

Date:

Chartfield Request Form

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

Please select type:		_			
Combination Description					-
ChartField String	Operating Unit	 Department	Fund	Class	PC Business Unit
Project (if inactivating)					
Project type (if applicable)			_		
			Project Sta	art Date	Project End Date
For NEW Department or Project:	Approver(s) 1*			USCID(s) 1	
For NEW USCIP PROJECT : Designated Principal Investigator (PI)*:					
	Approver(s) 2*			USCID(s) 2	
USCID:					
*must be an active employee					
Mark for Payroll?	Sele	ect "Yes" if you need H	ICM Payroll Comb	o Codes created f	or this chartstring.
Attach justification Why new department? Why new project? How much to be tr If E fund – attach E Fund questionnaire If Z fund – attach Z Fund questionnaire	2	count and from wher	e?		
FOR NEW DEPARTMENT REQUESTS OF	NLY – PLEASE SEE B	ELOW:			
Does this NEW department need to be ac (Will the NEW Department need to create				t for payroll fund	ng only?
If you answered "Yes" above, please prov	ide the Parent Depar	tment Number where	e this NEW departr	ment will roll up t	0.
Requested by		Date			
Business Manager		Date			
Controller's Office Approval:					