

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

_____		\$ -	
Buildings			

_____		\$ -	
Improvements Other Than Buildings			

_____		\$ -	
Machinery and Equipment			

_____		\$ -	
Other Capital Outlays			

_____		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 47,771.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

3 OTHER SERVICES AND CHARGES

Professional Services

311 LEGAL FEES

5000.

\$ -

Communication and Transportation

321 Postage

2,000.00

324 Cellular Phones

-

\$ 2,000.00

Printing and Advertising

\$ -

Insurance

\$ -

Utility Services

\$ -

Repairs and Maintenance

\$ -

Rentals

\$ -

Debt Service

\$ -

Other Services and Charges

\$ -

Total Other Services and Charges

\$ 7,000.
~~2,000.00~~

		Items	Total Estimate	Approved
4 CAPITAL OUTLAYS				
Land				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Improvements Other Than Buildings				
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Machinery and Equipment				
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Other Capital Outlays				
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Total Capital Outlay			\$ -	
TOTAL BUDGET ESTIMATE			\$ 116,192.00 106,492.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

3 OTHER SERVICES AND CHARGES

Professional Services

311	Legal Fees	16,000.00
312	Codifying Ordinance	6,000.00
313	Drug Testing	5,000.00

Items	Total Estimate	Approved
	\$ 27,000.00	

Communication and Transportation

	\$ -	

Printing and Advertising

331	Supplement to Code	3,500.00
332	Legal Advertising	4,000.00

	\$ 7,500.00	

Insurance

341	Master Ins. Policy	130,000.00
342	Bond Ins	1,500.00

	\$ 131,500.00	

Utility Services

351	Street Lights	100,000.00
352	Signals & Flashers	12,000.00

	\$ 112,000.00	

Repairs and Maintenance

	\$ -	

Rentals

	\$ -	

Debt Service

	\$ -	

Other Services and Charges

391	Dues Cities and Towns	5,000.00
392	Consultants ARA	8,535.00
394	New Directions	10,000.00
396	Election Fees	-

	\$ 23,535.00	

Total Other Services and Charges

	\$ 301,535.00	

		Items	Total Estimate	Approved
4 CAPITAL OUTLAYS				
Land				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Improvements Other Than Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Machinery and Equipment				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Other Capital Outlays				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Total Capital Outlay			\$ -	
TOTAL BUDGET ESTIMATE			\$ 1,687,635.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

City Attorney 101-004
(Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg
(If City, Town or Fire Protection District Budget, Enter Name)

Decatur County
(If County Budget, Enter County Name)

For Calendar Year 2008

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			
		\$ -	
Employee Benefits			
		\$ -	
Other Personal Services			
		\$ -	
		\$ -	
2 SUPPLIES			
Office Supplies			
		\$ -	
Operating Supplies			
		\$ -	
Repair and Maintenance Supplies			
		\$ -	
Other Supplies			
		\$ -	
		\$ -	
Total Supplies			

3 OTHER SERVICES AND CHARGES

Professional Services

City Attorney Salary

Items

Total Estimate

Approved

8,000.00

\$ 8,000.00

Communication and Transportation

\$ -

Printing and Advertising

\$ -

Insurance

\$ -

Utility Services

\$ -

Repairs and Maintenance

\$ -

Rentals

\$ -

Debt Service

\$ -

Other Services and Charges

\$ -

Total Other Services and Charges

\$ 8,000.00

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

_____		\$ -	
Buildings			

_____		\$ -	
Improvements Other Than Buildings			

_____		\$ -	
Machinery and Equipment			

_____		\$ -	
Other Capital Outlays			

_____		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 8,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

Board of Works 101-006
 (Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg
 (If City, Town or Fire Protection District Budget, Enter Name)

Decatur County
 (If County Budget, Enter County Name)

For Calendar Year 2008

		Items	Total Estimate	Approved
1 PERSONAL SERVICES				
Salaries and Wages				

_____			\$ -	
Employee Benefits				

_____			\$ -	
Other Personal Services				

_____			\$ -	
Total Personal Services			\$ -	
2 SUPPLIES				
212	Janitor Supplies	3,000.00		
213	City Hall Supplies	4,000.00		

_____			\$ 7,000.00	
Operating Supplies				

_____			\$ -	
Repair and Maintenance Supplies				

_____			\$ -	
Other Supplies				

_____			\$ -	
Total Supplies			\$ 7,000.00	

3 OTHER SERVICES AND CHARGES

Professional Services

310	Contractual Service	20,000.00
311	Legal Fees	16,000.00

Total Estimate

Approved

\$ 36,000.00

Communication and Transportation

324	Phones City Hall & Dept	20,000.00

\$ 20,000.00

Printing and Advertising

331	Legal Advertising	4,000.00

\$ 4,000.00

Insurance

\$ -

Utility Services

353	Utilities	130,000.00

\$ 130,000.00

Repairs and Maintenance

361	Copy Machine	1,000.00
362	Street Repair	

\$ 1,000.00

Rentals

\$ -

Debt Service

\$ -

Other Services and Charges

396	Airport Authority	-
397	Animal Control	53,885.00
399	Pigeon Control	
398	Storm Sewers	-

\$ 53,885.00

Total Other Services and Charges

\$ 244,885.00

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

		\$ -	
Buildings			

		\$ -	
Improvements Other Than Buildings			

		\$ -	
Machinery and Equipment			

		\$ -	
Other Capital Outlays			

		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 251,885.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

