

Pay Cost Allocation Request

Form **H10.1** 22.09.21

Request to allocate payroll costs between two or more cost centres for a defined period of time

Staff Name		Staff ID
Existing Cost Centre Code & Description		
7		
Cost Alloaction Period Dates		Dates
Commencement Date (Must be in the future)		
End Date (Must be Specified)		
Cost Allocation	Cost Centre Code	Percentage Allocation
Cost Centre 1		
Cost Centre 2		
Cost Centre 3		
Cost Centre 4		
Notes or Comments on the above		
Approval of Cost Allocation		
Requested by		Date
Approved by (Finance Office Staff only)		 Date