

**LSU HEALTH SCIENCES CENTER - NEW ORLEANS  
SPONSORED PROJECT REBUDGETING PRIOR APPROVAL FORM**

**SPONSOR/AGENCY GRANT NUMBER:** \_\_\_\_\_

**I. APPROVALS**

<b>Principal Investigator (please type or print)</b>		<b>Department</b>	
<b>Principal Investigator (please sign)</b>	<b>Date</b>	<b>Business Manager (please sign)</b>	<b>Date</b>
I certify that:		I certify that this request is not contrary to any disallowed conditions of the award or sponsor.	
<ol style="list-style-type: none"> <li>1) Permissible-grant fund availability.</li> <li>2) This change will not result in an increase to the total grant cost.</li> <li>3) The ability to complete the project as approved will not be impaired.</li> </ol>			
<b>Assistant Director of Sponsored Projects</b>		<b>Vice Chancellor for Academic Affairs (or designee)</b>	
<b>Date</b>		<b>Date</b>	
I certify this request is not contrary to any disallowed conditions of the award.		I certify that the program proprietary-scientific project relevance is assured for this request.	

**II. PURPOSE**

Rebudget from:						Rebudget to:						Amount:
Acct. Code	Fund	Dept.	Prog.	Class	Project*	Acct. Code	Fund	Dept.	Prog.	Class	Project*	

(attach additional spreadsheet if necessary) \* If project includes multiple alphas, please provide as necessary.

**Other cost type not noted above:**  
 Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Travel \_\_\_\_\_  
 Equipment \_\_\_\_\_  
 (Attach requisition)  
 Pre-Award Costs \_\_\_\_\_ Date: \_\_\_\_\_  
 (Maximum 90 days)

**III. Justification:** **Please indicate reason for request below.**

Note: In rare circumstances, you may request to rebudget F&A (aka "indirect") costs. In this case, please include an additional memo to the Vice Chancellor, Administration and Finance, justifying your request.