

ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

General Fund- Fire
 (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 | | | | |
| | DEPARTMENT HEAD | 75,977 | | |
| | REGULAR | 1,782,553 | | |
| | HOLIDAY PAY | 24180 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 1882710 | 0 |
| Employee Benefits | | | | |
| | LONGEVITY, EDUCATION INCENTIVE | 112,415 | | |
| | OVERTIME/EXCESS COMPENSATION | 56000 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 168415 | 0 |
| Other Personal Services | | | | |
| | CLOTHING ALLOWANCE | 30400 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 30400 | 0 |
| | Total Personal Services | | 2081525 | 0 |
| 2 SUPPLIES | | | | |
| Office Supplies | | | | |
| | OTHER OFFICE SUPPLIES | 3000 | | |
| | | | | |
| | | | | |
| | | | 3000 | 0 |
| Operating Supplies | | | | |
| | MEDICAL SUPPLIES | 32000 | | |
| | JANITORIAL SUPPLIES | 7500 | | |
| | PROTECTIVE CLOTHING | 12000 | | |
| | GARAGE AND MOTOR | 42000 | | |
| | | | | |
| | | | 93500 | 0 |
| Repair and Maintenance Supplies | | | | |
| | BUILDING MATERIAL | 2500 | | |
| | | | | |
| | | | | |
| | | | 2500 | 0 |
| Other Supplies | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 0 | 0 |
| | Total Supplies | | 99000 | 0 |

| | | Items | Total Estimate | Approved |
|---|---|-------|----------------|----------|
| 3 OTHER SERVICES AND CHARGES | | | | |
| Professional Services | | | | |
| | PROFESSIONAL SERVICES | 5000 | | |
| | INSTRUCTION | 17000 | | |
| | PHYSICALS/EVALUATIONS | 31000 | | |
| | | | 53000 | 0 |
| Communication and Transportation | | | | |
| | TRAVEL EXPENSE | 2500 | | |
| | TELEPHONE | 2500 | | |
| | | | 5000 | 0 |
| Printing and Advertising | | | | |
| | INJURY PREVENTION | 5000 | | |
| | | | 5000 | 0 |
| Insurance | | | | |
| | | | 0 | 0 |
| Utility Services | | | | |
| | ELECTRIC | 19000 | | |
| | GAS | 9600 | | |
| | WATER | 1400 | | |
| | SEWAGE | 2000 | | |
| | | | 32000 | 0 |
| Repairs and Maintenance | | | | |
| | REPAIRS AND MAINTENANCE | 43000 | | |
| | MAINTENANCE AGREEMENTS | 22200 | | |
| | EQUIPMENT | 24000 | | |
| | | | 89200 | 0 |
| Rentals | | | | |
| | | | 0 | 0 |
| Debt Service | | | | |
| | | | 0 | 0 |
| Other Services and Charges | | | | |
| | SUBSCRIPTIONS | 3500 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 3500 | 0 |
| | Total Other Services and Charges | | 187700 | 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 | | | | |
| _____ | COPY MACHINE LEASE | 2900 | | |
| _____ | WATER HEATER LEASE | 1750 | | |
| _____ | _____ | | | |
| _____ | _____ | | 4650 | 0 |
| Total Capital Outlays | | | 4650 | 0 |
| TOTAL BUDGET ESTIMATE | | | 2372875 | 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