## **Amended Budget Form**

Date #: \_\_\_\_\_

Expenditure	Grant Award	Cost Share	Cost Share
Categories		In-Kind	Cash
Honoraria			
Salaries			
Travel			
Supplies			
Promotion/Printing			
Postage/Telephone			
Equipment/Facilities Rental			
Other (specify)			
TOTAL			

**Budget Narrative** (explain changes to budget):

Grant #: \_\_\_\_\_

West Virginia Humanities Council use only			
Grants Administrator:	Date:		
Fiscal Officer:	Date:		