

ID YEAR CD TYPE KEY

BUDGET ESTIMATE FOR

Dept 301 Debt Service

(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
1 PERSONAL SERVICES			
Salaries and Wages			
		\$ -	
Employee Benefits			
		\$ -	
Other Personal Services			
		\$ -	
		\$ -	
Total Personal Services		\$ -	
2 SUPPLIES			
Office Supplies			
		\$ -	
Operating Supplies			
		\$ -	
Repair and Maintenance Supplies			
		\$ -	
Other Supplies			
		\$ -	
Total Supplies		\$ -	

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			
		\$ -	
Buildings			
		\$ -	
Improvements Other Than Buildings			
		\$ -	
Machinery and Equipment			
		\$ -	
Other Capital Outlays			
		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 330,790.00	

(I) (We) herby 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