ASI

DuPage County, Illinois BUDGET ADJUSTMENT Effective May 3, 2023

ANIMAL SERVICES 1100 From: Company/Accounting Unit Name Company # Finance Dept Use Only Accounting Available Balance Date of Sub-Account Unit Account Title Amount Prior to Transfer After Transfer Balance 1300 52320 977.07 2,261.07 MEDICAL/DENTAL/LAB SUPPLIES 716.00 1300 53410 105.93 93 RENTAL OF MACHINERY & EQUIPMNT 105.00 1300 53810 **CUSTODIAL SERVICES** 32 00 108.57 0.57 1300 53370 REPAIR & MTCE OTHER EQUIPMENT 108.00 1300 54120 **AUTOMOTIVE EQUIPMENT** 151.10 0.10 \$ 151.00 300.00 108.00 51050 1300 FLEXIBLE BENEFIT EARNINGS 192.00 Total \$ 1,304.00 ANIMAL SERVICES To: 1100 To: Company/Accounting Unit Name Company # Finance Dept Use Only Accounting Available Balance Date of Unit Sub-Account Account Title Prior to Transfer Amount After Transfer Balance 1300 53110 1/26/24 WORKERS COMPENSATION INSURANCE 1,272.00 0 \$ 1,272.00 1300 52270 0 32.00 MAINTENANCE SUPPLIES \$ 32.00 1/26/24 1300 1300 1300 1300 \$ Total 1,304.00 Reason for Request: FY23: Transfer funds to cover final FY23 Workman's Comp and kennel maintenance expenses Activity Chief Financial Officer (optional) \*\*\*\*Please sign in blue ink on the original form\*\*\*\* Finance Department Use Only Budget Journal #\_ Acctg Period Entered By/Date Released & Posted By/Date

AS - Discharge FIN/CB- 2/13/24

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ASIL

FY23

DuPage County, Illinois BUDGET ADJUSTMENT Effective May 3, 2023

				ANIMAL SERVICES						
From:	Company #	7.		From	: Company/Acco	ounting Unit Name				
	Company #					Finance D	ept Use Only			
\ccounting						Availab	e Balance	Date of		
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance		
1300	50010	-	OVERTIME	\$	386.00	386.92	0.92	1/26/2		
1300	50040		PART TIME HELP	\$	522,00	4.290.34	0.27	1/26/2		
1300	51010		EMPLOYER SHARE I.M.R.F.	\$	0.34	1/26/2-				
1300	51030		EMPLOYER SHARE SOCIAL SECURITY	\$	2,972.00	2,972.42	0.42	1/26/24		
1300	51040		EMPLOYEE MED & HOSP INSURANCE	\$	1,278.00	1,278.69	0.69	1/26/2		
1300	51050		FLEXIBLE BENEFIT EARNINGS	\$	108.00	300.00	192.00	1/26/2		
			Total	\$	9,556-00	ļ				
To:	1100			TouC		ANIMAL SERVICES				
	Company#	-		10: 0	mpany/Accoun	ting Unit Name				
						Finance De	ept Use Only			
Counting	Account	Sub-Account	litte		07 <b>4</b> 030040000040		e Balance	Date of		
		Sub-Account			Amount	Prior to Transfer	After Transfer	Balance		
1300	50000		REGULAR SALARIES	\$	9,188.00	(11,696.35)	(2,508.39)	1/26/2		
1300	50050		TEMPORARY SALARIES	\$	368.00	(367.37)	0.63	1/24/29		
1300				-						
1300				-						
1300										
1300							V			
			Total	\$	9,556.00					
	Reason for Req	uest:								
		E	723: Transfer funds to correct FY23 Personnel expense	line bala	nces					
		- 1								
		- 1					1			
		1					1			
							1			
		1								
								1-2/0-2		
				рераг	ment Head	$\Delta M$		Dațe		
					(	M				
	Activity			Chief F	inancial Officer	- V		Date		
		(0	ptional)							
			****Please sign in blue ink on	the orig	inal form****					
	7	2	Finance Department Use Or	lly						
	iscal Year	Budget Jou	rnal # Acctg Period							
119										
	ntered By/Date		Released & Poster							

AS - Discharge FIN/CB - 2/13/24

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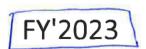
FY23

DuPage County, Illinois BUDGET ADJUSTMENT Effective May 3, 2023

From:		==		From:	*			
Accounting	Company #						ept Use Only le Balance	Date of
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
1300	52280		CLEANING SUPPLIES	\$	40 00	40.40	0.40	1/26/24
1300	53090		OTHER PROFESSIONAL SERVICES	\$	33.00	33.37	0.37	1/26/24
1300	53806		SOFTWARE LICENSES	\$	10.00	10.65	0.65	1/26/24
1300	53807		SOFTWARE MAINT AGREEMENTS	\$	9.00	9.41	0.41	1/26/24
1300	53830		OTHER CONTRACTUAL EXPENSES	\$	21.00	21.70	0.70	1/26/24
1300								
			Total	\$	113.00			
						ANIMAN SCOURSES		
To:	1100			To: Co	mpany/Account	ANIMAL SERVICES		
	Company #	-						
Accounting							ept Use Only e Balance	D-1
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Date of Balance
1300	50000		REGULAR SALARIES	Ś	113.00	(11,696.39)	(11,583,39	1/26/24
1300								The state of
1300								
1300								
1300								
1300								
			Total	\$	113.00			
,	Reason for Req	· ·	FY23: Transfer funds to correct FY23 Personnel expense l	line balan	ces			
	Activity	ī	optional)  ****Please sign in blue ink on	Chief Fi	nancial Officer	OW	\	Date Date
			Finance Department Use On	iv				
FI	scal Year 2	S Budget Jo		×				
Er	ntered By/Dat	e	Released & Posted	Bv/Date				

