

This form is to be completed and submitted through the Indiana Gateway for Government Units at www.stats.indiana.edu/govtgateway.

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

Budget Form No. 1 (Rev. 2011)

BUDGET ESTIMATE FOR

Selected Year: _____
 Selected County: _____
 Selected Unit: _____
 Selected Fund: _____
 Selected Department: _____

1. Personal Services

Salaries and Wages

Line Item Code	Description	Published Amount	Adopted Amount

Employee Benefits

Line Item Code	Description	Published Amount	Adopted Amount

Other Personal Services

Line Item Code	Description	Published Amount	Adopted Amount

Personal Services Totals			
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2. Supplies

Office Supplies

Line Item Code	Description	Published Amount	Adopted Amount

Operating Supplies

Line Item Code	Description	Published Amount	Adopted Amount

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Repair and Maintenance Supplies

Line Item Code	Description	Published Amount	Adopted Amount

Other Supplies

Line Item Code	Description	Published Amount	Adopted Amount

Supplies Totals

3. Other Services and Charges

Professional Services

Line Item Code	Description	Published Amount	Adopted Amount

Communication and Transportation

Line Item Code	Description	Published Amount	Adopted Amount

Printing and Advertising

Line Item Code	Description	Published Amount	Adopted Amount

Insurance

Line Item Code	Description	Published Amount	Adopted Amount

Utility Services

Line Item Code	Description	Published Amount	Adopted Amount

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Repairs and Maintenance

Line Item Code	Description	Published Amount	Adopted Amount

Rentals

Line Item Code	Description	Published Amount	Adopted Amount

Debt Service

Line Item Code	Description	Published Amount	Adopted Amount

Other Services and Charges

Line Item Code	Description	Published Amount	Adopted Amount

Other Services and Charges Totals

4. Capital Outlays

Land

Line Item Code	Description	Published Amount	Adopted Amount

Buildings

Line Item Code	Description	Published Amount	Adopted Amount

Improvements Other Than Building

Line Item Code	Description	Published Amount	Adopted Amount

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Machinery and Equipment

Line Item Code	Description	Published Amount	Adopted Amount

Other Capital Outlays

Line Item Code	Description	Published Amount	Adopted Amount

Capital Outlays Totals

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Form 1 Totals

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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.

SAMPLE