

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT**  
**INSTITUTIONAL PRIOR APPROVAL SYSTEM**  
 Rebudget Authorization Request  
 HHS-PHS-NIH- All Grants

This Reallocation Request is submitted for your approval.

PeopleSoft Account Chart String: \_\_\_\_\_

The funding reallocation is detailed per the following:

<b>From Acct Code/Name</b>	<b>To Acct Code/Name</b>	<b>Amount to be reallocated</b>
<b>Reason for Reallocation:</b>		
<b>From Acct Code/Name</b>	<b>To Acct Code/Name</b>	<b>Amount to be reallocated</b>
<b>Reason for Reallocation:</b>		
<b>From Acct Code/Name</b>	<b>To Acct Code/Name</b>	<b>Amount to be reallocated</b>
<b>Reason for Reallocation:</b>		

\_\_\_\_\_  
 Principal Investigator Printed Name

\_\_\_\_\_  
 Department Head Printed Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

This Reallocation Request has been reviewed for compliance in program propriety and has the authority of the appropriate departmental chairman.

\_\_\_\_\_  
 Office for Sponsored Programs Signature

This Reallocation Request has been reviewed for compliance within budgeting and accounting policies and procedures and complies with the Institution's prior approval policies and procedures.

\_\_\_\_\_  
 Manager, Grant Accounting

\_\_\_\_\_  
 Chief Financial Officer

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date