

OSF Form 16 - 1999

Budget Work Program For The Fiscal Year Ending June 30, _____

Detail Of Expenditures By Sub-Activity

Agency Name & Number: _____

Date Filed: _____

Activity Name & Number: _____

Sub-Activity Name & Number: _____

| Object Code | | Estimated Expenditures By Quarter | | | | |
|--|---|-----------------------------------|----------------|---------------|----------------|-------|
| Object of Expenditure | | First Quarter | Second Quarter | Third Quarter | Fourth Quarter | Total |
| 11 | Salaries (Totals of Forms 47 & 47.1) | | | | | |
| 12 | Health, Life, etc. Insurance Premiums | | | | | |
| 13 | FICA - Retirement | | | | | |
| 14 | Benefits Payments | | | | | |
| 15 | Professional Services (from Form 47.2) | | | | | |
| 19 | Inter & Intra-Agency Payments for Personal Services | | | | | |
| A. Total Personal Services | | | | | | |
| | Other Operating Expenses | | | | | |
| B. Total Other Operating Expenses | | | | | | |
| Total Expenditures (Lines A+B) | | | | | | |
| Fund # | Approp. # | Fund Name | | | | |
| | | | | | | |
| Total Funding | | | | | | |

| 6 | 10 | 10 | 6 | 16 | 6 | 16 | 6 | 16 | 6 | 16 | 6 | 16 |
|--|---------------|---------------|---|----------------|-----------|-------------------|-----------|----------------|-----------|-------|-----------|----|
| OSF Form 21 - 1999 | | | Budget Work Program For The Fiscal Year Ending June 30, _____ | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;">Summary of Activities within an Agency</div> | | | | | | | | | | | | |
| Agency Name & Number: _____ | | | | | | Date Filed: _____ | | | | | | |
| Activity # | Activity Name | First Quarter | | Second Quarter | | Third Quarter | | Fourth Quarter | | Total | | |
| | | FTE | \$ Amount | FTE | \$ Amount | FTE | \$ Amount | FTE | \$ Amount | FTE | \$ Amount | |
| | | | | | | | | | | | | |
| Total Expenditures | | | | | | | | | | | | |
| F U N D I N G | Fund # | Fund Name | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total Funding | | | | | | | | | | | | |

NOTE: THIS IS A SYSTEM-GENERATED FORM (NO ENTRY REQUIRED IF DONE THROUGH THE INTEGRETATED CENTRAL SYSTEM)

Budget Work Program For The Fiscal Year Ending June 30, _____

Estimate Of Income To Agency Funds By Quarter

Agency Name & Number: _____

Fund Name & Number: _____

Fund No. _____

Date Filed: _____

| <u>Description</u> | | <u>1st Quarter</u> | <u>2nd Quarter</u> | <u>3rd Quarter</u> | <u>4th Quarter</u> | <u>Total</u> |
|---|---------------|--------------------|--------------------|--------------------|--------------------|--------------|
| A. Cash Balance At Beginning Of the Fiscal Year | | | | | | |
| B. Expenditures During FY For Prior Year Obligations - Operations | | | | | | |
| C. Cash Available (Line A minus Line B) | | | | | | |
| Income By Source: (by 3-digit sub-class receipt code) | | | | | | |
| <u>Receipt Code</u> | <u>Source</u> | | | | | |
| | | | | | | |
| D. Total Income To The Fund by Quarter | | | | | | |
| E. Total Funds Available (C plus D) | | | | | | |
| F. Expenditures For Current Fiscal Year Operations Accounts | | | | | | |
| G. Expenditures For Capital Outlay Accounts | | | | | | |
| H. Balance At The End Of The Fiscal Year (Line E minus Lines F & G) | | | | | | |
| I. Funds Invested By The State Treasurer | | | | | | |

Note: For details on completing this form, see the Office of State Finance Procedures Manual

