DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From:	1600								
Accounting Unit	Company # Account	Sub-Account	Title		Amount	Date of Balance	D/S 5		
		Sub-Account		7-		Prior to Transfer			B/S Fund
3000	51000		BENEFIT PAYMENTS	\$	50,000.00	107,120.46	57,120.46	11/22/24	1600-9100
		•	Total	S	50,000.00				L
						MWATER MANAGEN	MENT		
To:	1600 Company #	-		To: Co	mpany/Account				
ccounting							pt Use Only e Balance	Date of	
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance	B/S Fund
3000	51040		EMPLOYEE MED & HOSP INSURANCE	S	50,000.00	(12,502.11)	37,487.89	11/22/24	1600-9100
				-					
			Total	\$	50,000.00				
	Reason for Req		Budget transfer needed to the cover the final cost of FY24	1 Employ	ree Medical and	Hospital insurance.			
					_				
		Ŀ					FI	11 21	2024
				Depart	nient Head			// 2/, Date	1.
	Activity					my		11/23	184
٠	Activity	((optional)		nancial Officer	1		Date •	' /
_			****Please sign in blue ink on t		nal form****				
	iscal Year 2	4	Finance Department Use Only	4					
1			ournal # Acctg Period						
E	intered By/Dat	e	Released & Posted	By/Date					

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



DuPage County, Illinois BUDGET ADJUSTMENT Effective October 1, 2024

						LAW LIBRARY		-
From:	1400 Company #	_		From	: Company/Acco	unting Unit Name		
Accounting						Finance De Available	Date of	
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
5960	52200	I	OPERATING SUPPLIES & MATERIALS	\$	4,700.00	26,100.74	21,400.74	11/15/24
							100,00	11/15/24
5960	53828	-	CONTINGENCIES	\$	3,700.00	3,800.00	700,00	11/13/24
		1	Total	\$	8,400.00			
			1013.	7	0,-00.00			
						LAW LIBRARY		
To:	1400			To: C	ompany/Accoun			-
10.	Company #	-			p j			
							pt Use Only	
ccounting		5.1	Y:41-		A	Available Prior to Transfer	Balance After Transfer	Date of Balance
Unit	Account	Sub-Account	Title	Т.	Amount	// All ad	After Fransier	u Le lo L
5960	51040		EMPLOYEE MED & HOSP INSURANCE	\$	4,700.00	(4,041.29)	628,11	11115/04
5960	50000		REGULAR SALARIES	\$	3,700.00	5,143.01	8,843,01	11/15/24
				-				
		<u> </u>		-				
			Total	\$	8,400.00	l		
	Reason for Rea	quest:						
			Transfers needed to cover expected shortage for rema	ainder o	of FY2024 in Em	ployee Med and Ho	sp. Ins fund and	
			Regular salaries fund.					
								pd.
				3				11/157
				Pena	rment Head	<u></u>		Date .
				_ cpu	,	MAA		11-1001
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	Activity	′	(Chief	Financial Officer			Date
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			Finance Department Use Or	ıly				
		24						
	Fiscal Year _	Budget .	Bournal # Acctg Period					
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JPS-12/3/24 FIN/CB-12/10/24



DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

						IT SHE COSTODY EXC	HANGE	-	
From:				Fron	n: Company/Acco	unting Unit Name			
	Company #								
							ept Use Only e Balance	Date of	
Accounting	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance	B/S Fun
Unit		Sub-Account		Τ.		3,123,00	O O	1.110-121-	
5920	50080		SALARY & WAGE ADJUSTMENTS	\$	3,123.00			1115/24	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
				-					
	L			-					
			Total	\$	8,573.00				
					NEUTRA	L SITE CUSTODY EXC	HANGE	-	
To:	1400 Company #			To: C	Company/Accoun	ting Unit Name			
	Company #					Financo Do	pt Use Only		
Accounting							e Balance	Date of	
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance	B/S Fun
5920	50000		REGULAR SALARIES	\$	3,123.00	2.034.65	5,157,65	11/15/24	1400-9104
				\$	4,250.00	1219578	754.22	1 1-1	1400-9104
5920	51040		EMPLOYEE MED & HOSP INSURANCE	1		DAO. 10)		1 1 .	
5920	50040		PART TIME HELP	\$	1,200.00	7,228.71	8,428.71	11/15/24	1400-9104
			Total	\$	8,573.00				
			Total	7	0,373.00				
	Reason for Req	uest:							
			Budget transfer to move funds from Salary & Wage Adj						
			Small Value to Regular Salaries, Empoyee Medical & Ho			art-Time help to co	er the expected		
			shortages in these personnel accounts for the remainder of	DT F Y Z 4	+.				
								11/14/20	1
				Depa	rtment Head			Date	1
						-144		silicil	W
								011171	"/
	Activity	8	/tiIV	Chief	Financial Officer			Date	/
			(optional) ****Please sign in blue ink on t	he ori	ginal form****				
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			Finance Department Use Onl	У					
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	Fiscal Year	Budget J	ournal # Acctg Period						
	Entered By/Da	te	Released & Posted	By/Da	te				
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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 Prior to		Availal	Finance Dept Use Only Available Balance Prior to Transfer After Transfer			
2810	53830		OTHER CONTRACTUAL EXPENSES	\$	1,000.00	17.510.97	16,510,97	11/15/24		
					2,000.00	, , , , , , , , , , , , , , , , , , , ,				
			Total	\$	1,000.00					
					21.11.21	NC ZONING B DIA				
To:	1100			To: Co	mpany/Account	NG, ZONING & PLA	NNING	-		
	Company#	-								
Accounting							ept Use Only le Balance	Date of		
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance		
2810	54100	0700	IT EQUIPMENT - CAPITAL LEASE	\$	1,000.00	(362.57)	637.43	11/15/24		
				+						
				+						
				+						
				1						
		1	Total	\$	1,000.00					
R	Reason for Req	west.			-					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T-	To balance final FY24 IT/Capital Lease budget line.					. /. / 4		
				Depart	ment pead		-	11/15/24 U/19/1		
	Activity		(optional) ****Please sign in blue ink on		inancial Officer	<u> </u>		Date		
_										
5	iscal Year Z	A Budget I	Finance Department Use On ournal # Acctg Period	ly						
	ntered By/Da		Released & Posted	By/Date	2					



Development - 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							ept Use Only le Balance	Date of	
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer		Balance	
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				
					RUILDI	ING, ZONING & PLAN	INING		
To:		_		To: C	ompany/Accoun		THE STATE OF THE S		
	Company #								
Accounting							ept Use Only e Balance	Date of	
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance	
2810	51000		BENEFIT PAYMENTS	\$	19,000.00	(2,456.79)	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 Req	uest.							
	neason joi neq	G.	To balance final FY24 Personnel budget lines						
			•						
		L							
							1	1/15/2 A	
				—				Date /	
					(n		- 1	11/18/14	
	Activity	-		Chief F	inancial Officer			Date	
		((optional) ****Please sign in blue ink on	the orig	inal form****				
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	9	4	Finance Department Use On	ıy					
1	Fiscal Year _ —	Budget Jo	ournal # Acctg Period						
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Development-12/3/24 FIN/CB-12/10/24

