

INSTRUCTIONS FOR COMPLETING BUDGET REQUEST FORM

In accordance with the requirements of WS 16-4-104 The Department of Audit has modified the Standard Budget Form.

1. Please follow the steps below:
 - a. Download as this Excel file and save to your computer.
 - b. **Begin by reading this instruction sheet and continue by inputting data on the following 9 worksheets (Tabs are along the bottom of the page).** This will automatically fill results to the "Budget Summary" sheet.
 - c. Enter all required information at the bottom of this sheet (Name, FYE, Date of Hearing, Location of Hearing).
***** DO NOT enter data into cells shaded in gray *****
2. Choose, in the drop-down box in the upper right corner of this page, which budget ("proposed" or "final") you intend to submit at this time. *****Note: If you are preparing a proposed budget the "Final Budget" column will be blacked out. *****
3. In places you are asked to identify a specific item, please describe it in detail for proposed budget. For EACH budget form prepared (Proposed or Final) you will click the submit button on the "Budget Summary" page. This will save a copy of the budget in your DOCUMENTS folder in .pdf format. The saved copy of the budget will then be submitted via email to your County Commissioners AND to the Wyoming Department of Audit at doa-pfd-web@wyo.gov.
4. **If you have ANY questions, or concerns, please contact the Public Funds Division at 307-777-7798.**

Helpful Tip: Certain headings have comments attached to them, which contain more detailed information regarding the section of the budget form you are about to complete. If you do not see these comments (they appear in yellow boxes to the right of the budget form) simply place the cursor over the cell and they will appear.

NOTE: The column headed "Final Approval" will not be completed until the Public Budget hearing is held. The public hearing is to be held not later than 5 days after the 3rd Thursday in July in accordance with W.S. 16-4-109(b). Or, the governing board of any special purpose district may choose to hold the budget hearing in conjunction with the county budget hearings and so advertise.

BEGIN HERE

<p>NAME OF DISTRICT/BOARD: Washakie Medical Center - Gift Fund</p>	<p>YOUR NAME: Ruth Bower</p>
<p>DISTRICT ADDRESS: PO Box 534 Worland, Wy 82401</p>	<p>HEARING DATE: July 14, 2014</p>
<p>DISTRICT PHONE: (307)-347-2871</p>	<p>LOCATION OF HEARING: Court House</p>
<p>FYE: June 30, 2015</p>	<p>TIME OF HEARING: 7:00 AM</p>

NAME OF DISTRICT/BOARD _____

SCHEDULE A

RESERVE FUNDS WORKSHEET

DATA INPUT

A-1 DEPRECIATION (REPLACEMENT) RESERVE

- A-1.1 Balance in Reserve Account, beginning of budget year
- A-1.2 Amount to be added to the reserve
- A-1.3 SUB-TOTAL
- A-1.4 Identify the amount to be spent from "Reserve for Capital Outlay"
 - a. _____
 - b. _____
 - c. _____
- A-1.5 TOTAL CAPITAL OUTLAY (a+b+c)
- A-1.6 Account (Line 3 - Line 5)

Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$0	

A-2 OTHER RESERVE

- A-2.1 Balance in Reserve Account, beginning of budget year
- A-2.2 Amount to be added to the reserve
- A-2.3 SUB-TOTAL
- A-2.4 Identify the amount and project to be spent from "Other Reserves"
 - a. _____
 - b. _____
 - c. _____
- A-2.5 TOTAL OTHER RESERVE OUTLAY (a+b+c)
- A-2.6 9 - Line 11)

Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$0	

A-3 EMERGENCY RESERVE (cash)

- A-3.1 Balance in Reserve Account, beginning of budget year
- A-3.2 Amount to be added to the reserve
- A-3.3 SUB-TOTAL
- A-3.4 Amount to be spent from Emergency Reserve (Cash)
- A-3.5 15 - Line 16)
- A-4 TOTAL TO BE SPENT**

Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval
\$0	\$0	\$0	
		\$0	
\$0	\$0	\$0	
\$0	\$0	\$0	

Form approved by Department of Audit, Public Funds Division

NAME OF DISTRICT/BOARD

SCHEDULE B
ADMINISTRATION BUDGET

DATA INPUT

		Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval
ACTIVITY					
B-1	Personnel Services:				
B-1.1	Administrator				
B-1.2	Secretary				
B-1.3	Clerical				
B-1.4	Other (Specify)				
B-1.5	_____				
B-1.6	_____				
B-2	Board Expenses:				
B-2.1	Travel				
B-2.2	Mileage				
B-2.3	Other (Specify)				
B-2.4	_____				
B-2.5	_____				
B-3	Contractual Services:				
B-3.1	Legal				
B-3.2	Accounting/Auditing				
B-3.3	Other (Specify)				
B-3.4	_____				
B-3.5	_____				
B-4	Other:				
B-4.1	Office Supplies				
B-4.2	Office equipment, rent & repair				
B-4.3	Education				
B-4.4	Registrations				
B-4.5	Other (Specify)				
B-4.6	_____				
B-4.7	_____				
B-5	TOTAL ADMINISTRATION	\$0	\$0	\$0	

Form approved by Department of Audit, Public Funds Division

NAME OF DISTRICT/BOARD

SCHEDULE F

DEBT SERVICE BUDGET

DATA INPUT

ACTIVITY

F-1 Debt Service

F-1.1 Principal

F-1.2 Interest

F-1.3 Fees

F-2 TOTAL DEBT SERVICE

Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval
\$0	\$0	\$0	

Form approved by Department of Audit, Public Funds Division

NAME OF DISTRICT/BOARD

SCHEDULE G

CASH AND FORECASTED REVENUE

DATA INPUT

FORECASTED REVENUE

G-1 Government Support

- G-1.1 State Aid
- G-1.2 County Aid
- G-1.3 City (or Town) Aid
- G-1.4 Other (Specify)
- G-1.5 Total Government Support

