

# Property Appraisers' Instruction Workbook for 2025-26 Budget Requests



Florida Department of Revenue  
Property Tax Oversight  
February 2025

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## Foreword

Section [195.087](#), Florida Statutes (F.S.), and Chapter [12D-11.001](#), Florida Administrative Code (F.A.C), require every property appraiser, regardless of the form of county government, to submit a budget for their office's operation to the Department of Revenue (Department). This budget is due by June 1 each year. When the Department receives the property appraiser's budget request, it performs a comprehensive analysis and review. The Department is responsible for reviewing the budget request and may amend or change the request as necessary so the budget will be neither inadequate nor excessive.

The Florida Legislature gave the Department this authority as part of its general oversight over county property appraiser offices. The Department's Property Tax Oversight (PTO) program administers this oversight function, and its mission is to ensure a fair, equitable, and uniform property tax system in the State of Florida. Property appraisers compose county assessment rolls which directly impact taxpayers' property assessments, local government funding, and the State's Florida Education Finance Plan – the main school funding distribution formula for all 67 county school districts. PTO's role in this process is to ensure adequate budgetary resources are provided by the counties in order for the property appraisers to carry out their statutory duties and create an equitable valuation of property across the state.

This budget process also serves as an important separation of power in local governments so the taxing authorities which set the millage rates do not have financial or budgetary influence over property appraisers who set the tax base by assessing property.

The PTO program has developed this budget instruction workbook to assist property appraiser offices in preparing and submitting the *Budget Request for Property Appraisers* (Form DR-484), incorporated by reference in Rule [12D-16.002](#), F.A.C., required supplemental justification forms, and budget documentation. The purpose of these instructions is to assist each property appraiser in submitting a budget request for the amount of funds and positions the elected official believes necessary to perform his or her statutory duties and responsibilities.

These instructions provide only the minimal information necessary for budget review. They are not meant to preclude an office from submitting additional information and/or documentation to support its request.

## Budget Timetable

Section [195.087](#), F.S.

<b>June 1</b>	The budget is due to the Department and your board of county commissioners (BOCC).
<b>July 15</b>	The Department sends the tentative budget approval to the property appraiser (PA) with notice to the BOCC.
<b>July 15 - August 15</b>	Additional testimony or information from either the PA or the BOCC is due to the Department.
<b>August 15</b>	The Department sends the final budget approval to the PA with notice to the BOCC.

**Budget Appeals** - The BOCC or the PA may appeal the final approved budget. The BOCC or PA must file a notice with the Administration Commission, with a copy to the Department, no later than 15 days following the final public hearing to finalize the county's budget and adopt millage rates.

<b>September 30</b>	The fiscal year closes. This is the deadline for submitting budget amendments.
<b>October 1</b>	The budget becomes operational.
<b>November 30</b>	This is the deadline to submit budget transfers for end-of-year adjustments.

## Budget Submittal Information

It is important to send budgets to the correct addresses and formatted as follows:

- Send a copy of the budget submission via email to [PTO\\_Budget@floridarevenue.com](mailto:PTO_Budget@floridarevenue.com).
  - Submit Form DR-484 in Excel (.xls) format.
  - Submit additional documents in Excel (.xls) format or as a PDF (.pdf).
  - Do not send zipped files.
  - The Department's email file size limit is 20MB. Offices can send multiple emails or, upon request, the Department will set up a ShareFile link for offices to transmit submissions exceeding 20MB.
- Mail copies are no longer necessary.
- The budget submission is due June 1 of each year. If the due date falls on a weekend, submit the files on the next business day.

## Budget Analyst Contact Information

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## Property Appraiser's 2025-26 Budget Submission Checklist

ITEM	COMPLETED	COMMENTS
Certification of budget submittal is signed		
<i>Summary of Reductions Request</i> form is complete		
<i>Summary of Reductions Request Justification</i> form is Complete		
<i>Justification Sheet</i> is complete (each line-item increase/decrease is listed & justified)		
Organizational chart is included		
<b>Exhibit A</b>		
Totals match <i>Schedules I-IV</i>		
<b>Schedule I</b>		
Annual rate for 2024-25 does not exceed current approved rate		
All authorized permanent positions are counted and reflected		
Copy of written directive for county pay increases is included		
<i>Detail of Permanent Position Justification</i> form is complete for new position requests		
<i>Detail of Vacant Positions</i> form is complete		
<b>Schedule IA</b>		
Certification worksheet is complete & matches Schedule I designations		
Breakdowns are included for OPS, overtime, and special pay		
Documentation for insurance, worker's comp., and unemployment comp. is included		
<b>Schedule II</b>		
<i>Contract Worksheet</i> is complete		
<i>Travel Worksheet</i> is complete		
<i>Postage Worksheet</i> is complete		
<i>Education Worksheet</i> is complete		
<b>Schedule III &amp; IIIA</b>		
<i>Data Processing Purchase Justification</i> form is included		
<i>Vehicle Inventory</i> form is included		
Replacement schedules are attached, if applicable		
<b>Schedule IV</b>		



## General Instructions

- (1) Submit one electronic copy of the budget as well as all supporting schedules, worksheets, and justifications. Include all forms even if they are blank.
- (2) Include a copy of the office's current organization chart. If new positions are requested or a reorganization is in progress, include a proposed organization chart as well.
- (3) Use only whole dollar amounts (do not use cents).
- (4) Write percentages with two decimal places (e.g., 7.65%).
- (5) Show a decrease by enclosing it in parentheses.
- (6) Do not add or remove the listed appropriation categories or object codes.
- (7) Written narrative on the *Justification Sheet* must accompany all object code increases and decreases. You may include additional documentation to justify the requests. Provide calculation methodologies when possible.
- (8) Justification narratives should be written in a high-level manner with short and distinct paragraphs. Offices must clearly articulate the need for funding and explain how it is related to the office's required statutory duties, responsibilities, taxpayer services, and/or interlocal agreements.
- (9) Written narratives must be complete, accurate, and appropriate for public reading. Acronyms must be spelled out and identified at least once in the budget submission.
- (10) Information technology requests must provide a justification narrative on the *Data Processing Worksheet* that explains how the item or system will improve a service or performance of the office's statutory duties and responsibilities.
- (11) When planning and preparing the budget, offices must examine their current approved budget, prior year expenditures, current year expenditure projections, and identify critical business needs. Each office should plan their budget with zero-based budgeting principals in mind and review the budget to determine if there are appropriate budget realignments, feasible reductions, or new needs that are necessary to request.

***Budget Request for Property Appraisers (Form DR-484)  
Certification Sheet***

DR-484, R. 12/14  
Rule 12D-16.002, F.A.C.  
Provisional

<b>BUDGET REQUEST FOR PROPERTY APPRAISERS</b>
---

I, \_\_\_\_\_, the Property Appraiser of \_\_\_\_\_ County, Florida, certify the proposed budget for the period of October 1, 2025, through September 30, 2026, contains information that is an accurate presentation of our work program during this period and expenditures during prior periods (section 195.087, F.S.).

\_\_\_\_\_  
Property Appraiser Signature

\_\_\_\_\_  
Date

***Instructions to Complete Budget Request for Property Appraisers  
Certification Sheet***

- (1) Enter the official's name.
- (2) Enter county name.
- (3) Official signs form on signature line (electronic or scanned physical signature).
- (4) Enter the date the form is signed.



## *Exhibit A and Schedules I-IV*

## Exhibit A

<b>BUDGET REQUEST FOR PROPERTY APPRAISERS</b> <b>SUMMARY OF THE 2025-26 BUDGET BY APPROPRIATION CATEGORY</b>									
COUNTY					EXHIBIT A				
APPROPRIATION CATEGORY	ACTUAL EXPENDITURES 2023-24	APPROVED BUDGET 2024-25	ACTUAL EXPENDITURES 3/31/25	REQUEST 2025-26	(INCREASE/DECREASE)		AMOUNT APPROVED 2025-26	(INCREASE/DECREASE)	
					AMOUNT	%		AMOUNT	%
(1)	(2)	(3)	(4)	(5)	(6)	(6a)	(7)	(8)	(8a)
PERSONNEL SERVICES (Sch. 1-1A)						----			
OPERATING EXPENSES (Sch. II)						----			
OPERATING CAPITAL OUTLAY (Sch. III)						----			
NON-OPERATING (Sch. IV)						----			
TOTAL EXPENDITURES						----			
NUMBER OF POSITIONS		1		1					
COL (5) - (3)    COL (6) / (3)									

## Instructions for *Exhibit A*

### ***Summary of the 2025-26 Budget by Appropriation Category***

If you use the budget request forms that the Department provides in Excel, *Exhibit A* will automatically populate with the data inputted in *Schedules I-IV*.

Complete columns (2)-(6a), including the bottom portion for number of positions. Each column must agree with the corresponding schedule in the budget. Columns (7)-(8a) are for Department use only.

