Name of local government:	
Budget for Fiscal Year:	
Fund Name:	
CASH AVAILABLE, REVENUES, & OTHER FIN	ANCING SOURCES
	AMOUNT
2 Cash Balance in County fund as of June 30th	
Cash Balance all accounts held outside the County as of June 30th	
3 Monies not yet deposited for all accounts	
<u>4</u> Outstanding warrants (checks) as of June 30th	
Cash Available as of July 1st $(5 = (1 + 2 + 3) - 4)$	-
Revenues	AMOUNT
6 Tax Revenue	
7 NON-TAX REVENUES & OTHER FINANCING SOURCES	
Special Assessments License & Permits	
Intergovernmental	
Federal grants (specify below)	
State grants (specify below)	
State shared revenues (specify below) State entitlement	
Charges for Services	
Missellangeus	
Miscellaneous Contribution & donations	
Sale of junk or salvage (non capital items)	
Other (specify)	
Investment earnings	
Other Financing Sources Transfers in from other funds	
(<u>do not use</u> to budget cash transfers between bank	
accounts) Proceeds from long torm dobt	
Proceeds from long term debt Proceeds from sale of capital assets	
TOTAL TAX/NON-TAX REVENUES & OTHER 8 FINANCING SOURCES:	
Total Resources (Total Resources MUST equal Total	
Requirements from page 2, $\underline{11}$)	
<u>9</u> (<u>8</u> = <u>4</u> + <u>Z</u>)	

Name of local government:	
Budget for Fiscal Year:	
Fund Name:	
Fund #:	

	APPROPRIATIONS AND CASH RESERVE						
10	Expenditures	AMOUNT	Expenditures	AMOUNT			
	Personal Services (100)		Fixed Charges (500)				
	Salaries/Wages		Insurance on trucks, buildings, etc.				
	Workers compensation		Bank/Investment charges				
	Employer contributions		Cooperative contracts/agreements				
	Other (specify)		Clothing allowance				
	Supplies (200)		Election costs				
	Office supplies		Other (specify)				
	Equipment (non-capital)		Debt Service (600)				
	Operating supplies		Principal payments				
	Chemicals		Interest payments				
	Gas & oil-vehicles		Other (specify)				
	•		Grants, Contributions and				
	Vehicles (repair & maintenance)		Indemnities (700)				
	Equipment (non-capital)		Donations				
	Other (specify)		Other (specify)				
	Building supplies (repair & maintenance)		<u>Other (800)</u>				
			Transfers to other funds				
			(do not use to budget cash transfers				
	Other (specify)		between bank accounts)				
	Purchased Services (300)		Depreciation				
	Utilities		Losses (bad debt) Enterprise funds only				
	Telephone & communication	_	<u>Capital Outlay (900)</u> (expenditures budgeted to capital outlay				
			MUST meet the local government's				
	Electricity and/or natural gas		capitalization policy.)				
	Repair & Maintenance		Land				
	Building		Building				
	Vehicles		Improvement other than building				
	Office equipment		Machinery & equipment (list below)				
	Publicity, subscriptions, dues		rideninery & equipment (list below)				
	Newspaper publications						
	Subscriptions						
	Membership fees						
	Training	.	Miscellaneous (specify)				
	Tuition/registration costs	-					
	Travel reimbursements						
	Other (specify)						
	Professional services						
	Legal -						
	Accounting & auditing						
	Other (specify)						
	Equipment rental						
		ΤΟ:	TAL ADDDODDIATIONS (EVDENDITUDES).				
			TAL APPROPRIATIONS (EXPENDITURES): penditures for the period stated shall not in any	 			
			otal budgeted appropriations, unless a budget				
			ordance with 7-6-4006, MCA has been passed.)	- I			
	Cash Pasanya						
	Cash Reserve Criteria - If fund is budgeted to receive tax revenue in the fiscal year, the budgeted cash reserve amount cannot exceed						
	1/3 of appropriations. The cash reserve amount ca			 			
11	(= a reserve to meet expenditures made from the			 			
		<i>5 ,</i> .	,,				
	Total Requirements (Total Requirements MUST	T equal Total Possures	es from page 1 8)	 			
12	Total Requirements (Total Requirements \underline{MOSI} ($\underline{11} = \underline{9} + \underline{10}$)	cquai rotal Resource	53 Holli page 1, <u>0</u>)	 			
<u></u>	(<u>11</u> – <u>2</u> + <u>10</u>)						

Name of local gove	ernment:						
Fund Name:	'ear:						
Fund #:							
GENERAL INFORM	ATION REQUIRED						
BOARD:			NAME			DATE TER	M EXPIRES
	Chairman						
	Vice-Chairman						
	Board member Board member						
	Board member						
	Board member						
	Board member						
	Secretary	-					
	Treasurer				_		
	Name):						
	ature):						
Title: Date:							
· · · · ——————————————————————————————	dress:						
City/State/Zip cod	le:						
District Phone #:_							
Email address of D	istrict:						
	<u>INFORMATION BI</u> TO BE COMPLETED			:D			
Patrick McFadden	IO BE COMPLETED	BI THE CLERK AI	ID RECORDE	<u> </u>			
Lincoln County Adı	ministrator						
Lincolli County Au							
Voted Mill Levy Inf	formation						
FY Voted Mills 1st Levied		Last FY Voted Mills will be levied					
FT Voted Mills 1st Levied		Number of Mills	(Sunset)				
Emergency Mill lev	y or other permissi	ve mills per 15-1	0-420(9)				
, ,	rmissive Mill						
(i.e. emergency,	. judgment, etc.)	Number of Mills					
			l				
Current Year Mill Id	evy approved by Co	unty Commission	ers:		•		1
			Number of	Total			
		Number of Mills	voted &	number			
Taxable Valuation	Value Per Mill	Authorized	permissive	of mills	Total Authoriz	zed Tax Revenue	
		without a vote	mills levied	levied			
	1	1	<u>I</u>	<u>I</u>	(should agree	to page 1, # <u>5</u>)	I
* * *							
Special Notes:	Capital Improvement			ır board an	d needs to be	a	
	separate budget from	n your operating bu	iaget.				
Questions??	Contact County Admi 283-2345	inistrator Patrick Mo	Fadden				

Page 3 of 3

pmcfadden@libby.org