(Return in triplicate)   FISCAL NOTE

Bill/Resolution No.: __SB 2565__   Amendment to: _____

Requested by Legislative Council   Date of Request: __1-29-91__

Please estimate the fiscal impact of the above measure for:

[X] State general or special funds   [ ] Counties   [ ] Cities

In the following space note the fiscal effect in dollars of this measure:

Narrative:

No additional funds are needed to administer this program. The agency's budget bill is SB2020.
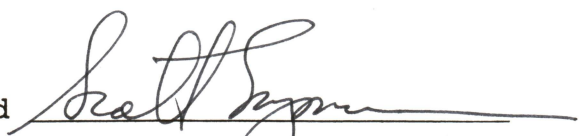
State Fiscal Effect:

1991-92		1992-93		Biennium Total	
General Fund	Special Funds	General Fund	Special Funds	General Fund	Special Funds
					N/A

County and City Fiscal Effect:

1991-92		1992-93		Biennium Total	
Counties	Cities	Counties	Cities	Counties	Cities

If additional space is needed, attach a supplemental sheet.

Signed _[signature]_

Typed Name __Scott Engmann__

Date Prepared: __2/4/91__

Department __Retirement & Investment Office__

Phone Number __224-4885__