- (1) **APPROPRIATION CATEGORY:** All appropriation categories have been prepopulated. Property appraiser budgets are segmented into four major appropriation categories: Personnel Services, Operating Expenses, Operating Capital Outlay, and Non-Operating.
- (2) **ACTUAL EXPENDITURES 2023-24:** Enter the actual operating expenditures for the fiscal year beginning October 1, 2023, and ending September 30, 2024. You must note the expenditure of monies collected in compliance with [chapter 119, F.S.](#), that your approved budget did not include, indicating both the category(s) and amount(s) spent.
- (3) **APPROVED BUDGET 2024-25:** Enter the amounts approved for each category for the 2024-25 fiscal year. This should reflect all approved amendments and transfers.
- (4) **ACTUAL EXPENDITURES 3/31/25:** Enter actual expenditures for the first six months of your current fiscal year (October 1, 2024, through March 31, 2025).
- (5) **REQUEST 2025-26:** Enter the amount you are requesting for each category for the fiscal year 2025-26 (October 1, 2025, through September 30, 2026). Each category request must agree with the corresponding *Schedules I* through *IV* in the budget.
- (6) **INCREASE/DECREASE AMOUNT:** Enter the dollar increase or decrease of your 2025-26 request over your current approved budget (column (5) minus column (3)).
- (6a) **INCREASE/DECREASE PERCENT:** Enter the increase or decrease in a percentage format (column (6) divided by column (3)).

**NUMBER OF POSITIONS:** Enter the number of full-time equivalent positions authorized for the appropriate fiscal year indicated under each column (3) and (5). You must complete this area. Complete columns (6) and (6a) if you are requesting additional positions for fiscal year 2025-26.

### ***Schedule I***

[illegible]

# Instructions for Schedule I

## Detail of Salaries

Complete columns (1)-(6). Columns (7a)-(9) are for Department use only.

- (1) **POSITION NUMBER:** Enter the position number for each authorized position using the same number as in your 2024-25 budget. (Numbers should remain unchanged, even if the position is reclassified.)

New positions you are requesting should have a number assigned in consecutive order directly following the highest number assigned to the last current employee.

- (2) **POSITION CLASSIFICATION:** Enter the official followed by each authorized position by title in the same order as they appear in your current approved budget. Note all reclassifications by showing both the old title and the new title.

Note each permanent position that is less than full-time with an asterisk and show the number of work hours per week in parentheses (e.g., (\*25)).

- (3) **ANNUAL RATE – 9/30/25:** Enter the annual salary rate for each authorized position as of September 30, 2025 (fiscal year 2024-25).

Annual salary rate, as defined in [s. 216.011, F.S.](#), is monetary compensation authorized to be paid an authorized position on an annualized basis, excluding benefits, associated with the position.

The total annual rate for September 30, 2025, cannot exceed the fiscal year 2024-25 authorized amount.

If the total annual salary rate for September 30, 2025, is lower than your current approved amount, then list the difference in a row under the last current position as “Unused Rate.” This adjustment should make the total annual rate agree with your current approved salary rate in your fiscal year 2024-25 budget.

Note: Unused rate can be accumulated during the fiscal year due to employee turnover, reclassifications, position changes, etc.

For any position deletions, reflect a rate reduction in column 4b Other at the current annual salary or at no less than the lowest level salary within your pay plan.

### Example:

POSITION TO BE DELETED: Specialist I \$34,000

LOWEST SALARY POSITION RATE: Clerk \$25,000

The amount of annual rate that must be reduced can be \$34,000 OR \$25,000. If you choose \$25,000, you can use the remaining rate (\$9,000) as needed.

- (3a) **POSITION DESIGNATION:** Use this column to designate re-employed retirees (**UA** or **UM**), Senior Management Services (**S**), Deferred Retirement Option Program (**D**), vacant positions (**V**), employee certification (**C**), and position overlaps (**O**).

In some situations, you might have a position with multiple designations such as Senior Management Services (SMS) vacant or SMS DROP Mark these positions **SV** or **SD** respectively. Utilize the Florida Retirement System's designations for others not listed above.

### Requested Increases (Columns 4a & 4b)

You must justify all increases for *Schedule I* and briefly explain all decreases.

**OFFICIAL:** Section [145.10](#), F.S., establishes the official's salary. Enter the current authorized salary in column (6) showing no increase in column (4a). The Department of Revenue will adjust the official's salary after the final salary figures from the Office of Economic and Demographic Research are published. If the official becomes certified, request the increase in column (4b) Other.

- (4a) **GUIDELINE:** If the adjustments are based on a state or county guideline that includes an across-the-board pay increase, enter that total amount in the summary area. It is not necessary to show these by individual position. If the guideline is composed of additional components, enter these amounts in column (4b) – Other.

If you request a county across-the-board increase, a written directive from the county government detailing the guideline is required. If the guideline has not yet been adopted, then request the increase and associated benefit costs in the Non-Operating appropriation category, Special Contingency object code.

**Note:** Do not calculate guideline increases on certification compensation. \*Reminder: Do not list certification pay on your *Detail of Salaries*. Instead, list it under Special Pay (line 15) on *Schedule IA*.

- (4b) **OTHER:** Individually enter by position all other adjustments unrelated to across-the-board pay increases. Examples include special merit, reclassifications, additional duties, pay studies, etc. You must submit a detailed justification for each increase requested on the *Justification Sheet* or separate addenda. Include copies of support documentation, such as salary studies, county pay plans, official adopted personnel policies, written directives, or board minutes.
- (5) **FUNDING:** Enter the total amount required to fund the position's salary rate for the year. Funding will carry over into the *Schedule IA* line items 11 and 12.

### Position Overlaps

A position overlap is utilized for training purposes to request funding to hire a position early



when an incumbent is departing in the future. When requesting a position overlap, no additional full-time equivalent position nor annual salary rate is required. Instead, request the funding necessary for the additional hire for the proposed overlap period in column 5 in addition to the normal funding required for the incumbent (e.g., a six-month overlap for a \$60,000 annual rate position would require \$90,000 in funding for both the incumbent and the new hire). Provide a justification for any requested overlap on the *Justification Sheet*.

### Salary Lapse

A salary lapse is a budgetary technique to purposefully reduce the total salary funding for expected staff turnover and vacancies such that only the necessary salary funding is requested for normal office staffing. If your office has applied a lapse factor to salaries, note this factor on the *Justification Sheet* and reflect the reduction in column 5 on the *Schedule I* as either a lump sum amount or reductions to position funding requests.

A lapse factor must be included if an office's average annual vacancy rates have caused significant salary funding reversions over three or more years.

#### Individual Position Lapse Example:

VACANT POSITION RATE	\$30,000
POSITION FILLED FOR 6 MONTHS	<u>\$15,000</u>
LAPSE GENERATED	\$15,000

#### Workforce Lapse Example:

TOTAL SALARY FUNDING REQUEST	\$500,000
LAPSE TARGET (5%)	<u>\$25,000</u>
ADJUSTED FUNDING REQUEST	\$475,000

- (6) **ANNUAL-RATE - 9/30/26:** Enter the total annual salary rate that you intend to compensate all positions for fiscal year 2025-26. This is an annual calculation, not prorated.

### New Positions

Complete columns (1)-(2) and (5)-(6). New positions should follow the same guidelines for columns (1) and (2) and requests must be justified on the *Permanent Position Justification* form. Include factual workload data to substantiate the need for each new position request.

Under column (5), enter individually the amount needed to fund each new position you are requesting. This may be a prorated cost based on the number of months each position will be filled (annual salary ÷ 12 x number of effective months). This amount must agree with the amount of salary funding on each *Permanent Position Justification* form. Column (6) must list the annual salary rate (not prorated).

## Position Reclassifications

If you are reclassifying a position, reuse the existing position number, show the old title and the new title on Schedule I, and request changes to rate in column (4b) Other. Reclassifications requiring additional annual salary rate and funding must be justified on the *Justification Sheet* or a separate addendum.

## Pay Studies

Salary studies should at a minimum:

- Analyze the office's salaries against comparable salaries from employment competitors, such as local government offices, adjacent county offices, etc.
- Identify minimum, average (or median), and maximum salaries by class title based on substantially similar job duties and/or skill and knowledge requirements.
- Clearly identify compression issues within job ladders.
- Identify reasonable adjustments for cost-of-living differentials, health insurance, certification pay, retirement, and other benefits.
- Analyze vacancy and turnover rates demonstrating a critical need to address salaries.
- Include exit interview information (if available).
- Identify workload issues and performance metrics impacted by hiring and retention challenges.
- Narrate the methodology proposed to rectify the identified issues.
- Identify the office's current and proposed pay plans by class title if addressing multiple classes.
- Reflect each individual position's increase on the Schedule I Detail of Salaries in column 4B Other.
- Describe how each class title's pay adjustment is determined as well as any additional pay components such as years of service, mapping to a different class title, compression factors, or other adjustments.

