

ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
A9 4310 4 4046	Fee for Services	\$52,843.00		\$161,305.00	Mental Health

TOTAL APPROPRIATIONS	\$52,843.00
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ACCOUNT NO.	RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
A1 4310 0 1625	Acmhb Clinic/Mobile Crisis		\$52,843.00	\$3,637,299.00	Mental Health

TOTAL ESTIMATED REVENUES	\$0.00	\$52,843.00
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GRAND TOTALS	\$52,843.00	\$52,843.00
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