

**FORM  
OR-UR-1**

**NOTICE OF BUDGET HEARING**  
Oregon Department of Revenue

A public meeting of the \_\_\_\_\_ will be held on \_\_\_\_\_ at \_\_\_\_\_  a.m. at \_\_\_\_\_  
(Governing body) (Date)  p.m.

\_\_\_\_\_, Oregon. The purpose of this meeting is to discuss the budget for the  
(Location)

fiscal year beginning July 1, 20\_\_\_\_ as approved by the \_\_\_\_\_ Budget Committee. A summary of  
(Municipal corporation)

the budget is presented below. A copy of the budget may be inspected or obtained at \_\_\_\_\_  
(Street address)

\_\_\_\_\_, between the hours of \_\_\_\_\_ a.m., and \_\_\_\_\_ p.m., or online at \_\_\_\_\_

This budget is for an  annual;  biennial budget period. This budget was prepared on a basis of accounting that is:  the same as;  
 different than the preceding year. If different, the major changes and their effect on the budget are:

Contact	Telephone number	E-mail
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**FINANCIAL SUMMARY – RESOURCES**

<b>TOTAL OF ALL FUNDS</b>	Actual Amounts 20____-20____	Adopted Budget This Year: 20____-20____	Approved Budget Next Year: 20____-20____
1. Beginning Fund Balance/Net Working Capital .....			
2. Federal, State & all Other Grants .....			
3. Revenue from Bonds & Other Debt .....			
4. Interfund Transfers.....			
5. All Other Resources Except Division of Tax & Special Levy.....			
6. Revenue from Division of Tax .....			
7. Revenue from Special Levy .....			
8. <b>Total Resources</b> —add lines 1 through 7.....			

**FINANCIAL SUMMARY – REQUIREMENTS BY OBJECT CLASSIFICATION**

9. Personnel Services .....			
10. Materials and Services .....			
11. Capital Outlay .....			
12. Debt Service .....			
13. Interfund Transfers.....			
14. Contingencies.....			
15. Special Payments .....			
16. Unappropriated Ending Fund Balance and Reserved for Future Expenditure ...			
17. <b>Total Requirements</b> —add lines 9 through 16.....			

**FINANCIAL SUMMARY – REQUIREMENTS AND FULL-TIME EQUIVALENT EMPLOYEES (FTE) BY ORGANIZATIONAL UNIT OR PROGRAM\***

Name of Organizational Unit or Program			
FTE for Unit or Program			
Name			
FTE			
Name			
FTE			
Name			
FTE			
Name			
FTE			

Name			
FTE			
Name			
FTE			
Name			
FTE			
Not Allocated to Organizational Unit or Program			
FTE			
<b>Total Requirements</b>			
<b>Total FTE</b>			

**STATEMENT OF CHANGES IN ACTIVITIES AND SOURCES OF FINANCING\***

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**STATEMENT OF INDEBTEDNESS**

Long Term Debt	Estimated Debt Outstanding on July 1	Estimated Debt Authorized, but not Incurred on July 1
General Obligation Bonds .....		
Other Bonds .....		
Other Borrowings .....		
<b>Total</b> .....		

\*If more space is needed to complete any section of this form, use the space below or add sheets.

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