The resulting pay implementation plan described by the office must not exceed the overall market results.

## Summary

Enter all column totals (1, 3, and 4-6) in the summary at the bottom of the form.

**COLUMN (1): POSITIONS:** Enter the total number of positions as itemized on all *Schedule I* pages. (This total must agree with the total number of full-time equivalent positions you are requesting for 2025-26 under column (5) on *Exhibit A*.)

The number of current positions plus the official should balance with the total number of authorized positions for your current approved budget unless you are requesting to delete positions.

**COLUMNS (3) and (4) through (6):** The summary area must equal the sum of all *Schedule I* pages for columns (3) and (4) through (6).



## Schedule IA

DETAIL OF PERSONNEL SERVICES							SCHEDULE IA
OBJECT CODE	ACTUAL EXPENDITURES 2023-24	APPROVED BUDGET 2024-25	ACTUAL EXPENDITURES 3/31/25	REQUEST 2025-26	INCREASE/(DECREASE)		AMOUNT APPROVED 2025-26
					AMOUNT	%	
(1)	(2)	(3)	(4)	(5)	(6)	(6a)	(7)
<b>PERSONNEL SERVICES:</b>							
11 OFFICIAL						-----	
12 EMPLOYEES (REGULAR)						-----	
13 EMPLOYEES (TEMPORARY)						-----	
14 OVERTIME						-----	
15 SPECIAL PAY						-----	
<b>21 FICA</b>							
2152 REGULAR						-----	
2153 OTHER						-----	
<b>22 RETIREMENT</b>							
2251 OFFICIAL						-----	
2252 EMPLOYEE						-----	
2253 SMS/SES						-----	
2254 DROP						-----	
23 LIFE & HEALTH INSURANCE						-----	
24 WORKER'S COMPENSATION						-----	
25 UNEMPLOYMENT COMP.						-----	
<b>TOTAL PERSONNEL SERVICES</b>						-----	

Post this total to      Post this total to      Post this total to      Post this total to      Col. (5) - (3)      Col. (6) / (3)  
 Col.(2) Ex. A      Col. (3) Ex. A      Col. (4) Ex. A      Col. (5) Ex. A

## Instructions for *Schedule IA*

### *Detail of Personnel Services*

Complete columns (2)-(6a). Columns (7a)-(9) are for Department use only. If you are using the budget request forms in Excel, column (5) and lines 11 and 12 will automatically populate with the data from *Schedule I*.

- (1) **OBJECT CODE:** All appropriate line items have been prepopulated. Do not adjust or add your own object codes.
- (2) **ACTUAL EXPENDITURES 2023-24:** Enter the actual operating expenditures for the fiscal year beginning October 1, 2023, and ending September 30, 2024. You must note the expenditure of monies collected in compliance with ch. 119, F.S., that your approved budget did not include, indicating the line item(s) and amount(s) spent.
- (3) **APPROVED BUDGET 2024-25:** Enter the approved amounts for each line item for the 2024-25 fiscal year. This should include all approved amendments/transfers and reflect any line-item adjustments in this same category not requiring the Department's approval.
- (4) **ACTUAL EXPENDITURES 3/31/25:** Enter actual expenditures for the first six months of your current fiscal year (October 1, 2024, through March 31, 2025).
- (5) **REQUEST 2025-26:** Enter the amount you are requesting for Fiscal Year 2025-26 (October 1, 2025, through September 30, 2026). Requests for the official and regular employees should agree with the amount required for funding (column (5)) in the summary on *Schedule I*.
- (6) **INCREASE/DECREASE AMOUNT:** Enter the dollar increase or decrease of your 2025-26 request over your current approved budget (column (5) minus column (3)). You must justify all line item increases and decreases on the *Justification Sheet*.
- (6a) **INCREASE/DECREASE PERCENT:** Enter the increase or decrease (column (6)) in a percentage format (column (6) divided by column (3)).

Post each total for columns (2) through (6a) to the corresponding columns on *Exhibit A*. If you are using Excel, these totals automatically populate.

## Justification for *Schedule IA*

### *Detail of Personnel Services*

You must justify all increases and briefly explain all decreases on the *Justification Sheet* for each object code.

Note: Justification instructions for the official (object code 11) and regular employees (object code 12), which includes current employees and additional permanent employees, are on pages 12 - 14 of this workbook.

**CODE 13 EMPLOYEES (TEMPORARY):** Indicate the number of temporary or seasonal employees, number of work hours, hourly rate of pay for each, and functions performed on the *Justification Sheet* or on a separate addendum.

When requesting employees temporary funding, offices must determine if the position will be eligible for health insurance coverage per the county policy guidelines as well as required Florida Retirement System (FRS) contributions per the Division of Retirement's guidelines.

**CODE 14 OVERTIME:** Indicate the number of employees, number of work hours, hourly rate of pay for each, and functions performed. Do not include exempt positions for which compensatory time is provided in lieu of paid overtime.

**CODE 15 SPECIAL PAY:** Include special compensation under Special Pay and never in the salary base. This would include compensation for unused leave, payment for known retirements, any annual one-time lump sum payment policy the county adopted, longevity pay, certification designation compensation for regular employees, and any other lump sum compensation. However, you should include certification pay for the official in object code 11 and never in Special Pay. You must fully explain and justify all requests, detailed by type of compensation, position, policy, and amount.

### **CODE 21 FEDERAL INSURANCE CONTRIBUTIONS ACT (FICA):**

**Regular:** Include only the official and regular authorized positions. Please provide a copy of your FICA calculations.

**Other:** Include temporary employees and enter only if the calculation for temporary employees cannot be absorbed.

**Note:** Make sure to check the FICA salary cap on the Social Security Administration's website: <https://www.ssa.gov/planners/maxtax.html>.

**CODE 22 RETIREMENT:** Use individual employer contribution rates for the official, employee, SMS/SES, and DROP positions published by the Florida Retirement System. Calculations for each are based on the position designations listed on *Schedule I*, column (3a). Please provide your retirement calculations for the Department to verify the rates you used.



**Note:** If you have questions about retirement rates, please refer to the Florida Department of Management Services, Division of Retirement's website at [http://www.dms.myflorida.com/workforce\\_operations/retirement/employers/contribution\\_rates](http://www.dms.myflorida.com/workforce_operations/retirement/employers/contribution_rates).

**CODE 23 LIFE AND HEALTH INSURANCE:** Attach the county directive, rate information from the provider, or a calculations breakdown. The total amount requested on your calculation spreadsheet should equal the total amount requested on *Schedule IA* (line item 23). Contingent insurance increases must be requested on *Schedule IV* (Special Contingency). Consider whether a lapse factor should be applied to the total request based on normal staffing levels and reversions.

**CODE 24 WORKER'S COMPENSATION:** Attach the county directive or provide computations to substantiate the request.

**CODE 25 UNEMPLOYMENT COMPENSATION:** Include the number of persons drawing from this fund, rate of payment, and number of payments included in the request or provide a copy of the county's directive. Personal identifying information should not be included.

## Schedule II

DETAIL OF OPERATING EXPENSES							SCHEDULE II
OBJECT CODE	ACTUAL EXPENDITURES 2023-24	APPROVED BUDGET 2024-25	ACTUAL EXPENDITURES 3/31/25	REQUEST 2025-26	INCREASE/(DECREASE)		AMOUNT APPROVED 2025-26
(1)	(2)	(3)	(4)	(5)	AMOUNT	%	(7)
OPERATING EXPENSES:							
31 PROFESSIONAL SERVICES							
3151 E.D.P.						-----	
3152 APPRAISAL						-----	
3153 MAPPING						-----	
3154 LEGAL						-----	
3159 OTHER						-----	
32 ACCOUNTING & AUDITING						-----	
33 COURT REPORTER						-----	
34 OTHER CONTRACTUAL						-----	
40 TRAVEL						-----	
41 COMMUNICATIONS						-----	
42 TRANSPORTATION							
4251 POSTAGE						-----	
4252 FREIGHT						-----	
43 UTILITIES						-----	
44 RENTALS & LEASES							
4451 OFFICE EQUIPMENT						-----	
4452 VEHICLES						-----	
4453 OFFICE SPACE						-----	
4454 E.D.P.						-----	
45 INSURANCE & SURETY						-----	

DETAIL OF OPERATING EXPENSES							SCHEDULE II
OBJECT CODE	ACTUAL EXPENDITURES 2023-24	APPROVED BUDGET 2024-25	ACTUAL EXPENDITURES 3/31/25	REQUEST 2025-26	INCREASE/(DECREASE)		AMOUNT APPROVED 2025-26
					AMOUNT	%	
(1)	(2)	(3)	(4)	(5)	(6)	(6a)	(7)
46 REPAIR & MAINTENANCE							
4651 OFFICE EQUIPMENT						-----	
4652 VEHICLES						-----	
4653 OFFICE SPACE						-----	
4654 E.D.P.						-----	
47 PRINTING & BINDING						-----	
49 OTHER CURRENT CHARGES							
4951 LEGAL ADVERTISEMENTS						-----	
4952 AERIAL PHOTOS						-----	
4959 OTHER						-----	
51 OFFICE SUPPLIES						-----	
52 OPERATING SUPPLIES						-----	
54 BOOKS & PUBLICATIONS							
5451 BOOKS						-----	
5452 SUBSCRIPTIONS						-----	
5453 EDUCATION						-----	
5454 DUES/MEMBERSHIPS						-----	
TOTAL OPERATING EXPENSES						-----	

Post this total to      Post this total to      Post this total to      Post this total to      Col. (5) - (3)      Col. (6) / (3)  
 Col. (2) Ex. A      Col. (3) Ex. A      Col. (4) Ex. A      Col. (5) Ex. A.

