LOUISIANA TRANSPORTATION RESEARCH CENTER

RESEARCH PROJECT MODIFICATION AGREEMENT

			SUBMITTING AGENCY				
				DATE:			
STUDY NAME							
AGOV SIO NO.		LTRC PROJECT NO.					
PRINCIPAL INVESTIGATOR							
CURRENT CONTRACT COST		CURRENT	OMPLETION DATE				
JURKENT CONTRACT COST		CURRENT COMPLETION DATE					
SCRIPTION AND REASON FOR	R PROPOSED MODIFICATION: ((ATTACH ADDITIC	NAL SHEETS /	AND REQUIRED DOCUM	MENTS AS NECESSAI	RY)	
CONTRACT TIE	ME REVISION			CONTRACT COST R	EVISION *		
INCREASE	NUMBER OF MONTHS		ICREASE	FISCAL YEAR			
DECREASE		DECREASE		AMOUNT			
REVISED COMPLETION DATE:		REVISED F.Y. C					
		REVISED TOTAL CONTRAC COST:					
(* INCLUDES INDIRECT (COST FOR EACH AMOUNT))					
TYPE OF MODIFICATION							
THE PROPOSED MODIFIC BUDGET*	ATION COMPRISES A CHANGE TIME*	E IN THIS STUDY I		TO: VORK PLAN*	PERSONNEL		
BUDGE1" -					- PERSONNEL		
(* ATTACH REVISED BUL	OGET, REVISED TIME SCH	EDULE, OR WO	RK PLAN)				
<u>IS MUTUALLY AGREED TO PEF</u> EQUESTED BY:	RFORM AND ACCEPT THE ABO	OVE MODIFICATIO		RIGINAL CONTRACT			
EQUESTED BY.			RECOMIN	IENDED BT.			
RINCIPAL INVESTIGATOR [ATE	LTRC PR	LTRC PROJECT MANAGER			
			LTRC GROUP ADMINISTRATOR			DATE	
			LTRC ASSOCIATE DIRECTOR, RESEARCH			DATE	
PPROVED BY:			APPROVED BY:				
SOCIATE VICE-CHANCELLOR SEARCH OR INSTITUTION SEARCH HEAD	D <i>i</i>	ATE	LTRC DIR	RECTOR		DATE	

PART III AMOUNTS F	REQUESTED FOR PROJECT (For period of time indicated in Part 1 Item 2) Page	∋ 2						
ITEM		Percent of Time	FUNDS (Omit Cents)					
		on Project	Tot. Proj. Cost	Fiscal Year	Fiscal Year	Fiscal Year	Remaining	
1. PERSONNEL								
(List all positions and								
(List all positions and persons incl. principal and co-researcher.								
and co-researcher. Amounts requested must not exceed proportion of								
total salary computed from % of time spent								
based on a 40 hour work								
week. Include graduate students if any).								
	Total Salaries and Wages							
	Plus % for Employee Benefits							
	Plus % for Graduate Student Benefits Total Personnel Costs							
2. NON EXPEND-ABLE EQUIPMENT								
-								
(Itemize)								
	Total Non-Expendable Equipment							
3. CONSUMABLE SUPPLIES								
0011 2120								
(Itemize								
	Total Consumable Supplies							
4. TRAVEL								
(Itemize								
	Total Travel							
5. OTHER EXPENSES								
(Itemize								
,								
	Total Other Expenses							
6. TOTAL DIRI								
6. TOTAL DIKI	ECT COSTS							
7. MODIFIED	FOTAL DIRECT COSTS							
8. TOTAL INDI (attach documentation to	RECT COSTS substantiate indirect cost rate used and method of application in Part VIII)							
9. TOTAL COS					<u> </u>	<u> </u>		
o. TOTAL COS	710							