

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 22, 2024

From: 1600
 Company #

STORMWATER MANAGEMENT
 From: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance	B/S Fund
					Prior to Transfer	After Transfer		
3000	51000		BENEFIT PAYMENTS	\$ 50,000.00	107,120.46	57,120.46	11/22/24	1600-9100
Total				\$ 50,000.00				

To: 1600
 Company #

STORMWATER MANAGEMENT
 To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance	B/S Fund
					Prior to Transfer	After Transfer		
3000	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 50,000.00	12,502.11	37,497.89	11/22/24	1600-9100
Total				\$ 50,000.00				

Reason for Request:

Budget transfer needed to cover the final cost of FY24 Employee Medical and Hospital insurance.

Department Head _____
 Chief Financial Officer *[Signature]*

Date 11.21.2024
 Date 11/05/24

Activity _____
 (optional)

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

Finance Department Use Only

Fiscal Year 24 Budget Journal # _____ Acctg Period _____

Entered By/Date _____ Released & Posted By/Date _____

SW - 12/3/24
 FIN/CB - 12/10/24

[Handwritten mark]