

ID YEAR CO TYPE KEY

**BUDGET ESTIMATE FOR**

018 City Hall

(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 2010\_

	Items	Total Estimate	Approved
<b>1 PERSONAL SERVICES</b>			
Salaries and Wages			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____		\$ -	
Employee Benefits			
_____			
_____			
_____			
_____		\$ -	
Other Personal Services			
_____			
_____			
_____			
_____		\$ -	
Total Personal Services		\$ -	
<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			
_____			
_____			
_____		\$ -	
Total Supplies		\$ 1,000.00	



	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		\$ 23,150.00	

(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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

Signature and Title of Officer(s) or Department Head