

ID YEAR CD TYPE KEY

**BUDGET ESTIMATE FOR**

Dept 002 Clerk Treasurers Office  
 (Office, Board, Commission, Department, Institution or Fund)

City of Beech Grove  
 (If City, Town or Fire Protection District Budget, Enter Name)

(If County Budget, Enter County Name)

For Calendar Year 2009

		Items	Total Estimate	Approved
<b>1 PERSONAL SERVICES</b>				
Salaries and Wages				
111	Department Head Salary	32,061.00		
112	Deputies	71,026.00		
			\$ 103,087.00	
Employee Benefits				
115	Longevity, Education Incentive	3,000.00		
			\$ 3,000.00	
Other Personal Services				
			\$ -	
			\$ 106,087.00	
<b>Total Personal Services</b>				
<b>2 SUPPLIES</b>				
Office Supplies				
			\$ -	
Operating Supplies				
			\$ -	
Repair and Maintenance Supplies				
			\$ -	
Other Supplies				
			\$ -	
			\$ -	
<b>Total Supplies</b>				

3 OTHER SERVICES AND CHARGES  
Professional Services

310 Professional Services 10,000.00

**\$ 10,000.00**

Communication and Transportation

320 Travel Expense 500.00

**\$ 500.00**

Printing and Advertising

332 Publication of Legal Notices 2,000.00

**\$ 2,000.00**

Insurance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\$**

Utility Services

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\$**

Repairs and Maintenance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\$**

Rentals

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\$**

Debt Service

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\$**

Other Services and Charges

390 Organization Membership/Dues 300.00

**\$ 300.00**

Total Other Services and Charges

**\$ 12,800.00**

Approved

	Items	Total Estimate	Approved
<b>4 CAPITAL OUTLAYS</b>			
Land			
_____			
_____			
_____			
_____			
_____		\$ -	
Buildings			
_____			
_____			
_____			
_____			
_____		\$ -	
Improvements Other Than Buildings			
_____			
_____			
_____			
_____			
_____		\$ -	
Machinery and Equipment			
_____			
_____			
_____			
_____			
_____		\$ -	
Other Capital Outlays			
_____			
_____			
_____			
_____			
_____		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 118,887.00	

(I) (We) hereby certify that the foregoing is a true and fair estimate of the necessary expense of the \_\_\_\_\_

(Name of Office, Board, Commission, Department, Institution or Fund)

for the calendar year \_\_\_\_\_ for the purposes therein specified.

Dated this 22 day of October, 2008.

*Joseph J. Kincard* Clerk Treas  
*W. J. M. M. Mayor*

Signature and Title of Officer(s) or Department Head