

MS

Board

Town of Plainfield

Department or Office: ADA Submitted by: _____

DETAILED ESTIMATES FOR FY 2019

Please complete both sides of this form so we can best evaluate and respond to your anticipated needs.

A. Operating Expenses:

Description	FY 2018	FY 2019
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
TOTAL	<u>100</u>	<u>100</u>

Please explain significant increases or decreases from the FY2018 budget, including new items. See attached report which provides your actual spending for FY2016, FY2017 and FY2018 (first 6 months only) and will act as a benchmark for analysis by the Finance Committee.

Attach additional pages if necessary.