

Form: URG/BR

UNIVERSITY RESEARCH GRANTS

REQUEST FOR BUDGET REVISION

Name of the Grantee:		
Grant No.		
Category	Originally approved budget	Revised budget
Literature Survey		
Stationery		
Postage		
Equipment		
Chemicals		
Consumables		
Travel		
Date Processing		
Field Assistance		
Laboratory Services & Sample Analysis		
Other (please specify)		
Total		
Justification for revision: (Attach a separate sheet if the space given is inadequate.)		
Signature of the Grantee:		Recommendation of the Chairperson, FRC:
Recommendation of the Head of the Department:		Recommendation of the Dean of the Faculty: