

**LEGISLATIVE FISCAL OFFICE
Fiscal Note Worksheet**

Person Preparing Fiscal Note _____

BILL NUMBER: _____

Phone Number of this Person _____

DRAFTING NUMBER: _____

STATUS OF BILL: _____

DEPT: _____	AUTHOR: _____
DATE SENT TO AGENCY: _____	
DATE RETURNED TO LFO: _____	ANALYST: _____

Expenditure Increase (Decrease)

STATE COSTS	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16
Personal Services					
Operating Expenses					
Professional Services					
Other Charges					
Equipment					
TOTAL STATE EXP.					
PERSONNEL (By Classification)	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16
	No. Av.	No. Av.	No. Av.	No. Av.	No. Av.
	Pos. Sal.	Pos. Sal.	Pos. Sal.	Pos. Sal.	Pos. Sal.

MEANS OF FINANCE FOR ABOVE EXPENDITURES

FISCAL YEAR	STATE GEN. FUND	AGENCY SELF GENERATED	RESTRICTED/ OTHER*	FEDERAL FUNDS	LOCAL FUNDS
11-12					
12-13					
13-14					
14-15					
15-16					

* Specify the fund source being used.

Narrative Explanation of Expenditure Impact

- 1) **Implementation Costs:**
- 2) **Source of Funds** (Include any alternative sources that may be available):

STATE ALL ASSUMPTIONS AND SHOW ALL CALCULATIONS. IF THERE IS NO FISCAL IMPACT, CLEARLY AND COMPLETELY EXPLAIN WHY.

Signature of Agency Head or Designee

Name & Number of Person Preparing Fiscal Note

SEE CONTINUATION SHEET

**LEGISLATIVE FISCAL OFFICE
Fiscal Note Worksheet**

PAGE: 2

DATE: _____

BILL NUMBER: _____

STATUS OF BILL: _____

DRAFTING NUMBER: : _____

Revenue Increase (Decrease)

<u>FISCALYEAR</u>	<u>STATE GEN. FUND</u>	<u>AGENCY SELF GENERATED</u>	<u>RESTRICTED/ OTHER*</u>	<u>FEDERAL FUNDS</u>	<u>LOCAL FUNDS</u>
11-12					
12-13					
13-14					
14-15					
15-16					

Narrative Explanation of Revenue Impact

STATE ALL ASSUMPTIONS AND SHOW ALL CALCULATIONS. IF THERE IS NO FISCAL IMPACT, CLEARLY AND COMPLETELY EXPLAIN WHY.

Signature of Agency Head or Designee

Name & Number of Person Preparing Fiscal Note

SEE CONTINUATION SHEET

LEGISLATIVE FISCAL OFFICE
Fiscal Note Worksheet

PAGE: 3

DATE: _____

BILL NUMBER: _____

STATUS OF BILL: _____

DRAFTING NUMBER: : _____

CONTINUATION SHEET

EXPLANATION OF ESTIMATE:

EXPENDITURES: (Continued)

STATE ALL ASSUMPTIONS AND SHOW ALL CALCULATIONS. IF THERE IS NO FISCAL IMPACT, CLEARLY AND COMPLETELY EXPLAIN WHY.

REVENUES: (Continued)

STATE ALL ASSUMPTIONS AND SHOW ALL CALCULATIONS. IF THERE IS NO FISCAL IMPACT, CLEARLY AND COMPLETELY EXPLAIN WHY.

Signature of Agency Head or Designee

Name & Number of Person Preparing Fiscal Note