

STATE OF IDAHO - STARS CASH RECEIPT INPUT

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE #	DATE

CURRENT DOCUMENT NO.

SFX	TC	R	INDEX	2ND AGY	PCA	SUBSID	REV-SOBJ/DT	AMOUNT	INVOICE DESCRIPTION	FUND/DT	G=GRANT/PH P=PROJ/PH
							/			/	G= / P= /
REF-DOC/SFX	BFY	GAAP	PCN	EXP-SOBJ/DT	BU	PROP#	CMP#	INVOICE-NO	VENDOR-NO/SFX	F/O	LOC / FAC / TASK
/				/					/		

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