

ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

General Fund- Senior Center
 (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	77,113		
			77113	0
Employee Benefits				
115	LONGEVITY, EDUCATION INCENTIVE	1,100		
	CDL	0		
		0		
		0		
		0		
		0		
		0		
		0		
		0	1100	0
Other Personal Services				
		0		
			0	0
			78213	0
	Total Personal Services			
2 SUPPLIES				
Office Supplies				
210	OTHER OFFICE SUPPLIES	1200		
			1200	0
Operating Supplies				
	MEDICAL SUPPLIES	250		
			250	0
Repair and Maintenance Supplies				
	JANITORIAL SUPPLIES	1000		
	BUILDING MATERIAL	1200		
			2200	0
Other Supplies				
	PROGRAM SUPPLIES	1000		
			1000	0
			4650	0
	Total Supplies			

		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				
_____	LEASES	3000		
_____	_____			
_____	_____			
_____	_____		3000	0
Total Capital Outlays			3000	0
TOTAL BUDGET ESTIMATE			106863	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