FISCAL ESTIMATE WORKSHEET Detailed Estimate of Annual Fiscal Effect DOA-2047(R06/99)	X ORIGINAL CORRECTED	□ <sub>UPDATED</sub> □ SUPPLEMENTAL	LRB or Bill No./Adm. Rule No. Chapter Comm 6	Amendment No.
Subject No Smoking				
I. One-time Costs or Revenue Impacts fo none	r State and/or Local G	Government (do not includ	le in annualized fiscal effect):	
II. Annualized Costs:			Annualized Fiscal impact o	n State funds from:
A. State Costs By Category State Operations - Salaries and Fring	ges		\$ Increased Costs	\$ Decreased Costs
(FIE Position Changes)			( TTE)	-
State Operations - Other Costs				-
Local Assistance				-
Aids to Individuals or Organization	S		\$	\$ -
TOTAL State Costs By Catego	ory		\$	\$ -
B. State Costs By Source of Funds  GPR			Increased Costs	Decreased Costs
FED				- -
PRO/PRS				
SEG/SEG-S			\$	\$ -
	when proposal will incr tax increase, decrease i		Increased Rev.	Decreased Rev.
GPR Earned			0	-
FED			\$ 0	\$ -0
PRO/PRS				
SEG/SEG-S				
TOTAL State Revenues				
		) UALIZED FISCAL IMPA	0 0	
		<u>STATE</u>	<u>I</u>	LOCAL
NET CHANGE IN COSTS	\$		. \$	
NET CHANGE IN REVENUES	\$		\$	

Agency/Prepared by: (Name & Phone No.)	Authorized Signature/Telephone No.	Date
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