|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organizational unit: | | | | | | | | | | | | |
|  | |  | | | | | | | | |  | |
| **Budget Category** | | | | **Approved Budget** | | | **Requested Budget Adjustment** | | | **Revised Budget (apply budget adjustment to approved budget)** | | |
| Personnel | | | |  | | |  | | |  | | |
| Fringe Benefits | | | |  | | |  | | |  | | |
| Travel & Training | | | |  | | |  | | |  | | |
| Equipment | | | |  | | |  | | |  | | |
| Supplies | | | |  | | |  | | |  | | |
| Contractual | | | |  | | |  | | |  | | |
| Other purchased Services | | | |  | | |  | | |  | | |
|  | | | |  | | |  | | |  | | |
|  | | | |  | | |  | | |  | | |
| Subtotal | | | |  | | |  | | |  | | |
| Indirect Costs (5%) | | | |  | | |  | | |  | | |
| Total | | | |  | | |  | | |  | | |
| Justification: | | | |  | | |  | | |  | | |
|  | | | | | | | | | | | | |
|  | | |  | |  | | | |  | | | |
| Completed by: |  | | | | | Date: | |  | | | |

***NMPED Approval***:

Approved: \_\_\_\_\_\_\_\_ Disapproved: \_\_\_\_\_\_

**Program Manager**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_