

ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

General Fund- City Attorney
 (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				
111	DEPARTMENT HEAD SALARY			
113	REGULAR SALARIES	131,734		
	DEPUTIES			
			131734	0
Employee Benefits				
115	LONGEVITY, EDUCATION INCENTIVE	3,400		
		0		
			3400	0
Other Personal Services				
		0		
			0	0
	Total Personal Services		135134	0
2 SUPPLIES				
Office Supplies				
210	OTHER OFFICE SUPPLIES	1000		
			1000	0
Operating Supplies				
			0	0
Repair and Maintenance Supplies				
			0	0
Other Supplies				
			0	0
	Total Supplies		1000	0

		Items	Total Estimate	Approved
3 OTHER SERVICES AND CHARGES				
Professional Services				
310	PROFESSIONAL SERVICES	50000		
310	CONTRACTUAL SERVICES			
			50000	0
Communication and Transportation				
320	TRAVEL EXPENSE	500		
322	POSTAGE	200		
			700	0
Printing and Advertising				
	PRINT OTHER THAN OFFICE SUPPLY	3000		
		0		
			3000	0
Insurance				
			0	0
Utility Services				
			0	0
Repairs and Maintenance				
361	REPAIRS AND MAINTENANCE	1760		
			1760	0
Rentals				
			0	0
Debt Service				
		0		
			0	0
Other Services and Charges				
390	ORGANIZATION/MEMBERSHIP DUES			
	BAILIFF			
			0	0
Total Other Services and Charges			55460	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			191594	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