## **APPROPRIATIONS**

					AFFROFRIATIONS					
	AC	COUNT	NO.		RESOLUTION DESCRIPTION	II.	NCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
4010	1	2146	003	400201	Disease Intervention Specialist I	\$	-	\$ 55,500.00		Health Dept.
4010	1	1903	001	400199	Asst Director of PH Nursing	\$	-	\$ 29,241.00		Health Dept.
4010	1	5165	005	400122	Public Health Aide	\$		\$ 32,600.00		Health Dept.
4010	1	8610			Dentist PT Per Diem	\$		\$ 8,000.00		Health Dept.
4010	4	4046			Fees For Services	\$	-	\$ 15,000.00		Health Dept.
4010	1	8590			RN and PHN Nurse PT	\$	140,000.00	\$ -		Health Dept.
4010	1	3153	003	400090	Public Health Technician	\$	341.00	\$ -		Health Dept.
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	+									
					TOTAL APPROPRATIONS	\$	140,341.00	\$ 140,341.00		
	A C	COLINIT	. NO		DESCRIPTION DESCRIPTION		FODEACE	INCDEACE	LINIT COST	DEDARTMENT NAME
	AC	COUNT	NO.			וט	ECREASE	INCREASE	UNII COST	DEPARTMENT NAME
	+				REVENUES					
					TOTAL FORWATED DEVENUES					
	+				TOTAL ESTIMATED REVENUES	\$	-	\$ -		
					GRAND TOTALS	\$	140,341.00	\$ 140,341.00		
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	4010 4010 4010 4010 4010	4010 1 4010 1 4010 1 4010 4 4010 1 4010 1	4010	4010     1     1903     001       4010     1     5165     005       4010     1     8610       4010     4     4046       4010     1     8590	4010         1         2146         003         400201           4010         1         1903         001         400199           4010         1         5165         005         400122           4010         1         8610         4010	ACCOUNT NO.   RESOLUTION DESCRIPTION	ACCOUNT NO.   RESOLUTION DESCRIPTION   In	ACCOUNT NO.   RESOLUTION DESCRIPTION   INCREASE	ACCOUNT NO.   RESOLUTION DESCRIPTION   INCREASE   DECREASE	ACCOUNT NO.   RESOLUTION DESCRIPTION   INCREASE   DECREASE   UNIT COST