

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: _____

Township Fund

1. Personal Services

Salaries and Wages			
Line Item Code	Description	Published Amount	Adopted Amount
	Salary of Trustee		
	Salary of Clerical Help		
	Pay of Township Board		

Employee Benefits			
Line Item Code	Description	Published Amount	Adopted Amount
	Social Security-Civil Township's Share		
	Unemployment Compensation		
	PERF		
	Insurance		

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
	Record Books		
	Stationary and Office Supplies		
	Printing		

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Operating Supplies

Line Item Code	Description	Published Amount	Adopted Amount

Repair and Maintenance Supplies

Line Item Code	Description	Published Amount	Adopted Amount

Other Supplies

Line Item Code	Description	Published Amount	Adopted Amount

Supplies Totals

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3. Other Services and Charges

Professional Services (Legal Services)

Line Item Code	Description	Published Amount	Adopted Amount

Communication and Transportation

Line Item Code	Description	Published Amount	Adopted Amount
	Travel Expense		
	Telephone		

Printing and Advertising (Other than Office Supplies)

Line Item Code	Description	Published Amount	Adopted Amount

Insurance

Line Item Code	Description	Published Amount	Adopted Amount
	Official Bonds		
	Other Insurance		

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Utility Services

Line Item Code	Description	Published Amount	Adopted Amount

Repairs and Maintenance

Line Item Code	Description	Published Amount	Adopted Amount

Rentals

Line Item Code	Description	Published Amount	Adopted Amount
	Office Rent		
	Other Rentals		

Debt Service

Line Item Code	Description	Published Amount	Adopted Amount
	Interest on Temporary Loans		

Care of Cemeteries

Line Item Code	Description	Published Amount	Adopted Amount

Dues and Subscriptions

Line Item Code	Description	Published Amount	Adopted Amount

Training (Other Than Assessing)

Line Item Code	Description	Published Amount	Adopted Amount

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Community Services (IC 36-6-4-8(a))

Line Item Code	Description	Published Amount	Adopted Amount

<i>Other Services and Charges Totals</i>		
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4. Capital Outlays

Land

Line Item Code	Description	Published Amount	Adopted Amount

Buildings

Line Item Code	Description	Published Amount	Adopted Amount

Machinery and Equipment

Line Item Code	Description	Published Amount	Adopted Amount

<i>Capital Outlays Totals</i>		
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<i>Form 1 Totals</i>		
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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.