

**STATE OF MONTANA
STATEWIDE ACCOUNTING SYSTEM**

**FORM 134
STATISTICS
ACCOUNT CODE**

1) Agency Number/Name	2) Effective Date 07/01/_____
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	Email Authorization Attached Yes	Date				
To Be Completed by Department of Administration							
DOA Approval	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Approved</td> <td style="padding: 2px;">Authorized Signature</td> </tr> <tr> <td style="padding: 2px;">Not Approved</td> <td style="padding: 2px;"></td> </tr> </table>	Approved	Authorized Signature	Not Approved			Date
Approved	Authorized Signature						
Not Approved							
DOA Processing	Short Description <i>(10 characters)</i>	Acct Chartfield Value Updated	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Initials</td> <td style="padding: 2px;">Date</td> </tr> </table>	Initials	Date		
Initials	Date						