**Budget Change Request Form**

**Directions:** Complete this CARES Act Incentive Grant Project 789 Budget Change Request Form if you would like to make a budget change for any amount over $500 in a particular line item. Email this Budget Change Request Form to Lyric Jackson, CARES Grant Manager, at [Lyric.Jackson@sde.ok.gov](mailto:Lyric.Jackson@sde.ok.gov?subject=Budget%20Change%20Request%20Form) **prior to making a purchase that involves a budget change of more than $500 that was not a part of your approved budget.** The Grant Manager will approve and sign your Budget Change Request Form and return a copy to the LEA, giving permission to make budget change purchases with CARES ACT Incentive Grant Project 789 funds.

|  |  |  |
| --- | --- | --- |
| **Category of Expense** | **Original Request** | **Budget Change Request** |
| **Travel Costs** | $ | $ |
| **Equipment** | $ | $ |
| **Materials & Supplies** | $ | $ |
| **Contractual** | $ | $ |
| **Other Costs** | $ | $ |
| **Total Expenses (Lines 1-6)** | $ | $ |

**Reason for Budget Change Request (be as specific as possible):**

Requested by: Date:   
(LEA Signature Required)

Approved by: Date:   
(CARES Grant Manager Signature Required)