

**STATE OF MONTANA  
STATEWIDE ACCOUNTING SYSTEM**

**Fund  
Equity  
Transaction**

- 1) Agency Business Unit and Name**
- 
- 2) Type of Equity Account Transaction** Prior Period Adj - Correction of Error : Fields 3-13  
 Prior Period Adj - Other : Fields 3-10 Equity Reclassification: Fields 3 - 7 Fiscal Year-End Adj: Fields 3 - 7
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- |                       |                  |                   |                                 |
|-----------------------|------------------|-------------------|---------------------------------|
| <b>3) Fund Number</b> | <b>4) Ledger</b> | <b>Actuals</b>    | <b>5) Normal Equity Account</b> |
|                       |                  | <b>Entitywide</b> | Please Identify _____           |
- 
- 6) SABHRS Journal ID**
- 
- 7) Provide a narrative description of adjustment:**
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- 8) Is there another fund that the transaction can be recorded in?**  
 Yes, Please list \_\_\_\_\_ No
- 
- 9) Was there authority remaining to cover the transaction (if an expenditure correction)?**
- 
- 10) Fiscal year(s) related to the underlying transaction(s) (must be prior to last fiscal year)**
- 
- 11) Original document, such as SABHRS deposit, voucher or journal (if known)**
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- 12) Why was the error not discovered sooner?**
- 
- 13) What controls are in place to ensure error does not occur again?**

<b>Agency Authorization</b>	Authorized Signature	Email Authorization Attached Yes	Date
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To Be Completed by Department of Administration			
<b>DOA Approval</b>		Approved	Authorized Signature
		Not Approved	
		Closing Tree Updated, if applicable	
			Date