



Date: _____

MEMORANDUM

TO: Tammy Fisher, Financial Services Support Manager
University of Hawaii Foundation

FROM: _____
UHF Account Administrator #1

UHF Account Administrator #2

SUBJECT: Request for Supplement No. _____ to UHF Account # _____

UH Project Title:	UHF Support –		
UH Principal Investigator:		Email:	
Dept/Program:			
Address:			
Purpose: <small>(50 character limit)</small>			
UHF Account & Name:			
UH Fiscal Admin:		Email:	
UH Account:	MA		

This Supplement No. _____ requests the following budget period extension and additional amount:			
Supplement Budget Period:	Start:		End:
Supplement Budget Amount:	\$		

Previously Approved + This Supplement No. _____			
Total Project Period:	Inception: <small>(Start of Award)</small>		End:
Total Project Amount:	\$		

With reference to subject agreement, the John A. Burns School of Medicine respectfully requests your office's assistance with preparing Supplement No. _____ for budget period _____ - _____ and budget amount \$_____.

Scope of Work/Purpose:

Budget Justification:

Budget Spreadsheet: *See attached*

Approved by:

_____	_____	_____	_____
UHF Account Administrator #1	Date	UHF Account Administrator #2	Date
_____		_____	
Name		Name	
_____		_____	
Email Address		Email Address	

Note to UHF: Please contact/email the individual below for the following matters. Mahalo!

1. Inquiries related to this request
2. Email a copy of the half-executed supplement for UH myGRANT processing. Please cc UH Fiscal Administrator _____.