REBUDGET REQUEST FORM

To be used for equipment exceeding \$25,000 per unit and significant rebudgeting only. Minor rebudgeting on grants within and between cost categories often does not require authorization. Please review the sponsor guidelines or terms of the award, or check with your Finance Manager.

Date:		
Principal Investigator:		
Sponsor:		
Project Title/Nickname:		
Harvard Account (Fund) Number(s):		
Current Budget Period: From:	To:	
Please answer the following questions; attach additi	ional nages if needed	
Justification for rebudgeting funds: Describe how t		
Justification for rebudgeting funds. Describe flow t	the proposed action directly supports the project.	
If purchasing equipment, provide a description of t	he equipment: Attach vendor quote(s).	
Availability of funds: Explain why funds are available	le to rebudget (e.g., cost saving measures on supp	lies, loss of
personnel, etc.)		
Scope of Work: State whether the rebudgeting of fu	unds constitutes a change to the original scope of	work (SOW) If it
does, detail the changes. (Please note that any signi		
aces, actain the changes. (Hease note that any sign	meant change to the So W requires sponsor appro	,
Allocation of expense: If expense will be applied to	more than one grant, describe the allocation prod	cess.
Total Rebudget Amount: \$		
Costing Change:		
\$ From Object Code: \$ From Object Code: \$ From Object Code:	To Object Code:	
\$ From Object Code:	To Object Code:	
\$ From Object Code:	To Object Code:	
\$ From Object Code:	To Object Code:	
Signatures:		
Principal Investigator/Project Director Date	Department Chair/Designee	Date