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

Budget Form No. 144 (Rev. 2011)

STATEMENT OF SALARIES AND WAGES  
 PROPOSED TO BE PAID OFFICERS AND EMPLOYEES  
 CALENDAR YEAR 20xx

**FULL TIME SALARIES OFFICERS AND EMPLOYEES**

Title of Position or Employee Classification	Number	Rate of Monthly Salary	Total Annual Salaries

**PART TIME AND HOURLY SALARIES OFFICERS AND EMPLOYEES**

Title of Position or Employee Classification	Rate of Pay*	Per Unit

\*Show rate of pay per month, week, day, hour, etc

Name:

Title:

PIN:

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.