

		Items	Total Estimate	Approved
4 CAPITAL OUTLAYS				
Land				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Improvements Other Than Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Machinery and Equipment				
440.001	Machinery and Equipment (Copier)	3,000.00		
_____	_____			
_____	_____			
			\$ 3,000.00	
Other Capital Outlays				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Total Capital Outlay			\$ 3,000.00	
TOTAL BUDGET ESTIMATE			\$ 150,752.00	

(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