



**INTER AMERICAN UNIVERSITY OF PUERTO RICO  
OFFICE OF EXTERNAL RESOURCES**

**BUDGET TRANSFERS REQUEST**

Project Title:  
Grant Award No.: Recinto Metropolitano

Project Period:  
Project Director.: Revision No.:

Restricted Fund No.:

Category	Original Appropriation	Approved Increase	Approved (Decrease)	Revised Appropriation
<b>TOTAL</b>				

Remarks:

**A. Use of Funds:**

**B. Justification:** Para establecer el presupuesto y objeto de gasto del Proyecto .

External Agency Approval Required ( ) Yes (X) No
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Date: \_\_\_\_\_ Approved By: Amaury Boscio Vargas Assistant Vice President  
for Research and Sponsored Programs

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_ Project Director

Date: \_\_\_\_\_ Approved By: Efraín Pérez Budget Control Officer