

# Operating Budget Form

*Please use this form for your entire organization's current fiscal year budget.*

**Organization Name:** \_\_\_\_\_

For the period: \_\_\_\_\_ to \_\_\_\_\_

**Revenue:**

Source	Amount budgeted	Year-to-date received As of
Contributions:		
Your Foundation		
Corporations		
United Way/United Fund		
Government grants & contracts		
Program service revenues		
Membership		
Interest & dividends		
Fundraising events & products		
Other Revenues (specify)		
<b>Total</b>		

**Expenses:**

Item	Amount budgeted	Year-to-date expensed As of
Salaries & wages		
Benefits & payroll taxes		
Consultants & professional fees		
Supplies		
Phone		
Postage		
Occupancy		
Equipment rental & maintenance		
Printing & publications		
Travel & training		
Other Expenses (specify)		
<b>Total</b>		