

ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

General Fund-Parks and Recreation
 (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				
_____	TEMPORARY	41,200		

_____			41200	0
Employee Benefits				

_____			0	0
Other Personal Services				

_____			0	0
Total Personal Services			41200	0
2 SUPPLIES				
Office Supplies				
_____	OTHER OFFICE SUPPLIES	200		

_____			200	0
Operating Supplies				
_____	MEDICAL SUPPLIES	200		

_____			200	0
Repair and Maintenance Supplies				
_____	WEED KILL, ETC	1000		
_____	UNIFORMS	700		
_____	JANITORIAL	3000		
_____	GARAGE AND MOTOR	8000		
_____	BUILDING MATERIAL	7000	19700	0
Other Supplies				

_____			0	0
Total Supplies			20100	0

		Items	Total Estimate	Approved
3 OTHER SERVICES AND CHARGES				
Professional Services				
	PROGRAM ENTERTAINMENT	5000		
	CONTRACTUAL SERVICES	10000		
			15000	0
Communication and Transportation				
			0	0
Printing and Advertising				
			0	0
Insurance				
			0	0
Utility Services				
	ELECTRIC	4000		
	GAS	3000		
	WATER	500		
	SEWAGE	1200		
			8700	0
Repairs and Maintenance				
	REPAIRS AND MAINTENANCE	10000		
	GRADING AND FENCING	1500		
			11500	0
Rentals				
	EQUIPMENT RENTAL	2000		
			2000	0
Debt Service				
			0	0
Other Services and Charges				
	FIREWORKS	2500		
	EMPLOYEE TRAINING	1000		
			3500	0
	Total Other Services and Charges		40700	0

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Improvements Other Than Building			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Machinery and Equipment			
_____ EQUIPMENT	8000		
_____	_____		
_____	_____		
_____	_____	8000	0
Other Capital Outlays			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Total Capital Outlays		8000	0
TOTAL BUDGET ESTIMATE		110000	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