Nova Southeastern University
**Office of Sponsored Programs**
3300 S. University Drive
Fort Lauderdale, FL 33328

# QOL REBUDGET REQUEST

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

**Project Title:** _____

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

| FROM | | TO | |
|---|---|---|---|
| **Account Code** | **Amount** | **Account Code** | **Amount** |
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| *Total:* | $ 0.00 | *Total:* | $ 0.00 |

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

**JUSTIFICATION: EXPLAIN FULLY**
Attach additional sheet, as necessary

## 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:**