

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 Assistance

1. Personal Services

Salaries and Wages

Line Item Code	Description	Published Amount	Adopted Amount

Employee Benefits

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

Personal Services Totals

2. Supplies

Office Supplies

Line Item Code	Description	Published Amount	Adopted Amount
	Record Books		
	Stationary and Office Supplies		
	Printing		

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

<i>Supplies Totals</i>			
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3. Other Services and Charges

Professional Services (Legal Services)			
Line Item Code	Description	Published Amount	Adopted Amount

Traveling Expense - Investigators			
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

Repairs and Maintenance			
Line Item Code	Description	Published Amount	Adopted Amount

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

Other			
Line Item Code	Description	Published Amount	Adopted Amount

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

Office Equipment			
Line Item Code	Description	Published Amount	Adopted Amount

Other Capital Outlays			
Line Item Code	Description	Published Amount	Adopted Amount

<i>Capital Outlays Totals</i>			
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II. 442 Direct Assistance

1. Medical, Hospital , and Burial

Services of Physicians, Dentists, and Opticians			
Line Item Code	Description	Published Amount	Adopted Amount

Service of Surgeon			
Line Item Code	Description	Published Amount	Adopted Amount

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Prescriptions

Line Item Code	Description	Published Amount	Adopted Amount

Hospital Expense (Not Including Surgeons)

Line Item Code	Description	Published Amount	Adopted Amount

Burials and Ambulance Service

Line Item Code	Description	Published Amount	Adopted Amount

Expense of Inmates in County Home

Line Item Code	Description	Published Amount	Adopted Amount

Medical, Hospital, and Burial Totals

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2. Other Direct Assistance

Food and Household Supplies

Line Item Code	Description	Published Amount	Adopted Amount

Clothing and Shoes

Line Item Code	Description	Published Amount	Adopted Amount

Shelter

Line Item Code	Description	Published Amount	Adopted Amount

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Fuel			
Line Item Code	Description	Published Amount	Adopted Amount

Public Utility Services			
Line Item Code	Description	Published Amount	Adopted Amount

School Books			
Line Item Code	Description	Published Amount	Adopted Amount

Transportation and Moving			
Line Item Code	Description	Published Amount	Adopted Amount

Other Direct Relief			
Line Item Code	Description	Published Amount	Adopted Amount

<i>Other Direct Assistance Totals</i>			
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III. 443 Other Assistance

Other Assistance			
Line Item Code	Description	Published Amount	Adopted Amount

<i>Other Assistance 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.

SAMPLE