



International University of Sarajevo
OSP REALLOCATION OF FUNDS REQUEST FORM (F-143)

This form provides information about the project and requires a detailed justification for requested re-budget. Please consult the terms and conditions and sponsor policies applicable to the award before completing the form. Depending on the award terms and conditions, formal reallocation of funds may need to be pre-approved by sponsor. Project Coordinator and Project Teams bear the responsibility to administer funded projects in compliance with IUS and sponsor requirements.

Project Title:					
Project Coordinator:					
Project Duration:	Start Date: dd / mm / yyyy			End Date: dd / mm / yyyy	
Funding Agency:					
Explanation:	<ul style="list-style-type: none"> ▪ Provide specific reasons why the funds are needed in the budget category to be increased. ▪ This justification must include both why requested funds are needed in the new “to” line items and why funds are no longer needed in the original “from” line items. ▪ Please explain the impact on the approved scope of work. 				
Sponsor Approval Required:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If you choose YES, please provide the approval received date and name of person who authorized it:	Date: dd / mm / yyyy Name:	
Expense category	Initial Allocation	Requested Allocation	Move from	Move to	Revised Budget

I CERTIFY that this request is consistent with the proper realization of the goals of the project, with the terms and conditions of the grant, and represents effective utilization of resources. Thus, the cost to be transferred is an appropriate expenditure for the sponsored grant and complies with the terms and restrictions governing that sponsored grant or contract

 Project Coordinator Signature

dd / mm / yyyy
 Date