MEDICAL UNIVERSITY OF SOUTH CAROLINA
Chart of Accounts Maintenance Request (CAMR Form)
12/2002

TEMPLATE	SEE ACCT # BELOW
EXCEL	
FTP	
LOAD ☐	JOB SCH ☐

COMPOSITE FRINGE ONLY **ADD** ☐ **UPDATE** ☐
UDAK + items to update

Entity	Unit	Project	Reporting
M U C U			4 3 2 5

{FINANCE USE ONLY }

Project Title

C O M P O S I T E F R I N G E -

50000	50103	50117	50118	50127	50129	50189	68811

Principal Investigator (PI) **Last Name XX, First Name Middle Initial** note XX = Sr, Jr, III, IV

x x x x x

PI Employee Number (last 5 digits ONLY)

DETAILED DESCRIPTION OF SOURCE OF FUNDS

2% F&A FOR COMPOSITE FRINGE

DETAILED DESCRIPTION OF FUNCTION

Project required to cover composite fringe benefits expenses

Form Completion Date: _____ Requestor's Name: _____
Requestor's Signature: _____ Requestor's Phone Number: _____

Requestor's GROUPWISE E-mail Address: ☐☐☐☐☐☐☐☐ Person to notify when project added to the chart of acccounts

Finance Processing

PI KEY 1 1 UDAK REVIEW ☐ PI ☐

UDAK_P ☐ UDAK_R ☐ UDAK_U ☐ PROJ ☐ LAYER_P ☐ REPT ☐ LAYER_R ☐

UNIT ☐ LAYER_U ☐ COMB ☐ C_DB ☐ FRG ☐