

BUDGET WORKSHEET - EXPENDITURES

Report Sequence = Fund or Acct Group

Account = 01-4155-11-210 thru 01-4155-11-225; Mask = ##-####-##-###

Level of Detail = Account Number; Level = 9

Fund: GENERAL FUND - 25BUDGET

Budget Year: January 2025 thru December 2025

Account Number	Account Name	This Year Budget (3)	This Year Actual (4)	Next Year Requested (5)	Amount Increase (Decrease)	% Increase (Decrease)
Insurance						
01-4155-11-210	BEN - HEALTH INSURANCE	547045.00	491473.24	561524.00	14479.00	2.65
01-4155-11-211	BEN - IN LIEU OF INSURANCE	6600.00	4515.24	6500.00	(100.00)	(1.52)
01-4155-11-212	BEN - DENTAL INSURANCE	4941.00	4230.71	4512.00	(429.00)	(8.68)
01-4155-11-214	BEN - SHORT TERM DISABILITY	6804.00	5787.74	7344.00	540.00	7.94
01-4155-11-215	BEN - LIFE INSURANCE	2754.00	1796.60	2340.00	(414.00)	(15.03)
01-4155-11-225	BEN - FICA/MEDICARE	505.00	289.14	505.00	0.00	0.00
	TOTAL Insurance	568649.00	508092.67	582725.00	14076.00	2.48
	TOTAL BUDGET TOTAL	568649.00	508092.67	582725.00	14076.00	2.48

BUDGET WORKSHEET - EXPENDITURES
 Report Sequence = Fund or Acct Group
 Account = 01-4323-28-393 thru 01-4324-29-562; Mask = 01-####-##-###
 Level of Detail = Account Number; Level = 9

Fund: GENERAL FUND - 25BUDGET

Budget Year: January 2025 thru December 2025

Account Number	Account Name	This Year Budget (3)	This Year Actual (4)	Next Year Requested (5)	Amount Increase (Decrease)	% Increase (Decrease)
WASTE COLLECTION						
Recycling						
01-4323-28-393	W/C - RECYCLING PICKUP	70137.00	59263.38	143050.00	72913.00	103.96
01-4323-28-606	W/C - RECY SUPPLIES/BINS	325.00	(10.00)	0.00	(325.00)	(100.00)
	TOTAL Recycling	70462.00	59253.38	143050.00	72588.00	103.02
Waste Disposal						
01-4323-29-394	W/C - RUBBISH COLLECTION	261371.00	220015.50	362938.00	101567.00	38.86
	TOTAL Waste Disposal	261371.00	220015.50	362938.00	101567.00	38.86
	TOTAL WASTE COLLECTION	331833.00	279268.88	505988.00	174155.00	52.48
WASTE DISPOSAL						
Waste Disposal						
01-4324-29-396	W/D - LANDFILL FEES	153600.00	130578.10	161280.00	7680.00	5.00
01-4324-29-562	W/D - DISPOSAL DUES	4890.00	3318.01	4890.00	0.00	0.00
	TOTAL Waste Disposal	158490.00	133896.11	166170.00	7680.00	4.85
	TOTAL WASTE DISPOSAL	158490.00	133896.11	166170.00	7680.00	4.85
	TOTAL BUDGET TOTAL	490323.00	413164.99	672158.00	181835.00	37.08

