RESET

FORM: BUDGET

REV. 8/19/99

STATE OF IDAHO - STARS
OTHER BUDGETARY INPUT

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE #	DATE

CURRENT DOCUMENT #	BFY

SFX	TC	RVS	INDEX/PCA	EXP SUBOBJ/DT	REV SUBOBJ/DT	AMOUNT	BUDGET UNIT	FUND/DT
				/	/			/
				/	/			/
				/	/			/