Police Department (101-007)
 (Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg
 (If City, Town or Fire Protection District Budget, Enter Name)

Decatur County
 (If County Budget, Enter County Name)

For Calendar Year 2008

		Items	Total Estimate	Approved
1 PERSONAL SERVICES				
Salaries and Wages				
111	Police Salaries 18 @ 34,000	612,000.00		
	Police Chief Salaries	47,260.00		
113	Dispatcher Salaries 8 @ 29,359.	234,872.00		
114	Records Clerk	25,007.00		
115	Crossing Guards 2 @ 15	6,300.00		
116	Overtime	17,000.00		
	Captain Ranks 2 @ 3,000	6,000.00		
	Lieutenant Ranks 4 @ 1,950	7,800.00		
	Sergeant/Tech Sgt Ranks 5 @ 1,050	5,250.00		
	Certified Instructors 7 @ 500	3,500.00		
	IDACS Coordinator	1,050.00		
	911 Coordinator	1,050.00		
	Dispatch Supervisor Rank	1,950.00		
130	Part Time Dispatcher (2) \$13/hr x 30 hr/wk	40,560.00		
	Probationary Officers 2 @ 33,100	66,200.00		
	IT Coordinator	2,000.00		
			\$ 1,077,799.00	
Employee Benefits				
	Longevity (officers)	59,840.00		
	Longevity (civilian)	25,225.00		
126	Officer Clothing Allowance 18.5@ 700	12,950.00		
127	Dispatcher Clothing Allowance 8 @ 350	2,800.00		
			\$ 100,815.00	
Other Personal Services				
128	New officer clothing	9,000.00		
129	Probationary officer testing	3,000.00		
			\$ 12,000.00	
	Total Personal Services		\$ 1,190,614.00	
2 SUPPLIES				
Office Supplies				
211	Office Supplies	7,500.00		
214	Non-Office supplies	8,000.00		
215	OSHA Compliance	1,500.00		
216	Janitorial Supplies	2,000.00		
			\$ 19,000.00	
Operating Supplies				
221	Gasoline	45,000.00		
225	Oil	2,200.00		
226	Tires	4,000.00		
			\$ 51,200.00	
Repair and Maintenance Supplies				
231	Equipment Repair	16,000.00		
232	Battery Replacement	1,200.00		
			\$ 17,200.00	
Other Supplies				
241	k-9 Supplies	1,200.00		
243	Officer Training Supplies	6,000.00		
			\$ 7,200.00	
	Total Supplies		\$ 94,600.00	

3 OTHER SERVICES AND CHARGES

Professional Services

311	Information & Drug Fund
313	Physicals
314	Sciletc Annual Fees

Items	Total Estimate	Approved
4,000.00		
-		
-		
	\$ 4,000.00	

Communication and Transportation

321	Postage
324	Cellular Phone
325	Radio Maintenance

400.00		
3,400.00		
5,166.00		
	\$ 8,966.00	

Printing and Advertising

331	Legal Advertising

100.00		
	\$ 100.00	

Insurance

	\$ -	

Utility Services

	\$ -	

Repairs and Maintenance

361	Dictaphone Svc
362	IDAC Comp. Svc
363	Pager & Svc
364	Gen. Svc. Agr -Cummin
366	Commp Svc Ag- Scantron
367	In-car Video SVC Agr
368	Heat-Air Svc Agree
369	Svc. Agree - Fire Alarm
360	Arab

-		
4,100.00		
3,100.00		
764.00		
3,500.00		
-		
2,600.00		
1,555.00		
400.00		
	\$ 16,019.00	

Rentals

	\$ -	

Debt Service

381	Police Cars

72,321.00		
	\$ 72,321.00	

Other Services and Charges

391	Travel
392	FireArms Instructor dues
394	Police Chaplain Dues
395	Police Chief Dues
396	Semiar Expense
397	In- House Com. K & K
398	Accident Recon. Dues
399	Criminal Investigations

2,000.00		
-		
125.00		
800.00		
1,200.00		
4,790.00		
50.00		
6,000.00		
	\$ 14,965.00	

Total Other Services and Charges

	\$ 116,371.00	

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

		\$ -	
Buildings			

		\$ -	
Improvements Other Than Buildings			
Computer Equipment Fund	12,000.00		

		\$ 12,000.00	
Machinery and Equipment			
447 Body Armor	3,000.00		
448 In Car Video	6,000.00		
449 Tactical Equip.	5,000.00		

		\$ 14,000.00	
Other Capital Outlays			

		\$ -	
Total Capital Outlay		\$ 26,000.00	
TOTAL BUDGET ESTIMATE		\$ 1,427,585.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

Fire Department (101-008)

(Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg

(If City, Town or Fire Protection District Budget, Enter Name)

Decatur County

(If County Budget, Enter County Name)

