

ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

General Fund-Police Pension
 (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				
	RETIRE POLICE OFFICERS (15)	458,697		
	DEPENDANT (3)	67,705		
			526401.6	0
Employee Benefits				
	HEALTH INSURANCE	81,160		
			81160	0
Other Personal Services				
			0	0
	Total Personal Services		607561.6	0
2 SUPPLIES				
Office Supplies				
			0	0
Operating Supplies				
			0	0
Repair and Maintenance Supplies				
			0	0
Other Supplies				
			0	0
	Total Supplies		0	0

3 OTHER SERVICES AND CHARGES		Total	
		Estimate	Approved
Professional Services			
_____	_____		
_____	_____		
_____	_____		
_____	_____	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			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Other Services and Charges			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Total Other Services and Charges		0	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				
_____	_____			
_____	_____			
_____	_____			
_____	_____		0	0
Total Capital Outlays			0	0
TOTAL BUDGET ESTIMATE			607561.6	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