

ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

202 LRS

(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				
_____	_____			
231.310	Gravel	50,000.00		
_____	_____			
_____	_____			
_____	_____		\$ 50,000.00	
Total Supplies			\$ 50,000.00	

3 OTHER SERVICES AND CHARGES

Professional Services

312.000	Engineering Services

Items	Total Estimate	Approved
	\$ -	

Communication and Transportation

	\$ -	

Printing and Advertising

	\$ -	

Insurance

	\$ -	

Utility Services

	\$ -	

Repairs and Maintenance

390.920	Street/Alley Improvement
390.980	Contracting

260,000.00
25,000.00

	\$ 285,000.00	

Rentals

	\$ -	

Debt Service

	\$ -	

Other Services and Charges

	\$ -	

Total Other Services and Charges

	\$ 285,000.00	
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	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		\$ 335,000.00	

(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