

## 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  
5th Floor, Joe R. Williams Building P.O. Box  
83720, Boise, ID 83720-0011

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