|  |
| --- |
| 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: \_\_\_\_\_\_\_\_\_