

County Budget Form



County of: _____

Day of the Week: _____

Prior Day's Balance

ln #	Revenue Items		
	Property Tax		
1	Amount Subject to Property Tax	<input type="text"/>	
2	Mill Levy	<input type="text"/>	
3	Total Prop. Tax Revenue (ln 1 X ln 2 X 0.001)	<input type="text"/>	<input type="text"/>
	Bond Revenue		
4	Bond #1	<input type="text"/>	
5	Bond #2	<input type="text"/>	
6	Total Bond Revenue (ln 7+ ln 8)	<input type="text"/>	<input type="text"/>
	Miscellaneous Revenue		
7	Misc #1 _____	<input type="text"/>	
8	Misc #2 _____	<input type="text"/>	
9	Misc #3 _____	<input type="text"/>	
10	Total Misc. Revenue (ln 7 + ln 8 + ln 9)	<input type="text"/>	<input type="text"/>
11	Total Revenue (ln 3 + ln 6 + ln 10)		<input type="text"/>

Items shaded in gray are not implemented until a counselor enters the information into the County or Banking Center computer.

Ln#	Expenditure Items		
	Health Care		
12	Amt. Subject to Health Care (no. of unemployed citizens X avg. cost of treating one person [see B.S.S.A. 84-1001])		
13	County Contribution Rate (B.S.S.A. 84-1001)		
14	Total Health Care Expenditures (ln 12 X ln 13)		
	Salaries		
15	Employee #1 _____		
16	Employee #2 _____		
17	Employee #3 _____		
18	Employee #4 _____		
19	Employee #5 _____		
20	Employee #6 _____		
21	Employee #7 _____		
22	Employee #8 _____		
23	Employee #9 _____		
24	Employee #10 _____		
25	Total Salaries (sum ln 15 through ln 24)		
	Bond Payments		
26	Total Amount of Bonds When Issued		
27	Number of Payments		
28	Total Bond Pymt. Expenditures (ln 26 / ln 27)		
	Checks		
29	Check #1 _____		
30	Check #2 _____		
31	Check #3 _____		
32	Check #4 _____		
33	Check #5 _____		
34	Check #6 _____		
35	Check #7 _____		
36	Check #8 _____		
37	Check #9 _____		
38	Check #10 _____		
39	Total Check Exp. (sum ln 29 through ln 38)		
40	Total Expenditures (ln 14 + ln 25 + ln 28 + ln 39)		
	Total Carried Forward to Next Day (Previous Balance + Revenue – Expenditures)		

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