

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 11/25/24

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

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DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective October 1, 2024

From: 1400
 Company #

LAW LIBRARY
 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	
5960	52200		OPERATING SUPPLIES & MATERIALS	\$ 4,700.00	26,100.74	21,400.74	11/15/24
5960	53828		CONTINGENCIES	\$ 3,700.00	3,800.00	100.00	11/15/24
Total				\$ 8,400.00			

To: 1400
 Company #

LAW LIBRARY
 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	
5960	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 4,700.00	(4,041.29)	658.71	11/15/24
5960	50000		REGULAR SALARIES	\$ 3,700.00	5,143.01	8,843.01	11/15/24
Total				\$ 8,400.00			

Reason for Request:

Transfers needed to cover expected shortage for remainder of FY2024 in Employee Med and Hosp. Ins fund and Regular salaries fund.

Department Head: 
 Date: 11/15/24
 Chief Financial Officer: 
 Date: 11/19/24

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 _____

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



DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 22, 2024

NEUTRAL SITE CUSTODY EXCHANGE

From: 1400
 Company #

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		
5920	50080		SALARY & WAGE ADJUSTMENTS	\$ 3,123.00	3,123.00	0	11/15/24	1400-9104
5920	53828		CONTINGENCIES	\$ 4,250.00	5,560.00	1,310.00	11/15/24	1400-9104
5920	52000		FURN/MACH/EQUIP SMALL VALUE	\$ 1,200.00	4,415.94	3,215.94	11/15/24	1400-9104
Total				\$ 8,573.00				

NEUTRAL SITE CUSTODY EXCHANGE

To: 1400
 Company #

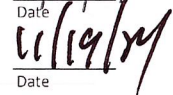
To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance	B/S Fund
					Prior to Transfer	After Transfer		
5920	50000		REGULAR SALARIES	\$ 3,123.00	2,034.65	5,157.65	11/15/24	1400-9104
5920	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 4,250.00	(3,495.78)	754.22	11/15/24	1400-9104
5920	50040		PART TIME HELP	\$ 1,200.00	7,228.71	8,428.71	11/15/24	1400-9104
Total				\$ 8,573.00				

Reason for Request:

Budget transfer to move funds from Salary & Wage Adjustment, Contingencies, and Furniture/Machine/Equipment Small Value to Regular Salaries, Employee Medical & Hospital Insurance and Part-Time help to cover the expected shortages in these personnel accounts for the remainder of FY24.

Department Head 

11/14/24
 Date

 Date

Activity _____
 (optional)

Chief Financial Officer

****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	

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



DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective May 29, 2024

From: 1100
 Company #

BUILDING, ZONING & PLANNING
 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	
2810	53830		OTHER CONTRACTUAL EXPENSES	\$ 1,000.00	17,510.97	16,510.97	11/15/24
Total				\$ 1,000.00			

To: 1100
 Company #

BUILDING, ZONING & PLANNING
 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	
2810	54100	0700	IT EQUIPMENT - CAPITAL LEASE	\$ 1,000.00	(362.57)	637.43	11/15/24
Total				\$ 1,000.00			

Reason for Request:

To balance final FY24 IT/Capital Lease budget line.

[Redacted Signature]

Chief Financial Officer

11/15/24
 Date
 11/19/24
 Date

Activity _____
 (optional)

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

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DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective May 29, 2024

From: 1100
 Company #

BUILDING, ZONING & PLANNING
 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	
2810	50000		REGULAR SALARIES	\$ 4,000.00	161,383.48	157,383.48	11/15/24
2810	50080		SALARY & WAGE ADJUSTMENTS	\$ 60,000.00	60,200.00	200.00	11/15/24
Total				\$ 64,000.00			

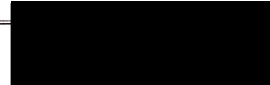
To: 1100
 Company #

BUILDING, ZONING & PLANNING
 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	
2810	51000		BENEFIT PAYMENTS	\$ 19,000.00	(2,456.78)	16,543.21	11/15/24
2810	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 45,000.00	(17,798.08)	27,201.92	11/15/24
Total				\$ 64,000.00			

Reason for Request:

To balance final FY24 Personnel budget lines


 Chief Financial Officer

11/15/24
 Date
11/19/24
 Date

Activity _____
 (optional)

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

