

# FY 20\_\_ TRIBAL PROGRAM BUDGET DATA FORM

**INSTRUCTIONS: Complete and return this form to the Michigan Department of Transportation.**

NAME OF APPLICANT (legal organization name)

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## REVENUE SCHEDULE

FY 20\_\_

Passenger Fares (paid by rider)	\$ _____
Contract Fares (paid by another organization)	\$ _____
Local (source) _____	\$ _____
_____	\$ _____
State (source) _____	\$ _____
_____	\$ _____
Federal (source) _____	\$ _____
_____	\$ _____
Other (source) _____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Operating Revenue</b>	<b>\$ _____</b>

## EXPENSE SCHEDULE

Labor and Fringe Benefits	\$ _____
Services, Materials and Supplies (gas, oil, work performed by another agency)	\$ _____
Casualty and Liability Insurance	\$ _____
Purchased Transportation Service Within Service Area	\$ _____
Leases and Rentals	\$ _____
Depreciation and Amortization	\$ _____
All Other	\$ _____
<b>Total Operating Expenses</b>	<b>\$ _____</b>

**Note: Expenses may not exceed revenue.**