For calendar year 2008

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			
111	Fireman Sal. 27 @ 34,000	918,000.00	
111	Fire Chief	47,260.00	
111	Lieutenant 3 @ 700	2,100.00	
	Asst. Chiefs 3 @ 3000.	9,000.00	
	Captins 3 @ 1950.	5,850.00	
114	First Respon. 15 @ \$100	1,500.00	
115	Breathing Air Tech 2 @ \$250	500.00	
117	Hazemat Tech 3 @ 500.	1,500.00	
118	EMT's 8 @ 100	800.00	
119	Fire Investigators 2 @ 250	500.00	
	Probationary Firemen 9 @ 33,100	297,900.00	
	Inspector	34,000.00	
	Administrative Assistant	25,000.00	
		\$ 1,343,910.00	
Employee Benefits			
	Longevity	95,285.00	
126	Vol Recruit Uniform	13,000.00	
126	Fire Cloth All 28 @ \$650	18,200.00	
128	Vol Cloth Allo 7 @ 450	3,150.00	
129	Recruit Uniform 10 @ 2,000	20,000.00	
		\$ 149,635.00	
Other Personal Services			
130	Fire Gear	11,000.00	
132	Mechanics Pay 2 @ 1,250	2,500.00	
133	IOSHA Physicals	12,000.00	
134	Iosha Breathing Test	3,000.00	
135	Perf Physicals 4 @ 1,000	10,000.00	
		\$ 38,500.00	
	Total Personal Services	\$ 1,532,045.00	
2 SUPPLIES			
Office Supplies			
211	Forms & Printing	300.00	
212	Office Supplies	500.00	
213	Copier Sys	500.00	
214	Equip Sys & Repair	750.00	
215	Computer Upgrades	2,000.00	
		\$ 4,050.00	
Operating Supplies			
221	Station Maint.	12,000.00	
222	Truck Maint	3,500.00	
223	Fuel	13,000.00	
224	Misc. Repairs	23,000.00	
225	Tools	750.00	
		\$ 52,250.00	
Repair and Maintenance Supplies			
231	Hose Fittings	4,500.00	
232	Fire Extinguishers	500.00	
233	Air Packs	10,000.00	
	Tornado Siren Repair	750.00	
	EMS Supplies	500.00	
		\$ 16,250.00	
Other Supplies			
241	Investigations	500.00	
242	Rescue & Hazmet	15,000.00	
243	Public Relations	1,000.00	
244	Training	15,000.00	
245	Inspectors	1,500.00	
		\$ 33,000.00	
	Total Supplies	\$ 105,550.00	

3 OTHER SERVICES AND CHARGES

Professional Services

Communication and Transportation

321	Postage	500.00
322	Hand Held Walkies	3,000.00
323	Radio-Pagers Maint	3,000.00
324	Cellular phones	1,500.00
325	Pagers	

Printing and Advertising

331	Legal Advertising	200.00

Insurance

Utility Services

Repairs and Maintenance

Rentals

Debt Service

	Vehicle	15,003.00

Other Services and Charges

391	Membership & Dues	750.00
392	Travel	500.00

Total Other Services and Charges

Items	Total Estimate	Approved
	\$ -	
	\$ 8,000.00	
	\$ 200.00	
	\$ -	
	\$ -	
	\$ -	
	\$ 15,003.00	
	\$ 15,003.00	
	\$ 1,250.00	
	\$ 24,453.00	

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

_____		\$ -	
Buildings			

_____		\$ -	
Improvements Other Than Buildings			

_____		\$ -	
Machinery and Equipment			

_____		\$ -	
Other Capital Outlays			

_____		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 1,662,048.00	

(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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

Sanitation Department 101-009
 (Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg
 (If City, Town or Fire Protection District Budget, Enter Name)

Decatur County
 (If County Budget, Enter County Name)

For Calendar Year 2008

		Items	Total Estimate	Approved
1 PERSONAL SERVICES				
Salaries and Wages				
111	Sanitation Sal 7 @ 30,335	212,345.00		
115	Part Time	6,000.00		
116	Overtime	7,000.00		
	Sanitation Foreman Rank	1,500.00		
			\$ 226,845.00	
Employee Benefits				
	Longevity	13,120.00		
126	Clothing Allowance	5,000.00		
			\$ 18,120.00	
Other Personal Services				
	CDL Physicals & Testing	700.00		
			\$ 700.00	
			\$ 245,665.00	
Total Personal Services				
2 SUPPLIES				
Office Supplies				
211	Supplies	500.00		
			\$ 500.00	
Operating Supplies				
221	Gasoline & Fuel Oil	20,000.00		
223	Garage & Motor Sys	4,000.00		
225	Oil	1,000.00		
226	Tires	2,400.00	\$ 27,400.00	
Repair and Maintenance Supplies				
231	Copier Repair	500.00		
232	Computer Repair	500.00		
			\$ 1,000.00	
Other Supplies				
247	Odor Control	1,000.00		
			\$ 1,000.00	
			\$ 29,900.00	
Total Supplies				

3 OTHER SERVICES AND CHARGES

Professional Services

Communication and Transportation

321	Postage	300.00

Printing and Advertising

332	Legal Advertising	100.00
331	Printing	200.00

Insurance

Utility Services

Repairs and Maintenance

361	Repairs	12,000.00

Rentals

Debt Service

381	Truck	12,530.00

Other Services and Charges

Total Other Services and Charges

Items	Total Estimate	Approved
	\$ -	
	\$ 300.00	
	\$ 300.00	
	\$ -	
	\$ -	
	\$ 12,000.00	
	\$ 12,000.00	
	\$ -	
	\$ 12,530.00	
	\$ 12,530.00	
	\$ -	
	\$ 25,130.00	

