

**FORM
OR-LB-1**

NOTICE OF BUDGET HEARING
Oregon Department of Revenue

A public meeting of the _____ will be held on _____ at _____ at _____
(Governing body) (Date) a.m. p.m.

_____, Oregon. The purpose of this meeting is to discuss the budget for the
(Location)

fiscal year beginning July 1, 20____ as approved by the _____ Budget Committee. A summary of
(Municipal corporation)

the budget is presented below. A copy of the budget may be inspected or obtained at _____
(Street address)

_____ between the hours of _____ a.m., and _____ p.m., or online at _____ This

budget is for an annual; biennial budget period. This budget was prepared on a basis of accounting that is: the same as;

different than the preceding year. If different, the major changes and their effect on the budget are:

Contact	Telephone number	E-mail
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FINANCIAL SUMMARY – RESOURCES

TOTAL OF ALL FUNDS	Actual Amounts 20____–20____	Adopted Budget This Year: 20____–20____	Approved Budget Next Year: 20____–20____
1. Beginning Fund Balance/Net Working Capital			
2. Fees, Licenses, Permits, Fines, Assessments & Other Service Charges...			
3. Federal, State & all Other Grants, Gifts, Allocations & Donations			
4. Revenue from Bonds & Other Debt			
5. Interfund Transfers/Internal Service Reimbursements			
6. All Other Resources Except Current Year Property Taxes			
7. Current Year Property Taxes Estimated to be Received.....			
8. Total Resources —add lines 1 through 7.....			

FINANCIAL SUMMARY – REQUIREMENTS BY OBJECT CLASSIFICATION

9. Personnel Services			
10. Materials and Services			
11. Capital Outlay			
12. Debt Service			
13. Interfund Transfers.....			
14. Contingencies.....			
15. Special Payments			
16. Unappropriated Ending Balance and Reserved for Future Expenditure			
17. Total Requirements —add lines 9 through 16.....			

FINANCIAL SUMMARY – REQUIREMENTS AND FULL-TIME EQUIVALENT EMPLOYEES (FTE) BY ORGANIZATIONAL UNIT OR PROGRAM*

Name of Organizational Unit or Program			
FTE for Unit or Program			
Name			
FTE			
Name			
FTE			
Name			
FTE			
Name			
FTE			

