

# DBHDS ANNUAL OPERATING BUDGET

Service Name: \_\_\_\_\_ Type of Service: \_\_\_\_\_ Date: \_\_\_\_\_

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

