

ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

General Fund-Debt Service
 (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
_____	_____		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
_____	_____		0	0
Total Supplies			0	0

3 OTHER SERVICES AND CHARGES		Total Estimate	Approved
Professional Services	Items		
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Communication and Transportation			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Printing and Advertising			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Insurance			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Utility Services			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Repairs and Maintenance			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Rentals			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Debt Service			
_____	PRINCIPAL AND INTEREST 2002 BOND	105750	
_____	PRINCIPAL AND INTEREST 2006 BOND	236653	
_____	_____		
_____	_____	342403	0
Other Services and Charges			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Total Other Services and Charges		342403	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				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Total Capital Outlays			0	0
TOTAL BUDGET ESTIMATE			342403	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