STATE OF MONTANA
STATEWIDE ACCOUNTING SYSTEM

FORM 133
EXPENDITURE/EXPENSE ACCOUNT CODE

1) Agency Number/Name	**2) Effective Date** 07/01/____

3) Action
- ☐ *Establish: complete fields 1 - 9*
- ☐ *Modify: complete fields 1 - 5, 7-9*
- ☐ *Inactivate: complete fields 1 - 5, 8*

4) Account Number	**5) Account Name** *(limited to 30 characters)*

6) Account to be Used for Nonbudgeted Expenditure in a Budgeted Fund

☐ Yes (*OBPP approval required*)

☐ No

7) Description/Modification

8) Agency Authorization	Authorized Signature	Email Authorization Attached ☐ Yes	Date

9)Would you like this to be a system maintained account? *(if yes, provide detail in field 7)* ☐ Yes ☐ No

OBPP Authorization	☐ Approved ☐ Not Approved	Authorized Signature	Date

To Be Completed by Department of Administration

DOA Approval	System Maintained Account?	Yes ☐ No ☐	☐ Approved ☐ Not Approved	
	CAFR Tree Spreadsheet ☐	Authorized Signature	☐ Approved ☐ Not Approved	Date
DOA Processing	Maintained Acct. Chartfield ☐	Short Description	Account Chartfield Value Updated ☐	
	Acct Tran Tree ☐	LAD Tree ☐	Combo Edit Run ☐	Initials / Date

REVISED 5/2016