

Western Michigan University
Budget Revision Form

Principal Investigator (Name:)	Department:	Fund & Cost Center:
Project Title:		Project Period: to
Sponsor Award No:	Sponsor Contact Person:	Telephone No.

Budget Codes	Budget Category	Original Budget	Change	Revised Budget
4701	Personnel			
4702	Graduate Students			
4703	Under Graduate Students			
4710	Fringe Benefits			
4711	Patient Care Cost - Inpatient			
4712	Patient Care Cost - Outpatient			
4713	Travel			
4714	Foreign Travel			
4715	Subaward < 25k			
4716	Supplies			
4717	Printing & Duplicating			
4718	Consultant Services			
4719	Computer Services			
4720	Animal Care			
4721	Grant Participant Support F&A			
4722	Program Development			
4726	Other			
4731	Grant Participant Support Other			
4732	Grant Participant Support Stipends			
4733	Grant Participant Support Subsistence			
4734	Grant Participant Support Travel			
4735	Subaward > 25k			
4736	Equipment			
4737	Tuition / Fees			
4738	Rental - Off Campus facilities			
4739	Alterations & Renovations			
4740	Supplies No F&A			
4741	Other Expenses No F&A			
	Total Direct			
4730	Facilities & Administration			
	Total Costs			