

**STATE OF MONTANA
STATEWIDE ACCOUNTING SYSTEM**

**FORM-105
REQUEST TO MAINTAIN
A NON-TREASURY CASH ACCOUNT**

See MOM Chapter 2-1900 for more information.

1) Agency Number/Name	2) Effective Date <i>(mm/dd/yyyy)</i>
3) Action: Establish	4) Account: Custodian Cash Account (1106) Revolving Cash Account (1103)

5) Bank Information:

Location of Account (City): _____

Bank Name: _____

Account Number: _____

6) Category of Non-treasury Cash Account: *(check appropriate box)*

<input type="checkbox"/> Cash Change Account (1101)	<input type="checkbox"/> Imprest Cash Account (1102)	<input type="checkbox"/> Revolving Cash Account (1103)
Currently Authorized _____ Requested Increase _____ (Decrease) _____	Currently Authorized _____ Requested Increase _____ (Decrease) _____	Currently Authorized _____ Requested Increase _____ (Decrease) _____
Requested New _____ Total _____	Requested New _____ Total _____	Requested New _____ Total _____
Location of Account _____	Location of Account _____	Location of Account _____

Fund Number _____ Fund Number _____ Fund Number _____

7) Purpose of Account/Justification

Business Unit _____

Document No _____

8) Agency Authorization	Authorized Signature	Date
To Be Completed by Department of Administration		
DOA Approval	Approved _____ Not Approved _____	Authorized Signature _____ Date