CLARK ATLANTA UNIVERSITY  
Request for Budget Revision

To: ________________________________  Phone: ________________________________  
From: ________________________________  Budget Revision No. ________________________________  
Department/Project: ________________________________  Date: ________________________________

<table>
<thead>
<tr>
<th>(1) Account Number</th>
<th>(2) Account Title</th>
<th>(3) Present Budget</th>
<th>(4) Amount to Decrease</th>
<th>(5) Amount to Increase</th>
<th>(6) Revised Budget</th>
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(7) Explain fully the reason(s) for this request for revision in the above budget. Attach extra sheets if necessary.

1. Principal Investigator/Program Director ________________________________ Date ________________
2. Department Head ________________________________ Date ________________
3. Dean or Area Head ________________________________ Date ________________
4. VP/Provost/President (if applicable) ________________________________ Date ________________
5. Director, Sponsored Programs ________________________________ Date ________________
6. Sponsored Programs, GCAD ________________________________ Date ________________
7. Grants & Contracts Accounting ________________________________ Date ________________
8. Other ________________________________ Date ________________

If restricted funds, signatures for 1, 2, 3, 5, & 6 are required before submission to Grants & Contracts Accounting.