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

_____		\$ -	
Buildings			

_____		\$ -	
Improvements Other Than Buildings			

_____		\$ -	
Machinery and Equipment			
One Ton Truck & Bed	30,000.00		

_____		\$ -	
Other Capital Outlays			

_____		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 300,695.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

BZA Plan Director (101-010)

(Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg

(If City, Town or Fire Protection District Budget, Enter Name)

Decatur County

(If County Budget, Enter County Name)

For Calendar Year 2008

		Items	Total Estimate	Approved
1 PERSONAL SERVICES				
Salaries and Wages				
111	Building Commissioner	20,798.00		
112	Part time Inspector	7,500.00		
113	Board Secretary	1,560.00		
114	Board Member	10,920.00		
117	Inspection Bd.Chairman	400.00		
	Assistant / Bldg. Director	13,000.00		
			\$ 54,178.00	
Employee Benefits			\$ -	
Other Personal Services				
132	In Bldg. Offical Assoc	40.00		
			\$ 40.00	
Total Personal Services			\$ 54,218.00	
2 SUPPLIES				
Office Supplies				
212	Forms	300.00		
213	Stationery	600.00		
214	Supplies	1,500.00		
			\$ 2,400.00	
Operating Supplies				
221	Gasoline	500.00		
222	Computer	3,500.00		
			\$ 4,000.00	
Repair and Maintenance Supplies				
231	Office Machine Repairs	500.00		
			\$ 500.00	
Other Supplies				
			\$ -	
Total Supplies			\$ 6,900.00	

3 OTHER SERVICES AND CHARGES

Professional Services

310	Professional Fees	17,000.00	

\$ 17,000.00

Communication and Transportation

321	Postage	1,500.00	
322	Travel	1,000.00	
324	Cellular Phone	100.00	

\$ 2,600.00

Printing and Advertising

331	Legal Advertising	5,000.00	
332	Maps	500.00	

\$ 5,500.00

Insurance

\$ -

Utility Services

\$ -

Repairs and Maintenance

\$ -

Rentals

\$ -

Debt Service

\$ -

Other Services and Charges

\$ -

Total Other Services and Charges

\$ 25,100.00

		Items	Total Estimate	Approved
4 CAPITAL OUTLAYS				
Land				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Improvements Other Than Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Machinery and Equipment				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Other Capital Outlays				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Total Capital Outlay			\$ -	
TOTAL BUDGET ESTIMATE			\$ 86,218.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

"77" Fire & Police Pension

(Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg

(If City, Town or Fire Protection District Budget, Enter Name)

Decatur County

(If County Budget, Enter County Name)

For Calendar Year 2008

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			
111 "77" Pension Members	510,000.00		
		\$ 510,000.00	
Employee Benefits			
		\$ -	
Other Personal Services			
		\$ -	
Total Personal Services		\$ 510,000.00	
2 SUPPLIES			
Office Supplies			
		\$ -	
Operating Supplies			
		\$ -	
Repair and Maintenance Supplies			
		\$ -	
Other Supplies			
		\$ -	
Total Supplies		\$ -	

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 Buildings			

_____		\$ -	
Machinery and Equipment			

_____		\$ -	
Other Capital Outlays			

_____		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 510,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

		Items	Total Estimate	Approved
3 OTHER SERVICES AND CHARGES				
Professional Services				
311	Professional Attorney	2,600.00		
			\$ 2,600.00	
Communication and Transportation				
324	Telephone Expenses	100.00		
			\$ 100.00	
Printing and Advertising				
331	Printing	100.00		
332	Advertising	300.00		
			\$ 400.00	
Insurance				
341	General Liability	7,000.00		
342	Professional Liability	4,000.00		
353	Property	550.00		
			\$ 11,550.00	
Utility Services				
351	Electric	2,200.00		
352	Telephone	550.00		
			\$ 2,750.00	
Repairs and Maintenance				
361	Snow Removal	1,000.00		
362	Runway & Taiway Paint	3,500.00		
363	Brush & Weed Control	200.00		
364	Building & Structurs	500.00		
365	Asphalt Crack Seal & Seal Coat Ramp	4,500.00		
			\$ 9,700.00	
Rentals				
371	Field Rent	100.00		
372	Airport Lease	1.00		
			\$ 101.00	
Debt Service				
			\$ -	
Other Services and Charges				
			\$ -	
			\$ 27,201.00	
Total Other Services and Charges				

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

_____		\$ -	
Buildings			

_____		\$ -	
Improvements Other Than Buildings			

_____		\$ -	
Machinery and Equipment			

_____		\$ -	
Other Capital Outlays			

_____		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 29,861.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

Promotion (101-015)
 (Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg
 (If City, Town or Fire Protection District Budget, Enter Name)

Decatur County
 (If County Budget, Enter County Name)

