COUNTY _____

COUNTY CODE _____

SUMMARY OF REQUESTED EXPENDITURES
FISCAL YEAR 2009/2010

ACCT.	DESCRIPTION	PVA REQUESTED AMT.	DEPT. USE ONLY CORRECTED AMT.
	(1) BASE BILLING	$_____	$_____
	(2) ADDITIONAL BILLING (From prior Fiscal Year)	$_____	$_____
	(3) Total Payment to Kentucky State Treasurer from Local Appropriations (100 Accounts for Salary and Fringe Benefits) **(Lines 1+2)**	$ _____	$_____
100	(4) Account Request	$_____	$_____
	(5) Additional Expense (199 Addt'l Deputy Salaries "OX" 199a Local Funded Deputy)	$_____	$_____
100	(6) Total Request **(Lines 3+4+5)**	$_____	$_____
200	(7) Other Services	$_____	$_____
300	(8) Commodities/Other Expenses	$_____	$_____
600	(9) Capital Outlay	$_____	$_____
800	(10) Telecommunications/Computer Services	$_____	$_____
	TOTAL EXPENDITURES (Lines 6+7+8+9+10)	**$** ==========	**$** ==========

COUNTY _____

COUNTY CODE _____

2009/2010 ANTICIPATED LOCAL RECEIPTS

DESCRIPTION	PVA ESTIMATED	DEPT.USE ONLY CORRECTED
Estimated County Appropriations Statutory Approp. $_____ Inspection Period Ad. $_____ Fall Conference $_____ Telephone $_____		
Line (1) **SUBTOTAL COUNTY APPROPRIATIONS**	$_____	$_____
Line (2) Estimated City Receipts 2009/2010 (see worksheet page 18)	$_____	$_____
Line (3) Estimated Receipts from other Districts using Tax Roll	$_____	$_____
Line (4) **TOTAL:** Estimated Local Funding **2009/2010 (Lines 1+2+3)**	$_____	$_____
Line (5)(A)Estimated County & City Funds on Hand as of June 30, 2009 $_____		
(B)Estimated Miscellaneous Funds on Hand as of June 30, 2009 (not subject to Statutory Carry-Over limitation) $_____		
(C)**SUB-TOTAL:** Funds on Hand $_____		
(D)**LESS:** 2008/2009 Funds Returned to County and City per KRS 132.601(2) $_____		
(E)**TOTAL:** Carry-Over Funds on Hand	$_____	$_____
Line (6) 2009/2010 Other Income Not Reported (i.e. Money Market, Saving Accounts, CD's and Grants)	**$_____**	**$_____**
Line (7) 2009/2010 Estimated Interest Income	$_____	$_____
Line (8) 2009/2010 Fee Schedule Income	$_____	$_____
Line (9) 2009/2010 Income from Printing Tax Bills	$_____	$_____
Line (10) **TOTAL:** Miscellaneous Funding **(Lines 6+7+8+9)**	$_____	$_____
Line (11) **TOTAL:** PVA Local Funds Available **(Lines 4+5E+10)**	$_____	$_____

_____ PVA Signature

_____ Date

(1) 2009/2010 City Appropriations Work Sheet

CITY	Assessment**	PVA # ESTIMATED APPROPRIATIONS	DEPT. USE ONLY CORRECTED
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
Total	$	$	$

Are there any communities which pay for use of the assessment on multiple payments (i.e. monthly or quarterly payments)? If so, please list the city and how payment is made below.

(2) COMMUNITY	METHOD AND AMOUNT OF PAYMENT

****.005 per $100 of Assessment- $250 minimum.**

 # KRS 132.285 (1)-The maximum amounts to be charged shall not exceed $40,000 for those cities with an assessment subject to city tax of less than two billion dollars. If the assessment exceeds two billion dollars, the maximum amount shall not exceed $50,000.

