

**CLARK ATLANTA UNIVERSITY**  
Request for Budget Revision

To: Grants & Contracts Accounting Phone: \_\_\_\_\_

From: \_\_\_\_\_ Budget Revision No. \_\_\_\_\_

Department/Project: \_\_\_\_\_ Date: \_\_\_\_\_

(1) Account Number	(2) Account Title	(3) Present Budget	Revision Requested		(6) Revised Budget
			(4) Amount to Decrease	(5) Amount to Increase	
			0.00	0.00	

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

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