

ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

General Fund- Public Works
 (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				
111	DEPARTMENT HEAD SALARY			
113	REGULAR SALARIES	2,340		
	DEPUTIES			
			2340	0
Employee Benefits				
115	LONGEVITY, EDUCATION INCENTIVE	0		
	FICA	108528		
	DENTAL INSURANCE	32000		
	LIFE INSURANCE	22000		
	PERF	50877		
	HEALTH INSURANCE	660000		
	MEDICARE			
	UNEMPLOYMENT COMPENSATION	75000	948405	0
Other Personal Services				
	BUILDING COMMISSIONER			
		0		
			0	0
	Total Personal Services		950745	0
2 SUPPLIES				
Office Supplies				
210	OTHER OFFICE SUPPLIES	4000		
			4000	0
Operating Supplies				
			0	0
Repair and Maintenance Supplies				
	JANITORIAL SUPPLIES			
			0	0
Other Supplies				
			0	0
	Total Supplies		4000	0

		Items	Total Estimate	Approved
3 OTHER SERVICES AND CHARGES				
Professional Services				
310	PROFESSIONAL SERVICES	28000		
310	CONTRACTUAL SERVICES	60000		
	ENGINEERING	16000		
	ELECTRICAL INSPECTIONS	9000		
			113000	0
Communication and Transportation				
	TELEPHONE	21600		
322	POSTAGE	3000		
			24600	0
Printing and Advertising				
	PRINT OTHER THAN OFFICE SUPPLY	0		
		0		
			0	0
Insurance				
	LIABILITY INSURANCE	225000		
			225000	0
Utility Services				
			0	0
Repairs and Maintenance				
361	REPAIRS AND MAINTENANCE	0		
			0	0
Rentals				
			0	0
Debt Service				
		0		
			0	0
Other Services and Charges				
390	ORGANIZATION/MEMBERSHIP DUES	4000		
	BAILIFF			
			4000	0
	Total Other Services and Charges		366600	0

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Improvements Other Than Building			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Machinery and Equipment			
_____	EQUIPMENT	10000	
_____	_____		
_____	_____		
_____	_____	10000	0
Other Capital Outlays			
_____	_____		
_____	_____		
_____	_____		
_____	_____	0	0
Total Capital Outlays		10000	0
TOTAL BUDGET ESTIMATE		1331345	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