	ACCOUNT NO.	RESOLUTION DESCRIPTION	INCF	REASE	DEC	REASE	UNIT	COST	DEPARTMENT NAME
NH6020	15296	TRANSPORTATION AIDE	\$	12,131			\$	48.526	Shaker Place Rehabilitation and Nursing Center
NH6020	15296	TRANSPORTATION AIDE	\$	12,131			\$		Shaker Place Rehabilitation and Nursing Center
NH6020	NEW	ASST DIR OF DIETARY SERVICES	\$	16,250			\$		Shaker Place Rehabilitation and Nursing Center
							_		
		TOTAL APPROPRIATIONS	\$	40,512	\$	-	- -		
					ES	TIMATED	REVEN	NUES	
	ACCOUNT NO.	RESOLUTION DESCRIPTION	DEC	REASE		TIMATED EASE		NUES COST	DEPARTMENT NAME
	ACCOUNT NO.	RESOLUTION DESCRIPTION	DEC	REASE					DEPARTMENT NAME
NH6020	ACCOUNT NO.	RESOLUTION DESCRIPTION COMMISSIONS	DEC	REASE			UNIT	COST	DEPARTMENT NAME Shaker Place Rehabilitation and Nursing Center
			DEC	REASE	INCR	EASE	UNIT \$	17,500	
	02450	COMMISSIONS TRANSPORTATION SERVICE REVENUE	DEC	REASE	S \$	15,000 25,512	UNIT \$ \$	17,500	Shaker Place Rehabilitation and Nursing Center
NH6020 NH6020	02450	COMMISSIONS	DEC	REASE -	INCR	15,000	UNIT \$ \$	17,500	Shaker Place Rehabilitation and Nursing Center