OTHER 100 ACCOUNT EXPENSES

		PVA REQUESTED AMT.	DEPT. USE ONLY CORRECTED AMT.
115	**Overtime Compensation**		
	_____	**$**_____	**$**_____
	_____	**$**_____	**$**_____
	115 Subtotal	**$**_____	**$**_____
132	Unemployment Compensation Insurance		
	_____	$_____	$_____
	_____	$_____	$_____
	132 Subtotal	$_____	$_____
133	Educational Expenses		
	_____	$_____	$_____
	_____	$_____	$_____
	133 Subtotal	$_____	$_____
135	Bonds		
	_____	$_____	$_____
	_____	$_____	$_____
	135 Subtotal	$_____	$_____
136	Uniforms-Rental/Purchase		
	_____	$_____	$_____
	_____	$_____	$_____
	136 Subtotal	$_____	$_____

		PVA REQUESTED AMT.	DEPT. USE ONLY CORRECTED AMT.
138	Automobile Liability Insurance		
	_____	$_____	$_____
	_____	$_____	$_____
	138 Subtotal	$_____	$_____
142	Auditing Services		
	_____	$_____	$_____
	_____	$_____	$_____
	142 Subtotal	$_____	$_____
149	Professional Contractual Services		
	_____	$_____	$_____
	_____	$_____	$_____
	149 Subtotal	$_____	$_____
TOTAL REQUEST FOR 100 ACCOUNT		**$** ==========	**$** ==========
199	Additional Billing for Deputy Salaries		
	_____	$_____	$_____
199a	**Local Funded Deputy(ies)**		
	_____	$_____	$_____
	199 Total	$_____	$_____

200 OPERATING EXPENSES

ACCT.	Description	PVA REQUESTED AMT.	DEPT. USE ONLY CORRECTED
223	Rental of Equipment		
	_____	$_____	$_____
	_____	$_____	$_____
	223 Subtotal	$_____	$_____
224	Copy Machine Leasing and Rental		
	_____	$_____	$_____
	_____	$_____	$_____
	224 Subtotal	$_____	$_____
226	Car Leasing and Rental		
	_____	$_____	$_____
	_____	$_____	$_____
	226 Subtotal	$_____	$_____
229	Rentals not Otherwise Classified		
	_____	$_____	$_____
	_____	$_____	$_____
	229 Subtotal	$_____	$_____
231	Maintenance of Buildings		
	_____	$_____	$_____
	_____	$_____	$_____
	231 Subtotal	$_____	$_____

		PVA REQUESTED AMT.	DEPT. USE ONLY CORRECTED AMT.
232	Maintenance of Equipment		
	_____	$_____	$_____
	_____	$_____	$_____
	232 Subtotal	$_____	$_____
233	Copy Machine Maintenance		
	_____	$_____	$_____
	_____	$_____	$_____
	233 Subtotal	$_____	$_____
235	Maintenance of Vehicles		
	_____	$_____	$_____
	_____	$_____	$_____
	235 Subtotal	$_____	$_____
236	Repairs not Otherwise Classified		
	_____	$_____	$_____
	_____	$_____	$_____
	236 Subtotal	$_____	$_____
241	Postage and Postage Meters		
	_____	$_____	$_____
	_____	$_____	$_____
	241 Subtotal	$_____	$_____

		PVA REQUESTED AMT.	DEPT. USE ONLY CORRECTED AMT.
242	Freight and Other Parcel Delivery		
	_____	$_____	$_____
	_____	$_____	$_____
	242 Subtotal	$_____	$_____
252	Printing Paid to Vendor		
	_____	$_____	$_____
	_____	$_____	$_____
	252 Subtotal	$_____	$_____
254	Insurance Premiums		
	_____	$_____	$_____
	_____	$_____	$_____
	254 Subtotal	$_____	$_____
255	Advertising		
	_____	$_____	$_____
	_____	$_____	$_____
	255 Subtotal	$_____	$_____
257	Services Not Otherwise Classified		
	_____	$_____	$_____
	_____	$_____	$_____
	257 Subtotal	$_____	$_____
TOTAL REQUEST FOR 200 ACCOUNT		**$ ==========**	**$ ==========**