## Instructions for *Schedule II*

### *Detail of Operating Expenses*

Complete columns (2)-(6a). Column (7) is for Department use only.

- (1) **OBJECT CODE:** All appropriate line items have been prepopulated. Do not adjust or add your own object codes.
- (2) **ACTUAL EXPENDITURES 2023-24:** Enter the actual operating expenditures for the fiscal year beginning October 1, 2023, and ending September 30, 2024. You must note the expenditure of monies collected in compliance with ch. 119, F.S., that your approved budget did not include, indicating the line item(s) and amount(s) spent.
- (3) **APPROVED BUDGET 2024-25:** Enter the approved amounts for each line item for the 2024-25 fiscal year. This should include all approved amendments/transfers and reflect any line-item adjustments in this same category not requiring the Department's approval.
- (4) **ACTUAL EXPENDITURES 3/31/25:** Enter actual expenditures for the first six months of your current fiscal year (October 1, 2024, through March 31, 2025).
- (5) **REQUEST 2025-26:** Enter the amount you are requesting for the fiscal year 2025-26 (October 1, 2025, through September 30, 2026).
- (6) **INCREASE/DECREASE AMOUNT:** Enter the dollar increase or decrease of your 2025-26 request over your current approved budget (column (5) minus column (3)). You must justify all increases/decreases on the *Justification Sheet*.
- (6a) **INCREASE/DECREASE PERCENT:** Enter the increase or decrease (column (6)) in a percentage format (column (6) divided by column (3)).

Post each total from *Schedule II* for columns (2) through (6a) to the corresponding columns on *Exhibit A*. If you are using Excel, these will automatically populate.

## Justification for Schedule II

### *Detail of Operating Expenses*

All increases and decreases must be justified on the *Justification Worksheet*. The following worksheets must be included even if there is no associated request.

**CONTRACT WORKSHEET:** Complete the *Contract Worksheet* and identify all annual contractual agreements or annual purchase orders that exceed [Category 2](#) or \$35,000 annually to support the funding amounts requested on Schedule II, even if the corresponding line items reflect no increases or reductions. Instructions are on pages 40-41.

Verify that the combined line-item totals listed on the *Contract Worksheet* match the line-item total request on *Schedule II*. If the totals do not match, specify on the *Justification Sheet*, *Contract Worksheet*, or separate addendum if there are additional non-contract items included in the total line-item requests.

For any new contracts or increased scopes of work for existing contracts proposed, provide a narrative on the *Justification Sheet* detailing what service is being proposed, length of the contract, how it meets the office's business needs and/or relates to the office's fulfillment of its statutory duties & responsibilities. The narrative should address any alternative solutions considered and the methodology used to estimate the total cost.

**TRAVEL WORKSHEET:** Complete the *Travel Worksheet* to support the total amount requested, even if this line item reflects no increase or reduction. Instructions are on pages 42-45.

**POSTAGE WORKSHEET:** Complete the *Postage Worksheet* to support the total amount requested, even if this line item reflects no increase or reduction. Instructions are on pages 46-47.

**EDUCATION WORKSHEET:** Complete the *Education Worksheet* to support the total amount requested, even if this line item reflects no increase or reduction. Instructions are on pages 48-49.

### Schedule III

DETAIL OF OPERATING CAPITAL OUTLAY							
SCHEDULE III							
OBJECT CODE	ACTUAL EXPENDITURES 2023-24	APPROVED BUDGET 2024-25	ACTUAL EXPENDITURES 3/31/25	REQUEST 2025-26	INCREASE/(DECREASE)		AMOUNT APPROVED 2025-26
					AMOUNT	%	
(1)	(2)	(3)	(4)	(5)	(6)	(6a)	(7)
CAPITAL OUTLAY:							
64 MACHINERY & EQUIPMENT							
6451 E.D.P.						----	
6452 OFFICE FURNITURE						----	
6453 OFFICE EQUIPMENT						----	
6454 VEHICLES						----	
66 BOOKS						----	
68 INTANGIBLE ASSETS						----	
TOTAL CAPITAL OUTLAY						----	
	Post this total to Col. (2) Ex. A	Post this total to Col. (3) Ex. A	Post this total to Col. (4) Ex. A	Post this total to Col. (5) Ex. A.	Col. (5) - (3)	Col. (6) / (3)	

## Instructions for *Schedule III*

### *Detail of Operating Capital Outlay*

Complete columns (2)-(6a). Column (7) is for Department use only.

- (1) **OBJECT CODE:** All appropriate line items have been prepopulated. Do not adjust or add your own object codes.
- (2) **ACTUAL EXPENDITURES 2023-24:** Enter the actual operating expenditures for the fiscal year beginning October 1, 2023, and ending September 30, 2024. You must note the expenditure of monies collected in compliance with ch. 119, F.S., that your approved budget did not include, indicating the line item(s) and amount(s) spent.
- (3) **APPROVED BUDGET 2024-25:** Enter the approved amounts for each line item for the 2024-25 fiscal year. This should include all approved amendments/transfers and reflect any line-item adjustments in this same category not requiring the Department's approval.
- (4) **ACTUAL EXPENDITURES to 3/31/25:** Enter actual expenditures for the first six months of your current fiscal year (October 1, 2024, through March 31, 2025).
- (5) **REQUEST 2025-26:** Enter the amount you are requesting for fiscal year 2025-26 (October 1, 2025, through September 30, 2026).
- (6) **INCREASE/DECREASE AMOUNT:** Enter the dollar increase or decrease of your 2025-26 request over your current approved budget (column (5) minus column (3)). You must justify all increases and decreases on the *Justification Sheet*.
- (6a) **INCREASE/DECREASE PERCENT:** Enter the increase or decrease (column (6)) in a percentage format (column (6) divided by column (3)).

Post each total for columns (2) through (6a) to the corresponding columns on *Exhibit A*. If you are using Excel, these will automatically populate.

## Justification for *Schedule III*

### *Detail of Operating Capital Outlay*

**Operating Capital Outlay (OCO):** OCO is “equipment, fixtures, and other tangible personal property of a nonconsumable and nonexpendable nature...” ([s. 216.011\(1\)\(bb\), F.S.](#)), the value or cost of which is \$5,000 or more and the normal expected life of which is one year or more.

According to the *Reference Guide for State Expenditures* from the Department of Financial Services, this includes hardcover books that are circulated to students or the general public with a value or cost of \$25 or more and hardcover books with a value or cost of \$250 or more.

If your county has an OCO guideline that differs from the state guideline, please list the OCO threshold on your *Schedule IIIA*.

OCO is typically a nonrecurring expenditure category. Justify all purchases on the *Justification Sheet* and include a breakdown of all item(s), total contract cost, month/year of acquisition, length of contract, and amount of funding necessary for 2025-26 on *Schedule IIIA*. You do not need to re-justify existing installment purchases reflected in your 2024-25 approved budget unless they have expanded in length or financial commitment.

**CODE 6451 ELECTRONIC DATA PROCESSING EQUIPMENT (EDP):** A *Data Processing Justification* form must accompany all requests for data processing equipment. See instructions on page 53.

Submit a comprehensive plan for any requested new system or updates to existing systems. This includes systems you co-own with another office in your county. The plan should include initial equipment, year of acquisition, justification of need, and a proposed schedule by year of enhancements that will be reflected in future budgets.

**CODES 6452-6454 OFFICE FURNITURE, EQUIPMENT, AND VEHICLES:** Include the age, condition, and deficiencies of items you will replace. For replacement of vehicles, complete the *Vehicle Inventory* form (page 50) and indicate which, if any, vehicles you will replace.

**CODE 68 INTANGIBLE ASSETS:** Under Governmental Accounting Standards Board (GASB) Statement 51 and the updated Uniform Accounting System Manual, this object code is for intangible assets, such as capitalized software.

**Note:** You must identify approved items from your 2024-25 budget that you did not purchase and are requesting again. You must explain how you used the previously budgeted funds or why the funds were not expended on the *Justification Sheet*.

