

FISCAL NOTE

(Return original and 13 copies)

Bill/Resolution No.: _____ Amendment to: SB 2428

Requested by Legislative Council Date of Request: 2-15-95

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

Narrative:

No Fiscal Impact

2. State fiscal effect in dollar amounts:

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

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

Typed Name Randy Hoffman

Date Prepared: 2-17-95

Department Workers Compensation Bureau

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