

Prescribed by Department of Local Government Finance
 Approved by State Board of Accounts

Budget Form No. 1 (Rev. 2002)

BUDGET ESTIMATE FOR

Selected Year: 2012
Selected County: Marion County
Selected Unit: 0312 Beech Grove Civil City, Marion Co.
Selected Fund: 0101 General
Selected Dept: 0808 Miscellaneous

Copy Published to Adopted

1. Personal Services

Salaries and Wages

No Data Entered for this Category

Employee Benefits

No Data Entered for this Category

Other Personal Services

No Data Entered for this Category

Personal Services Totals **Items Totals: \$ 0** **Adopted Totals: \$ 0**

2. Supplies

Office Supplies

No Data Entered for this Category

Operating Supplies

No Data Entered for this Category

Repair and Maintenance Supplies

No Data Entered for this Category

Other Supplies

No Data Entered for this Category

Supplies Totals **Items Totals: \$ 0** **Adopted Totals: \$ 0**

3. Other Services and Charges

Professional Services

Line Item Code	Description	Published Amount	Adopted Amount
	Contractual Services	\$10,000	\$10,000
		<i>Total: \$ 10,000</i>	<i>Total: \$ 10,000</i>

Communication and Transportation

No Data Entered for this Category

Printing and Advertising

No Data Entered for this Category

Insurance

No Data Entered for this Category

Utility Services

No Data Entered for this Category

Repairs and Maintenance

No Data Entered for this Category

Rentals

No Data Entered for this Category

Debt Service

No Data Entered for this Category

Other Services and Charges

No Data Entered for this Category

Other Services and Charges Totals

Items Totals: \$ 10,000

Adopted Totals: \$ 10,000

4. Capital Outlays

Land

No Data Entered for this Category

Buildings

No Data Entered for this Category

Improvements Other Than Buildings

No Data Entered for this Category

Machinery and Equipment

No Data Entered for this Category

Other Capital Outlays

No Data Entered for this Category

Capital Outlays Totals

Items Totals: \$ 0

Adopted Totals: \$ 0

Form1 Totals

Items Totals: \$ 10,000

Adopted Totals: \$ 10,000

NAME:

TITLE:

DATE:

I hereby acknowledge that the submission of this document through the Gateway password and PIN system constitutes an "electronic signature" as defined in IC 5-24-2-2. This submission is intended to, and hereby does, constitute authentication and approval of the submitted document as required by the Indiana Code. I understand that this electronic signature takes the place of my handwritten signature and accomplishes the same purposes as would my handwritten signature in the same circumstance. I further acknowledge that this electronic signature has the same force and effect as my handwritten signature and can and will be used for all lawful purposes. I affirm that I have the real and apparent authority to electronically sign and submit this document on behalf of the unit.

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