

ID YEAR CO TYPE KEY

**BUDGET ESTIMATE FOR**

Dept 004 Law

(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		
411130.000 Regular Salaries	82,518.00	
	\$ 82,518.00	
Employee Benefits		
411150.000 Longevity, Education Incentive	2,100.00	
	\$ 2,100.00	
Other Personal Services		
	\$ -	
	\$ 84,618.00	
<b>Total Personal Services</b>		
<b>2 SUPPLIES</b>		
Office Supplies		
210.000 Other Office Supplies	1,000.00	
	\$ 1,000.00	
Operating Supplies		
	\$ -	
Repair and Maintenance Supplies		
	\$ -	
Other Supplies		
	\$ -	
	\$ 1,000.00	
<b>Total Supplies</b>		

3 OTHER SERVICES AND CHARGES

		Items	Total Estimate	Approved
Professional Services				
310.001	Professional Services	64,960.00		
			\$ 64,960.00	
Communication and Transportation				
432002.000	Postage	200.00		
432003.000	Travel Expense	500.00		
			\$ 700.00	
Printing and Advertising				
433001.000	Print Other Than Office Supply	3,000.00		
			\$ 3,000.00	
Insurance				
			\$ -	
Utility Services				
			\$ -	
Repairs and Maintenance				
436000.000	Repairs and Maintenance	1,760.00		
			\$ 1,760.00	
Rentals				
			\$ -	
Debt Service				
			\$ -	
Other Services and Charges				
439008.000	Baliff	10,400.00		
			\$ 10,400.00	
Total Other Services and Charges			\$ 80,820.00	

		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			\$ 166,438.00	

(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.

*[Handwritten Signature]*  
 Sarah M. [unclear] Clerk Trees

Signature and Title of Officer(s) or Department Head