

FISCAL NOTE

(Return original and 10 copies)

Bill/Resolution No.: HB 1049 Amendment to: _____

Requested by Legislative Council Date of Request: 12-21-94

- 1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, and cities.

Narrative:

No EFFECT

- 2. State fiscal effect in dollar amounts:

1993-95 <u>Biennium</u>		1995-97 <u>Biennium</u>		1997-99 <u>Biennium</u>	
<u>General</u> <u>Fund</u>	<u>Special</u> <u>Funds</u>	<u>General</u> <u>Fund</u>	<u>Special</u> <u>Funds</u>	<u>General</u> <u>Fund</u>	<u>Special</u> <u>Funds</u>

Revenues:

Expenditures:

- 3. What, if any, is the effect of this measure on the appropriation for your agency or department:

a. For rest of 1993-95 biennium: _____

b. For the 1995-97 biennium: _____

c. For the 1997-99 biennium: _____

- 4. County and City fiscal effect in dollar amounts:

1993-95 <u>Biennium</u>		1995-97 <u>Biennium</u>		1997-99 <u>Biennium</u>	
<u>Counties</u>	<u>Cities</u>	<u>Counties</u>	<u>Cities</u>	<u>Counties</u>	<u>Cities</u>

If additional space is needed, attach a supplemental sheet.

Signed Spaul Collins

Typed Name SPARB COLLINS

Department ND PUBLIC EMPLOYEES RETIREMENT SYSTEM

Phone Number 328-3900

Date Prepared: DECEMBER 22, 1994