Nova Southeastern University
Office of Sponsored Programs
3301 College Avenue
Fort Lauderdale, FL 33314

QOL REBUDGET REQUEST

PI/PD: _____ **College:** _____ **NSU Index:** _____

Project Title: _____

In accordance with QOL Guidelines, the following **rebudgeting** action is requested:

FROM		TO		JUSTIFICATION: EXPLAIN FULLY Attach additional sheet, as necessary
Account Code	**Amount**	**Account Code**	**Amount**	
Total:	$ 0.00	*Total:*	$ 0.00	

Note: *The sum of the two totals must equal zero.*

SIGNATURES

Does this rebudget indicate a change in the scope of work? ☐ Yes ☐ No

Principal Investigator	Date	Dean/Center Director	Date

APPROVAL

OSP REVIEW: *If over 25% rebudget threshold, must be signed by the Chair of QOL.*

Office of Sponsored Programs or Quality of Life Chair	Date

COMMENTS: