

APPROPRIATIONS										
		ACCOUNT NO.				RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
A	4010	1	5162	001	400103	Senior Public Health Aide	\$ 400.00	\$ -	\$ 55,936.00	Health Dept.
A	4010	4	4046			Fees For Services	\$ -	\$ 400.00		Health Dept.
						TOTAL APPROPRIATIONS	\$ 400.00	\$ 400.00		
		ACCOUNT NO.				RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
						REVENUES				
						TOTAL ESTIMATED REVENUES	\$ -	\$ -		
						GRAND TOTALS	\$ 400.00	\$ 400.00		