

**CERTIFIED STATEMENT OF BUDGETED LOCAL OPERATING
INCOME AND EXPENDITURES**
For Fiscal Year Ending June 30, 2009

Legal Name of Library or Library System _____

LOCAL INCOME (Exclude anticipated state and federal aid)

**TOTAL
LOCAL INCOME**

Balance from previous year	\$	_____
City of _____	\$	_____
County of _____	\$	_____
County of _____	\$	_____
County of _____	\$	_____
Town of _____	\$	_____
Town of _____	\$	_____
Endowments	\$	_____
Monetary Gifts (estimated)	\$	_____
Fines (estimated)	\$	_____
All Other	\$	_____
TOTAL	\$	_____

**ESTIMATED EXPENDITURES
(Exclude anticipated state and federal aid)**

**TOTAL
LOCAL EXPENDITURES**

Salaries	\$	_____
Books & Related Materials	\$	_____
Contractual Services	\$	_____
Equipment	\$	_____
Rent	\$	_____
Other	\$	_____
TOTAL	\$	_____

CERTIFICATION

_____ Signature	_____ Title of Official Disbursing Officer
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THE FOLLOWING CERTIFICATE MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER PERSON AUTHORIZED TO TAKE ACKNOWLEDGMENTS:

STATE OF VIRGINIA, COUNTY/CITY _____.

On this _____ day of _____, 20____, _____ whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the forgoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____