

ID YEAR CD TYPE KEY

BUDGET ESTIMATE FOR

Dept 703 Police Pension

(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				
	4319021	Retired Officers	449,703.00	
	4319023	Dependants	66,377.00	
			\$ 516,080.00	
Employee Benefits				
		Health Insurance	81,160.00	
			\$ 81,160.00	
Other Personal Services				
			\$ -	
Total Personal Services			\$ 597,240.00	
2 SUPPLIES				
Office Supplies				
			\$ -	
Operating Supplies				
			\$ -	
Repair and Maintenance Supplies				
			\$ -	
Other Supplies				
			\$ -	
Total Supplies			\$ -	

3 OTHER SERVICES AND CHARGES

Professional Services		Items	Total Estimate	Approved
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

\$ -

Communication and Transportation

		Items	Total Estimate	Approved
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

\$ -

Printing and Advertising

		Items	Total Estimate	Approved
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

\$ -

Insurance

		Items	Total Estimate	Approved
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

\$ -

Utility Services

		Items	Total Estimate	Approved
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

\$ -

Repairs and Maintenance

		Items	Total Estimate	Approved
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

\$ -

Rentals

		Items	Total Estimate	Approved
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

\$ -

Debt Service

		Items	Total Estimate	Approved
_____	_____			
_____	_____			
_____	_____			
_____	_____			

\$ -

Other Services and Charges

		Items	Total Estimate	Approved
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

\$ -

Total Other Services and Charges

\$ -

	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		\$ 597,240.00	

(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