

FY'2023

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October, 2022

From: 1400
Company #

DETENTION SCREENING TRANSPORT
From: Company/Accounting Unit Name

| Accounting Unit | Account | Sub-Account | Title | Amount | Finance Dept Use Only Available Balance | | Date of Balance |
|-----------------|---------|-------------|--------------------------------|-------------|-----------------------------------------|----------------|-----------------|
| | | | | | Prior to Transfer | After Transfer | |
| 6130 | 51030 | | EMPLOYER SHARE SOCIAL SECURITY | \$ 2,661.00 | 6,855.18 | 4,194.18 | 1/3/24 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | \$ 2,661.00 | | | |

To: 1400
Company #

DETENTION SCREENING TRANSPORT
To: Company/Accounting Unit Name

| Accounting Unit | Account | Sub-Account | Title | Amount | Finance Dept Use Only Available Balance | | Date of Balance |
|-----------------|---------|-------------|-------------------------------|-------------|-----------------------------------------|----------------|-----------------|
| | | | | | Prior to Transfer | After Transfer | |
| 6130 | 50000 | | REGULAR SALARIES | \$ 1,507.00 | (1,506.10) | 0.90 | 1/3/24 |
| 6130 | 51040 | | EMPLOYEE MED & HOSP INSURANCE | \$ 1,154.00 | (1,153.13) | 0.87 | 1/3/24 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | \$ 2,661.00 | | | |

Reason for Request:

Need to transfer funds to cover salaries and fringe benefits for FY'2023.

Signature on file

Department Head

Chief Financial Officer

1-3-2024

Date
1/4/24

Activity

(optional)

****Please sign in blue ink on the original form****

| | | | |
|-----------------------------|---------------------------------|--------------------|--|
| Finance Department Use Only | | | |
| Fiscal Year <u>23</u> | Budget Journal # _____ | Acctg Period _____ | |
| Entered By/Date _____ | Released & Posted By/Date _____ | | |

JPS - 1/16/24

FIN/CB - 1/23/24