

**University of Rhode Island  
Request for Rebudgeting of Research Account**

Principal Investigator	Phone	FAX	email	College
Title of Project				Agency

Fund	Dept	Program	Project	Award #
500		0000		

From		To	
Account and/ or Budget Categories	Amount	Account and/ or Budget Categories	Amount
<b>Totals:</b>	-	<b>Totals:</b>	-

Explanation: \_\_\_\_\_  
 (optional) \_\_\_\_\_

I CERTIFY that this request is consistent with the proper realization of the goals of the project, with the terms and conditions of the grant, and represents effective utilization of resources.

- I FURTHER CERTIFY that this request **does not constitute or involve** :
- a) a change in the scope of the work
  - b) an establishment of relatedness to other projects
  - c) contractual arrangements not specifically approved by the granting agency
  - d) rearrangement or alteration of University facilities
  - e) a change in the level of effort or change in PI
  - f) a rebudgeting of funds originally earmarked for participant or trainee support
  - g) a rebudgeting specifically prohibited by the grant's special conditions
  - h) a rebudgeting leading to activities not related to the grants scope of work
  - i) purchase of equipment, not originally budgeted in excess of \$5,000

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval: Grant & Contract Accounting \_\_\_\_\_

Date: \_\_\_\_\_