

NEW YORK STATE EDUCATION DEPARTMENT  
OFFICE OF VOCATIONAL AND EDUCATIONAL  
SERVICES FOR INDIVIDUALS WITH DISABILITIES

CONTRACT MANAGEMENT UNIT  
MODEL TRANSITION PROJECT

**BUDGET MODIFICATION REQUEST FORM**

<b>LEAD CONTRACTOR:</b>			
<b>PROJECT SCHOOL TO BE MODIFIED:</b>			
<b>CONTRACT NUMBER:</b>			
<b>BUDGET PERIOD:</b>			
ITEMS OF EXPENDITURE	CURRENT BUDGET AMOUNTS	REQUESTED MODIFICATION	REQUESTED BUDGET AMOUNTS
1. SALARIES			
2. FRINGE			
3. GENERAL OPERATING			
4. INDIRECT COSTS			
5. EQUIPMENT			
6. PURCHASED SERVICES			
7. less REVENUE			
<b>TOTAL BUDGET</b>			
<b>CONTRACTORS SIGNATURE:</b>	<b>TITLE:</b>		<b>DATE:</b>
<b>VESID APPROVAL:</b>	<b>TITLE:</b>		<b>DATE:</b>