

ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

General Fund- Community Center
 (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	FACILITY/SPECIAL EVENTS MANAGER	41,734		
114	TEMPORARY	27,000		
			68734	0
Employee Benefits				
115	LONGEVITY, EDUCATION INCENTIVE	2,400		
		0		
		0		
		0		
		0		
		0		
			2400	0
Other Personal Services				
		0		
			0	0
			71134	0
Total Personal Services				
2 SUPPLIES				
Office Supplies				
210	OTHER OFFICE SUPPLIES	2000		
			2000	0
Operating Supplies				
	JANITORIAL SUPPLIES	4400		
			4400	0
Repair and Maintenance Supplies				
	BUILDING MATERIAL	1200		
			1200	0
Other Supplies				
	PROGRAM SUPPLIES	2000		
			2000	0
			9600	0
Total Supplies				

		Items	Total Estimate	Approved
3 OTHER SERVICES AND CHARGES				
Professional Services				
310	CONTRACTUAL SERVICES	12800		
	PROGRAM ENTERTAINMENT	4000		
			16800	0
Communication and Transportation				
	POSTAGE	200		
			200	0
Printing and Advertising				
	ADVERTISING	500		
			500	0
Insurance				
			0	0
Utility Services				
	ELECTRIC	15000		
	GAS	8000		
	WATER	500		
	SEWAGE	800		
			24300	0
Repairs and Maintenance				
361	REPAIRS FOR EQUIPMENT	2000		
			2000	0
Rentals				
			0	0
Debt Service				
			0	0
Other Services and Charges				
			0	0
	Total Other Services and Charges		43800	0

4 CAPITAL OUTLAYS		Items	Total Estimate	Approved
Land				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Improvements Other Than Building				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Machinery and Equipment				
_____	COPIER	3000		
_____	_____			
_____	_____			
_____	_____		3000	0
Other Capital Outlays				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Total Capital Outlays			3000	0
TOTAL BUDGET ESTIMATE			127534	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