**Schedule IIIA**

OPERATING CAPITAL OUTLAY (CONT.) DETAIL OF EQUIPMENT REQUESTED					SCHEDULE III A
INSTALLMENT PURCHASES					
ITEM	TOTAL CONTRACT COST	MONTH AND YEAR PURCHASED	LENGTH OF CONTRACT	REQUEST 2025-26	
OTHER CAPITAL ITEMS					
ITEM	UNIT PRICE	QUANTITY	REPLACE	NEW	REQUEST 2025-26

## Instructions for *Schedule IIIA*

### *Detail of Equipment Requested*

**INSTALLMENT PURCHASES:** Enter each item of equipment, total contract cost, month and year of purchase, length of contract, and amount necessary for payments for the 2025-26 budget year. Total the request and enter in the appropriate area on *Schedule III*.

**OTHER CAPITAL ITEMS:** Detail requested purchases by item, unit price, quantity, if replacement or new, and total. Include requested book purchases. The state guideline for OCO is \$5,000 for equipment and fixtures, \$250 for hardcover books and \$25 for hardcover books circulated to students.

The sum of installment purchases and other capital items must equal the total capital outlay request in *Schedule III*, column (5).

## Schedule IV

DETAIL OF NON-OPERATING							
SCHEDULE IV							
OBJECT CODE	ACTUAL EXPENDITURES 2023-24	APPROVED BUDGET 2024-25	ACTUAL EXPENDITURES 3/31/25	REQUEST 2025-26	INCREASE/(DECREASE)		AMOUNT APPROVED 2025-26
					AMOUNT	%	
(1)	(2)	(3)	(4)	(5)	(6)	(6a)	(7)
NON-OPERATING:							
91 E.D.P. CONTRACT RESERVE						----	
92 OTHER CONTRACT RESERVE						----	
93 SPECIAL CONTINGENCY						----	
94 EMERGENCY CONTINGENCY						----	
TOTAL NON-OPERATING						----	

Post this total to  
Col. (3) Ex. A

Post this total to  
Col. (5) Ex. A

Col. (5) - (3)    Col. (6) / (3)

## Instructions for *Schedule IV*

### *Detail of Non-Operating*

Complete columns (3) and (5)-(6a). Column (7) is for Department use only.

- (1) **OBJECT CODE:** All appropriate line items have been prepopulated. Do not adjust or add your own object codes.
- (2) **ACTUAL EXPENDITURES 2023-24:** Do not use this section. Contingency funds must be moved into the operating portion of your budget to be spent.
- (3) **APPROVED BUDGET 2024-25:** Enter the approved amounts for each line item for the 2023-2024 fiscal year. This should include all approved amendments and transfers.
- (4) **ACTUAL EXPENDITURES 3/31/25:** Do not use this section.
- (5) **REQUEST 2025-26:** Enter the amount you are requesting for fiscal year 2025-26 (October 1, 2025, through September 30, 2026).
- (6) **INCREASE/DECREASE AMOUNT:** Enter the dollar increase or decrease of your 2025-26 request over your current approved budget (column (5) minus column (3)).
- (6a) **INCREASE/DECREASE PERCENT:** Enter the increase or decrease (column (6)) in a percentage format (column (6) divided by column (3)).

You must justify all requested funds on the *Justification Sheet*.

Post each total for columns (3) through (6a) to the corresponding columns on Exhibit A. If you are using Excel, these will automatically populate.

## Justification for *Schedule IV*

### *Detail of Non-Operating*

The categories on *Schedule IV* serve two main purposes: for emergencies and to reserve funds for specific needs, which you should not use for any unrelated purpose. A budget transfer is required to move funds from the line items in this schedule to your operating budget to spend.

Enter only specific line items applicable to your budget request.

**CODE 91 EDP CONTRACT RESERVE:** Enter the amount of pending contract for electronic data processing services.

**CODE 92 OTHER CONTRACT RESERVE:** Enter the amount of other non-data processing service contracts that are not finalized at the time of your submission. This would include contracted services, such as appraisal and mapping.

**CODE 93 SPECIAL CONTINGENCY:** This section is reserved for special anticipated yet unresolved demands other than contracts and regular emergency reserves. This could include court costs and pending legal fees, undecided retirement costs, and pay increases (plus benefits) the county has yet to adopt.

**CODE 94 EMERGENCY CONTINGENCY:** Emergency contingency funds are reserved for emergency purposes only. These include natural disasters, unanticipated legal or personnel issues, equipment failure, or other emergencies beyond the office's control that pose a significant challenge to the property appraiser's ability to perform his or her statutory duties and responsibilities. Offices must justify contingency fund increases over the prior year's allocation.

You must separately identify and explain entries in any of these areas on the *Justification Sheet*.

# Worksheets and Justification Forms

## Justification Sheet

<b>JUSTIFICATION SHEET</b> <b>FY 2025-2026</b>				
OBJECT CODE		SCHEDULE	AMOUNT OF INCREASE (DECREASE)	JUSTIFICATION
NUMBER	NAME			
<b>GRAND TOTAL</b>				

## Instructions for *Justification Sheet*

Written narratives on the *Justification Sheet* must accompany all object code increases and decreases from *Schedules IA - IV*. You may include additional documentation to justify the requests. Provide calculation methodologies when possible.

Narratives should be written in a high-level manner with short and distinct paragraphs. Offices must clearly articulate the need for funding and how it is related to its required statutory duties, responsibilities, taxpayer services, and/or interlocal agreements.

Justification narratives must be complete, accurate, and appropriate for public reading.

Acronyms must be spelled out and identified at least once in the budget submission.

**OBJECT CODE NUMBER:** Enter the object code for the specific line item.

**OBJECT CODE NAME:** Enter the name of the specific line item.

**SCHEDULE:** Enter the schedule on which the specific line item appears in the budget.

**AMOUNT OF INCREASE (DECREASE):** Enter the amount of increase or decrease for each line item in column (6) of *Schedules IA through IV* and column (4) of *Schedule I*.

**JUSTIFICATION:** Use this field to include a detailed justification for all line-item increases and briefly explain all decreases. If a single solution or issue impacts multiple object codes, you may list all impacted line-items progressively with a merged justification.

Refer to separate justification instructions for each schedule. Include all pertinent and factual data to substantiate the request including calculation methodologies and description of business need.

General statements, such as increases in workload or parcel count, do not automatically justify an increase. Describe the business need, provide factual data (such as metrics or workload), cite statutorily required work the cost is associated with, and correlate the impact to taxpayers if the need is or is not addressed. You may submit additional documentation to detail increases listed on the *Justification Sheet* or cite a separate addendum provided in the budget submission.

**GRAND TOTAL:** The form automatically totals the sum of all increases/decreases on each justification page if you are using Excel.

This total should reflect total increase or decrease amounts for 2025-26 requests on *Exhibit A*, column (6).

## Permanent Position Justification

PERMANENT POSITION JUSTIFICATION FY 2025-2026			
<b>POSITION DATA:</b>	POSITION NO.(S) _____ POSITION TITLE _____  ANNUAL RATE _____	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME  SALARY FUNDING _____	
Primary functions to be performed: _____ _____ _____			
<b>LOCATION:</b>	Position to be assigned to: _____ Main or Satellite Office: _____ Department or Section: _____		
<b>WORKLOAD:</b>	Current direct workload in this unit: _____ _____ _____ _____ _____  # of positions currently performing this function: Full-Time _____ Mon. Hrs. _____ Part-Time _____ Mon. Hrs. _____ Temporary _____ Mon. Hrs. _____ # of Months: _____ Direct Overtime _____ Mon. Hrs. _____  Current direct workload per position: _____ _____  Estimated increased workload: _____ _____		
<b>NEED:</b>	Describe the need for the position. This explanation should include, but not be limited to, why alternatives such as reorganization or shifting of responsibilities within your current framework, additional temporary employment or contract services cannot be considered as viable solutions.  _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____  TOTAL CURRENT VACANCIES _____		

## Instructions for *Permanent Position Justification Form*

Complete and submit this form as justification for additional permanent position requests. If you are not requesting any new positions, please submit the form marked "None." Grouping of positions is permissible if they are of the same classification, annual salary, and have the same workload.

**POSITION DATA:** Enter the position number(s) from *Schedule I*. Also enter the position title from *Schedule I*, state the annualized salary rate, current year funding, and indicate if the position is full-time or part-time. List the primary functions to be performed.

**LOCATION:** Provide the department and/or section in the specific office (main or satellite) where the position will be assigned.

**WORKLOAD:** Complete the entire section detailing current workload demand, estimated workload increases, current employee(s) assigned, and overtime demand associated with the workload.

**NEED:** A description of the need should include factual data and information to support the request.

A permanent need must clearly exist that current staffing cannot absorb, or other solutions cannot resolve.

**TOTAL CURRENT VACANCIES:** Provide the total amount of vacant positions in your office.

***Detail of Vacant Positions***  
**DETAIL OF VACANT POSITIONS**  
**FY 2025-2026**

[illegible]

\* Please insert additional lines if necessary.