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AS - Discharge FIN/CB-2/13/24



DuPage County, Illinois BUDGET ADJUSTMENT Effective October, 2022

From:	1400 Company #			From:	Company/Acco	DRUG COURT unting Unit Name		<b>→</b> 55
ccounting	Company #					Availab	ept Use Only le Balance	Date of
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
5930	51040		EMPLOYEE MED & HOSP INSURANCE	\$	176.00	1,766.85	1,590.85	1/24/2
		ļ,	Total	\$	176.00			
						DRUG COURT		_
To:	1400 Company #	3		To: Con	npany/Account	ting Unit Name	O	
ccounting							ept Use Only le Balance	Date of
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
5930	51000		BENEFIT PAYMENTS	\$	176.00	(175.87)	0.13	1/24/24
				+				
			-					
					475.50			
,	Reason for Requ	uest:	Total	\$	176.00			
	,,,,,,		Need to transfer funds to cover benefit payout shortages	for Drug	Court budget f	or FY'2023.		
		L						
				Departn	ment Head	M		1-22-24 Date
	Activity	- <del>(</del> (	optional)  ****Please sign in blue ink on th		nancial Officer	4		Date
Γ			Finance Department Use Onl					
F	iscal Year 2	Budget Joi	urnal # Acctg Period					
	ntered By/Dat		Released & Posted	200-200000				

JPS - 2/6/24 FIN/CB - 2/13/24

DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From:	1000 Company#	a.		From:	From: Company/Accour					
Accounting						Availabl	pt Use Only e Balance	Date of	54046	
Unit	Account	Sub-Account	Title	_	Amount	Prior to Transfer	After Transfer	Balance	B/S Fund	
4410	51080		WEARING APPAREL REIMBURSEMENT	\$	2,100.00	19,241.00	17,14.00	1/26/24	1000-9100	
							•			
				ļ. —						
			Total	\$	2,100.00					
To:	1000 Company #	11		To: Co	mpany/Accoun	JAIL OPERATIONS ting Unit Name		-		
Accounting	company #						pt Use Only Balance	Date of		
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance	B/S Fund	
4410	51060		CELL PHONE STIPEND	\$	2,100.00	(2,046.79)	53,21	1/26/24	1000-9100	
			Total	\$	2,100.00					
F	Reason for Req	970	Budget transfer is necessary for cell phone stipend due to	o overtim	e shifts		- 0	7.		
	Activity	° (	(optional) ****Please sign in blue ink on	Chief F	inancial Officer	M	_	JZWA	Ĭ	
F	iscal Year 2	3 Budget to	Finance Department Use On	ly						
	ntered By/Da			By/Date						

JPS-2/6/24 FIN/CB-2/13/24

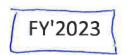
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DuPage County, Illinols BUDGET ADJUSTMENT Effective October, 2022

NEUTRAL SITE CUSTODY EXCHANGE

From:		-	From: Company/Accounting Unit Name								
Accounting	Company #					Finance De Availabl					
Unit	Account	Sub-Account	Title		mount	Prior to Transfer	After Transfer				
5920	50080		SALARY & WAGE ADJUSTMENTS	\$	2,777.00	6,718.00	3,941,00	1/16/			
			Total	\$	2,777.00						
				1		L SITE CUSTODY EXC	HANGE				
То	1400 Company #	-		To: Com		ting Unit Name	INNOE	-			
ccounting						Availabl	ept Use Only e Balance	_			
Unit	Account	Sub-Account	Title	Α	mount	Prior to Transfer	After Transfer	Tierra			
5920	50000		REGULAR SALARIES	\$	1,639.00	(1,638.49)	0.51	1/16/2			
5920	50040		PART TIME HELP	\$	1,138.00	(1,137,70)	0.36	1/16/2			
				-				-			
			Total	\$	2,777.00		I	1			
	Reason for Rea	quest:									
			Transfer covers deficits in Regular Salaries and Part-Time	e Help for F	Y 23						
		ı		Depart	M	11	1/14/24	4			
	Activity		(optional) ****Please sign in blue ink on t		nancial Officer						
		UE20	Finance Department Use O	nly				-			
	Fiscal Year 2	S Budget Jo	ournal # Acctg Period								
	Entered By/Da	te	Released & Poste	d By/Date_							
1								ŧ.			

