

ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

General Fund- Cable
 (Office, Board, Commission, Department, Institution or Fund)

City of Beech Grove
 (If City, Town or Fire Protection District Budget, Enter Name)

Marion
 (If County Budget, Enter County Name)

For Calendar Year 2011

		Items	Total Estimate	Approved
1	PERSONAL SERVICES			
	Salaries and Wages			
			0	0
	Employee Benefits			
			0	0
	Other Personal Services			
			0	0
	Total Personal Services		0	0
2	SUPPLIES			
	Office Supplies			
			0	0
	Operating Supplies			
			0	0
	Repair and Maintenance Supplies			
			0	0
	Other Supplies			
			0	0
	Total Supplies		0	0

3 OTHER SERVICES AND CHARGES

	Items	Total Estimate	Approved
Professional Services <hr/> <hr/> <hr/> <hr/> <hr/>		0	0
Communication and Transportation <hr/> <hr/> <hr/> <hr/> <hr/>		0	0
Printing and Advertising <hr/> <hr/> <hr/> <hr/> <hr/>		0	0
Insurance <hr/> <hr/> <hr/> <hr/> <hr/>		0	0
Utility Services <hr/> <hr/> <hr/> <hr/> <hr/>		0	0
Repairs and Maintenance <hr/> <hr/> <hr/> <hr/> <hr/>		0	0
Rentals <hr/> <hr/> <hr/> <hr/> <hr/>		0	0
Debt Service <hr/> <hr/> <hr/> <hr/> <hr/>		0	0
Other Services and Charges <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		0	0
Total Other Services and Charges		0	0

		Items	Total Estimate	Approved
4 CAPITAL OUTLAYS				
Land				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Improvements Other Than Building				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Machinery and Equipment				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Other Capital Outlays				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Total Capital Outlays			0	0
TOTAL BUDGET ESTIMATE			0	0

(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