

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE #	DATE

[illegible]

TOTAL:	
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DESCRIPTION (include House or Senate Bill number):

AGENCY APPROVAL: _____ DATE: _____

The APPN Form is provided to help with your data entry. The form can be used to enter totals before committing them to STARS. The form does not need to be sent to SCO or DFM.