

**Western Michigan University**  
**Budget Revision Form**

Principal Investigator (Name:)	Department:	Fund & Cost Center:
Project Title:		Project Period: to
Sponsor Award No:	Sponsor Contact Person:	Telephone No.

<b>Budget Codes</b>	<b>Budget Category</b>	<b>Original Budget</b>	<b>Change</b>	<b>Revised Budget</b>
4701	Personnel			
4702	Graduate Students			
4703	Under Graduate Students			
4710	Fringe Benefits			
4711	Patient Care Cost - Inpatient			
4712	Patient Care Cost - Outpatient			
4713	Travel			
4714	Foreign Travel			
4715	Subaward < 25k			
4716	Supplies			
4717	Printing & Duplicating			
4718	Consultant Services			
4719	Computer Services			
4720	Animal Care			
4721	Grant Participant Support F&A			
4722	Program Development			
4726	Other			
4731	Grant Participant Support Other			
4732	Grant Participant Support Stipends			
4733	Grant Participant Support Subsistence			
4734	Grant Participant Support Travel			
4735	Subaward > 25k			
4736	Equipment			
4737	Tuition / Fees			
4738	Rental - Off Campus facilities			
4739	Alterations & Renovations			
4740	Supplies No F&A			
4741	Other Expenses No F&A			
	Total Direct			
4730	Facilities & Administration			
	Total Costs			

## **Request for Budget Revision Instructions**

The Request for a budget revision is used to request an internal approval of spending actions on a grant or contract.

**Section I: General information.** Name and department of the Principal Investigator. **Fund and Cost Center** is the grant account. **Project Title** is the title of the project. **Project Period** is beginning and ending date of the project. **Sponsor Award No.** is the agency grant number. **Sponsor Contact Person and Telephone No.** is the name of the primary contact person at the agency and their telephone number.

**Section II: Budget Revision** – in column three indicate the original budget, in column four indicate the change(s). **The revised budget** amount will automatically calculate. **The Total Cost** must equal zero in the change column.