

STATE OF IDAHO - STARS PROJECT CONTROL TABLE MAINTENANCE FORM

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE # - EXT	DATE

A=Add C=Chg	PROJECT NUMBER (6-characters)	PROJECT PHASE (2-alphanumeric)	PRI (Y or N)

VENDOR NUMBER/SFX (9-characters/2-characters)	VEND-FYE-MO (1-12)

DESCRIPTION (max 40 characters)	PROJECT TYPE (1-digit)

START DATE (MM-DD-YY)	END DATE (MM-DD-YY)	LOOKUP GRANT NO (6-characters)	LOOKUP GRANT PHASE (2-digits)

(EXP) OBJECT POST LEVEL (1-character)	REVENUE POST LEVEL (1-character)	BUDGET CONTROL TYPE (1-digit)	CATALOG NO (8-characters)	PURGE IND (PI) (1-character)

PROJECT MANAGER (max 40 characters)	ORC (4-digits)

METHOD	BILLING CYCLE
0	0

EXPLANATION: _____

AGENCY APPROVAL: _____ DATE: _____

Send to:
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 Division of Statewide Accounting
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 E-mail: dsahelpline@sco.idaho.gov