|  |  |
| --- | --- |
| **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