G-2 Operating Revenues

- G-2.1 Customer Charges
- G-2.2 Sales of Goods or Services
- G-2.3 Other Assessments
- G-2.4 Total Operating Revenues

G-3 Grants

- G-3.1 Direct Federal Grants
- G-3.2 Federal Grants thru State Agencies
- G-3.3 Grants from State Agencies
- G-3.4 Total Grants

G-4 Miscellaneous:

- G-4.1 Interest
- G-4.2 Other: Specify
- G-4.3 Total Miscellaneous

G-5 Total Forecasted Revenue

Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval
\$0	\$0	\$0	
\$0	\$0	\$0	
			\$24
\$0	\$0	\$0	\$24
\$0	\$0	\$0	\$24

G-6 Total Estimated Cash and Investments on Hand

G-7 Deductions:

- G-7.1 a. Unpaid bills at FYE
- G-7.2 b. Reserves
- G-7.3 **Total Deductions (a+b)**

G-8 Estimated cash available

G-9 Other Forecasted revenues:

- G-9.1 a. Other past due-as estimated by Co. Treas.
- G-9.2 b. Other forecasted revenue (specify):
- G-9.3 Interest
- G-9.4
- G-9.5 **Total Other Forecasted Revenue (a+b)**

G-10 Total Cash Available and Forecasted Revenue

Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval
	\$8,325	\$8,325	
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$8,325	\$8,325	
	\$24		
\$0	\$24		\$0
\$0	\$8,349	\$8,349	

Proposed Budget

Washakie Medical Center - Gift Fund

FYE June 30, 20

NAME OF DISTRICT/BOARD

SCHEDULE H

Analysis of Additional Financial Support Required:

- H-1** Tax levy (for entities able to make levies)
- H-2** Other County Support
- H-3** Provision for tax shrinkage (Provided by County Treasurer)

DATA INPUT

Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval

Form approved by Department of Audit, Public Funds Division

NAME OF DISTRICT/BOARD

I-1 BUDGET MESSAGE

Form approved by Department of Audit, Public Funds Division

Proposed Budget

Washakie Medical Center - Gift Fund

July 14, 2014

NAME OF DISTRICT/BOARD

DATE OF BUDGET HEARING

June 30, 2015

Court House

7:00 AM

FYE

LOCATION OF BUDGET HEARING

TIME OF HEARING

FINAL BUDGET SUMMARY

	Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval
S-1 Total Expenditures, Cash Requirements	\$0	\$0	\$8,349	
S-2 Total to be added to Reserves	\$0	\$0	\$0	
S-3 Total Cash and Forecasted Revenues	\$0	\$8,349	\$8,349	
S-4 Additional Financial Support Required	\$0	-\$8,349	\$0	
S-5 Amount as approved by County Commissioners	\$0	\$0	\$0	

Analysis of additional Financial Support Required:

	Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval
S-6 Tax levy (for entities able to make levies)	\$0	\$0	\$0	
S-7 Other County Support	\$0	\$0	\$0	

Additional funding approved by:

County Commissioner

Date Approved _____

S-8 BUDGET MESSAGE

per W.S. 16-4-104(c)

Budget Officer / District Official (if not same as "Submitted by")

Date adopted by Special District _____

NAME OF DISTRICT/BOARD

CASH AND FORECASTED REVENUE

FORECASTED REVENUE

J-1	Government Support
J-2	Operating Revenues
J-3	Grants
J-4	Miscellaneous:
J-5	Estimated Cash Available
J-6	Other Forecasted Revenue
J-7	Total Cash Available and Forecasted Revenue

Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$24	
\$0	\$8,325	\$8,325	
\$0	\$24	\$0	
\$0	\$8,349	\$8,349	

Washakie Medical Center - Gift Fund

FYE June 30, 2015

NAME OF DISTRICT/BOARD

ESTIMATED EXPENDITURES

J-8	Administration
J-9	Operations
J-10	Indirect Costs
J-11	Capital Outlay
J-12	Debt Service
J-13	Provision for Tax Shrinkage
J-14	Total Expenditures

Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$8,349	
\$0	\$0	\$0	
\$0	\$0	\$0	
\$0	\$0	\$8,349	

SUMMARY OF RESERVE FUNDS

J-15 Beginning Balance in Reserve Accounts
 J-15.1 a. Depreciation Reserve
 J-15.2 b. Other Reserve
 J-15.3 c. Emergency Reserve (Cash)
 J-15.4 **Total Reserves (a+b+c)**

J-16 Amount to be added
 J-16.1 a. Depreciation Reserve
 J-16.2 b. Other Reserve
 J-16.3 c. Emergency Reserve (Cash)
 J-16.4 **Total to be added (a+b+c)**

J-17 Subtotal
J-18 Less Total to be spent
J-19 Total Reserves

Prior Year Actual	Current Year Estimated	Proposed Budget	Final Approval
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0

PREPARED BY: Ruth Bower

DISTRICT ADDRESS: PO Box 534
Worland, Wy 82401

DISTRICT PHONE: (307)-347-2871

*Prepared in compliance with the Uniform Municipal Fiscal Procedures Act (W.S. 16-4-101 through 124) as it applies
 Form approved by Department of Audit, Public Funds Division*