ Account No: _____
4. Approval is requested for the following action(s): *(If necessary, use additional pages.)*

5. Will Approval require rebudgeting? ☐ Yes, or ☐ No *(If Yes, indicate amounts and budget categories that will be affected.)*

| | | | | |
|---|---|---|---|---|
| _____ | from | _____ | to | _____ |
| _____ | from | _____ | to | _____ |
| _____ | from | _____ | to | _____ |
| _____ | from | _____ | to | _____ |
| _____ | from | _____ | to | _____ |
| _____ | from | _____ | to | _____ |

6. Explanation/Justification for request: *(If necessary, use additional pages and attach supporting materials.)* **Equipment Purchases:** Provide make and model of equipment, copy of the requisition and justification of need for your research project. **Tuition:** Provide students' name, amount of tuition and the semester(s) covered. **Salary/Fringe Benefits:** Provide Employee/Position #, rate of pay, FTE, and term of appointment covered, and also the reason for change (ie., pay increase, FTE +/-, etc) **Travel:** Provide destination and purpose, for *Foreign* travel, include the carrier used. **No-Cost Extensions:** Explain need for extension, (ie., need additional time to prepare final report, renewal funding delayed, unable to begin research immediately, therefore, behind schedule, etc.)

7. Certifications and Approvals:

Request is consistent with project scope/objectives as approved by funding agency.

_____
Principal Investigator Date

Request is scientifically and technically acceptable. Recommend Approval. *

_____
Department Chair/Director Date

Funds in account are adequate for the requested revision. Recommend Approval. *

_____
Post Award Financial Services Date

Request is consistent with agency and OU policies. Approved:

_____
Research Administration Date

* *If disapproval recommended, attached explanation.*

revised 10/02 OPAS