For year 2008

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			

		\$ -	
Employee Benefits			

		\$ -	
Other Personal Services			

		\$ -	
Total Personal Services		\$ -	
2 SUPPLIES			
Office Supplies			

		\$ -	
Operating Supplies			

		\$ -	
Repair and Maintenance Supplies			

		\$ -	
Other Supplies			

		\$ -	
Total Supplies		\$ -	

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

391 Promotion- Mayor

3,000.00

\$ 3,000.00

Total Other Services and Charges

\$ 3,000.00

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

_____		\$ -	
Buildings			

_____		\$ -	
Improvements Other Than Buildings			

_____		\$ -	
Machinery and Equipment			

_____		\$ -	
Other Capital Outlays			

_____		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 3,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

3 OTHER SERVICES AND CHARGES

Professional Services

310	Tree Control	

Items	Total Estimate	Approved
5,000.00		
	\$ 5,000.00	

Communication and Transportation

321	Postage	
322	Pager & Cellular Phone	

200.00		
2,000.00		
	\$ 2,200.00	

Printing and Advertising

331	Legal Advertising	
332	Printing	

100.00		
200.00		
	\$ 300.00	

Insurance

	\$ -	

Utility Services

	\$ -	

Repairs and Maintenance

360	Storm Sewers	
361	Repairs	
364	Stop Light Repairs	
366	Street Materials	

20,000.00		
14,000.00		
5,000.00		
95,000.00		
	\$ 134,000.00	

Rentals

	\$ -	

Debt Service

	\$ -	

Other Services and Charges

	\$ -	

Total Other Services and Charges

	\$ 141,500.00	

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

_____		\$ -	
Buildings			

_____		\$ -	
Improvements Other Than Buildings			

_____		\$ -	
Machinery and Equipment			
Tandem Truck Plow Spreader	88,000.00		

_____		\$ 88,000.00	
Other Capital Outlays			

_____		\$ -	
Total Capital Outlay		\$ 88,000.00	
TOTAL BUDGET ESTIMATE		\$ 623,532.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

BUDGET ESTIMATE FOR

LRS (202-601)
 (Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg
 (If City, Town or Fire Protection District Budget, Enter Name)

Decatur County
 (If County Budget, Enter County Name)

For Calendar Year 2008

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			

		\$ -	
Employee Benefits			

		\$ -	
Other Personal Services			

		\$ -	
Total Personal Services		\$ -	
2 SUPPLIES			
Office Supplies			

		\$ -	
Operating Supplies			

		\$ -	
Repair and Maintenance Supplies			
235 Bitumomous Materials	50,000.00		

		\$ 50,000.00	
Other Supplies			

		\$ -	
Total Supplies		\$ 50,000.00	

3 OTHER SERVICES AND CHARGES

Professional Services

Items	Total Estimate	Approved
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
Total Other Services and Charges	\$ -	

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 Buildings			

		\$ -	
Machinery and Equipment			

		\$ -	
Other Capital Outlays			

		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 50,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

LECE (265-223)

(Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg

(If City, Town or Fire Protection District Budget, Enter Name)

Decatur County

(If County Budget, Enter County Name)

For Calendar Year 2008

		Items	Total Estimate	Approved
1 PERSONAL SERVICES				
Salaries and Wages				
			\$ -	
Employee Benefits				
			\$ -	
Other Personal Services				
			\$ -	
			\$ -	
2 SUPPLIES				
Office Supplies				
			\$ -	
Operating Supplies				
224	Miscellaneous Supplies	10,000.00		
223	Training Supplies	10,000.00		
			\$ 20,000.00	
Repair and Maintenance Supplies				
			\$ -	
Other Supplies				
			\$ -	
			\$ 20,000.00	
Total Supplies				

3 OTHER SERVICES AND CHARGES

Professional Services

Items	Total Estimate	Approved
	\$ -	

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 Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
		\$ -	
Machinery and Equipment			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
		\$ -	
Other Capital Outlays			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
		\$ -	
	Total Capital Outlay	\$ -	
	TOTAL BUDGET ESTIMATE	\$ 20,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

3 OTHER SERVICES AND CHARGES

Professional Services

500.00

\$ -

Communication and Transportation

\$ -

Printing and Advertising

\$ -

Insurance

\$ -

Utility Services

\$ -

Repairs and Maintenance

\$ -

Rentals

\$ -

Debt Service

385	City Hall - Billing School	103,025	101,348.00
386			
387	Lease - Police Station Bldg	218,000.00	

\$ 319,348.00

Other Services and Charges

\$ -

Total Other Services and Charges

\$ 319,348.00

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Improvements Other Than Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Machinery and Equipment			
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Other Capital Outlays			
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ ^{321,023} 319,348.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20____.

Signature and Title of Officer(s) or Department Head

2008
ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

C.C.I.F. (401-501)
(Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg
(If City, Town or Fire Protection District Budget, Enter Name)

Decatur County
(If County Budget, Enter County Name)

For Calendar Year 2008

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			

_____		\$ -	
Employee Benefits			

_____		\$ -	
Other Personal Services			

_____		\$ -	
Total Personal Services		\$ -	
2 SUPPLIES			
Office Supplies			

_____		\$ -	
Operating Supplies			

_____		\$ -	
Repair and Maintenance Supplies			
361 Repairs and Maintenance	45,000.00		

_____		\$ 45,000.00	
Other Supplies			

_____		\$ -	
Total Supplies		\$ 45,000.00	

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
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

		\$ -	
Buildings			

		\$ -	
Improvements Other Than Buildings			

		\$ -	
Machinery and Equipment			

		\$ -	
Other Capital Outlays			

		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 45,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

Cumulative Fire (429-230)
 (Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg
 (If City, Town or Fire Protection District Budget, Enter Name)

Decatur County
 (If County Budget, Enter County Name)

