

THE UNIVERSITY OF TENNESSEE

EXPANDED AUTHORITY APPROVAL OR CHANGE REQUEST FORM

Complete the following:

1. Principal Investigator(s): _____
2. Agency Name: _____
3. Grant Number: _____
4. UT Restricted Acct. # : _____ Balance Acct. #: _____
5. Grant Period: _____ through _____

Complete only the applicable section(s):

6. Pre-Award Costs – Effective Date: _____

Justification:

7. Rebudgeting:

- \$ _____ from Object Code _____ to Object Code _____
- \$ _____ from Object Code _____ to Object Code _____
- \$ _____ from Object Code _____ to Object Code _____
- \$ _____ from Object Code _____ to Object Code _____
- \$ _____ from Object Code _____ to Object Code _____

Justification:

8. Proposed Equipment Purchase(s): _____

Justification:

9. No-cost Time Extension: From _____ through _____

Approximate Funds Remaining: \$ _____

Justification:

10. Foreign Travel: From _____ through _____

Destination: _____

Justification:

11. Other: Category _____

Justification:

Principal Investigator: _____ (signature) _____ (date)

OR Authorized Official: _____ (signature) _____ (date)