

# County Budget Form

County of: \_\_\_\_\_

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

Prior Day's Balance

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

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