

DBHDS ANNUAL OPERATING BUDGET

Service Name: _____ Type of Service: _____ Date: _____

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTALS
1. ADMINISTRATION													
Office equipment & supplies													
Accounting													
Licensing fees													
Legal fees													
Insurance(s)													
Professional liability													
General liability													
Property liability													
Commercial Vehicular liability													
Employee Bonding													
Advertising													
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:													

Electricity													
Gas													
Cable													
Water													
Sewage													
Internet													
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													

Use @ to indicate staff having current certification in First Aid. Use # to indicate staff who have received a certificate in Cardiopulmonary Resuscitation (CPR).