

**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. \_\_\_\_\_  
Laurie C. Anderson, Interim VP for Research Date