

SAMPLE Annual Operating Budget

Name of Service: Click or tap here to enter text.

Type of Service: Click or tap here to enter text.

Date: Click or tap to enter a date.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1. ADMINISTRATION													
Office equipment & supplies													
Accounting													
Licensing fees													
Legal fees													
Insurance(s):													
<i>Professional liability</i>													
<i>General liability</i>													
<i>Property liability</i>													
<i>Commercial</i>													
<i>Vehicular liability</i>													
<i>Employee Bonding</i>													
<i>Advertising</i>													
2. SALARIES, WAGES & BENEFITS													
Salaries: (List each separately)													
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
FICA (Social Security)													
Health Insurance													
Life Insurance													
Employee training (special)													
Other benefits													
3. OPERATIONS													
Food													
Rent/Mortgage													
Utilities:													
<i>Electricity</i>													
<i>Gas</i>													

 **DBHDS - Office of Licensing**

<i>Cable</i>														
<i>Water</i>														
<i>Sewage</i>														
<i>Internet</i>														
Auto Fuel														
Auto Maintenance														
Facility Maintenance														
Equipment/Supplies														
Motor vehicles														
Laundry/Linens														
Cleaning supplies														
Toiletries														
Staff Travel														
Staff Training (routine)														
Client recreation														
Client allowances														
Office equipment														
Contractual Services														
OTHER:														
Employee taxes														
TOTALS														