JPS - 2/6/24 FIN/CB-2/13/24



DuPage County, Illinois BUDGET ADJUSTMENT Effective October, 2022

Counting   Count   C	From	: 1000 Company #	_		From		ATION & COURT SER ounting Unit Name	VICES	=
Signature   Sign			Sub Account	Tinle		A	Availabl	e Balance	Date of
Total \$ 13,946.00  To: 1000  Company # Finance Dept Use Only Available balance  Prior to Transfer of funds to cover FY'2023 salary overages.  Total \$ 13,946.00  Provided Financial Officer  Coptional)  Total \$ 13,946.00  Provided Financial Officer  Chief Financial Officer  Coptional)  Finance Dept Use Only Available balance Prior to Transfer   After Transfer   A	Offic	Account	Sub-Account	Title	T				Balance
To: 1000 Company # To: 1000 Company # To: 1000 Company # Account Sub-Account Title Amount Prior Transfer, After Transfer Balance 6100 50010 OVERTIME \$ 4,833.00 (4,832.93) O. 67 U.25% 6100 50040 PART TIME HELP \$ 9,113.00 (7,112.19) O. 81 U.25%  Total \$ 13,946.00  Reason for Request:  Transfer of funds to cover FY'2023 salary overages.  Transfer of funds to cover FY'2023 salary overages.  Finance Department Head  Other Financial Officer  Date of Salance Prior Transfer, After Transfer Balance Prior Transfer Balance	6100	53410		RENTAL OF MACHINERY & EQUIPMNT	\$	13,946.00	136,409.94	122,463.44	1/29/2
To: 1000 Company #  Accounting Unit Account Sub-Account Title Amount Prior to Transfer, After Transfer Balance 6100 50010 OVERTIME \$ 4,833.00 (4,832.93) O. 67 U.25% 6100 50040 PART TIME HELP \$ 9,113.00 (7,112.19) O. 81 U.25%  Total \$ 13,946.00  Reason for Request:  Transfer of funds to cover FY'2023 salary overages.  Transfer of funds to cover FY'2023 salary overages.  Finance Department Head  Optional)  ****Please sign in blue ink on the original form****  Finance Department Use Only					$\vdash$				
To: 1000 Company #  Accounting Unit Account Sub-Account Title Amount Prior to Transfer, After Transfer Balance 6100 50010 OVERTIME \$ 4,833.00 (4,832.93) O. 67 U.25% 6100 50040 PART TIME HELP \$ 9,113.00 (7,112.19) O. 81 U.25%  Total \$ 13,946.00  Reason for Request:  Transfer of funds to cover FY'2023 salary overages.  Transfer of funds to cover FY'2023 salary overages.  Finance Department Head  Optional)  ****Please sign in blue ink on the original form****  Finance Department Use Only									
To: 1000 Company # Finance Dept Use Only Available Balance Balance  Accounting Unit Account Sub-Account Title Amount Prior to Transfer, After Transfer Balance  6100 50010 OVERTIME \$ 4,833.00 (4,832.93) O. O. V. 1)2.9/2  6100 50040 PART TIME HELP \$ 9,113.00 (7,112.19) O. 81 1/29/2  Total \$ 13,946.00  Reason for Request:  Transfer of funds to cover FY'2023 salary overages.  Total Chief Financial Officer  (optional)  Finance Dept Use Only Available Balance Date of Balance Prior to Transfer, After Transfer Balance Balance Only Activity  Chief Financial Officer  Date of Balance Date of Balance Chief Financial Officer  Date of Balance Date of Balance Chief Financial Officer  Date of Balance Chief Finance Department Head  1-29-20 Date of Balance Chief Financial Officer  Date of Balance Chief Finance Department Head  1-29-20 Date of Balance Chief Finance Department Head  1-29-20 Date of Balance Chief Financial Officer  Date of Balanc				Total	\$	13,946.00			<u> </u>
Company # Finance Dept Use Only Accounting Unit Account Sub-Account Title Amount Prior to Transfer, After Transfer Balance 6100 50010 OVERTIME \$ 4,833.00 (4,832.93) O. 07 1/25/6 6100 50040 PART TIME HELP \$ 9.113.00 (7,112.19) O. 81 1/29/2  Total \$ 13,946.00  Reason for Request:  Transfer of funds to cover FY'2023 salary overages.  Department Head Officer  Chief Financial Officer  (optional)  ****Please sign in blue ink on the original form****  Finance Department Use Only						PROBA	ATION & COURT SERV	/ICES	4
Account Sub-Account Title Amount Prior to Transfer, After Transfer Salance 6100 50010 OVERTIME \$ 4,833.00 (4,832.93) O. O. V. 1)29/2 6100 50040 PART TIME HELP \$ 9,113.00 (7,112.19) O. 81 1/29/2    Total \$ 13,946.00	To:				To: (	Company/Account		at Lice Only	
Unit Account Sub-Account Title Amount Prior to Transfer, After Transfer Balance 6100 S0010 OVERTIME \$ 4,833.00 (4,332.93) O. O. O. U.29/2 6100 S0040 PART TIME HELP \$ 9,113.00 (9,112.19) O. 81 1/29/2  Total \$ 13,946.00  Reason for Request:  Transfer of funds to cover FY'2023 salary overages.  Department Head Optional Officer  Chief Financial Officer  Chief Financial Officer  Date  Transfer of funds to cover FY'2023 salary overages.	Accounting								Date of
Activity  PART TIME HELP  S 9,113.00 (9,112.19) ©. 81 1/29/2  Total S 13,946.00  Reason for Request:  Transfer of funds to cover FY'2023 salary overages.  Department Head  Chief Financial Officer  Date  The please sign in blue ink on the original form****  Finance Department Use Only	_	Account	Sub-Account	Title		Amount			Balance
Total \$ 13,946.00  Reason for Request:  Transfer of funds to cover FY'2023 salary overages.  Department Head  Chief Financial Officer  Transfer of funds to cover FY'2023 salary overages.  Department Head  Chief Financial Officer  Please sign in blue ink on the original form****  Finance Department Use Only	6100	50010		OVERTIME	\$	4,833.00	The second secon		1/29/24
Activity  Chief Financial Officer  (optional)  Please sign in blue ink on the original form****  Finance Department Use Only	6100	50040		PART TIME HELP	\$	9,113.00	(9,112.19)	0.81	1/29/24
Activity  Chief Financial Officer  (optional)  Please sign in blue ink on the original form****  Finance Department Use Only									
Activity  Chief Financial Officer  (optional)  Please sign in blue ink on the original form****  Finance Department Use Only									
Activity  Department Head  Chief Financial Officer  (optional)  ****Please sign in blue ink on the original form****  Finance Department Use Only				Total	\$	13,946.00			
Activity  Chief Financial Officer  Optional)  ****Please sign in blue ink on the original form****  Finance Department Use Only		Reason for Req	uest:						
Activity  Chief Financial Officer  (optional)  ****Please sign in blue ink on the original form****  Finance Department Use Only				Transfer of funds to cover FY'2023 salary overages.					
Activity  Chief Financial Officer  (optional)  ****Please sign in blue ink on the original form****  Finance Department Use Only								_	
Activity  Chief Financial Officer  (optional)  ****Please sign in blue ink on the original form****  Finance Department Use Only			u.						1-29-2024
(optional)  ****Please sign in blue ink on the original form****  Finance Department Use Only					Depa	rtment Head	$\mathcal{L}_{M}$	1	10 81
Finance Department Use Only		Activity	=				-		Date
02	r					nai form****			
- Contract		Fiscal Year 2	3 Budget le	·	У				
Entered By/DateReleased & Posted By/Date					By/Da	te			

