PM-029

STATE OF ARIZONA

GRANT CONTROL PROFILE

PREPARED BY:	AGENCY:		PHONE:
AUTHORIZED BY:	DATE:	ENTERED BY:	DATE:

ACTION

A = ADD
C = CHANGE
D = DELETE

AGENCY

GRANT NO/PH

TITLE

EXP POST LEVEL IND

REV POST LEVL IND

GRANT CTL TYPE IND

CASH CTL POST IND

CASH CTL TYPE IND

PROJECT NO/PH

SERV DATE CTL IND

BILLING INFO

METHOD

CYCLE

MMDD: 1

MMDD: 2

MMDD: 3

MMDD: 4

OBJ RGE-LOW

OBJ RGE-HIGH

OBJECT RANGE-RATE

RECOVERY SEGMENT

CURRENT DOCUMENT SUFFUX

TRANS CODE

INDEX

PCA

APPN YR

COMPTROLLER/ AGENCY OBJECT

FUND

DESCRIPTION

MP CODE

AGENCY CODE - 1

AGENCY CODE - 2

AGENCY CODE - 3

FINAL POST DATE

STATUS CD

EFF START DATE

EFF END DATE