For Calendar Year 2008

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			

		\$ -	
Employee Benefits			

		\$ -	
Other Personal Services			

		\$ -	
Total Personal Services		\$ -	
2 SUPPLIES			
Office Supplies			

		\$ -	
Operating Supplies			

		\$ -	
Repair and Maintenance Supplies			
231 Repairs and Maintenance	40,000.00		

		\$ 40,000.00	
Other Supplies			

		\$ -	
Total Supplies		\$ 40,000.00	

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
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	

		Items	Total Estimate	Approved
4 CAPITAL OUTLAYS				
Land				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Improvements Other Than Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Machinery and Equipment				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Other Capital Outlays				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Total Capital Outlay			\$ -	
TOTAL BUDGET ESTIMATE			\$ 40,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

C.C.D.F. (440-401)
 (Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg
 (If City, Town or Fire Protection District Budget, Enter Name)

Decatur County
 (If County Budget, Enter County Name)

For Calendar Year 2008

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			

		\$ -	
Employee Benefits			

		\$ -	
Other Personal Services			

		\$ -	
Total Personal Services		\$ -	
2 SUPPLIES			
Office Supplies			

		\$ -	
Operating Supplies			

		\$ -	
Repair and Maintenance Supplies			

		\$ -	
Other Supplies			

		\$ -	
Total Supplies		\$ -	

3 OTHER SERVICES AND CHARGES

Professional Services

Items	Total Estimate	Approved
	\$ -	

Communication and Transportation

	\$ -	

Printing and Advertising

	\$ -	

Insurance

	\$ -	

Utility Services

	\$ -	

Repairs and Maintenance

364	Street Repair
368	Storm Sewer
_____	_____
_____	_____
_____	_____

200,000.00		
50,000.00		
	\$ 250,000.00	

Rentals

	\$ -	

Debt Service

	\$ -	

Other Services and Charges

	\$ -	

Total Other Services and Charges

	\$ 250,000.00	

4 CAPITAL OUTLAYS	Items	Total Estimate	Approved
Land			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
		\$ -	
Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
		\$ -	
Improvements Other Than Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
		\$ -	
Machinery and Equipment			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
		\$ -	
Other Capital Outlays			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 250,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2007
 ID YEAR CU TYPE KEY

Proposed 2007 Salary - 31,000.00
 2008 Raise (1500) - 32,500.00
 20% Longevity - 6500.00
39,000.00

BUDGET ESTIMATE FOR

Fireman Pension (702-180)
 (Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg
 (If City, Town or Fire Protection District Budget, Enter Name)

Decatur County
 (If County Budget, Enter County Name)

For Calendar Year 2008

		Items	Total Estimate	Approved
1 PERSONAL SERVICES				
Salaries and Wages				
111	Retired Fireman	138,450.00		
112	Dependents	23,400.00		
113	Secretary	600.00		
114	Eligible Fireman			
Employee Benefits				
			\$ 162,450.00	
Other Personal Services				
135	Death Benefit	18,000.00		
136	Contengencies	18,000.00		
			\$ 36,000.00	
Total Personal Services			198,450.00	
2 SUPPLIES				
Office Supplies				
211	Office Supplies	500.00		
			\$ 500.00	
Operating Supplies				
			\$ -	
Repair and Maintenance Supplies				
			\$ -	
Other Supplies				
			\$ -	
Total Supplies			\$ 500.00	

3 OTHER SERVICES AND CHARGES

Professional Services

311	Legal Fees	2,500.00	

\$ 2,500.00

Communication and Transportation

321	Postage	100.00	

\$ 100.00

Printing and Advertising

325	Printing	100.00	

\$ 100.00

Insurance

342	Bond	125.00	

\$ 125.00

Utility Services

\$ -

Repairs and Maintenance

\$ -

Rentals

\$ -

Debt Service

\$ -

Other Services and Charges

391	Travel	500.00	

\$ 500.00

Total Other Services and Charges

\$ 3,325.00

Approved

BOARD OF TRUSTEES FIREMEN'S PENSION FUND

Detailed Schedules of Firemen Retired; To be Retired; Dependents, and Certificate TO THE CONTROLLER
OR CLERK-TREASURER:

The undersigned respectfully submit the following statements supporting estimated payments to be made from the Firemen's Pension Fund for the ensuing year, 19 ____ :

SCHEDULE No. 1

List of Firemen Retired
(Account No. 439.21)

No.	Name	Age	Date Retired	Amount Entitled to	
				Monthly	Annually
50%	LEROY DINN	81	5-71	1625 ⁰⁰	19,500 ⁰⁰
50%	CLARION WILLIAMS	61	2-88	1625 ⁰⁰	19,500 ⁰⁰
52%	FRED DANCE	68	8-81	1690 ⁰⁰	20,280 ⁰⁰
55%	DON VANDERPOHL	73	1-73	1788 ⁰⁰	21,450 ⁰⁰
74%	DON MINNING	73	4-96	2405 ⁰⁰	28,860 ⁰⁰
74%	KEN RAMER	71	8-98	2405 ⁰⁰	28,860 ⁰⁰

(If more space is needed, supplemental continuation sheets may be prepared, and properly paged.)

SCHEDULE No. 2

List of Firemen Eligible to and Expecting to Retire During Ensuing Year
(Account No. 439.22)

No.	Name	Age	Date Expected To Retire	Amount Entitled to	
				Monthly	Annually

(If more space is needed, supplemental continuation sheets may be prepared, and properly paged.)