## Instructions for *Detail of Vacant Positions Form*

Complete this form to reflect all vacant positions in your office. List each position separately.

If your office currently has no vacant positions, please include a note on the form indicating “No Vacant Positions.”

**POSITION NUMBER:** Enter the position number of each vacant position from *Schedule I*.

**POSITION CLASSIFICATION:** Enter the position title of each vacant position from *Schedule I*.

**ANNUAL RATE 9/30/25:** Enter the annual salary rate of each vacant position as of September 30, 2025.

**NUMBER OF DAYS VACANT:** Enter the number of days each position has been vacant as of June 1, 2025 (the date the budget request is due to the Department). Briefly describe plans for positions that have been vacant for 365 days or more. For any positions being held vacant, apply a salary lapse or determine if the position can be eliminated.

## Employee Certification Worksheet

EMPLOYEE CERTIFICATION WORKSHEET				
FY 2025-2026				
<b>CURRENT DESIGNATIONS 2025-26</b>				
<b>POS. NO.</b>	<b>POSITION TITLE</b>	<b>EMPLOYEE NAME</b>	<b>DATE</b>	<b>ANNUAL AMOUNT</b>
<b>TOTAL CURRENT DESIGNATIONS</b>				
<b>NEW DESIGNATIONS 2025-26</b>				
<b>POS. NO.</b>	<b>POSITION TITLE</b>	<b>EMPLOYEE NAME</b>	<b>DATE</b>	<b>PRORATED AMOUNT</b>
<b>TOTAL NEW DESIGNATIONS</b>				
<b>TOTAL CURRENT AND NEW DESIGNATIONS</b>				

## Instructions for *Employee Certification Worksheet*

Complete this worksheet and include it in your budget request. If you have no certified employees, please submit the form marked "None."

**CURRENT DESIGNATIONS:** List all current employees who have earned certification designations. Include each position number and position title from *Schedule I*, employee name, certification date, and the amount of annual compensation.

**NEW DESIGNATIONS:** List each employee who you anticipate will complete the course requirements and receive a certification designation during the new budget year. Include each position number and position title from *Schedule I*, employee name, anticipated certification date, and the amount of prorated compensation.

Do not include the official's certification pay under Special Pay; the official's salary on *Schedule I* must include certification pay.

**TOTAL CURRENT AND NEW DESIGNATIONS:** Enter the total amount of compensation for current and new designations. If you are using Excel, the form will total automatically. Do not include the total compensation for certification in the annual rate on which pay increases are calculated. Include it only under Special Pay on *Schedule IA*.

## Contract Worksheet

## Example Contracts

# CONTRACT WORKSHEET

## FY 2025-2026

[illegible]

## Instructions for *Contract Worksheet*

Complete and submit this form to justify requested amounts for contracts. List each contract separately. Group similar line items (e.g., enter all contracts for 3151 before moving on to 3152). Also, list contracted line items in numerical order.

Enter the following information in the designated column for each contract your office entered:

**OBJECT CODE:** Enter the object code where the contract will be budgeted.

**VENDOR NAME:** Enter the contract provider's name.

**PURPOSE OF CONTRACT:** Give a brief description of the contract's purpose and the services it will provide.

**ANNUAL AMOUNT:** Enter the requested amount of the contract in the budget.

The amount(s) on the *Contract Worksheet* must agree with the amount(s) on *Schedule II*, column (5) for the corresponding object codes.

If the totals do not match, please specify the differences on the *Contract Worksheet* (see example below).

### Example:

*Schedule II*, object code 4654: Repair and Maintenance, E.D.P. total budget request is for \$45,000. This sample county only has contracts with No-Name Vendor 4 and No-Name Vendor 5 totaling \$42,000, but they justified the \$3,000 difference in the Object Code and the Purpose of Contract columns.

**GRAND TOTAL:** If you are using Excel, the form will total automatically.

## Travel Worksheet

TRAVEL WORKSHEET FY 2025-2026							
LOCAL TRAVEL FOR FIELD WORK & ADMINISTRATIVE DUTIES							
<b>FIELD TRAVEL:</b>							
Number of Field Employees	Mileage Reimbursement Rate	Total miles per employee	Total Field Travel	Employees Reimb. At Flat Rate	Flat Rate Amount per Employee	Total Flat Rate Reimb.	
<b>ADMINISTRATIVE TRAVEL:</b>							
Number of Administrative Employees	Mileage Reimbursement Rate	Total miles per employee	Total Administrative Travel	Employees Reimb. At Flat Rate	Flat Rate Amount per Employee	Total Flat Rate Reimb.	
TOTAL LOCAL TRAVEL							
SCHOOL, CONFERENCE OR OTHER TRAVEL							
<b>SCHOOLS:</b>							
Name	City	No. of Employees Traveling	No. of Days Traveling	Total Transportation Cost per Event	Daily Room Cost per Employee	Daily Per Diem per Employee	TOTAL
TOTAL							
<b>CONFERENCES:</b>							
Name	City	No. of Employees Traveling	No. of Days Traveling	Total Transportation Cost per Event	Daily Room Cost per Employee	Daily Per Diem per Employee	TOTAL
TOTAL							
<b>OTHER:</b>							
Type of Travel	No. of Employees Traveling	No. of Days Traveling	Total Transportation Cost per Event	Daily Room Cost per Employee	Daily Per Diem per Employee	TOTAL	
TOTAL							
TOTAL SCHOOL, CONFERENCE OR OTHER TRAVEL							
TOTAL TRAVEL REQUEST							

## Instructions for *Travel Worksheet*

The Department requires the *Travel Worksheet* to justify the total request for travel.

Offices may use their local county's travel reimbursement rates for mileage and per diem, the state guidelines under [s. 112.061, F.S.](#), or the federal government's [guidelines](#). Enclose a copy of the travel reimbursement policy rates for mileage and per diem if the office is not following the state's guidelines or provide written justification on the *Justification Sheet* for exceeding the state's guidelines for in-state events.

Summary of state guidelines: mileage .445/mile; per diem \$80/day; meal allowance \$36/day (\$6 for breakfast, \$11 for lunch, and \$19 for dinner); hotel room rates \$225/night.

**LOCAL TRAVEL FOR FIELD WORK & ADMINISTRATIVE DUTIES:** Include only reimbursable travel expenses incurred from the normal performance of both appraisal and administrative duties in the county.

**FIELD TRAVEL:** This section includes only those travel expenses incurred in the physical performance of property appraisals.

**NUMBER OF FIELD EMPLOYEES:** Indicate the number of employees whose function is to perform field appraisals and who receive reimbursement for travel based on mileage they accrue.

**MILEAGE REIMBURSEMENT RATE:** Indicate the reimbursement rate for mileage.

**TOTAL MILES PER EMPLOYEE:** Indicate the total accrued mileage per employee on an annual basis (average amount is permissible if mileages differ).

**TOTAL FIELD TRAVEL:** List the total annual field travel based on the number of employees, total miles, and reimbursement rate. If you are using Excel, the form will total automatically.

**EMPLOYEES REIMBURSED AT FLAT RATE:** Indicate the number of employees whose function is to perform field appraisals and who receive reimbursement for travel based on a set amount.

**FLAT RATE AMOUNT PER EMPLOYEE:** Indicate the reimbursement amount per employee for mileage (average amount is permissible if amounts differ).

**TOTAL FLAT RATE REIMBURSEMENT:** List the total annual flat reimbursement for field travel based on the number of employees and flat rate amount. If you are using Excel, the form will total automatically.

**ADMINISTRATIVE TRAVEL:** This section includes all reimbursed travel expenses the official and his or her staff incurred in performing the office's administrative functions. Include any reimbursed travel between branch offices or any other official business conducted in the county.

**NUMBER OF ADMINISTRATIVE EMPLOYEES:** Indicate the number of employees whose function is to perform administrative travel and who receive reimbursement for travel based on accrued mileage.

**MILEAGE REIMBURSEMENT RATE:** Indicate the reimbursement rate for



mileage.

**TOTAL MILES PER EMPLOYEE:** Indicate the total accrued mileage per employee on an annual basis (average amount is permissible if mileages differ).

**TOTAL ADMINISTRATIVE TRAVEL:** List the total annual administrative travel based on the number of employees, total miles, and reimbursement rate. If you are using Excel, the form will total automatically.

**EMPLOYEES REIMBURSED AT FLAT RATE:** Indicate the number of employees whose function is to perform administrative duties and who receive reimbursement for travel based on a set amount.

**FLAT RATE AMOUNT PER EMPLOYEE:** Indicate the reimbursement amount per employee for mileage (average amount is permissible if amounts differ).

**TOTAL FLAT RATE REIMBURSEMENT:** List the total annual flat reimbursement for administrative travel based on the number of employees and flat rate amount. If you are using Excel, the form will total automatically.

**TOTAL LOCAL TRAVEL:** List the combined grand total of total field travel, total flat field travel, total administrative travel, and total flat administrative travel. If you are using Excel, the form will total automatically.

