Sheet1

APPROPRIATIONS

		ALLICITATION					
ACCOU	NT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME	ANNUAL
AA 4610 4 4046		Fees for Services	30,000.00			Crime Victims and Sexual Violence Center	
		TOTAL APPROPRATIONS	30,000.00	0.00			
		ESTIMATED REVENUES					
ACCOUNT NO.		RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME	
AA 4610 0 3495	000	NYS Department of Health RPE grant		30,000.00			
		TOTAL ESTIMATED REVENUES		30,000.00			
		GRAND TOTALS	30,000.00	30,000.00			