

APPROPRIATIONS					
ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
A9 6010 4 4056	Medicaid Fraud Initiative		\$30,000.00		Social Services
A9 6010 4 4046	Fees for Services	30,000.00			Social Services
TOTAL APPROPRIATIONS		\$30,000.00	\$30,000.00		

ESTIMATED REVENUES					
ACCOUNT NO.	RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
TOTAL ESTIMATED REVENUES		\$0.00	\$0.00		
GRAND TOTALS		\$30,000.00	\$30,000.00		