UNIVERSITY OF MARYLAND EASTERN SHORE
COST TRANSFERS/BUDGET AMENDMENTS

Principal Investigator: __________________________ Telephone: __________________________

Department: __________________________ Account #: __________________________

Award Title: __________________________

Budget modification request is to modify the following.

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Approved Budget</th>
<th>Adjustments</th>
<th>Revised Budget</th>
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Reminder: When applicable, include changes that affect the F & A budget category
(examples: transfer of funds to purchase equipment from salary) Please indicate
why this transaction is requested:

________________________________________________________________________

________________________________________________________________________

If purchasing equipment, does the campus currently have similar equipment? Yes ________ No ________ If yes,
why do you need additional equipment?

________________________________________________________________________

________________________________________________________________________

Required signatures: Signature of the Principal Investigator certifies that this budget reallocation is necessary to achieve
project objectives, is consistent with award terms and conditions, and does not change the scope
of the project. Please date all signatures.

(1) Principal Investigator/Date

(2) Department Chair/Date

(3) Accountant/Date

(4) Sponsored Research and Programs Director/Date