

**ORGANIZATIONAL BUDGET  
APPROVAL SYSTEM FORM  
(OBAS)**



**SOUTH DAKOTA MINES**  
An engineering, science and technology university

Sponsored Programs / 394-1218

**IMPORTANT:** This form must accompany any request for budget changes that require SDSM&T approval.

SDSM&T Account No.: \_\_\_\_\_ Grant/Contract No.: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Dept.: \_\_\_\_\_ PI Phone No.: \_\_\_\_\_

**Requested Action:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Domestic Travel         | <input type="checkbox"/> Equipment Acquisition                | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Foreign Travel          | <input type="checkbox"/> No-Cost Time Extension<br>from _____ | to _____                                       |
| <input type="checkbox"/> Technical<br>Consultant | <input type="checkbox"/> Subcontracting Project Effort        |  |

Justification (How is this action necessary to the project?):

(Continue on separate page if necessary)

If rebudgeting is required, list amounts (ROUNDED TO NEAREST DOLLAR) and budget categories affected.

	<u>INCREASE</u>	<u>DECREASE</u>
1. SALARIES	\$ _____	\$ _____
2. EMPLOYEE BENEFITS	_____	_____
3. DOMESTIC TRAVEL	_____	_____
4. FOREIGN TRAVEL	_____	_____
5. SUBCONTRACTS	_____	_____
6. ON CAMPUS LAB SERVICES	_____	_____
7. PUBLICATIONS	_____	_____
8. OTHER CONTRACTUAL SERVICES	_____	_____
9. SUPPLIES AND MATERIALS	_____	_____
10. TUITION REMISSION	_____	_____
11. FELLOWSHIPS/GRANTS/SUBSIDIES	_____	_____
12. EQUIPMENT/CAPITAL ASSETS	_____	_____
13. INDIRECT COSTS/OVERHEAD	_____	_____
<b>TOTAL ADJUSTMENTS</b>	<b>\$ _____</b>	<b>\$ _____</b>

This request is necessary to achieve the project objectives supported by the award and does not constitute a change in scope of work.

Requested by: \_\_\_\_\_  
Principal Investigator Date

**REVIEWER SIGNATURES**

1. \_\_\_\_\_  
Department Chair Date

2. \_\_\_\_\_  
Ralph K. Davis, Vice President for Research Date