



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 *katie.austin@wisc.edu* for approval.

Administrative Use Only:

Approval: \_\_\_\_\_

Date: \_\_\_\_\_