



PROJECT BUDGET FORM

For Questions or HELP with the completion of this form, please contact (403) 210 - 9300 or finance@ucalgary.ca

ALL APPLICABLE SECTIONS MUST BE COMPLETED BEFORE YOUR REQUEST CAN BE COMPLETED
PLEASE SUBMIT WITH THE PROJECT UPDATE REQUEST FORM

PROJECT INFORMATION

RSO # (if applicable)

PROJECT #

CSM # (if applicable)

Effective Date for Change
(YYYY/MM/DD)

RMS # (if applicable)

Reference # (if applicable)

SPONSOR & FUNDING INFORMATION

SPONSOR AND FUNDING INFORMATION

Sponsor Name: Legal entity providing funds to the institution. If funding is from an existing externally restricted project, sponsor name will be the same as the funding project. If funds are from the U of C's operating funds or an existing Internally Restricted Net Asset - IRNA (Fund 13 and/or 14) / Operating Project – OPPRJ (Fund 11 and/or 12), sponsor will be UCalgary – Faculty/Unit. Please ensure the appropriate Dept ID owner/Project Holder has signed below.

Multi-Source Funding: Will only be set up as a sponsor if there is a contractual requirement. Multiple Sources may also be set up for Internally Restricted Net Asset – IRNA (Fund 13 and/or 14) / Operating Project – OPPRJ (Fund 11 and/or 12) that can receive external revenue.

Contact Information: Primary contact for the sponsor.

Funding Start/End Date/Amount: Will come from the Notice of Award, Contract, and/or Agreement documentation.

Sponsor Name

Contact Name

Phone #

Title

Email

Mailing Address

Reference #
(if applicable)

Will funds be transferred from an existing project / other university Funding Source?

Note: Enter Funding Source Project below, not Parent Project. Parent Project should not be the same as the Funding Source project listed below in the accounting string(s).

If **YES**, please provide the appropriate accounting string(s) (Note: Multiple funding sources may require more than one project):

Fund	Dept ID	Internal	Project	Activity	Amount

Project #	
Effective Date for Change (YYYY/MM/DD)	

CASH FLOW DISTRIBUTION

Funding Start Date (MM/DD/YYYY)	<input type="text"/>	Funding Amount	<input type="text"/>	Currency	<input type="text"/>
Funding Start Date (MM/DD/YYYY)	<input type="text"/>	Funding Amount	<input type="text"/>		
Funding Start Date (MM/DD/YYYY)	<input type="text"/>	Funding Amount	<input type="text"/>		
Funding Start Date (MM/DD/YYYY)	<input type="text"/>	Funding Amount	<input type="text"/>		
Funding Start Date (MM/DD/YYYY)	<input type="text"/>	Funding Amount	<input type="text"/>		

PROJECT BUDGET

Project Budget Start Date (YYYY/MM/DD)	<input type="text"/>	Project Budget End Date (YYYY/MM/DD)	<input type="text"/>
Budget Submitted	<input type="text"/>	Activity Code (if applicable)	<input type="text"/>

Note: Only detail budgets provided by financial statement line will be uploaded to eFIN

Note: If multiple activities, please submit separate budget per activity code

EXPENSE CATEGORIES		Year 1	Year 2	Year 3	Year 4	Year 5
Salaries & Scholarships	Personnel (Salary, Fellowships, Scholarships)					
Non-Salaries	Furniture & Equipment - Capital					
	Materials & Supplies					
	Purchased Services					
	Travel					
	Overhead					
	Other					
	Other					
	Other					
	Expense Subtotal					

Project #	
Effective Date for Change (YYYY/MM/DD)	

AMENDED PROJECT BUDGET

For project extensions: provide detailed financial information for your request, including the original project budget, amount spent, remaining funds, and additional time required. Ensure all details are accurate to facilitate the review and approval process.

Original Budget

Remaining Funds

EXPENSE CATEGORIES		Fiscal Year (YYYY – YYYY)	Fiscal Year (YYYY – YYYY)	Fiscal Year (YYYY – YYYY)
Salaries & Scholarships	Personnel (Salary, Fellowships, Scholarships)			
Non-Salaries	Furniture & Equipment - Capital			
	Materials & Supplies			
	Purchased Services			
	Travel			
	Overhead			
	Other			
	Other			
	Other			
Expense Subtotal				

PLEASE SUBMIT COMPLETED FORM WITH THE PROJECT UPDATE REQUEST FORM