**FISCAL NOTE**

Agency:

Appropriation/Allocation:

General subject of regulation:

Citation of regulation:

Estimated appropriations required (in thousands of dollars)

**Expenditures/Revenues**

|  |  |
| --- | --- |
|  | FY \_\_  Appropriation  Requested |
| (Thousands of Dollars) | |
| **OPERATING EXPENDITURES** | **FY\_\_\_** | **FY \_\_\_** | **FY \_\_\_** |
| Personal Services  Travel  Services  Commodities  Capital Outlay  Grants & Benefits  Miscellaneous |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL OPERATING** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FUNDING SOURCE** | | (Thousands of Dollars) | | |
| 1002  1003  1004  1005  1007  1037 | Federal Receipts  GF Match  General Fund  GF/Program (DGF)  I/A Rcpts (Other)  GF/MH (UGF) |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **POSITIONS** |  |  |  |
| Full-time  Part-time  Temporary |  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CHANGE IN REVENUES** |  |  |  |

Date Prepared by: [Signature]

[name and title, printed]

[division/department]

Phone No.: