

# City Budget Form

City of: \_\_\_\_\_

Day of the Week: \_\_\_\_\_

**Prior Day's Balance**

In #	Revenue Items		
	<b>Sales Tax</b>		
1	Amount Subject to Sales Tax	<input type="text"/>	
2	Sales Tax Rate	<input type="text"/>	
3	Total Sales Tax Revenue (In 1 X In 2)	<input type="text"/>	<input type="text"/>
	<b>Property Tax</b>		
4	Amount Subject to Property Tax	<input type="text"/>	
5	Mill Levy	<input type="text"/>	
6	Total Prop. Tax Revenue (In 5 X In 6 X 0.001)	<input type="text"/>	<input type="text"/>
	<b>Bond Revenue</b>		
7	Bond #1	<input type="text"/>	
8	Bond #2	<input type="text"/>	
9	Total Bond Revenue (In 7+ In 8)	<input type="text"/>	<input type="text"/>
	<b>Miscellaneous Revenue</b>		
10	Misc #1 _____	<input type="text"/>	
11	Misc #2 _____	<input type="text"/>	
12	Misc #3 _____	<input type="text"/>	
13	Total Misc. Revenue (In 10 + In 11 + In 12)	<input type="text"/>	<input type="text"/>
14	<b>Total Revenue (In 3 + In 6 + In 9 + In 13)</b>		<input type="text"/>

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

In #	Expenditure Items		
	<b>Welfare</b>		
15	Amt. Subject to Welfare Contribution	<input type="text"/>	
16	City Contribution Rate (see B.S.S.A 84-1001)	<input type="text"/>	
17	Total Welfare Expenditures (In 15 X In 16)		<input type="text"/>
	<b>Salaries</b>		
18	Employee #1 _____	<input type="text"/>	
19	Employee #2 _____	<input type="text"/>	
20	Employee #3 _____	<input type="text"/>	
21	Employee #4 _____	<input type="text"/>	
22	Employee #5 _____	<input type="text"/>	
23	Employee #6 _____	<input type="text"/>	
24	Employee #7 _____	<input type="text"/>	
25	Employee #8 _____	<input type="text"/>	
26	Employee #9 _____	<input type="text"/>	
27	Employee #10 _____	<input type="text"/>	
28	Total Salaries (sum In 18 through In 27)		<input type="text"/>
	<b>Bond Payments</b>		
29	Total Amount of Bonds When Issued	<input type="text"/>	
30	Number of Payments	6	
31	Total Bond Pymt. Expenditures (In 29 ÷ In 30)		<input type="text"/>
	<b>Checks</b>		
32	Check #1 _____	<input type="text"/>	
33	Check #2 _____	<input type="text"/>	
34	Check #3 _____	<input type="text"/>	
35	Check #4 _____	<input type="text"/>	
36	Check #5 _____	<input type="text"/>	
37	Check #6 _____	<input type="text"/>	
38	Check #7 _____	<input type="text"/>	
39	Check #8 _____	<input type="text"/>	
40	Check #9 _____	<input type="text"/>	
41	Check #10 _____	<input type="text"/>	
42	Total Check Exp. (sum In 32 through In 41)		<input type="text"/>
43	<b>Total Expenditures</b> (In. 17 + In 28 + In 31 + In 42)		<input type="text"/>
	<b>Total Carried Forward to Next Day</b> (Prev. Balance + Revenue - Expenditures)		<input type="text"/>

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