RESET

FORM: BU-20

REV. 8/17/99

STATE OF IDAHO - STARS

BUDGET UNIT TABLE

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE #	DATE

A=Add C=Chg	BUDGET UNIT (assigned by DFM)	BFY	APPN CATEGORY

R = Regular
C = Continuous
D = Deficiency Warrants
M = Miscellaneous (non-legislative appn)

TITLE (max 30 spaces)

ADD'L TITLE (SCO ONLY)	
-Continu (Continuous)	
-L/S (lump sum)	-PL/S (partial lump sum)
-L/BU (lump budget unit)	-PL/BU (partial lump BU)

APPN EFFECTIVE START DATE	APPN EFFECTIVE END DATE	ENACTMENT YR (legislative year)

STATE GOAL (assigned by DFM)	STATE OBJECTIVE (assigned by DFM)	ORGANIZATION REPORTING CATEGORY (optional)

FUNCTION	ACTIVITY	PROGRAM	ELEMENT

AGENCY	DIVISION	BUREAU	SECTION	UNIT

REVERSION INDICATOR	CITATION (Appn Bill or Id Code no.)
1	
1–REVERT year-end balances 2–REAPPROPRIATE year-end balances	

FUND/DETAIL:	1)	/	2)	/	3)	/	4)	/	5)	/

APPN CONTROL TYPE	APPN ORGANIZATION LEVEL	APPN PROGRAM LEVEL	APPN PROJECT LEVEL
1=Fatal Control (normal)	1=Agency Level (normal)	1=Function Level (normal)	0=No Project (normal)

Alloc CONTROL TYPE	Alloc PROJECT LEVEL	APPN OBJECT LEVEL	Alloc OBJECT LEVEL
0=No Control	0=No Project Level (normal)	1=Exp Object (DFM req'd)	0=No Object Level

EXPLANATION:

AGENCY APPROVAL: _____ DATE: _____

DFM APPROVAL: _____ DATE: _____