|  |  |
| --- | --- |
| Virement / Extension Request Form1. *This form may take you 15 minutes to fill in.*
2. *You will need the project details to fill in the form.**Please complete the relevant sections. Do refer to the “Checklist for Validation of Form” to ensure that the form is properly completed;*
3. *No more than one (1) project extension is allowed and for extensions beyond 6 months from the original approved project duration, please contact your project manager in SMI before submitting the request;*
4. *Please complete and attach the signed form and/or supporting documents in a zip file (<10MB) to upload together with the Extension Request or Virement Request in SMI’s Grant Management System for processing.*

 |  |

**SECTION 1: PROJECT INFORMATION - Please obtain the information from SMI’s Grant Management System**

|  |
| --- |
|  |
| **Project ID:** |   |
| **Project Title:** |   |

**A. Type of Request:**

**🞎 A1. Virement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vote**  | **Manpower (EOM)**  | **Equipment**  | **Other Operating Expenses (OOE)**  | **Overseas Travel**  | **Total**  |
| **Original Approved Budget**  |  |  |  |  |  |
| **Details of Virement:** |  |  |  |  |  |
| **Virement (1)** |  |  |  |  |  |
| **Virement (2)** |  |  |  |  |  |
| **Total Revised Budget after Virement** |  |  |  |  |  |

**🞎 A2. Extension of project end date**

|  |  |
| --- | --- |
| **Duration Requested [No. of Months]** |  |
| **Requested New End Date [DD/MM/YYYY]** |  |
|  |

**B. Reasons/ Justifications for Virement and/or Extension (use additional pages if necessary):**

**SECTION 2: DECLARATION & ENDORSEMENT**

**Declaration:**

* I declare that the above information is true and complete to the best of my knowledge.
* I have enclosed all necessary documents in support of my request.

Requested by Principal Investigator:

|  |  |
| --- | --- |
| Name: | Signature: |
| Date: |

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**Endorsement:**

Endorsement from ***Head of Department*** (or his nominee) *and* ***other approval signatories*** *deemed necessary* as per PI’s employing organisation’s existing policies.

|  |  |
| --- | --- |
| Name: | Signature: |
| Designation:  |
| Date: | Comments for decision: |
| The above request is **supported / not supported\*.** |

|  |  |
| --- | --- |
| Name: | Signature: |
| Designation:  |
| Date: | Comments for decision: |
| The above request is **supported / not supported\*.** |

|  |  |
| --- | --- |
| Name: | Signature: |
| Designation:  |
| Date: | Comments for decision: |
| The above request is **supported / not supported\*.** |

*\* Please delete accordingly.*

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Endorsement from ***Director of Research*** (or equivalent authority in PI’s employing organisation) (or his nominee). **(Mandatory)**

Please complete the following Checklist for Validation of Form

* All the sections of the request form are duly filled.
* The details in this request form are true and correct.
* The request form is duly signed by the PI.
* The request form is to reach SMI 6 months before the project end date.
* The request is assessed (supported / not supported)\* and endorsed by the Head of Department.

|  |  |
| --- | --- |
| Name: | Signature: |
| Designation:  |
| Date: | Comments for decision: |
| The above request is\*:* **Supported**
* **Not supported**
 |