

**THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER**

**REQUEST FOR REALLOCATION
OF
TRAINING AND/OR RESEARCH GRANT FUNDS**

Date

1. WBS Element and Description:
2. Nature of Expenditures (Itemized Cost Estimates):
3. Need for Request in Relation to Project:
4. Budgetary Categories to be Altered:
5. Effect of Reallocation on Direction of Project:
6. Additional Comments:

Principal Investigator

Department Chairman

Dean

Vice Chancellor
Finance and Operations