



South Carolina

Chartfield Request Form

Please email completed forms to CFMAINT@MAILBOX.SC.EDU

Please check type: _____

Combination Description _____

Operating Unit _____

Department _____

Fund _____

Class _____

PC Business Unit (if using project) _____

Project (if inactivating) _____

Project type (if applicable) _____

Project Start Date: _____

Project End Date: _____

For new Department or Project: Approver(s) 1 _____ USCID(s) 1 _____

Approver(s) 2 _____ USCID(s) 2 _____

Payroll ? _____

Attach justification

Why new department?

Why new project? How much to be transferred into new account and from where? If E fund – attach E Fund questionnaire

If Z fund – attach Z Fund questionnaire

Requested by _____

Date _____

Business Manager _____

Date _____

Controller's Office Approval: _____

Date: _____