

REPORT OF APPROPRIATIONS ACTUALLY VOTED

(RSA 21-J:34)

Date of Meeting: _____

Town/City Of: _____ County: _____

Mailing Address: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Certificate of Appropriations

(To be Completed After each Annual and Special Meeting)

This is to certify that the information contained in this form, appropriations actually voted by the town/city meeting, was taken from official records and is complete to the best of our knowledge and belief.

Governing Body (Selectmen)

Please sign in ink.

Date: _____

Under penalties of perjury, I declare that I have examined the information contained in this form and to the best of my belief it is true, correct and complete.

FOR DRA USE ONLY

NH DEPARTMENT OF REVENUE ADMINISTRATION
MUNICIPAL SERVICES
P.O. BOX 487, CONCORD, NH 03302-0487
(603)271-3397

1	2	3	4	5
Acct.#	PURPOSE OF APPROPRIATIONS (RSA 32:3,V)	WARR. ART.#	Appropriations As Voted	For Use By Department of Revenue Administration
HEALTH			XXXXXXXXXX	XXXXXXXXXX
4411	Administration			
4414	Pest Control			
4415-4419	Health Agencies & Hosp. & Other			
WELFARE			XXXXXXXXXX	XXXXXXXXXX
4441-4442	Administration & Direct Assist.			
4444	Intergovernmental Welfare Pymnts			
4445-4449	Vendor Payments & Other			
CULTURE & RECREATION			XXXXXXXXXX	XXXXXXXXXX
4520-4529	Parks & Recreation			
4550-4559	Library			
4583	Patriotic Purposes			
4589	Other Culture & Recreation			
CONSERVATION			XXXXXXXXXX	XXXXXXXXXX
4611-4612	Admin.& Purch. of Nat. Resources			
4619	Other Conservation			
4631-4632	REDEVELOPMNT & HOUSING			
4651-4659	ECONOMIC DEVELOPMENT			
DEBT SERVICE			XXXXXXXXXX	XXXXXXXXXX
4711	Princ.- Long Term Bonds & Notes			
4721	Interest-Long Term Bonds & Notes			
4723	Int. on Tax Anticipation Note			
4790-4799	Other Debt Service			
CAPITAL OUTLAY			XXXXXXXXXX	XXXXXXXXXX
4901	Land			
4902	Machinery, Vehicles & Equipment			
4903	Buildings			
4909	Improvements Other Than Bldgs			
OPERATING TRANSFERS OUT			XXXXXXXXXX	XXXXXXXXXX
4912	To Special Revenue Fund			
4913	To Capital Projects Fund			
4914	To Proprietary Fund			
	Sewer-			
	Water-			
	Electric-			
	Airport-			
4915	To Capital Reserve Fund			
4916	To Exp.Tr.Fund-except #4917			
4917	To Health Maint. Trust Funds			
4918	To Nonexpendable Trust Funds			
4919	To Agency Funds			
TOTAL VOTED APPROPRIATIONS				

SPECIAL NOTES FOR COMPLETING FORM MS-2 REPORT OF APPROPRIATIONS

This form must contain all the appropriations passed at each annual or special meeting. Combine all the approved and amended appropriations from the MS-6 or MS-7 posted budget form. List the appropriate warrant article numbers in column 3.

If you are completing this form to report the vote taken at a special meeting include only the appropriations from the special meeting.

Do not cross off any accounts to enter your own titles. We have included the entire chart of accounts for reporting purposes. Please call us if you have any questions or need help in classifying any of your approved appropriations. Mail this form to our address below within 20 days after the meeting.

This form can be downloaded from our website: www.nh.gov/revenue/munc_prop/Town_CityForms.htm

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