

ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

Dept 170 Public Safety COIT

(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			
132.000 1977 Policeman's Pension Cont	392,508.00		
132.000 1977 Fireman's Pension Cont	404,402.00		
		\$ 796,910.00	
Total Personal Services		\$ 796,910.00	
2 SUPPLIES			
Office Supplies			
		\$ -	
Operating Supplies			
		\$ -	
Repair and Maintenance Supplies			
		\$ -	
Other Supplies			
		\$ -	
Total Supplies		\$ -	

3 OTHER SERVICES AND CHARGES

Professional Services

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Communication and Transportation

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Printing and Advertising

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Insurance

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Utility Services

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Repairs and Maintenance

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Rentals

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Debt Service

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Other Services and Charges

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Total Other Services and Charges

\$ -

\$ -

		Items	Total Estimate	Approved
4 CAPITAL OUTLAYS				
Land				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Buildings				
_____	_____			
_____	Police	25,000.00		
_____	Fire	65,000.00		
_____	_____			
_____	_____			
			\$ 90,000.00	
Improvements Other Than Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Machinery and Equipment				
_____	_____			
_____	Police	135,000.00		
_____	_____			
_____	_____			
			\$ 135,000.00	
Other Capital Outlays				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Total Capital Outlay			\$ 225,000.00	
TOTAL BUDGET ESTIMATE			\$ 1,021,910.00	

(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