BUDGET WORKSHEET - EXPENDITURES

Report Sequence = Fund or Acct Group

Account = 01-4196-11-520 thru 01-4196-11-570; Mask = 01-4196-##-###

Level of Detail = Account Number; Level = 9

Fund: GENERAL FUND - 25BUDGET

Budget Year: January 2025 thru December 2025

Account Number	Account Name	This Year Budget (3)	This Year Actual (4)	Next Year Requested (5)	Amount Increase (Decrease)	% Increase (Decrease)
INSURANCE						
Insurance						
01-4196-11-520	INS - PROPERTY & LIABILITY	81809.00	81809.00	96207.00	14398.00	17.60
01-4196-11-522	INS - WORKERS COMPENSATION	75806.00	75806.00	84903.00	9097.00	12.00
01-4196-11-528	INS - UEMPLOYMENT COMP	1000.00	0.00	1.00	(999.00)	(99.90)
01-4196-11-570	INS - INSURANCE DEDUCTIBLE	1000.00	0.00	5000.00	4000.00	400.00
	TOTAL Insurance	159615.00	157615.00	186111.00	26496.00	16.60
	TOTAL INSURANCE	159615.00	157615.00	186111.00	26496.00	16.60
	TOTAL BUDGET TOTAL	159615.00	157615.00	186111.00	26496.00	16.60

Per Employee Handbook

100% Single, 75% Couple, 75% Family

Medical Plan	Coverage	# Participant	2025 Invoice	Town Cost	FT Emp (mo)	FT Payroll deductions	PT Town Cost	Emp Monthly	PT Payroll Deduction
AB20(01)-RX10/20/45	Single	7	\$1,247.04	\$1,247.04	\$0.00	\$0.00	\$935.28	\$311.76	\$71.95
	Couple	4	\$2,494.08	\$1,870.56	\$623.52	\$143.90	\$1,402.92	\$1,091.16	\$251.83
	Family	1	\$3,367.00	\$2,525.25	\$841.75	\$194.26	\$1,893.94	\$1,473.06	\$339.96
ABSOS20/40/1KDED	Single	3	\$972.47	\$972.47	\$0.00	\$0.00	\$935.28	\$37.19	\$8.58
	Couple	1	\$1,944.94	\$1,870.56	\$74.38	\$17.17	\$1,402.92	\$542.02	\$125.09
	Family	6	\$2,625.66	\$2,525.25	\$100.41	\$23.17	\$1,893.94	\$731.72	\$168.87
NO ELECTION		5	\$108.33	\$108.33					
MC3(01)-RX10/20/45	Single		\$834.92				\$0.00	\$834.92	\$192.69
MCMRX(01)	Single		\$333.92				\$0.00	\$333.92	\$77.06
		27	\$42,688.91	\$39,217.89					
				\$470,614.68					

Dental Plan	Coverage	# Participant	2025 Invoice	Town Cost	FT Emp (mo)	FT Payroll deductions	PT Town Cost	PT Emp (mo)	PT Payroll Deductions
Dental Option 1C	Single	5	\$54.36	\$18.80	\$35.56	\$8.21	\$14.10	\$40.26	\$12.55
	Couple	4	\$105.04	\$18.80	\$86.24	\$19.90	\$14.10	\$90.94	\$24.24
	Family	4	\$189.38	\$18.80	\$170.58	\$39.37	\$14.10	\$175.28	\$43.71
Dental Option 5	Single	4	\$18.80	\$18.80	\$0.00	\$0.00	\$14.10	\$4.70	\$4.34
	Couple	1	\$36.76	\$18.80	\$17.96	\$4.14	\$14.10	\$22.66	\$8.48
	Family	3	\$72.37	\$18.80	\$53.57	\$12.36	\$14.10	\$58.27	\$16.70
NO ELECTION		6						\$0.00	
		27	\$1,021.03	\$319.60					

Dental Plan	# Participant	2025 Invoice	Town Cost (mo)
LIFE	27	\$6.50	\$175.50
STD	27	\$20.40	\$550.80

3 Families @ Highest Plan

Add'l buffer

	Budget	Adj Detail	Total Due
MEDICAL	\$470,614.68	\$90,909.00	\$561,524
IN LIEU OF	\$6,499.80	\$0.20	\$6,500
DENTAL	\$3,835.20	\$676.80	\$4,512
STD	\$6,609.60	\$734.40	\$7,344
LIFE	\$2,106.00	\$234.00	\$2,340
FICA/MEDICARE	\$505.00		\$505
	\$490,170.28	\$92,554.40	\$582,725