|  |  |
| --- | --- |
| **ORGANIZATIONAL BUDGET APPROVAL SYSTEM FORM****(OBAS)** | **SOUTH DAKOTA SCHOOL OF MINES AND TECHNOLOGY** |

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:

|  |  |  |
| --- | --- | --- |
| [ ]  Domestic Travel | [ ]  Equipment Acquisition | [ ]  Other (specify below) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Foreign Travel | [ ]  No-Cost Time Extension from |  | to |  |

|  |  |  |
| --- | --- | --- |
| [ ]  Technical Consultant | [ ]  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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | INCREASE |  |  | DECREASE |
|  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 |  |  |  |  |  |
|  |  |  |  |  |  |
|  TOTAL ADJUSTMENTS | $ |  |  | $ |  |

 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