

## Cost Share Close Out - Instructions

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**SECTION 1:** Enter information for the person that will be able to answer questions. Enter the Requestor's Name, Title, Department, e-mail address, Phone number, and Campus mail stop code.

**SECTION 2:** Enter information on the Cost Share Fund. New Fund Requests enter the Grant number the cost share will be associated to. Changes to Cost Share Funds enter the Grant number, Cost Share Fund, and Cost Share Index the change is being requested on.

Enter information for the Cost Share Close Out. Fill out a line for each index that expenses will be closed out to:

- (A) Enter the Expense Category for the expenses that will be closed out the index entered in (5) New Index  
Expense Categories are:
- 1 - Salaries (600000 to 619999)
  - 2 - Fringe (620000 to 629999)
  - 3 - Other Expenses (630000 to 779999)
  - 4 - Equipment (780000 to 797999)
- (B) If the Expense Category is 1 or 2 and the close out entries need to be based on Employee, enter the employee name otherwise leave blank.
- (C) If the Expense Category is 1 or 2 and the close out entries need to be based on Employee, enter the employee Banner ID, otherwise leave blank.
- (D) If the form is for a Change, enter the Current Close Out Index otherwise leave blank.
- (E) Enter the Index the expense category will be closed out to.
- (F) Enter the percentage of expenses that will be closed out to the close out index, (5) New Index.

**SECTION 3:** Print and sign the form.

**Submit the form to:**

Sponsored Projects Accounting (SPA)  
MSC SPA  
Phone (575) 646-1675  
e-mail: [spa\\_ar@nmsu.edu](mailto:spa_ar@nmsu.edu)



Purpose: This form is used to provide SPA the index number(s) to transfer expense captured in a sponsored award cost share fund. New Cost Share Close Out forms should be submitted through OGC with new award packet. Change Cost Close Out forms should be e-mailed to spa\_ar@nmsu.edu.

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Requestor Title: \_\_\_\_\_

Department: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Campus Box: \_\_\_\_\_

SECTION 2: REQUEST DETAILS

Grant: \_\_\_\_\_ Cost Share Fund: \_\_\_\_\_ Cost Share Index: \_\_\_\_\_

Indicate if this is a NEW cost share close out or a CHANGE to an existing cost share close out.  
☐ New      ☐ Change

- Expense Categories:**
- 1. Salaries (Account 600000 to 619999)
  - 2. Fringe (Account 620000 to 629999)
  - 3. Other Expenses (Account 630000 to 779999)
  - 4. Equipment (Account 780000 to 797999)

Cost Share Close Out:					
(A) Expense Category	(B) Employee Name	(C) Employee Banner ID	(D) Current Index	(E) New Index	(F) Percent

SECTION 3: OFFICIAL APPROVAL

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_