

This form may be generated through the Indiana Gateway for Government Units at www.stats.indiana.edu/govtgateway. However, a copy of the form with original signatures is to be submitted separately.

Prescribed by the Department of Local Government Finance
 Approved by the State Board of Accounts

Budget Form No. 4 (Rev. 2011)

ORDINANCE OR RESOLUTION FOR APPROPRIATIONS AND TAX RATE

Be it ordained by the _____ (Unit Name) _____, _____ (County Name) _____, Indiana that for the expenses of _____ (Unit Name) _____ for the year ending December 31, 20xx the sum of _____ (Sum of Appropriation for all funds) _____ as shown on Budget Form 4-A are hereby appropriated and ordered set apart out of the several funds herein named and for the purposes herein specified, subject to the laws governing the same. Such sums herein appropriated shall be held to include all expenditures authorized to be made during the year, unless otherwise expressly stipulated and provided for by law. In addition, for the purposes of raising revenue to meet the necessary expense of _____ (Unit Name) _____, a total property tax levy of _____ (Sum of Property Tax Levy for all funds) _____ and a total tax rate of _____ (Sum of Property Tax Rate for all funds) _____, are adopted as shown on Budget Form 4-B and included herein. Budget Form 4-A and 4-B for all funds and departments are incorporated by the signing of this form and must be completed and submitted in the manner prescribed by the Department of Local Government Finance.

This ordinance shall be in full force and effect from and after its passage and approval by the taxing unit's fiscal body.

Name of Adopting Entity	Select Type of Fiscal Body	Date of Adoption
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Signature	
<input type="text"/>	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	_____
<input type="text"/>	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	_____
<input type="text"/>	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	_____
<input type="text"/>	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	_____

(Note: Additional names to be added as needed)

ATTEST		
Name	Title	Signature
<input type="text"/>	<input type="text"/>	_____

MAYOR ACTION (For City use only)		
Name	Signature	Date
<input type="text"/>	Approve <input type="checkbox"/> Veto <input type="checkbox"/>	_____