

THE UNIVERSITY OF TENNESSEE



**EXPANDED AUTHORITY/REBUDGETING APPROVAL FORM**

Complete the following:

1. Principal Investigator(s): \_\_\_\_\_

2. Agency: \_\_\_\_\_

3. Grant No.: \_\_\_\_\_

4. UT Restricted Acct. No. \_\_\_\_\_

5. Grant Period: \_\_\_\_\_ through \_\_\_\_\_

6. Agency pre-approval required      YES      NO      (choose one)

=====

Complete only the applicable section(s):

7. Pre-award Costs - Effective Date: \_\_\_\_\_

Justification:

8. 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:

9. Proposed Equipment Purchase(s) -

Justification:

10. No-cost Time Extension: From \_\_\_\_\_ through \_\_\_\_\_

Approximate Funds Remaining: \$ \_\_\_\_\_

Justification:

11. Foreign Travel: From \_\_\_\_\_ through \_\_\_\_\_

Destination: \_\_\_\_\_

Justification:

12. Other: Category \_\_\_\_\_

Justification:

Principal Investigator: \_\_\_\_\_  
Signature Date

Department Head: \_\_\_\_\_  
Signature Date

Authorized Official: \_\_\_\_\_  
Signature Date