SCHEDULE No. 3

List of Dependents
(Account No. 439.23)

No.	Name	Age	Became Dependent	Will Cease To Be Dependent	Amount Entitled to	
					Monthly	Annually
30%	Frances Bower				975 ⁰⁰	11,700 ⁰⁰
30%	Billie Bayless				975 ⁰⁰	11,700 ⁰⁰

(If more space is needed, supplemental continuation sheets may be prepared, and properly pagged.)

CERTIFICATE

We, the undersigned, Board of Trustees of the Firemen's Pension Fund of the City or Town of Greensburg, Indiana, hereby certify, that the foregoing is a full, true, and complete list of retired Firemen, of Firemen eligible to, and expecting to retire during the ensuing year; and of dependents eligible to benefits; and that said lists are true and complete to the best of our knowledge and belief.

Board of Trustees:

Scott Chutee
President of Board

David J. Eckstein
Member

David H. Boyer
Member

Ken F. Hart
Member

Member

Member

Dated: June 26, 2007

Attest: Bill W...
Secretary

(To be attached to and accompany Schedules No. 1, 2, 3, and Budget Estimate, Budget Form No. 1)

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

		\$ -	
Buildings			

		\$ -	
Improvements Other Than Buildings			

		\$ -	
Machinery and Equipment			

		\$ -	
Other Capital Outlays			

		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		202,275.	

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

City of Greensburg Fire Pension Board

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

for the calendar year 2008 for the purposes therein specified.

Dated this 26th day of JUNE, 2007.

Signature and Title of Officer(s) or Department Head

3 OTHER SERVICES AND CHARGES

Professional Services

311	Legal Fees	500.00	
312	Pension School	680.00	

1180.00

Communication and Transportation

321	Postage	150.00	

150.00

Printing and Advertising

Insurance

342	Bond	125.00	

125.00

Utility Services

Repairs and Maintenance

Rentals

Debt Service

Other Services and Charges

Total Other Services and Charges

1275.00

11

1275.00

Approved

BOARD OF TRUSTEES POLICE PENSION FUND

Detailed Schedules of Policemen Retired; To be Retired; Dependents, and Certificate TO THE CONTROLLER

OR CLERK-TREASURER:

The undersigned respectfully submit the following statements supporting estimated payments to be made from the Police Pension Fund for the ensuing year, 19 ____ :

SCHEDULE No. 1

List of Policemen Retired
(Account No. 439.26)

No.	Name	Age	Date Retired	Amount Entitled to	
				Monthly	Annually
50	ROBERT McCHARTY			1700.00	20,400.00
50	JAMES HOOD			1700.00	20,400.00
	CHARLES R.				
53	LESTER GAY			1802.00	21,624.00
51	PAUL POWLER			1734.00	20,808.00
55	GEORGE MORGAN			1870.00	22,440.00
57	BRAD JONES			1938.00	23,256.00
20	DENNIS MARTIN			2,300.00	28,560.00
				\$ 157,488.00	

(If more space is needed, supplemental continuation sheets may be prepared, and properly paged.)

SCHEDULE No. 2

List of Policemen Eligible to and Expecting to Retire During Ensuing Year
(Account No. 439.27)

No.	Name	Age	Date Expected To Retire	Amount Entitled to	
				Monthly	Annually
74	L. FRED HUSER			2,516.00	30,192.00
				\$ 30,192.00	

(If more space is needed, supplemental continuation sheets may be prepared, and properly paged.)

SCHEDULE No. 3

**List of Dependents — Police Pension Fund
(Account No. 439.28)**

No.	Name	Age	Became Dependent	Will Cease To Be Dependent	Amount Entitled to	
					Monthly	Annually
30	MRS. CHARLES RICHY				1020.00	12,240
30	MRS JAMES M. WALKER ANN				1020.00	12,240
30	MRS ROHLIV LACEY GAYE			minus 48	1020.00	12,240
30	MRS. LAURENCE HUSER MANTHA.				1020.00	12,240
						<u>41,960</u>

(If more space is needed, supplemental continuation sheets may be prepared, and properly paged.)

CERTIFICATE

We, the undersigned, Board of Trustees of the Police Pension Fund of the City or Town of GREENSBURG, Indiana, hereby certify, that the foregoing is a full, true, and complete list of retired Policemen, of Policemen eligible to, and expecting to retire during the ensuing year; and of dependents eligible to benefits; and that said lists are true and complete to the best of our knowledge and belief.

Board of Trustees: MAJOR President of Board
CHIEF Member
SER. J. J. [Signature] Member
TRUSTEE Member
TRUSTEE Member
TRUSTEE Member

_____ Member
_____ Member

Dated: 06-02 2007

Attest: [Signature]

(To be attached to and accompany Schedules No. 1, 2, 3, and Budget Estimate, Budget Form No. 1)


			Approved
4 CAPITAL OUTLAYS			
Land			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
Improvements Other Than Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Machinery and Equipment			
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Other Capital Outlays			
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		247,715.00	
		- 12,240.00	
		235,475.00	

(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 2008 for the purposes therein specified.

Dated this 06-02-07 day of _____, 20____.

 SEC. G.P.D. PELSICH.

