

# Town of Plainfield

Department or Office: Cemetery Comm. Submitted by: Ruth E. Osgood

## DETAILED ESTIMATES FOR PLAINFIELD FY 2024 BUDGET

Please complete all (3) pages of this form so we can best evaluate and respond to your anticipated needs. *Requests that are not accompanied by an explanatory description will be returned for completion.*

**A. Operating Expenses (please do not include wages, salaries, or stipends in operating expenses)**

<u>Operating Expenses</u>	FY'23 Approved	FY '23 (spent thru <u>12/22</u> )	FY 2024 (Requested)
1. _____	<u>4,000</u>	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
<b><u>TOTALS</u></b>	<u>\$ 4,000.00</u>	<u>\$ 300.00</u>	<u>4,000</u>

Info already in form: Fiscal 2022 Operating Budget.xlsx

Please explain significant increases or decreases and any new items. (Attach additional pages if necessary.)

## DETAILED ESTIMATES FOR FY 2024

### B. Personnel Expenses: (wages, salaries, stipends, honoraria, etc.)

Please note the following *important* points:

1. Please indicate whether a wage or salary is based on an hourly pay rate. If so, please include the hourly rate and the number of hours worked per week.
2. Please **DO NOT include** a cost of living adjustment (COLA) in your salary request. A single COLA for all town employees will be recommended by the Finance Committee.
3. If any proposed salary is different from that of the previous year, please include an explanation (for example, an increase in workload or a change in responsibilities).

<u>Position</u>	<u>FY '23</u> <u>(Approved)</u>	<u>FY '23</u> <u>(thru 12/22)</u>	<u>FY 2024</u> <u>(Requested)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
<b><u>TOTAL</u></b>	_____	_____	_____

### C. Capital Expenses: (building and/or equipment costs greater than \$5,000). List items in order of priority for your department.

<u>Capital Item Description</u>	<u>FY '22</u> <u>(Approved)</u>	<u>FY '23</u> <u>(Approved)</u>	<u>FY 2024</u> <u>(Requested)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
<b><u>TOTALS</u></b>	_____	_____	_____

Please explain below why each capital item is needed, its expected lifetime, and whether it can be deferred until the next budget year. (Attach additional pages if necessary.)

