(Revised 03/02)

Agency Name and Number **Report No. 6**
FINAL BUDGET REPORT
Fund Name and Number
For the fiscal year July 1, 20___ to June 30, 20 ___

All programs	Allotments	Expenditures	Encumbrances	Balance
Personal Services				
Salaries and Wages	21,474,000.00	11,162,414.40	0.00	10,311,585.60
Staff Benefits				
Employee Retirement	4,404,000.00	3,416,351.47	0.00	987,648.53
OASDI	1,807,000.00	1,455,860.58	0.00	351,139.42
Health and Welfare Insurance	1,472,000.00	1,422,030.40	0.00	49,969.60
Worker's Compensation	85,000.00	154,711.27	0.00	-69,711.27
Unemployment Insurance	0.00	40,236.92	0.00	-40,236.92
Dental Insurance	23,000.00	202,898.44	0.00	-179,898.44
Total Staff Benefits	7,791,000.00	6,692,089.08	0.00	1,098,910.92
Estimated Salary Savings	-4,132,480.00	0.00	0.00	-4,132,480.00
Total Personal Services	25,132,520.00	17,854,503.48	0.00	7,278,016.52
Operating Expenses and Equipment				
General Expense	2,173,080.00	2,009,714.19	0.00	163,365.81
Printing	1,038,000.00	897,093.70	0.00	140,906.30
Communications	471,000.00	456,490.18	0.00	14,509.82
Postage	4,763,000.00	3,937,469.44	0.00	825,530.56
Travel: In-State	1,230,000.00	1,243,403.06	0.00	-13,403.06
Travel: Out-of-State	332,000.00	106,153.11	0.00	225,846.89
Training	138,000.00	89,204.66	0.00	48,795.34
Facilities Operation	2,153,000.00	2,040,080.39	0.00	112,919.61
Cons. & Prof. Svcs. Interdepartmental	348,000.00	367,957.23	0.00	-19,957.23
Cons. & Prof. Svcs. External	2,156,400.00	2,070,190.19	0.00	86,209.81
Consolidated Data Center	4,525,000.00	4,408,580.72	0.00	116,419.28
Data Processing	179,000.00	211,477.66	0.00	-32,477.66
Central Administrative Services	182,000.00	120,087.61	0.00	61,912.39
Equipment	279,000.00	263,716.70	0.00	15,283.30
Total Operating Expenses and Equipment	19,967,480.00	18,221,618.84	0.00	1,745,861.16
Subtotal	45,100,000.00	33,034,390.23	0.00	115,929.39
Reimbursements	-6,000,000.00	-5,974,840.19	0.00	-25,159.81
Totals	39,100,000.00	39,009,230.42	0.00	90,769.58

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MARCH 2002

Agency Name and Number **Report No. 6**
FINAL BUDGET REPORT
Fund Name and Number
For the fiscal year July 1, 20___ to June 30, 20 ___

I certify (or declare) under penalty of perjury that the foregoing is true and correct and that I have not violated any of the provisions of Article 4, Chapter 1, Division 4, Title 1, Government Code (commencing with Section 1090).

Subscribed and executed this ____ day of _____, 20__ at _____, California.

_____
Signature of Officer

_____
Type or print name of Officer

_____
Title of Officer

I certify (or declare) that the expenditures shown on this budget report have been made for the purposes stated in the budget, as implemented by the Budget Act, except as the purposes stated have been revised, in accordance with law, by the Department of Finance subsequent to the enactment of the Budget Act.

_____
Signature of Head of State Agency

_____
Print name

_____
Title

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