B-4 Form

North Carolina Agricultural and Technical State University
Greensboro, North Carolina

Request for Budget Allotment/Revision

Fund: _____ Organization: _____ Program: _____

Department: _____ Department Head: _____

Principal Investigator/Project Director: _____ Award Number: _____

Account	Account Description	Previous Available Budget	Increase	Decrease	Revised Available Budget
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
	Totals:	-	-	-	-

JUSTIFICATION: (Submit an attachment if more space is needed.)

Department Head	Date	**Official Use Only** Approved ☐	Disapproved ☐
Dean or Director	Date	Budget Director	Date
Vice Chancellor	Date	Contracts and Grants	Date
Principal Investigator/Project Director	Date	Journal Voucher #	
Vice Chancellor for Research	Date	Preparer	Date

Revised 06/06