

ID YEAR CO TYPE KEY

**BUDGET ESTIMATE FOR**

General Fund-Motor Vehicle and Highway  
 (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>				
	DEPARTMENT HEAD	35,020		
	REGULAR	372,720		
	TEMPORARY	40000		
			447740	0
<b>Employee Benefits</b>				
	LONGEVITY, EDUCATION INCENTIVE	20,400		
	FICA	33350		
	PERF	33786		
	HEALTH INSURANCE	18000		
	DENTAL INSURANCE	2400		
	LIFE INSURANCE	2400		
			110336	0
<b>Other Personal Services</b>				
			0	0
			0	0
	<b>Total Personal Services</b>		<b>558076</b>	<b>0</b>
<b>2 SUPPLIES</b>				
<b>Office Supplies</b>				
	OTHER OFFICE SUPPLIES	1000		
			1000	0
<b>Operating Supplies</b>				
	UNIFORMS	3000		
	GASOLINE	45000		
	AUTOMOTIVE SUPPLIES	10000		
			58000	0
<b>Repair and Maintenance Supplies</b>				
	BITUMINOUS MATERIALS	7000		
	BUILDING MATERIAL	4000		
			11000	0
<b>Other Supplies</b>				
	SMALL TOOLS AND MINOR EQUIPMENT	7000		
			7000	0
	<b>Total Supplies</b>		<b>77000</b>	<b>0</b>

		Items	Total Estimate	Approved
<b>3 OTHER SERVICES AND CHARGES</b>				
<b>Professional Services</b>				
	MEDICAL SERVICES	600		
	DRIVER'S LICENSING (CDL)	400		
			1000	0
<b>Communication and Transportation</b>				
			0	0
<b>Printing and Advertising</b>				
			0	0
<b>Insurance</b>				
			0	0
<b>Utility Services</b>				
	ELECTRIC	6000		
	GAS	9000		
	WATER	1500		
	SEWAGE	1000		
			17500	0
<b>Repairs and Maintenance</b>				
	REPAIRS AND MAINTENANCE	25000		
			25000	0
<b>Rentals</b>				
	EQUIPMENT RENTAL	3000		
			3000	0
<b>Debt Service</b>				
			0	0
<b>Other Services and Charges</b>				
	STREET LIGHTING	160000		
			160000	0
	<b>Total Other Services and Charges</b>		<b>206500</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>				
_____	LEASES NEW VEHICLES	25630		
_____	_____			
_____	_____			
_____	_____		25630	0
<b>Total Capital Outlays</b>			25630	0
<b>TOTAL BUDGET ESTIMATE</b>			867206	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