**SCHOOL, CONFERENCE OR OTHER TRAVEL:** This section includes any incurred travel expenses for school, conference, legislative, and general travel outside of your county.

**SCHOOLS:** List schools that employees will attend by sponsoring organization name, location, number of employees traveling, number of days each employee will be traveling, total transportation cost per event (total amount of mileage, airfare, rental car, etc., for all employees attending the school), daily amount of room cost (room charge plus room taxes) per employee, and daily amount of per diem (or meal allowance) per employee.

**CONFERENCES:** List conferences that employees will attend by name, location, number of employees traveling, number of days each employee will be traveling, total transportation cost per event (total amount of mileage, airfare, rental car, etc., for all employees attending the event), daily amount of room cost (room charge plus room taxes) per employee, and daily amount of per diem (or meal allowance) per employee.

**OTHER:** Indicate type of travel and destination, number of employees traveling, number of days each employee will be traveling, total transportation cost per event (total amount of mileage, airfare, rental car, parking fees etc., for all employees attending the event), daily amount of room cost (room charge plus room taxes) per employee, and daily amount of per diem (or meal allowance) per employee. The state term contract for rental vehicles, including rate information, is located on [their website](#).

**Note:** Five days of travel equals four nights at a hotel.

**TOTAL SCHOOL, CONFERENCE OR OTHER TRAVEL:** Sum the totals for all travel listed



for Schools, Conferences, and Other. If you are using Excel, the form will total automatically.

**TOTAL TRAVEL REQUEST:** Sum the Total Local Travel and Total School, Conference or Other Travel. This total must equal the travel request on *Schedule II*, column (5). If the totals do not match, please explain the differences on the *Justification Sheet* (pp. 32-33). If you are using Excel, the form totals the estimates for each section to determine your total travel request.

## Postage Worksheet

<b>POSTAGE WORKSHEET</b> <b>FY 2025-2026</b>			
Type of Mail	Number of Items	Postage Rate	Total
<b>MASS MAILINGS:</b>			
Notices of Proposed Property Taxes*			
Personal Property Tax Returns			
Agricultural Class of Lands			
Final Notices			
Receipts			
<b>EXEMPTIONS:</b>			
Renewal Applications for Homestead and Related Tax Exemptions			
Final Notices			
Receipts			
<b>OTHER: (Specify Type)</b>			
<b>TOTAL MAILINGS</b>			
<b>GENERAL CORRESPONDENCE</b>			
<b>TOTAL GENERAL CORRESPONDENCE</b>			
<b>TOTAL POSTAGE REQUEST</b>			
Explain the method you intend to use for the annual application for exemption(s) and the receipt(s) for the fiscal year 2024-25 (e.g., automatic homestead renewal - mailing of receipt, etc.).			
<b>*NOTE:</b> If the mass mailing calculation includes the mailing of the Notices of Proposed Property Taxes (TRIM notice), include a letter from your board of county commissioners (BCC). This letter is necessary because this mailing should be at the BCC's expense under section 200.069, Florida Statutes. If the county will directly reimburse you for the postage expense for TRIM notices, do not include it in the total postage request.			

## Instructions for *Postage Worksheet*

The Department requires the *Postage Worksheet* to justify the total request for postage.

Note: If the mass mailings include the Notices of Proposed Property Taxes (TRIM notice), include a letter from your board of county commissioners. This letter is necessary because this mailing should be at the BOCC's expense under [s. 200.069, F.S.](#) If the county will directly reimburse you for the postage expense for TRIM notices, do not include it in the postage request.

**TYPE OF MAIL:** List the mass and exemption mailings your office performs annually. For mailings not listed, specify each additional mailing under "Other."

**NUMBER OF ITEMS:** Enter the estimated number of items for each listed mailing.

**POSTAGE RATE:** Enter the postage rate charged for each mailing. Use discount postage rates for pre-sort, bulk rates, etc., where applicable.

**TOTAL:** Enter the total amount of each listed mailing (Number of Items multiplied by Postage Rate). This will automatically populate in Excel.

**GENERAL CORRESPONDENCE:** List any general correspondence your office performs annually and identify the number of items, postage rate, and total.

**TOTAL POSTAGE REQUEST:** Sum the Total Mailings and Total General Correspondence in the Total Postage Request. The total must equal your postage request on *Schedule II*, column (5). If the totals do not match, please explain the differences on the *Justification Sheet* (pp. 32-33).

### Education Worksheet

EDUCATION WORKSHEET FY 2025-2026					
<b>SCHOOLS</b>					
Sponsor	City	Tuition	Texts	Number Attending	TOTAL
TOTAL					
<b>WORKSHOPS</b>					
Sponsor	City	Tuition	Texts	Number Attending	TOTAL
TOTAL					
<b>CONFERENCES AND SEMINARS</b>					
Sponsor	City	Tuition	Texts	Number Attending	TOTAL
TOTAL					
Sponsor	City	Tuition	Texts	Number Attending	TOTAL
TOTAL					
OTHER EDUCATIONAL EXPENSES (SPECIFY)					TOTAL
TOTAL EDUCATION EXPENSES					

## Instructions for *Education Worksheet*

This form is required to justify the total request for education.

In the appropriate category, list each educational or training program you and your employees plan to attend during the 2025-26 budget period.

Include only tuition or fee-based instructional programs. You do not need to list each course if several courses share the same sponsor and tuition.

**SPONSOR:** The sponsor's initials (e.g., IAAO) or type of class (CPM, Continuing Education Workshop, etc.) are sufficient in most cases. For workshops sponsored by a state agency, please indicate the name or type of workshop.

**CITY:** Indicate the city (and state if outside Florida) in which the school, workshop, conference, or seminar will take place or identify as virtual if the course is online. If unknown, list as "TBD" (to be determined).

**TUITION:** Indicate the tuition or fee.

**TEXTS:** Include anticipated purchases of texts and materials that are course-related and not included in the basic tuition or fee.

**NUMBER ATTENDING:** Indicate the number of people planning to attend each program.

**TOTAL:** Enter the tuition plus related texts and materials multiplied by the number of people attending.

**Note:** Include any registration fees related to conferences.

**OTHER EDUCATIONAL EXPENSES (SPECIFY):** List and specify any other educational/instructional expense(s) you have included in your education object code request but have not included in the above categories.

**TOTAL EDUCATION EXPENSES:** Sum the totals for Schools, Workshops, Conferences and Seminars, and Other Educational Expenses. If you are using Excel, the form will total automatically. The total must agree with the education request amount on *Schedule II*, column (5). If the totals do not match, please explain the differences on the *Justification Sheet* (pp. 32-33).

## Vehicle Inventory Form

[illegible]

## Instructions for *Vehicle Inventory Form*

Complete and submit this form listing the current vehicle inventory for your office. Indicate on the form which vehicle is being replaced and list the justification for replacement on the *Justification Sheet*.

The Department of Management Services (DMS) develops and publishes the state's replacement criteria for cars and light trucks [here](#).

Offices can follow DMS's policy or provide a copy of their county's policy for minimum equipment replacement criteria.

If your office does not have any vehicles, please submit the form marked "None."

List each vehicle separately. Enter the following information in the designated column for each vehicle your office owns or leases:

**VEHICLE MAKE:** Enter the vehicle's manufacturer (e.g., Chevrolet, Honda, Ford).

**VEHICLE MODEL:** Enter the vehicle's year and name (e.g., 2020 F-150).

**YEAR LEASED OR PURCHASED:** Enter the year you acquired the vehicle and indicate whether you leased or purchased it.

**MILEAGE:** Enter the current odometer reading.

**ASSIGNED WORK UNIT:** Enter the work unit to which the vehicle is assigned (e.g., Appraisal, Administration).

### ***Data Processing Purchase Justification***

**DATA PROCESSING PURCHASE  
JUSTIFICATION  
FY 2025-2026**

[illegible]

**STATEMENT OF NEED:** To include but not be limited to age, condition, response time, etc. of existing equipment.

### HOW LONG WILL THIS PURCHASE FULFILL THOSE NEEDS?

#### ADDITIONAL COMMENTS OR PERTINENT INFORMATION



## Instructions for *Data Processing Purchase Justification*

Complete and submit this form when requesting new or replacement information technology resources and when making major modifications to information technology resources.

Information technology resources include equipment, hardware, software, firmware, programs, systems, networks, infrastructure, media, and related material used to automatically, electronically, and wirelessly collect, receive, access, transmit, display, store, record, retrieve, analyze, evaluate, process, classify, manipulate, manage, assimilate, control, communicate, exchange, convert, converge, interface, switch, or disseminate information of any kind or form.

This form is **not required** for requests related to replacement of desktop/laptops, maintenance agreements, renewing existing software licensing agreements, or renewing IT subscriptions. It is required if a service or software renewal includes a major change to the service level agreement or product.

Identify each item or system separately. A system may be comprised of numerous components and can be combined into a single narrative.

