

# 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 _____
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## 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.

Assistant Vice President \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

## External Approval Required

Complete if external approval is required.

Type of Process \_\_\_\_\_ Date Approved \_\_\_\_\_

