

(Prepare in triplicate)

*Unsolicited - shows
Hiring Dept fiscal
effect only*

FISCAL NOTE

Prepared in regard to:

House Bill No. 1508
(List bill or resolution and number, if available, or subject)

Amendment to: _____
(List bill or resolution and number)

Requested by: _____ Date of receipt: _____ 19__

In the following space note the fiscal effect in dollars of the legislative proposal. If additional space is needed, attach a supplementary sheet. (Please type)

734 persons presently under family plan.

Additional costs for full monthly rate for family plan - \$52.61.

Total additional cost - \$935,000.

If it appears this legislative proposal may have a fiscal effect upon one or more of the cities and counties of this state but your agency does not have the information available, or cannot gather the information on a timely basis, to allow a dollar estimate, please check one or more of the following:

_____ The measure does have a fiscal impact in an unknown amount

_____ The measure does have a fiscal impact in a dollar amount estimated on the basis of inadequate information. (Enter dollar estimate in space above).

_____ The fiscal impact of the measure is unknown.

Date of preparation: February 2, 1977

Signed *Charles R. Reimers*

Typed Name Charles R. Reimers, Controller

Department ND State Highway Department