CIT OF MILWAUKEE FISCAL NO

A) DA	ATE	Noveml	per 2, 2004		FILI	E NUMBER:		
					Orig	jinal Fiscal Note X	Substitute	
SUBJECT: Ordinance Relating to the period of the Ambulance Service Plan for the Citywide Emergency Medical Service System commence January 1, 2005								mmencing

B) SUBMITTED BY (Name/title/dept./ext.): Bevan Baker, Commissioner of Health, #2910								***************************************
C) CF								
		ADOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES: FURTHER COMMON COUNCIL ACTION NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW.						
X NOT APPLICABLE/NO FISCAL IMPACT.								
D) CH	IARGE TO:	DEPARTMENT ACCOUNT(DA)			CONTINGENT FUND (CF)			
CAPITAL PROJECTS FUND (CPF) SPECIAL PURP						SPECIAL PURPOSE	ACCOUNTS (SPA)	
	PERM, IMPROVEMENT FUNDS (PIF) GRANT & AID ACCOUNTS (G & AA)							
	OTHER (SPECIFY)							

E) PU	IRPOSE		SPECIF	TY TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS
SALARIE	S/WAGES:			······································				***************************************
SUPPLIES:								
							44 4	
MATERIA	NLS:						***************************************	
NEW FOI	UIPMENT:							
MEALEG	OFFINE IN I.		·					
EQUIPME	ENT REPAIR:		***************************************					
OTHER:								

TOTALS								
F) FOR EXPENDITURES AND REVENUES WHICH WILL OCCUR ON AN ANNUAL BASIS OVER SEVERAL YEARS CHECK THE								
APPROPRIATE BOX BELOW AND THEN LIST EACH ITEM AND DOLLAR AMOUNT SEPARATELY.								
· · · · · · · · · · · · · · · · · · ·	4.0.4/2.200			0.5.15.00	A.A. & A.A. A. A			
1-3 YEARS				3-5 YEARS			***************************************	
1-3 YEARS				3-5 YEARS				
L 1-3 YEARS								
G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:								
H) COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE: Department Estimates								
1) COM CIATIONS USED IN ARRIVING AT FISCAL ESTIMATE. Department Estimates								
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PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE