

REA Date Stamp

USUHS FORM 3212
REPROGRAMMING REQUEST
(for USUHS or USUHS-Administered Grants)

Protocol No.: _____

Principal Investigator: _____

Department: _____

Phone: _____

1. Changes within Budget Categories:

Categories	Decrease	Increase
Personnel Support (not contracted employees)		
Supplies/Other Support (including contracts)		
Equipment (costs > \$300)		
Travel		
Stipend/Grants		
TOTAL		

2. Change in the Budget Period:

No-cost extensions of intramural grants that exceed 6 months will be sent to the MRC for review. If applicable, annual LARB (USUHS Form 3206A) and/or IRB (USUHS Form 3204A) assurance forms must accompany this request.

Current End Date:

Requested End Date:

3. Justification for Changes (required):

This must be provided in sufficient detail to permit an informed and accurate determination. Block expands.

4. Certification: We certify that to the best of our knowledge the above information is correct and the changes requested are in the best interest of the University.

Typed Name

Signature and Date

Principal Investigator: _____

Department Chair: _____