300 ACCOUNT COMMODITIES/OTHER EXPENSES

ACCT.	DESCRIPTION	PVA REQUESTED AMT.	DEPT. USE ONLY CORRECTED AMT.
321	Office Supplies (including copier supplies)		
	_____	$_____	$_____
	_____	$_____	$_____
	321 Subtotal	$_____	$_____
323	Janitorial & Maintenance Supplies		
	_____	$_____	$_____
	_____	$_____	$_____
	323 Subtotal	$_____	$_____
330	Photographic & Related Supplies		
	_____	$_____	$_____
	_____	$_____	$_____
	330 Subtotal	$_____	$_____
331	Data Processing Supplies		
	_____	$_____	$_____
	_____	$_____	$_____
	331 Subtotal	$_____	$_____
333	Motor Vehicle Supplies and Parts		
	_____	$_____	$_____
	_____	$_____	$_____
	333 Subtotal	$_____	$_____

AMT.		PVA REQUESTED AMT.	DEPT.USE ONLY CORRECTED
339	Other Supplies/**Uniforms**		
	_____	$_____	$_____
	_____	$_____	$_____
	339 Subtotal	$_____	$_____
343	Motor Fuels and Lubricants		
	_____	$_____	$_____
	_____	$_____	$_____
	343 Subtotal	$_____	$_____
344	License Plates		
	_____	$_____	$_____
	_____	$_____	$_____
	344 Subtotal	$_____	$_____
346	Furniture, Fixtures, and Office Equipment (Unit Cost $500 and Under)		
	_____	$_____	$_____
	_____	$_____	$_____
	346 Subtotal	$_____	$_____
351	Books for Office Use		
	_____	$_____	$_____
	_____	$_____	$_____
	351 Subtotal	$_____	$_____

		PVA REQUESTED AMT.	DEPT. USE ONLY CORRECTED AMT.
361	In State Travel		
	_____	$_____	$_____
	_____	$_____	$_____
	361 Subtotal	$_____	$_____
362	Out of State Travel		
	_____	$_____	$_____
	_____	$_____	$_____
	362 Subtotal	$_____	$_____
381	Miscellaneous Dues/Subscription Multiple Listing Services/Licensing Fees		
	_____	$_____	$_____
	_____	$_____	$_____
	381 Subtotal	$_____	$_____
399	Other		
	_____	$_____	$_____
	_____	$_____	$_____
	399 Subtotal	$_____	$_____
TOTAL REQUEST FOR 300 ACCOUNT		**$** ==========	**$** ==========

600 CAPITAL OUTLAY/EXPENDITURES

Item	Cost Per Item and Quantity	Total Cost	Dept. Use Only Corrected Amt.
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
		$	$
Total Request for 600 Account		**$**	**$**

****Single items over $500.00**

See Budget Instructions for a Description of each account:

601 605 607 609
611
631 635 636

800 ACCOUNT TELECOMMUNICATION/COMPUTER SERVICES

		PVA REQUESTED AMT.	DEPT. USE ONLY CORRECTED AMT.
809	Contracted Computer Services		
	_____	$_____	$_____
	_____	$_____	$_____
	809 Subtotal	$_____	$_____
814	Telephone Charges-Wireless/Cell		
	_____	$_____	$_____
	_____	$_____	$_____
	814 Subtotal	$_____	$_____
815	Telephone Charges-Other		
	_____	$_____	$_____
	_____	$_____	$_____
	815 Subtotal	$_____	$_____
822	**Office Software**		
	_____	**$**_____	**$**_____
	_____	**$**_____	**$**_____
	822 Subtotal	**$**_____	**$**_____
829	Telephone System Software-Other		
	_____	$_____	$_____
	_____	$_____	$_____
	829 Subtotal	$_____	$_____

		PVA REQUESTED AMT.	DEPT. USE ONLY CORRECTED AMT.
831	Personal Computer Hardware < $5,000		
	_____	$_____	$_____
	_____	$_____	$_____
	831 Subtotal	$_____	$_____
837	Telephone System Hardware < $5,000		
	_____	$_____	$_____
	_____	$_____	$_____
	837 Subtotal	$_____	$_____
851	Computer Hardware Maintenance		
	_____	$_____	$_____
	_____	$_____	$_____
	851 Subtotal	$_____	$_____
TOTAL REQUEST FOR 800 ACCOUNT		**$** ==========	**$** ==========