Town of Hollis
Budget Request Form
July 1 to June 30
Fiscal Year End 20____

All requests and supporting documentation must be submitted by December 31st.

DEPARTMENT/AGENCY: _____ Acct#_____
CONTACT PERSON: _____ Phone#_____

Amount Requested for Previous Year Ended 20_____ $_____

Amount Requested for Current Year Ended 20_____ $_____

Major Categories:

Wages and Salaries:_____ Number of Employees:_____

Operating Expenses (Type):	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Fuel & Utilities:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____

Capital Items:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL:_____

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DEPARTMENT/AGENCY: _____ Acct#_____
CONTACT PERSON: _____ Phone#_____

Signature:_____ Date:_____

Please furnish 15 copies of the completed form along with 15 copies of the supporting documents for this request.

Discussion:_____
_____
_____
_____
_____
_____
_____