

PH-ACCT-VALIDATION					
File: 145					
Selected for download by Agency Number and Fiscal Year					
Field Name	Format	Length	Edit Mask	Beg. Pos.	End. Pos.
AGENCY	A	4		1	4
A unique identifier for a Mississippi state government agency.					
NAME/CODE	A	10		5	14
Program, source, fund, activity, etc.					
VALUE	A	8		15	22
Value of program, source, fund, activity, etc.					
BUDGET FISCAL YEAR	A	4		23	26
Budget/fiscal year of program, source, fund, activity, etc.					
START DATE	A	8	YYYYMMDD	27	34
Start date of program, source, fund, activity, etc.					
END DATE	A	8	YYYYMMDD	35	42
End date of program, source, fund, activity, etc.					
SHORT DESCRIPTION	A	35		43	77
Short description used on reports.					
DESCRIPTION	A	50		78	127
Description of program, source, fund, activity, etc.					