

			Items	Total Estimate	Approved
3 OTHER SERVICES AND CHARGES					
Professional Services					
_____	_____	----			
_____	_____	----			
_____	_____	----			
_____	_____	----			
Communication and Transportation					
_____	_____	----			
_____	_____	----			
_____	_____	----			
_____	_____	----			
Printing and Advertising					
_____	_____	----			
_____	_____	----			
_____	_____	----			
_____	_____	----			
Insurance					
_____	_____	----			
_____	_____	----			
_____	_____	----			
_____	_____	----			
Utility Services					
_____	_____	----			
_____	_____	----			
_____	_____	----			
_____	_____	----			
Repairs and Maintenance					
_____	_____	----			
_____	_____	----			
_____	_____	----			
_____	_____	----			
Rentals					
_____	_____	----			
_____	_____	----			
_____	_____	----			
_____	_____	----			
Debt Service					
_____	_____	----			
_____	_____	----			
_____	_____	----			
_____	_____	----			
Other Services and Charges					
_____	_____	----			
_____	_____	----			
_____	_____	----			
_____	_____	----			
Total Other Services and Charges					

				Items	Total Estimate	Approved
4 CAPITAL OUTLAYS						
Land						
_____	_____	----				
_____	_____	----				
_____	_____	----				
_____	_____	----				
Buildings						
_____	_____	----				
_____	_____	----				
_____	_____	----				
_____	_____	----				
Improvements Other Than Building						
_____	_____	----				
_____	_____	----				
_____	_____	----				
_____	_____	----				
Machinery and Equipment						
_____	_____	----				
_____	_____	----				
_____	_____	----				
_____	_____	----				
Other Capital Outlays						
_____	_____	----				
_____	_____	----				
_____	_____	----				
_____	_____	----				
Total Capital Outlays						
Total Budget Estimate						

(I) (We) hereby certify that the foregoing is a true and fair estimate of the necessary expense of the

_____ (Name of Office, Board, Commission, Department, Institution or Fund)

for the calendar year _____ for the purposes therein specified.

Date _____

Signatures and Title of Officer(s)
 or Department Head