

MANAGEMENT AND FISCAL NOTE WORKSHEET

To: _____ Bill Number _____

_____ Fax/Electronic Mail Transmittal

Requested By

Office of the Legislative Fiscal Analyst
 425 State Capitol
 Salt Lake City, UT 84114
 538-1034 FAX 538-1692

Date: _____
Name: _____
Fax Number: _____

Please return to Fiscal Analyst by: _____

TITLE OF BILL: _____

This Bill Takes Effect: On Passage On July 1 Bill Carries Own Appropriation

FISCAL IMPACT OF PROPOSED LEGISLATION

	1st Year _____	2nd Year _____
A. Revenue Impact by Fund and Source:		
1. General Fund		
2. USF - Free Revenue		
3. Transportation Fund		
4. Collections		
5. Other Funds (List Below)		
6. Local Funds		
7. TOTAL		
B. Expenditure Impact by Source of Funds:		
1. General Fund		
2. USF - Free Revenue		
3. Transportation Fund		
4. Collections		
5. Other Funds (List)		
6. Local Funds		
7. TOTAL		
C. Expenditure Impact Detail:		
1. Salaries & Wages		
2. Employee Benefits		
3. Travel		
4. Current Expenses		
5. Capital Outlay		
6. Other (Specify)		
7. TOTAL		

Prepared By _____ Title _____ Phone # _____ Date _____

D. Personal Services Detail: (List number, type, and step range(s) of personnel required)

E. Space Requirement: (Will additional personnel require additional space? If so, specify amount and estimated cost.)

F. Impact on functions, structure and organization of state and/or local government.

G. Aggregate anticipated costs or savings to affected groups, associations, or individuals:

H. Separate costs or savings for affected groups, associations, or individual residents: