

ID YEAR CO TYPE KEY

**BUDGET ESTIMATE FOR**

General Fund- Clerk-Treasurer  
 (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
<b>1 PERSONAL SERVICES</b>				
<b>Salaries and Wages</b>				
111	DEPARTMENT HEAD SALARY	32,061		
113	REGULAR SALARIES	73,156		
			105217	0
<b>Employee Benefits</b>				
115	LONGEVITY, EDUCATION INCENTIVE	4,300		
		0		
			4300	0
<b>Other Personal Services</b>				
		0		
			0	0
	<b>Total Personal Services</b>		109517	0
<b>2 SUPPLIES</b>				
<b>Office Supplies</b>				
210	OTHER OFFICE SUPPLIES			
			0	0
<b>Operating Supplies</b>				
			0	0
<b>Repair and Maintenance Supplies</b>				
			0	0
<b>Other Supplies</b>				
			0	0
	<b>Total Supplies</b>		0	0

		Items	Total Estimate	Approved
<b>3 OTHER SERVICES AND CHARGES</b>				
<b>Professional Services</b>				
310	PROFESSIONAL SERVICES	10000		
			10000	0
<b>Communication and Transportation</b>				
320	TRAVEL EXPENSE	500		
320	TELEPHONE AND TELEGRAPH			
322	POSTAGE			
			500	0
<b>Printing and Advertising</b>				
331	PRINT OTHER THAN OFFICE SUPPLY			
332	PUBLICATION OF LEGAL NOTICES	2000		
			2000	0
<b>Insurance</b>				
			0	0
<b>Utility Services</b>				
			0	0
<b>Repairs and Maintenance</b>				
	TYPEWRITER REPAIR			
	REPAIRS AND MAINTENANCE			
	EQUIPMENT			
			0	0
<b>Rentals</b>				
			0	0
<b>Debt Service</b>				
			0	0
<b>Other Services and Charges</b>				
390	ORGANIZATION/MEMBERSHIP DUES			
			0	0
<b>Total Other Services and Charges</b>			12500	0

4 CAPITAL OUTLAYS		Items	Total Estimate	Approved
Land				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Improvements Other Than Building				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Machinery and Equipment				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Other Capital Outlays				
_____	FURNITURE AND FIXTURES			
_____	OFFICE EQUIPMENT			
_____	_____			
_____	_____		0	0
Total Capital Outlays			0	0
TOTAL BUDGET ESTIMATE			122017	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