**BUDGET MODIFICATION JUSTIFICATION**

**MOA #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personnel Costs Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Description(s) or Position Title(s):** | **Authorized****Hrs. or Mos.:** | **Authorized****Budget:** | **Adjustments****( + or - ):** | **Modified Budget Total:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fringe Benefit Breakdown by****% of Wage or Fixed Amount:** | **Authorized****Budget:** | **Adjustments****( + or - ):** | **Modified Budget Total:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Non-Personnel Costs Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Non-Personnel Line Items****& Basis for Valuation:** | **Authorized****Budget:** | **Adjustments****( + or - ):** | **Modified Budget Total:** |
| Travel: |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Space Costs (Rent/Lease): |  |  |  |
|  |  |  |  |
| Consumable Supplies: |  |  |  |
|  |  |  |  |
| Equipment Lease/Purchase: |  |  |  |
|  |  |  |  |
| Consultant Services: |  |  |  |
|  |  |  |  |
| Contract Services: |  |  |  |
|  |  |  |  |
| Subcontractors: |  |  |  |
|  |  |  |  |
| Other Costs *(Not included above)*: |  |  |  |
|  |  |  |  |
|  |  |  |  |