

**PROJECT CENTER - INCREASE OF TEAM BUDGET REQUEST FORM** (page 1 of 2)

The budget increase must be approved by all parties listed below before any purchases or reimbursements will be authorized. You must complete both pages.

Project Team Dept and Number \_\_\_\_\_

Faculty Project Advisor or Project Center Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

Faculty Project Advisor or Project Center Staff Printed Name: \_\_\_\_\_

Project Center (Authorization) \_\_\_\_\_ Date \_\_\_\_\_

**Detailed Justification for Increase:**

**Summary of Requested Budget Increase**

Project Supplies	TOTAL: ( A )	<input type="text"/>
Capital Equipment	TOTAL: ( B )	<input type="text"/>
Travel (Mileage, parking)	TOTAL: ( C )	<input type="text"/>
Miscellaneous (Phone Line for Project Device, Data Subscriptions, etc.)	TOTAL: ( D )	<input type="text"/>
Total Projected Budget (A, B, C, and D)	TOTAL PROJECTED BUDGET:	<input type="text"/>

Email your signed form to [projectcenter@seattleu.edu](mailto:projectcenter@seattleu.edu)

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**Project Supplies**

(Any single item under \$500; e.g., chips, LEDs, connectors, lab/shop testing supplies, reference materials)


**SUBTOTAL \$**

**Capital Equipment**

(Any single item over \$500; e.g., software packages, test equipment and instruments, major laboratory components)


**SUBTOTAL \$**

**Travel**

(Mileage to/from sponsor office or field site and associated parking fees, Liaison's visitor parking fees on campus)


**SUBTOTAL \$**

**Miscellaneous**

(Copying, Phone Line for Project Device, Data Processing Monthly Subscriptions or Prepaid, etc.)


**SUBTOTAL \$**

**TOTAL \$**