THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

REQUEST FOR REALLOCATION

OF

TRAINING AND/OR RESEARCH GRANT FUNDS

				DATE:	
WBS ELEMENT AND DESCRIPT	ION:				
1. Budgetary Categories to be Altered :					
2. Need for Request in Relation to Project:					
	,				
3. Nature of Expenditures (Itemized Cost Estimates):					
Commitment Item	GL Code	Current Budget	Reallocation	Revised Budget	
Total					
4. Effect of Realllocation on D	irection of	Project:			
5. Additional Comments:					
None					
Principal Investigator				Department Chair	
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Dean		•		Brenda Murrell, Research	Associate Vice Chancellor for