

Award Adjustment Approval

Request for any Adjustment to the Award.

As needed, attach the following documents in the order listed:

- Budget Adjustment Approval
- Supplementary Documentation

Please contact your Grant Administrator at (940) 565-3940 with any questions.

Please provide the following:	
File Number	
PI Last Name	
Grant Account	
GA	

Award

Principal Investigator _____				Department _____				Today's Date (d-m-y) _____			
Project Title _____				Sponsor _____							

Request

Request _____

Justification

Please include a brief description and justification of the activity requested.

Affirmation and Approval of Request

By signing this document, I affirm the accuracy and completeness of this request and its attachments. I understand that I am responsible for the content and compliance of this request.

PI Signature _____ Phone _____ Date _____

Internal Approval Allowed

By signing this document, I affirm the accuracy and completeness of this request. I certify that this request and all actions ensuing are and will be compliant with all the applicable certifications and regulations. I approve this request for the aforementioned adjustment to the award referenced above.

Asst. Dir. for Research Accounting _____ Phone _____ Date _____

External Approval Required

Complete if external approval is required.

Type of Process _____	Date Approved _____
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