



New Mexico State University

Office of Grants and Contracts / Sponsored Projects Accounting

Checklist

NMSU Information

Date (mm/dd/yyyy): _____ Institution #: _____ Grant #: _____ Fund #: _____

PI Name: _____ Responsible Org Name: _____

- | | | | |
|-----------|--------------------------|--|--------------------------|
| New Award | Amendment / Modification | Internal Transfer | Waiver / Removal |
| Sub Award | Date Extension | CAS Justification | Add New Index Number |
| PI Change | MBE / WBE (Copy CPO) | NMSU Equipment / Building
Cost Share (Copy Property Office) | Other (Include Comments) |

Alisha 6-1590 John 6-9170 Frank 6-4259 Mickey 6-4078 Mike 6-2142

Richard 6-2180 Rita 6-5473 Pat 6-7074 Sam 6-7074 Sarah 6-4044

Other (Enter Name & Phone) Name: _____ Phone: _____

Index	Budget Action	Amount	Comments

Comments:

Print Form