Signature and Title of Officer(s) or Department Head

2007
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

Edit (800-100)

(Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg

(If City, Town or Fire Protection District Budget, Enter Name)

Decatur County

(If County Budget, Enter County Name)

For Calendar Year 2008

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			

_____		\$ -	
Employee Benefits			

_____		\$ -	
Other Personal Services			

_____		\$ -	
Total Personal Services		\$ -	
2 SUPPLIES			
Office Supplies			

_____		\$ -	
Operating Supplies			

_____		\$ -	
Repair and Maintenance Supplies			

_____		\$ -	
Other Supplies			

_____		\$ -	
Total Supplies		\$ -	

4 CAPITAL OUTLAYS	Items	Total Estimate	Approved
Land			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Improvements Other Than Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Machinery and Equipment			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Other Capital Outlays			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 910,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

TIF (802-102)

(Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg

(If City, Town or Fire Protection District Budget, Enter Name)

Decatur County

(If County Budget, Enter County Name)

For Calendar Year 2008

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			

		\$ -	
Employee Benefits			

		\$ -	
Other Personal Services			

		\$ -	
Total Personal Services		\$ -	
2 SUPPLIES			
Office Supplies			

		\$ -	
Operating Supplies			

		\$ -	
Repair and Maintenance Supplies			

		\$ -	
Other Supplies			

		\$ -	
Total Supplies		\$ -	

3 OTHER SERVICES AND CHARGES

Professional Services

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Communication and Transportation

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Printing and Advertising

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Insurance

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Utility Services

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Repairs and Maintenance

360	Roads and Streets	1,000,000.00
361	Water Lines	1,000,000.00
362	Sewer Lines	1,000,000.00

\$ 3,000,000.00

Rentals

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Debt Service

_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Other Services and Charges

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\$ -

Total Other Services and Charges

\$ 3,000,000.00

Approved

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

_____		\$ -	
Buildings			

_____		\$ -	
Improvements Other Than Buildings			

_____		\$ -	
Machinery and Equipment			

_____		\$ -	
Other Capital Outlays			

_____		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 3,000,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

Rainy Day (804-100)

(Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg

(If City, Town or Fire Protection District Budget, Enter Name)

Decatur County

(If County Budget, Enter County Name)

For Calendar Year 2008

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			

		\$ -	
Employee Benefits			

		\$ -	
Other Personal Services			

		\$ -	
Total Personal Services		\$ -	
2 SUPPLIES			
Office Supplies			

		\$ -	
Operating Supplies			
221 Operating Funds	190,000.00		

		\$ 190,000.00	
Repair and Maintenance Supplies			

		\$ -	
Other Supplies			

		\$ -	
Total Supplies		\$ 190,000.00	

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
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	

		Items	Total Estimate	Approved
4 CAPITAL OUTLAYS				
Land				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Improvements Other Than Buildings				
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Machinery and Equipment				
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Other Capital Outlays				
_____	_____			
_____	_____			
_____	_____			
			\$ -	
Total Capital Outlay			\$ -	
TOTAL BUDGET ESTIMATE			\$ 190,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

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

391 Services & Charges

250,000.00

\$ 250,000.00

Total Other Services and Charges

\$ 250,000.00

Approved

	Items	Total Estimate	Approved
4 CAPITAL OUTLAYS			
Land			

		\$ -	
Buildings			

		\$ -	
Improvements Other Than Buildings			

		\$ -	
Machinery and Equipment			

		\$ -	
Other Capital Outlays			

		\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 250,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

2008
 ID YEAR CO TYPE KEY

BUDGET ESTIMATE FOR

EDLP- Acro (819-238)
 (Office, Board, Commission, Department, Institution or Fund)

Civil City of Greensburg
 (If City, Town or Fire Protection District Budget, Enter Name)

Decatur County
 (If County Budget, Enter County Name)

For Calendar Year 2008

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			

		\$ -	
Employee Benefits			

		\$ -	
Other Personal Services			

		\$ -	
Total Personal Services		\$ -	
2 SUPPLIES			
Office Supplies			

		\$ -	
Operating Supplies			

		\$ -	
Repair and Maintenance Supplies			

		\$ -	
Other Supplies			

		\$ -	
Total Supplies		\$ -	

4 CAPITAL OUTLAYS	Items	Total Estimate	Approved
Land			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Improvements Other Than Buildings			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Machinery and Equipment			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Other Capital Outlays			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____	\$ -	
Total Capital Outlay		\$ -	
TOTAL BUDGET ESTIMATE		\$ 49,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head

Total Supplies

\$ -
\$ -

3 OTHER SERVICES AND CHARGES

Professional Services

\$ -

Communication and Transportation

\$ -

Printing and Advertising

\$ -

Insurance

\$ -

Utility Services

\$ -

Repairs and Maintenance

\$ -

Rentals

\$ -

Debt Service

387 Loans

45,000.00

\$ 45,000.00

Other Services and Charges

\$ -

Total Other Services and Charges

\$ 45,000.00

4 CAPITAL OUTLAYS

Land

Buildings

Improvements Other Than Buildings

Machinery and Equipment

Other Capital Outlays

Total Capital Outlay

TOTAL BUDGET ESTIMATE

Items	Total Estimate	Approved
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ 45,000.00	

(I) (We) herby 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.

Dated this _____ day of _____, 20_____.

Signature and Title of Officer(s) or Department Head