

**STATE OF MONTANA
STATEWIDE ACCOUNTING SYSTEM**

**FORM 134
STATISTICS
ACCOUNT CODE**

1) Agency Number/Name	2) Effective Fiscal Year
3) Action <i>Establish: complete fields 1 - 8</i> <i>Modify: complete fields 1 - 8</i> <i>Inactivate: complete fields 1 - 6, 8</i>	
4) Account Number	5) Account Name <i>(limited to 30 characters)</i>
6) Description/Modification	

7) Unit of Measure *(limited to 3 characters)*

8) Agency Authorization	Authorized Signature	Date	Email Authorization Attached
To Be Completed by Department of Administration			
DOA Approval	Approved Not Approved	Authorized Signature	Date
DOA Processing	Short Description <i>(10 characters)</i>	Account ChartField Value Updated	Date