

INTER AMERICAN UNIVERSITY OF PUERTO RICO

_____ CAMPUS

BUDGET AMENDMENT REQUEST

Project Title: _____
Grant Award No.: _____
Restricted Fund No.: _____

Project Period: _____
Project Director: _____
Revision No.: _____

CATEGORY	ORIGINAL APPROPRIATION	APPROVED INCREASE	APPROVED (DECREASE)	REVISED APPROPRIATION
TOTAL				

Remarks:

A. Use of Funds: _____

B. Justification: _____

External Agency Approval Required: <input type="checkbox"/> Yes <input type="checkbox"/> No

Date: _____ Certified By: _____ Project Director

Date: _____ Certified By: _____ Project Director Supervisor

Date: _____ Certified By: _____ Dean of Administration

Date: _____ Approved By: _____ Chancellor/Professional School Dean