

ID YEAR CO TYPE KEY

**BUDGET ESTIMATE FOR**

General Fund-Local Road and Streets  
 (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</b>	<b>PERSONAL SERVICES</b>			
	Salaries and Wages			
			0	0
	Employee Benefits			
			0	0
	Other Personal Services			
			0	0
	<b>Total Personal Services</b>		<b>0</b>	<b>0</b>
<b>2</b>	<b>SUPPLIES</b>			
	Office Supplies			
			0	0
	Operating Supplies			
			0	0
	Repair and Maintenance Supplies			
			0	0
	Other Supplies			
	GRAVEL	50000		
			50000	0
	<b>Total Supplies</b>		<b>50000</b>	<b>0</b>

		Items	Total Estimate	Approved
<b>3 OTHER SERVICES AND CHARGES</b>				
<b>Professional Services</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Communication and Transportation</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Printing and Advertising</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Insurance</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Utility Services</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Repairs and Maintenance</b>				
_____	STREET/ALLEY IMPROVEMENTS	120000		
_____	CONTRACTING	25000		
_____				
_____			145000	0
<b>Rentals</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Debt Service</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Other Services and Charges</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Total Other Services and Charges</b>			<b>145000</b>	<b>0</b>

		Items	Total Estimate	Approved
<b>4 CAPITAL OUTLAYS</b>				
<b>Land</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Buildings</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Improvements Other Than Building</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Machinery and Equipment</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Other Capital Outlays</b>				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
<b>Total Capital Outlays</b>			0	0
<b>TOTAL BUDGET ESTIMATE</b>			195000	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