

This form is to be completed and submitted through the Indiana Gateway for Government Units at [www.stats.indiana.edu/govtgateway](http://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: \_\_\_\_\_

Culture and Recreation

| Personal Services               |             |                  |                |
|---------------------------------|-------------|------------------|----------------|
| Line Item Code                  | Description | Published Amount | Adopted Amount |
|                                 |             |                  |                |
|                                 |             |                  |                |
|                                 |             |                  |                |
| <i>Personal Services Totals</i> |             |                  |                |

| Supplies               |             |                  |                |
|------------------------|-------------|------------------|----------------|
| Line Item Code         | Description | Published Amount | Adopted Amount |
|                        |             |                  |                |
|                        |             |                  |                |
|                        |             |                  |                |
| <i>Supplies Totals</i> |             |                  |                |

| Other Services and Charges               |             |                  |                |
|--|-------------|------------------|----------------|
| Line Item Code                           | Description | Published Amount | Adopted Amount |
|  |             |                  |                |
|  |             |                  |                |
|  |             |                  |                |
| <i>Other Services and Charges Totals</i> |             |                  |                |

| Capital Outlay                |             |                  |                |
|-------------------------------|-------------|------------------|----------------|
| Line Item Code                | Description | Published Amount | Adopted Amount |
|                               |             |                  |                |
|                               |             |                  |                |
|                               |             |                  |                |
| <i>Capital Outlays Totals</i> |             |                  |                |

|                      |  |  |  |
|----------------------|--|--|--|
| <i>Form 1 Totals</i> |  |  |  |
|----------------------|--|--|--|

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Name:  
Title:  
PIN:  
Date:

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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