

Department/Agency Fiscal Estimate Form - Detail

0	Department Name
0	Agency Code
0	Fiscal Estimate Compiled by
1/0/00	Date Submitted to OFPR
131st	Legislature
0	LD #
0	LR # (if no LD)
0	Item #

Bill Title

Program #: _____ **Title:** Program Title

Text Box for Initiative Description or "Blippies"/Appropriation or Allocations Paragraphs:

Personal Services Section: (Please attach excel spreadsheet for detail estimate exported from BFMS system to justify requested amount. Remember that BFMS may not be updated for most recent salary and benefit rates. This can be compensated for by starting the position a step higher than otherwise anticipated. Contact your budget analyst for help producing an estimate thru BFMS.)

<u>Job Class Title</u>	<u>Account #</u>	<u>Leg. Count</u>	<u>FTE Count</u>	2022-23	2023-24	2024-25	2025-26	2026-27
Total - Personal Services								

All Other & Capital Expenditure Information

<u>Account #</u>	<u>C&O Code</u>	2022-23	2023-24	2024-25	2025-26	2026-27
Total - All Other						
Total - Capital Expenditures						

Revenue Information:

<u>Account #</u>	<u>C&O Code</u>	2022-23	2023-24	2024-25	2025-26	2026-27

Transfer Information:

<u>Account #</u>	<u>C&O Code</u>	<u>From Acct. #</u>	<u>To Account #</u>	2022-23	2023-24	2024-25	2025-26	2026-27

Detail of Assumptions: