



# UNIVERSITY OF South Carolina

## COST SHARE REQUEST FORM

Please list the combinations that will be used in payroll as cost share for the grant below. Only the values listed on this form will be available for use in Payroll.

Please send the completed form to [GFMPay@mailbox.sc.edu](mailto:GFMPay@mailbox.sc.edu).

### ESTABLISHED GRANT

| Project ID | Start Date | End Date | PI | Business Manager |
|------------|------------|----------|----|------------------|
|            |            |          |    |                  |

### ASSOCIATED COST SHARE

| Op Unit | Dept | Fund | Class | Account (Required) | Project ID |
|---------|------|------|-------|--------------------|------------|
|         |      |      |       |                    |            |
|         |      |      |       |                    |            |
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|         |      |      |       |                    |            |
|         |      |      |       |                    |            |

### Signatures:

Project PI:

\_\_\_\_\_

Printed Signature Date

Business Manager:

\_\_\_\_\_

Printed Signature Date

|                            |
|----------------------------|
| <b>FOR OFFICE USE ONLY</b> |
| Approval Signature: _____  |
| Date Approved: _____       |
| Added to HCM _____         |