

CERTIFIED FINANCIAL STATEMENT (CFS)

FY ____ EXECUTIVE SUMMARY

A Comparison of Total Revenues and Expenses

			Budget Summary
	Budgeted	Actual	Line Reference
TOTAL BUDGETED REVENUES	\$	\$	26
TOTAL BUDGETED EXPENSES	\$	\$	55
BALANCE (Total Revenues minus Total Expenses)	\$	\$	
Remaining Cash Balance	\$	\$	
TOTAL CASH AVAILABLE	\$	\$	

CERTIFIED FINANCIAL STATEMENT (CFS)**FY ____ REVENUE SUMMARY**

REVENUES	Budgeted	Actual
Administration and Finance	\$	\$
Council	\$	\$
Law Enforcement	\$	\$
Fire	\$	\$
Streets and Roads	\$	\$
Airport	\$	\$
Harbor and Dock	\$	\$
Electric Utility	\$	\$
Water and Sewer	\$	\$
Washeteria	\$	\$
Garbage and Landfill	\$	\$
Gravel Sales	\$	\$
Fuel Sales	\$	\$
Pull Tabs	\$	\$
Bingo	\$	\$
Clinic	\$	\$
Library	\$	\$
Grant 1	\$	\$
Grant 2	\$	\$
Capital Project	\$	\$
Other Departments, Enterprises or Grants:		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL FY ____ REVENUES	\$	\$

Budget Summary
Line Reference

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CERTIFIED FINANCIAL STATEMENT (CFS)**FY _____ EXPENSE SUMMARY**

EXPENSES	Budgeted	Actual	Budget Summary Line Reference
Administration and Finance	\$	\$	30
Council	\$	\$	31
Law Enforcement	\$	\$	32
Fire	\$	\$	33
Streets and Roads	\$	\$	34
Airport	\$	\$	35
Harbor and Dock	\$	\$	36
Electric Utility	\$	\$	37
Water and Sewer	\$	\$	38
Washeteria	\$	\$	39
Garbage and Landfill	\$	\$	40
Gravel Sales	\$	\$	41
Fuel Sales	\$	\$	42
Pull Tabs	\$	\$	43
Bingo	\$	\$	44
Clinic	\$	\$	45
Library	\$	\$	46
Grant 1	\$	\$	47
Grant 2	\$	\$	48
Capital Project	\$	\$	49
Other Departments, Enterprises or Grants:			
	\$	\$	50
	\$	\$	51
	\$	\$	52
	\$	\$	53
	\$	\$	54
TOTAL FY _____ EXPENSES	\$	\$	55

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service:

ADMINISTRATION & FINANCE

OPERATING REVENUES	Budgeted	Actual
Sales Tax Income	\$	\$
Property Taxes	\$	\$
Payment in Lieu of Taxes PILT	\$	\$
Annual CAP Payment	\$	\$
Land Lease Income	\$	\$
Interest Earnings	\$	\$
Rental Income	\$	\$
Tobaccco Excise Tax Income	\$	\$
Other Sources of Income:	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 1

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 30

ADMINISTRATION & FINANCE BALANCE (revenues minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

COUNCIL

OPERATING REVENUES	Budgeted	Actual
State of Alaska Elections	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 2

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Stipends	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Election Expenses	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Meeting Expenses	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 31

COUNCIL BALANCE (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

LAW ENFORCEMENT

OPERATING REVENUES	Budgeted	Actual
DOJ Grant	\$	\$
VPSO Funding	\$	\$
Other Funding Sources:	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 3

OPERATING EXPENSES	Budgetd	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Food for Inmates	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Uniforms & Safety Equipment	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 32

POLICE DEPARTMENT BALANCE (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

FIRE

OPERATING REVENUES	Budgeted	Actual
Grant Income	\$	\$
Other Funding Sources:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 4

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Janitorial Supplies	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Uniforms & Safety Equipment	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 33

FIRE DEPARTMENT BALANCE (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service:

STREETS & ROADS

OPERATING REVENUES	Budgeted	Actual
Heavy Equipment Rental Income	\$	\$
Shop Rental Income	\$	\$
Other Sources of Income:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 5

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Janitorial Supplies	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 34

STREETS & ROADS BALANCE (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service:

AIRPORT

OPERATING REVENUES	Budgeted	Actual
Airport Maintenance Contract	\$	\$
Other Sources of Income:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 6

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Janitorial Supplies	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 35

AIRPORT BALANCE (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

HARBOR & DOCK

OPERATING REVENUES	Budgeted	Actual
Harbor / Dock Charges	\$	\$
Fuel Sales	\$	\$
Other Sources of Income:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 7

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 36

HARBOR & DOCK BALANCE (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

ELECTRIC UTILITY

OPERATING REVENUES	Budgeted	Actual
Residential Customer Payments	\$	\$
Commercial Customer Payments	\$	\$
School Payment	\$	\$
Electric Utility: PCE Subsidy	\$	\$
AVEC Reimbursement	\$	\$
Other Income Sources:	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 8

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 37

ELECTRIC UTILITY BALANCE (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

WATER & SEWER

OPERATING REVENUES	Budgeted	Actual
Residential Customers	\$	\$
Commercial Customers	\$	\$
School District Income	\$	\$
Other Income Sources:	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 9

