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

Principal Investigator:		Department:	
2. Funding Agency:		Award No.	
Budget Period Affected (dates)	-	to OU Account No:	
4. Approval is requested for the follow	ving action(s): (If ne	cessary, use additional pages.)	
5. Will Approval require rebudgeting? categories that will be affected.) fron fron fron fron fron fron	nnnnnn	to	udget
fron	n	to	
Purchases: Provide make and model of equipm name, amount of tuition and the semester(s) covcovered, and also the reason for change (ie., pa	nent, copy of the requisition wered. Salary/Fringe Be y increase, FTE +/-, etc) extension, (ie., need addition	e additional pages and attach supporting on and justification of need for your research project enefits: Provide Employee/Position #, rate of pay, Travel: Provide destination and purpose, for Fortional time to prepare final report, renewal funding	ct. Tuition: Provide students' FTE, and term of appointment <i>eign</i> travel, include the carrier
7. Certifications and Approvals:			
Request is consistent with project scope/objectives as approved by funding agency.		Request is scientifically and technically acceptable. Recommend Approval. *	
Principal Investigator	Date	Department Chair/Director	Date
Funds in sponsored program are adequate for the requested revision. Recommend Approval. *		Request is consistent with agency and OU policies. Approved:	
Post Award Financial Services	Date	Sponsored Programs Coordinator	Date
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^{*} If disapproval recommended, attached explanation.