If you are not requesting any new or replacement equipment, please submit the form marked "None."

**STATEMENT OF NEED:** Explain the resource need, the objective, and benefits. Explain how the solution will improve the performance of statutorily required work and/or service delivery. Describe the existing item or system deficiencies (e.g., age, condition, response time) and how the planned solution will alleviate the problem(s). Provide a justification detailing the resource need and describe how the purchase is necessary for the office's operations. If a product or system requires a multi-year implementation, provide a high-level summary of the implementation timeline with major milestones and approach.

**HOW LONG WILL THIS PURCHASE FULFILL THOSE NEEDS:** List the expected life of the items requested (including warranty information, if applicable). Enclose a copy of your office's replacement schedule to document current and future planned replacements.

**ADDITIONAL COMMENTS OR PERTINENT INFORMATION:** Provide any additional information or comments to explain the need, such as the methodology used to estimate the cost, alternatives that were considered, rationale for the selected solution, and background information on competitive solicitation activity performed.

### Summary of Reductions Request

SUMMARY OF REDUCTIONS REQUEST							
PROPERTY APPRAISER							
APPROPRIATION CATEGORY	APPROVED BUDGET 2024-25	BUDGET REQUEST 2025-26	Reductions Requested by the COUNTY			Reductions Reflected in REQUEST	
			AMOUNT	00		AMOUNT	00
PERSONNEL SERVICES (Sch. 1-1A)							----
OPERATING EXPENSES (Sch. II)							----
OPERATING CAPITAL OUTLAY (Sch. III)							----
NON-OPERATING (Sch. IV)							----
TOTAL EXPENDITURES							----
NUMBER OF POSITIONS	1	1					
<i>* Please use the Reductions Justification tab to clarify any deviation in the reductions requested by the county and the reductions reflected in the budget request.</i>							

## Summary of Reductions Request Justification Sheet

SUMMARY OF REDUCTIONS REQUEST JUSTIFICATION SHEET FY 2025-2026		
APPROPRIATION CATEGORY	AMOUNT OF VARIANCE	JUSTIFICATION
<b>GRAND TOTAL</b>	\$0	

## **Instructions for *Summary of Reductions Request Justification***

Use this form to summarize your current approved budget, the 2025-26 budget request, and the specific requests from the county for budget reductions for 2025-26.

If the county has requested no reductions, please enter a note on this form indicating “No Reductions Requested.”

List the current approved budget in the Approved Budget 2024-25 column. This column will automatically populate with the data in *Schedules I-IV* if you are using Excel.

List the budget request in the Budget Request 2025-26 column. This column will automatically populate with the data in *Schedules I-IV* if you are using Excel.

In the Reductions Requested by the County columns, list the amounts of any reductions that your county has requested. If they have requested specific reductions by category, itemize the reductions. If they have requested a flat amount/percentage reduction, enter that amount under the total expenditures line.

List the total appropriation category increase/decrease from *Schedules I-IV* in the Reductions Reflected in Request column. This column will automatically populate if you are using Excel.

Use the *Summary of Reductions Request Justification Sheet* (p. 55) to clarify any discrepancy in the reductions the county requested and the reductions in the budget request. Offices must explain the feasibility of reductions while maintaining adequate delivery of statutory duties and responsibilities. Offices should evaluate all appropriation categories, object codes, resource needs, and should seriously consider any reduction request.

Solutions may include applying a salary lapse factor, conducting competitive solicitations to find best value on contracts, cost sharing with other constitutional officers, and examining the budget for areas with regular reversions to make reductions.

If a reduction is not feasible, offices should provide an impact statement to their office’s operations, services to taxpayers, and/or ability to perform statutory duties if such a reduction was taken.

# Budget Amendments and Transfers

DR-404 PA  
R. 3/08 Effective 11/12

OFFICIAL

DEPARTMENT OF REVENUE

DATE \_\_\_\_\_

(Approval Pursuant to Section 195.087(1)F.S.)



## ***Property Appraiser*** **Instructions for *Budget Amendment/Transfer* (Form DR-404PA)**

Justify all transfers and amendments in a narrative addressing an office's business need. Link resources requested to statutory duties and responsibilities.

### **BUDGET AMENDMENTS**

Budget amendments are object code changes that either increase or decrease the total budget, the number of positions, or the annual salary rate.

Send one copy to the Department of Revenue and one copy to the BOCC. The Department will furnish approved copies to the official and the BOCC. Notifying the BOCC is necessary because the original appropriations changed and thereby come under the provisions of [s. 195.087\(1\)\(b\), F.S.](#) The budget amendment must be submitted and approved prior to the expenditure and/or obligation of funding.

### **BUDGET TRANSFERS**

Transfers between different appropriation categories must have approval from the Department. Transfers between object codes in the same appropriation category do not require the Department's approval. Use whole dollar amounts.

Although actions between object codes within the same appropriation category do not require approval through the Department, please notify the Department through Form DR-404PA at the close of your fiscal year. This ensures the Department's and the official's budget records are aligned.

### **FORM**

Enter the county, name of the official, fiscal year for request, budget transfer or amendment number, and the date of your request. Number budget transfers and amendments separately (e.g. BT #1, BT #2, BA #1, BA #2).

**CATEGORY/LINE-ITEM DESCRIPTION:** Enter the individual category and object code description for each affected line item. You may use abbreviations as long as it is clear which line item you want to adjust. List each line item only once.

**LINE-ITEM CODE:** Enter the appropriate line-item code. Check that the line-item code matches the description for each adjustment.

**JUSTIFICATION:** Enter thorough justifications for requested adjustments. You may attach support documentation or supplemental sheets. Refer to budget justification instructions for Schedules I – III based on the appropriation category and line item for which you are requesting additional funding on pages 17, 22, 25, and 33.



## REQUEST

- (a) If an adjustment to the number of positions or annual salary rate is a part of your request, enter the additional number of positions and the annual salary rate of your request.
  - Attach a completed *Permanent Positions Justification* form for new position requests.
- (b) Enter the amount of the increase or decrease (+ or -) for each affected line item.
- (c) Enter the total of your request. If you are using Excel, this will automatically populate.

The official must sign at the bottom of the form on the official line.

**APPROVAL:** This column is for the Department's use only. The deadline for submitting budget amendments and transfers is 60 calendar days after the end of the fiscal year.

Requests for increases to the total budget, annual salary rate, number of positions, or total appropriation category (e.g. transferring funds from personnel services to operating expenses) must be approved prior to the funds being expended.

**Note:** Email budget amendments or transfer requests to [PTO\\_Budget@floridarevenue.com](mailto:PTO_Budget@floridarevenue.com). Budget transfers are typically processed within 2-3 business days. Budget amendments may take 3-10 days to process. Time to review is largely determined by the complexity of the amendment request.

# References

## Property Appraiser References Florida Statutes and Florida Administrative Code

### Florida Statutes

Official's salary.....	<a href="#"><u>145.10</u></a>
Commissions of property appraisers and tax collectors.....	<a href="#"><u>192.091</u></a>
Training.....	<a href="#"><u>195.002</u></a>
Aerials.....	<a href="#"><u>195.022</u></a>
Forms .....	<a href="#"><u>195.022</u></a>
Budgets.....	<a href="#"><u>195.087</u></a>
1/12 Expenditure.....	<a href="#"><u>195.087(5)</u></a>
Post budgets on website no later than 30 days after adoption.....	<a href="#"><u>195.087(6)</u></a>
Bonuses.....	<a href="#"><u>215.425</u></a>
State travel reimbursement guidelines.....	<a href="#"><u>112.061</u></a>
State procurement of goods and services.....	<a href="#"><u>287</u></a>
Consultants' Competitive Negotiation Act.....	<a href="#"><u>287.055</u></a>
Return of funds at end of the year .....	<a href="#"><u>218.36</u></a>
Financial audits .....	<a href="#"><u>218.32</u></a>
Tangible Personal Property Owned by Local Governments.....	<a href="#"><u>274</u></a>
Reimbursement of county employees for educational expenses.....	<a href="#"><u>112.063</u></a>

### Florida Administrative Code

Submission of Budgets .....	<a href="#"><u>12D-11.001</u></a>
Approval of Property Appraisers' Budgets.....	<a href="#"><u>12D-11.005</u></a>
Budget Amendments and Budget Transfers.....	<a href="#"><u>12D-11.007</u></a>
Distribution of Excess Funds.....	<a href="#"><u>12D-11.009</u></a>

### General Reference

Department of Financial Services.....	<a href="#"><u>Uniform Accounting System Manual</u></a>
Department of Financial Services.....	<a href="#"><u>Reference Guide for State Expenditures</u></a>
Division of Retirement .....	<a href="#"><u>Florida Retirement System Contribution Rates</u></a>
Internal Revenue Service.....	<a href="#"><u>Maximum Taxable Earnings</u></a>
United States Postal Service.....	<a href="#"><u>Price List</u></a>