

PROGRAM COST ACCOUNT (PCA) TABLE MAINTENANCE FORM

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE #	DATE

A=Add C=Chg	PCA (5-digits)	BFY (2-digits)	PRI (Y or N)

PCA TYPE	TITLE (max 40 spaces)
1	

FUNCTION (2-digits)	ACTIVITY (2-digits)	PROGRAM (3-digits)	ELEMENT (3-digits)

PCA LEVEL 1 (5-digits)	ALLOC PROGRAM LEVEL (1-character)	BUDGET UNIT (4-character)

PROJECT NUMBER (6-character)	PROJECT PHASE (2-digit)	FUND / FUND DETAIL (4-digit / 2-digit)

GRANT NUMBER (6-character)	GRANT PHASE (2-digit)	INDEX CODE (4-digit)

FACILITY (4-character)	TASK (4-character)	LOCATION (6-character)

EFFECTIVE START DATE (6-digit)	EFFECTIVE END DATE (6-digit)

EXPLANATION: _____

AGENCY APPROVAL: _____ DATE: _____

Send to:

State Controller's Office Division of Statewide Accounting 4th Floor, Joe R. Williams Building P.O. Box 83720, Boise, ID 83720-0011	Fax: 334-3415 E-mail: dsahelp@scs.idaho.gov
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