

# Budget Revision Form







#### Instructions

Budget revisions are allowed if they:

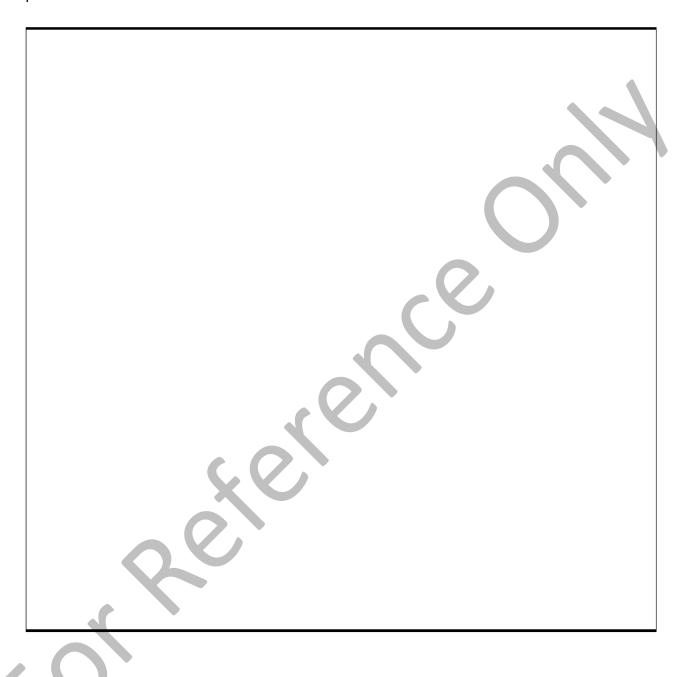
- fall within the fiscal year of the CARIF project.
- do not exceed the current account balance.
- meet the criteria of eligible expenses.
- do not significantly change or alter the project as approved by the CARIF Review Panel.
- have the approval of the Manager, Applied Research Operations and the CARIE Financial Analyst (FA).

It is strongly advised that the applicant consult with the Manager, Applied Research Operations before completing this form.

#### **Researcher Information**

Name of Principal Investigator	
(P.I.) and Co-P.I. (if applicable)	
School or Unit of P.I. and Co- P.I. (if applicable)	
Project Title	
Original Budget Amount	
Budget Code	

Please provide a detailed rationale for the revision:



#### **Revised Budget Request**

Please use the <u>CARIF Guidelines</u> as a guide for creating / revising your budget. Once approved, this form will become the new budget for your CARIF.

Category	Budget Item(s)	Object Code	Cost (Tax-inclusive)
Work Coverage (Instructor Course Release & Staff Back-fill)			
<b>Salaries</b> (Student & Professional)		2	
Materials & Supplies			
Equipment			
Travel (Collaboration & Dissemination)			
Others (Please Specify)			
		TOTAL	\$ 0.00

**Budget Justification & Explanation**: Provide a <u>detailed justification</u> for each budget item and relate it to the objectives and requirements of the project. <u>Highlight any changes to the originally approved budget</u>.



## Researcher Signature(s)

ا ا√We hereb	y accept the teri	ms and conditio	ns as outlined	in the <b>CARII</b>	F Guidelines.

P.I.	Co-P.I.
Date:	Date:
Name:	Name:
Signature:	Signature:

## Approvals

Manager, Applied Research Operations	
Date:	
Name:	
Signature	

CARIE Financial Analyst	
Date:	
Name:	
Signature	