



Office of the Vice Chancellor
for Research and Graduate Education
UNIVERSITY OF WISCONSIN-MADISON

Change Request for VCRGE Funds

PI Name:
Project Name:
Project Number:
Remaining Balance:
Last Date of Employment:

Type of Change: Budget Change
 Date Change
 Employment Change

Please provide a brief explanation of the planned use for the remaining funds below. Please also include a detailed budget.

Please forward this form via email to the appropriate gsaccounting@grad.wisc.edu for approval.

Administrative Use Only:

Approval: _____ Date: _____