## FISCAL NOTE

prepared in regard to:
(List bill or resolution and number, if available, or subject)
Amendment to: (List bill or resolution and number
Requested by: Legislative Council Date of receipt: 12-27 19 74
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)
There is no increased cost in either the area of benefits or administrative.
Date of preparation:
Signed Bronald Thompson
Typed Name- Bronald Thompson, Chairman
Department Workmen's Compensation Bureau