

Form For Budget, Cumulative Quarterly Report and Annual Settlement For Calendar Year 20\_\_

County Sheriff

Part One ~ Summary and Reconciliation of All Accounts

Show & Describe All Accounts	Column 1	Column 2	Column 3	Column 4	Column 5
	20__ Fee Account	20__ Fee Account			
	Budget Estimate	Cumulative Actual	Account (NOT FEE ACCOUNT)	Account (NOT FEE ACCOUNT)	Account (NOT FEE ACCOUNT)
1. Receipts YTD	\$461,320.00				
2. Total Disbursements YTD	\$6,000.00				
3. Book Balance/Excess Fees	\$455,320.00				
4. Bank Statement Balance					
5. Plus Deposits in Transit					
6. Less Outstanding Checks					
7. Other					
8. Reconciled Bank Balance					
9. Accounts Receivable as of 12/31					
10. Unpaid Obligations as of 12/31					
11. Excess Fees					

**Instructions:** This form is the required format for the budget and the quarterly report. BUDGET: After completing the budget estimate columns of Parts One, Two and Three, submit to the fiscal court for approval by January 15th and following approval submit to the state local finance officer. QUARTERLY REPORT: The quarterly report is cumulative. Show the status of all funds in the official's charge during calendar year to date in Part One. **Line 1** Show total receipts on a cash basis for the year to date including any beginning balances for all accounts. **Show current year fee account in COLUMN 2 as calculated in Part Two of report.** **Line 2** Show total disbursements on a cash basis for the year to date for all accounts. **Show current year fee account in COLUMN 2 as calculated in Part Three of report.** **Line 3** Show difference between lines 1 and 2 for all accounts. **Line 4** Show bank statement balance(s) at close of quarter. **Line 5** Show total deposits made prior to close of quarter that are not reflected in bank statement(s). **Line 6** Show total amount of checks issued prior to close of quarter that are not reflected in bank statement(s). **Line 7** Show investments. **Line 8** Show line 4 adjusted for lines 5, 6, and 7. Line 8 should equal line 3 for all accounts. **Line 9** Complete for quarter ending 12/31. Show calculation in Part Two of report. **Line 10** Complete for quarter ending 12/31. Show calculation in Part Three of report. **Line 11** Complete for quarter ending 12/31. Show line 8 adjusted for lines 9 and 10. All debt to be shown in Part Four. Report due to: **State Local Finance Officer, 1024 Capital Center Drive, Suite 340, Frankfort, KY 40601-8204** by the 30th day following the close of each quarter. **Fax # 502-573-3712 / Ph # 502-573-3710.**

Approved by the fiscal court on the \_\_\_\_ day of\_\_\_\_\_, 20\_\_.

County Judge/Executive

Date

To the best of my knowledge the information reported herein for the budget/quarter ended \_\_\_\_\_ is accurate and complete.

Signature of County Sheriff

Date