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Repair & Replacement (R&R) Account	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Water Treatment Chemicals & Supplies	\$	\$
Water Sampling and Testing Fees	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 38

WATER & SEWER BALANCE (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service:

WASHETERIA

OPERATING REVENUES	Budgeted	Actual
Washer Income	\$	\$
Dryer Income	\$	\$
Shower/Sauna Income	\$	\$
Soap/Detergent Income	\$	\$
Other Income Sources:	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 10

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Washer & Dryer Parts and Repairs	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 39

WASHETERIA BALANCE (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

GARBAGE & LANDFILL

OPERATING REVENUES	Budgeted	Actual
Garbage Collection Services	\$	\$
Landfill / Dump Fees	\$	\$
Other Income Sources:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 11

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 40

GARBAGE & LANDFILL BALANCE (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

GRAVEL SALES

OPERATING REVENUES	Budgeted	Actual
Gravel Sales	\$	\$
Other Income Sources:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 12

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Stipends	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Uniforms & Safety Equipment	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 41

GRAVEL SALES BALANCE (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

FUEL SALES

OPERATING REVENUES	Budgeted	Actual
Heating Fuel/Diesel Sales	\$	\$
Gas Sales	\$	\$
Avgas Sales	\$	\$
Propane Sales	\$	\$
Motor Oil Sales	\$	\$
Other Income Sources:	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 13

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Stipends	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Avgas	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Motor Oil	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Propane	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 42

FUEL SALES BALANCE (revenues minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

PULL TAB SALES

OPERATING REVENUES	Budgeted	Actual
Pull Tab Sales	\$	\$
Other Revenue Sources:	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 14

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Stipends	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Pull Tab Prize Payouts	\$	\$
Pull Tab Supplies	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
State and Federal Gaming Taxes	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 43

PULL TAB SALES (revenues minus expenses)	\$	\$
--	-----------	-----------

First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

BINGO

OPERATING REVENUES	Budgeted	Actual
Bingo Sheet Sales	\$	\$
Other Revenue Sources:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 15

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Bingo Prize Payouts	\$	\$
Bingo Supplies	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
State and Federal Gaming Taxes	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 44

BINGO BALANCE (revenues minus expenses)	\$	\$
---	-----------	-----------

First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service:

CLINIC

OPERATING REVENUES	Budgeted	Actual
Clinic Lease Income	\$	\$
Other Revenue Sources:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 16

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 45

CLINIC BALANCE (revenue minus expenses)	\$	\$
--	----	----

First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

LIBRARY

OPERATING REVENUES	Budgeted	Actual
Grant Income	\$	\$
Other Revenue Sources:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 17

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Books and Media Purchases	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 46

LIBRARY BALANCE (revenue minus expenses)	\$	\$
---	----	----

First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

GRANT 1

OPERATING REVENUES	Budgeted	Actual
Grant funded by:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 18

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 47

GRANT BALANCE (revenue minus expenses)	\$	\$
---	----	----

First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

GRANT 2

OPERATING REVENUES	Budgeted	Actual
Grant funded by:	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 19

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Stipends	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 48

GRANT BALANCE (revenue minus expenses)	\$	\$
---	-----------	-----------

First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

CAPITAL PROJECT

OPERATING REVENUES	Budgeted	Actual
Funding Source 1:	\$	\$
Funding Source 2:	\$	\$
Funding Source 3:	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line 20

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line 49

CAPITAL PROJECT BALANCE (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____

CERTIFIED FINANCIAL STATEMENT (CFS)

Department/Service: _____

BLANK

OPERATING REVENUES	Budgeted	Actual
Other	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING REVENUES	\$	\$

Budget Summary
Line Reference

Enter on line ??

OPERATING EXPENSES	Budgeted	Actual
Salaries	\$	\$
Payroll Taxes	\$	\$
Airfare	\$	\$
Bank Charges	\$	\$
Building Repairs and Maintenance	\$	\$
Car Rental/Cab/Ride Fees	\$	\$
Donations	\$	\$
Electricity	\$	\$
Gasoline-Avgas-Oil	\$	\$
Hardware, Lumber and Tools	\$	\$
Heating Fuel / Diesel	\$	\$
Interest & Late Charges	\$	\$
Janitorial Supplies	\$	\$
Liability Insurance	\$	\$
Lodging	\$	\$
Membership Fees & Subscriptions	\$	\$
Office Supplies-Equip-Software	\$	\$
Per Diem	\$	\$
Permits / Licenses	\$	\$
Postage & Freight	\$	\$
Professional Services & Contract Labor	\$	\$
Rental Expenses	\$	\$
Retirement/Pension	\$	\$
Telephone & Internet	\$	\$
Training, Workshop & Conference Fees	\$	\$
Vehicle or Heavy Equipment Purchase	\$	\$
Vehicle Parts & Repair	\$	\$
Water & Sewer Expense	\$	\$
Workers' Compensation Ins.	\$	\$
	\$	\$
	\$	\$
TOTAL OPERATING EXPENSES	\$	\$

Budget Summary
Line Reference

Enter on line ??

Dept. _____	Balance (revenue minus expenses)	\$	\$
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First day of the fiscal year _____

Last day of the fiscal year _____