JPS-2/6/24 FIN/CB-2/13/24

DuPage County, Illinois BUDGET ADJUSTMENT Effective October, 2022

From:	5000 Company #	-		From: 0		PPORTIVE HOUSING Junting Unit Name	GRANT	-,1
Accounting		RDG				Finance D Availab	Date of	
Unit	Account	Sub-Account	Title	/	Amount	Prior to Transfer	After Transfer	Balance
1760	51040		EMPLOYEE MED & HOSP INSURANCE	s	1,212.00	13,529.57	12,317.27	1/16/24
			Total	s	1,212,00			<u> </u>
					IDHS SU	PPORTIVE HOUSING	GRANT	
To:	5000 Company #			To: Com		ing Unit Name		
ccounting	, , , , ,						ept Use Only e Balance	Date of
Unit	Account	Sub-Account	Title	А	mount	Prior to Transfer	After Transfer	Balance
1760	51000		BENEFIT PAYMENTS	s	1,212.00	(1,211.67)	0.33	1/16/24
				-				
			Total	Ś	1,212.00			
F	Reason for Requ	iest:						
			Budget transfer to account for FY23 year-end compensate	ed absense	s expense acc	rual entry.		
		L		Departm	епу неад			16/24 Data
	Activity				ancial Officer			[[7]
		(	optional)  ****Please sign in blue ink on	the origina	l form****			
			Finance Department Use Onl					
Fi	scal Year 2	S Budget Jos	urnal # Acctg Period					
Er	ntered By/Date		Released & Posted I	By/Date				

HS-2/6/23 FIN/CB-2/13/23

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FYZ3

DuPage County, Illinois BUDGET ADJUSTMENT Effective May 3, 2023

From	1200 Company #	-		Fron	TAL			
ccounting Unit	Account	Sub-Account	Tive			Availab	ept Use Only le Balance	Date of
		Judinecount	Title		Amount	Prior to Transfer	After Transfer	Balance
2040	53010		ENGINEERING/ARCHITECTURAL SVC	\$	18,210.00	131,499.00	113,289.00	1/18/24
				-				
				-				
			Total	\$	18,210.00			
To:	1200			To: C	MA ompany/Accoun	INTENANCE & CAPIT	TAL	
	Company #		٠		ompany, nocour		ept Use Only	
counting		water transfer and the second					e Balance	Date of
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
2040	54110		EQUIPMENT AND MACHINERY	\$	18,210.00	(18,209,69)	0.31	1/18/24
				1				
			Total	\$	18,210 00			
F	Reason for Requ	Ti	ransfer monies for Clear Loss Prevention, Inc. Amount hade whole for FY23. This was for additional cameras in	originali various	y coded to a diff areas at the DuF	nrant line, now con lage Care Center	recting line to be	
		L	and the second s					1-18-
	Activity	(0)	ptional) ****Please sign in blue ink on		inancial Officer	Jug		Date Oate
Γ	2104	271	Finance Department Use Onl					
Fis	scal Year 23	Budget Jour	rnal # Acctg Period					
En	itered By/Date		Released & Posted	By/Date				

HS-2/6/24 FIN/CB-2/13/24

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#### DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From: _	1200			-		ADMINISTRATION		-	
(	Company #	-		Fron	i: Company/Acco	ounting Unit Name			
ccounting							ept Use Only		
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	e Balance	Date of	
2000	50080	0		1.			After Transfer	Balance	B/S Fur
2000	30080	0	SALARY & WAGE ADJUSTMENTS	\$	3,300.00	44,825,00	41,525.00	1/30/24	1200-910
				-					
$\overline{}$				-					
			Total	\$	3,300.00				
To:	1200			-		ADMINISTRATION		4	
_	ompany #			To: C	ompany/Accoun	ting Unit Name			
						Finance De	pt Use Only		
counting Unit	Account	Sub-Account	Title		40.00 0	Available		Date of	
2000	51000	0		1.	Amount	Prior to Transfer	After Transfer	Balance	B/S Fund
			BENEFIT PAYMENTS	\$	3,000.00	(2,854.88)	140.12	1/30/24	1200-9100
2000	51050	0	FLEXIBLE BENEFIT EARNINGS	\$	300.00	(250,00)	50.00	1/30/24	1200-9100
				-					
				-					•
-				_					
			Total	S	3,300.00				
Re	ason for Requ	iest;							
		F	ransfer funds within Care Center's Administration Pay	roll bud	get to "true up"	budget lines for Pa	ayroll categories		
		ľ	where Benefit payments and Flexible benefits are over w	hile Sala	ry &Wages Adju	stments are under-			
							- 1		
							- 1		
		1							
		i_							1901
								a/20	121
			•	Depart	ment Head	11/1	1	9/3-, Date 1/3	27
					Ø 11.	V		13	0/24
					CV	CC 11			
	Activity	_	;	Chief F	nancial Officer	S. 1			
	Activity	ī	optional)		nancial Officer			Date	( )
	Activity	(6	optional}  ****Please sign in blue ink on t						, ,
	Activity	(0	****Please sign in blue ink on t	the origi		- 1			( 1
Files	7:	3	****Please sign in blue ink on t	the origi					
Flsca	Activity	3	****Please sign in blue ink on t	the origi		7. 11			

DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From	1200			From		CIAL SERVICES DEPAR	TMENT	-	
7.0	Company #	_		rioiii	. company/Acc	outking offit Name			
Accounting							ept Use Only e Balance	. Date of	
Unit	Account	Sub-Account	Title	,	Amount	Prior to Transfer	After Transfer	Balance	8/S Fund
2010	50080	0	SALARY & WAGE ADJUSTMENTS	\$	30,610.00	30,610.00	0	1/30/24	1200-9100
2010	50040	0	PART TIME HELP	\$	2,000.00	27,300,00	25,300.00	1/30/24	1200-9100
				_					
			Total	\$	32,610.00				
					F111.441.5				
To:	1200			To: Co		IAL SERVICES DEPART ting Unit Name	IMENT	911	
	Company #	-							
Accounting							pt Use Only Balance	Date of	
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance	B/S Fund
2010	50000	0	REGULAR SALARIES	\$	32,610.00	(31,547.23)	1,062.77	1/30/24	1200-9100
			Total	\$	32,610.00				
	Reason for Req	uest:							
	, ,		For the 2023 Budget the Care Center budgeted a 2% CO	LA with	in each departo	nent of the Care Cer	nter on a budget		
		1	line titled Salary and Wage Adjustments as directed. We Wage Adjustments) and Part time help for Financial serv	are tra	nsferring the de	ollars under this cate	gory (Salary and		
			to adjust for shortages due to COLA wages applied.	rces de	partment to its	rightful place under	Regular Salacies		
		1.0						1-	1
				Depart	ment Head			1/30	123
				Depart	ment rieso	W	9	1/20/2	U
	Activity			Chiefr	nancial Officer	<i>-</i>		117	1
	Activity		(optional)	Chief Fi	nancial Officer		8	Date	
			****Please sign in blue ink on t	he origi	nal form****				
Г			Finance Department Use Only	,					
	iscal Year 2	3	ournal# Acctg Period					1	
ľ	iscal rear	budget /c	Acctg Period					1	
E	intered By/Dat	e	Released & Posted I	3y/Date					
L									

DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From	1200 Company#			From	: Company/Acco	DINING SERVICES ounting Unit Name		=	
Accounting Unit		Sub-Account	Title		Amount		ept Use Only e Balance After Transfer	Date of Balance	8/S Fund
2025	50080	0	SALARY & WAGE ADJUSTMENTS	Ś	70,797.00	70,797.00	O CO	1/50/24	1200-9100
2025	50040	0	PART TIME HELP	\$	100,000.00	150,014.43	50,014.43	1/30/24	1200-9100
To:	1200		Total	\$	170,797.00	DINING SERVICES			
Accounting	Company #			10: 0	ompany/Account	Finance De	pt Use Only Balance	Date of	
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance	B/S Fund
2025	50010	0	OVERTIME	\$	170,797.00	(16i,59b.10)	1,200.90	1/30/24	1200-9100
				+					
			Total	\$	170,797.00				
	Reason for Req		For the 2023 Budget the Care Center budgeted a 2% Co line titled Salary and Wage Adjustments as directed. W Wage Adjustments) for the Dining Services department applied. Also, we are transfering funds within departr categories where Part Time salaries are under and Overt	e are tra to Over nent's P	ansferring the do time to adjust for ayroll budget to	ollars under this cate or the shortages due	gory (Salary and to COLA wages	./5.1	
	Activity		{optional} ++++Please sign in blue Ink on	Chief F	Inancial Officer	Jul		Date (2)	4
Γ			Finance Department Use Onl	ly					
1	iscal Year 2		ournal# Acctg Period						
E	ntered By/Date	e	Released & Posted	By/Date					

DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From	From: 1200 EAUNDRY  Company#  LAUNDRY  From: Company/Accounting Unit Name								
Accounting	Account	Sub-Account	Title			Availabl	ept Use Only le Balance	Date of	
		1		1	Amount	Prior to Transfer	After Transfer	Balance	8/5 Fund
2030	50080	0	SALARY & WAGE ADJUSTMENTS	\$	1,200.00	19,855.00	18,655,00	1/30/24	1200-9100
	-	0					100		
				1					
			Total	\$	1,200.00				
						LAUNDRY			
To:	Company #	-		To: Co	mpany/Account	ting Unit Name			
A							pt Use Only		
Accounting Unit	Account	Sub-Account	Title		Amount [		Balance	Date of	100000000000000000000000000000000000000
2030	50010	0		T.		Prior to Transfer	After Transfer	Balance	B/S Fund
2030	50040	0	OVERTIME PART TIME HELP	\$	200,00 700.00	(608.61)	91.39	1/30/24	1200-9100 1200-9100
2030	51050	0	FLEXIBLE BENEFIT EARNINGS	5	300.00	(250.00)	50,00	130/24	
	3,000		PLEABLE BENEFIT EARNINGS	13	300.00	(232.00)	30,00	1/34/24	1200-9100
		-		$\vdash$					
				-					
				-					
			Total	S	1,200.00				
,	Reason for Regi		For the 2023 Budget the Care Center budgeted a 2% CO line titled Salary and Wage Adjustments as directed. We Wage Adjustments) for the Laundry department to its rig for shortages due to COLA wages applied.In addition we a	are tra htful pl	nsferring the do ace under Overt	illars under this cate time and Part time S	gory (Salary and Salaries to adjust		
	Activity	1-	optional)  ****Please sign in blue ink on ti		nancial Officer	M		1/3-/ Date 20/1	25
Г		-	Finance Department Use Only						
F	iscal Year 2	3 Budget Jo	urnal # Acctg Period						
E	ntered By/Date		Released & Posted E	y/Date	-				

DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

F=04	1300			_		NURSING SERVICES		2	
Fron	n:1200 Company #	-		Fron	n: Company/Acco	ounting Unit Name		•	
Accounting	Account	Sub-Account	Title		***********	Availabl	ept Use Only e Balance	Date of	
2050	50080	0		T.	Amount	Prior to Transfer	After Transfer	Balance	B/S Fund
2050	50000	0	SALARY & WAGE ADJUSTMENTS	\$	522,000.00	522,000.00	0.0 4:0 1	1/30/2	1200-9100
2030	30000		REGULAR SALARIES	Š	291,000.00	1,253,118,10	962,719,10	1/30/24	1200-9100
			Total	\$	813,000.00	-			1
				***		NURSING SERVICES			
То	Company #			To: Co	ompany/Account	ing Unit Name			
Accounting							pt Use Only Balance		
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Date of Balance	B/S Fund
2050	50010	0	OVERTIME	Ś	715,000.00	(712,159.61)	2,840.39	1/30/24	
2050	50040	0	PART TIME HELP	s	8,000.00	(7,287.86)	712.14	1/30/24	1200-9100
2050	51000	0	BENEFIT PAYMENTS	s	90,000.00	(87,758,04)	2,241.96	1/30/24	1200-9100
				+					
				-					
			Total	\$	813.000.00				
	Reason for Requ		or the 2023 Budget the Care Center budgeted a 2% Co	OLA with	in each departm	ant of the Care Con	to bustood		
		V	ine titled Salary and Wage Adjustments as directed. W Nage Adjustments) for the Nursing department to Over NSO, we are transfering funds within department's Pay	e are tra time to : roll bud	nsferring the do adjust for the sh get to "true up"	llars under this cate, ortages due to COLA budget lines for Pa	gory (Salary and		
		Į,	where Overtime, Part Time help and Benefits are over, w	hile Regi	ılar səlaries are u	inder.			
		,L=						1/33/	120
				рерап	ment Head	$\gamma_{M}$	ī	Date 7	xu
	Activity	_		Chief Fi	nancial Officer	V		70	.
		(0	optional) ****Please sign in blue ink on	the origi	nal form****				
Γ	7	2	Finance Department Use Onl	у					
F	iscal Year	Budget Jou	rnal # Acctg Period						
Ε	ntered By/Date		Released & Posted	By/Date			_		

#### DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From:	1200 Company#	_		From		AB & THERAPY SERV ounting Unit Name	ICES	#!	
Accounting Unit	Account	Sub-Account	Title		Amount		ept Use Only e Balance After Transfer	Date of Balance	B/S Fund
2060	50080	0	SALARY & WAGE ADJUSTMENTS	Ś	7,000.00	31,613.00	24,613,00	1/30/24	1200-9100
				Ť	7,000,00		The second in	1501	1200-3100
				-					
				-					
		- X	Total	\$	7,000.00				
						5			
					REHA	AB & THERAPY SERVI	CES		
To:	1200	_		To: Co	mpany/Account	ting Unit Name			
	Company #								
Accounting							pt Use Only Balance		
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Date of Balance	B/S Fund
2060	51000	0	BENEFIT PAYMENTS	s	7,000.00	16,825.75	174.25	1/30/24	1200-9100
			DERENT PRINCETS	-	7,000.00	(W, 800, 10)	171.23	1750/21	1200-9100
				-	-				
				-					
				ļ					
			Total	\$	7,000.00			- 1	
,	Reason for Req	E E	Transfer funds within Fore Contac's Sahah S. sharrow	on done !	Describing to the	de contract			
			Transfer funds within Care Center's Rehab & therapy is categories where Benefit payments are over while Salary	&Wages	Payroll budget t Adjustments ar	o "true up" budget	lines for Payroll		
		ĺ	The second secon	a	riajazinienio ai	e under-			
		1							
		L					. (ل	90.	
								1.13	120
				Departi	ment Head	01.1	-	Date /	1/77
						/ W/		1 30	yu
	Activity			Chief Fi	inancial Officer	-		V	V 1
	,	1-	optional)	Cilier	mancial Officer		.,	vare -	
			****Please sign in blue ink on	the orlgi	nal form****				
			Finance Department Use On	lu					
	7	2		.1					
Fi	scal Year 🚣	<u> </u>	urnal # Acctg Perlod						
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5	of oak		Released & Posted	ay/Date					

DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From				From		ECREATION/ACTIVITI	ES	<u> </u>	
Accounting	Company #	Sub-Account	Title		Amount		ept Use Only le Balance After Transfer	Date of Balance	B/S Fund
2065	50080	0	SALARY & WAGE ADJUSTMENTS	s	3,000.00	27,888.00			
			SALARY & WAGE ADJUSTINENTS	- 3	3,000.00	211000.00	27,000,00	1 20 124	1200-9100
		-							
				_					
-	-		<u> </u>						
			Total	s	3,000.00				
				1	5,000.00	t .			
						***************************************			
To:	1200			-		CREATION/ACTIVITIE	:5	*0	
	Company #	-		10: 0	ompany/Account	ing Unit Name			
						Classes De	at the Oak		
Accounting							pt Use Only Balance	Date of	
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance	B/S Fund
2065	51050	0	FLEXIBLE BENEFIT EARNINGS	s	500.00	(400,00)	100,00	1/30/24	
2065	51070	0	TUITION REIMBURSEMENT	s		12,250,00		Ja-las	1200-9100
	51010		TOTTION REINIBURSEMENT	\$	2,500.00	(2,230,00)	250,00	1/30/24	1200-9100
						7			
				1					
				-					
			Total	5	3,000.00				
	Reason for Req	uest:							
	,,		Transfer funds within Care Center's Recreation/Activit	tler D.	and builded to	WA			
			categories where Flexible Benefit and Tultion reimburser	ment ar	roll budget to	"true up" budget	Ines for Payroll		
		1	The state of the s	ment are	e over while sala	ry & wages Adjustm	ents are under.		
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	Activity					L   ` ` `		190	
	Activity	7	optional)	Chief Fi	inancial Officer		C	ate ↓	1
		,	****Please sign in blue ink on t	the orlal	nal formation				
-			Thease sign in blue link bill t	ine origi	iiai form				
	-	_	Finance Department Use Only	у					
	23	3							
Fi	scal Year 🚣	Budget Jo	urnal # Acctg Period						
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DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

						SOCIAL SERVICES			
From	: 1200 Company #	-		From	Company/Acc	ounting Unit Name			
Accounting Unit	Account	Sub-Account	t Title		(A)	Availab	ept Use Only e Balance	Date of	
			inge_	_	Amount	Prior to Transfer		Balance	B/S Fund
2070	50080	0	SALARY & WAGE ADJUSTMENTS	Ś	2,000.00	30,288.00	28,288.00	1/30/24	1200-9100
				+-					
L									
			Total	\$	2,000.00	J			
_						SOCIAL SERVICES			
To:	1200 Company #	-		To: Co	mpany/Accoun	ting Unit Name			
Accounting						Finance De	pt Use Only		
Unit	Account	Sub-Account	Title		Amount		Balance	Date of	232 7
2070	51000	0	BENEFIT PAYMENTS	s		(1,747,23)	After Transfer	1/30/24	B/S Fund
		0	DENETIT FATHERY'S	13	2,000.00	(1) 17 1.23	202.11	1130/61	1200-9100
				$\vdash$					
			Total	\$	2,000.00				
,	Reason for Requ	iest:							
			Transfer funds within Care Center's Social Services departments where Reputition	rtment F	Payroll budget	to "true up" budget	lines for Payroll		
			categories where Benefit payments are over while Salary	& Wage:	s Adjustments a	ire under.			
		1					- 1		
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				t epinen	ient ireau	0 11	- 7	lote 1	77
						(\m\		1/35/	N
	Activity	-	(optional)	Chief Fin	nancial Officer		C	ate	1.
		,	**** Please sign in blue ink on t	he origin	al form****				
Γ		_	Finance Department Use Only	-					
Fis	scal Year Z	Budget Jo	urnal # Acctg Period						
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En	mien By/Date		Released & Posted E	ly/Date_					
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DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

				_		OLUNTEER SERVICE	s	-	
From	1200 Company #	-		From:	Company/Acco	ounting Unit Name			
Accounting							ept Use Only e Balance	Date of	
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance	B/S Fund
2080	50080	0	SALARY & WAGE ADJUSTMENTS	Ś	7,600.00	16,040.00	8,440,00	1/30/24	1200-9100
			STORY OF TOPOL PLANTS INVESTIGATION	1	7,000.00	1010	7. 10.1	1-10	1200-3100
		1		1				1	
				-				-	
								-	
-				-			-	-	
			Total	\$	7,600.00	l			
					V	OLUNTEER SERVICES			
To:	1200			To: Cor	mpany/Account			2.1	
	Company #								
Accounting							pt Use Only Balance	Date of	
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance	B/S Fund
2080	50000	0	REGULAR SALARIES	s	500.00	(447.88)	52.12	1/30/24	1200-9100
2080	50010	0	OVERTIME	s	2,500.00	(2,365.92)	134.08	1.7 1.4	1200-9100
2080	50040	0	PART TIME HELP	s	4,000.00	13,737.35	262,65	1 1-1	1200-9100
2080	51050		FLEXIBLE BENEFIT EARNINGS	s	600.00	1600.00	6	1. 1.1	1200-9100
				Ť	000 00	(MC)		7.507.	1200-3100
			Total	s	7,600.00				
			10101		7,000.00				
	Reason for Req		See the 2013 Publish the Control of the 2013 Publish the 2013 Publ						
			For the 2023 Budget the Care Center budgeted a 2% CO line titled Salary and Wage Adjustments as directed. We						
			Wage Adjustments) for the Volunteer Services departmen	nt to its r					
			salaries to adjust for the shortages due to COLA wages app	plied.					
							- 1		
								1 1 10	W217
				Departo	nent Head			1/50/	5,
				Departi	/	LAA		1/20/1	M
	A - 61 - 48		,					6 40	' 1
	Activity	1.5	(optional)	Chief Fir	nancial Officer			Date *	
			****Please sign in blue ink on t	he orlgir	al form****				
Γ			Finance Department Use Only	,					
F	Fiscal Year 2	Budget Jo	ournal # Acctg Period						
E	Entered By/Dat		Released & Posted 6	By/Date					

DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From:	1200			-		NPATIENT PHARMAC	,γΥ	46	
110111.	Company#	_		From	: Company/Acco	ounting Unit Name			
Accounting	Account	Sub-Account			Table 100 to 1	Availab	ept Use Only le Balance	Date of	
					Amount	Prior to Transfer	After Transfer	Balance	B/S Fund
2085	50080	0	SALARY & WAGE ADJUSTMENTS	\$	24,595.00	24,545.00	0	1/30/24	1200-9100
2085	53090	0	OTHER PROFESSIONAL SERVICES	\$	13,805.00	23,076.25	9,271.25	1/30/24	1200-9100
Ÿ Z									
			1						
			Total	\$	38,400.00	Į.			
_						PATIENT PHARMAC	у		
To:	1200 Company #	-		To: Co	mpany/Accoun	ting Unit Name			
Accounting							pt Use Only		
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	Balance After Transfer	Date of Balance	B/S Fund
2085	50000	0	REGULAR SALARIES	s	33,000.00	(32,481.77)	518.23	1/30/24	1200-9100
2085	50010	0	OVERTIME	s	1,800.00	(1,760.56)	39.44	1/30/24	1200-9100
2085	50040	0	PART TIME HELP	s	3,600.00	(3,598,29)	1.71	1/30/24	1200-9100
			Total	S	38,400.00				
R	eason for Req	uest:							
			For the 2023 Budget the Care Center budgeted a 2% CC	LA with	n each departn	nent of the Care Cer	iter on a budget		
			line titled Salary and Wage Adjustments as directed. Wi	e are tra	nsferring the do	llars under this cate	gory (Salary and		
			Wage Adjustments) for the Pharmacy department to Its to adjust for the shortages due to COLA wages applied.	rightful p In additio	lace under Reg in we are trans	ular, Overtime and P ferring the dollars h	art time salaries		
			used under staffing agency(other proffessional services)	to regula	ar salaries beca	use the positions we	re filled with no		
			need for outside agencies.						
							J.	090	
							-	1/20/2	5
			to the second se	a chorr	menn riceo	M/A		Datey 1	S
					(	No /		1 30 8	7
	Activity			Chief Fi	nancial Officer			Date	0370
			(optional)  ****Please sign in blue ink on t	he origin	nal form****				
Г			Finance Department Use Only						
Fis	cal Year 2	3 Budget Jo	ournal # Acctg Period	,					
Fo	tered By/Date			n 10					
			Released & Posted	by/Date			-		

DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From	1200 Company #	-		From		FETERIA - 421 BUILDI Dunting Unit Name	ING	25	
Accounting Unit	Account	Sub-Account	Title		/#TIZELUNIUS	Availab	ept Use Only le Balance	Date of	
					Amount	Prior to Transfer		Balance	B/S Fund
2100	50080	0	SALARY & WAGE ADJUSTMENTS	\$	9,300.00	20,057,00	10,737,00	1/30/24	1200-9100
							1 10		
(1)				_					
-	-								
			Tabel	1	2 222 22				
			Total	\$	9,300.00	1			
To:	1200					ETERIA - 421 BUILDIN	NG		
10.	Company #	-		To: Co	mpany/Account	ing Unit Name			
	Company #								
Accounting						Finance De			
Unit	Account	Sub-Account	Title		Amount [	Prior to Transfer	After Transfer	Date of Balance	010
2100	50010	0	OVERTIME			(8,073,20)		L/2 /al	B/S Fund
2100				\$	8,200.00	1	126,80	1/50/24	1200-9100
	50020	0	HOLIDAY PAY	\$	200.00	(138,72)	61.28	1/30/24	1200-9100
2100	51000	0	BENEFIT PAYMENTS	\$	900.00	[867,79]	32.21	1/30/24	1200-9100
				-					
				_					
			Total	\$	9,300.00				
	Reason for Requ	uact:							
	neason for near	es es	For the 2022 Budget the Case Caster budgeted - 20 CO				7		
		11	For the 2023 Budget the Care Center budgeted a 2% CO line titled Salary and Wage Adjustments as directed. We	LA WITH	n each departm	ent of the Care Cen	ter on a budget		
		11	Wage Adjustments) for the Cafeteria department to its	rightfu	I nisce under	Overtime Hollday r	gory (Salary and)		
		1	payments salarles to adjust for the shortages due to COLA	wages a	pplied.	overtime, Honday ;	pay and benefit		
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		IL.							
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	Activity		9	Chief Fir	ancial Officer			W'	1
		(0	optional)	CINETTI	ianciai Omcer		L L	ate	
			****Please sign in blue ink on ti	he orlgin	al form****				
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	7	2	Finance Department Use Only						
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Er	itered By/Date		Released & Posted B	y/Date_					
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DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

Fron	n: 1200 Company#	_		From:	Company/Acco	HOUSEKEEPING ounting Unit Name		•:	
Accounting		Sub-Account	Title	n e	Amount		ept Use Only le Balance After Transfer	Date of	
2035	50080	0	SALARY & WAGE ADJUSTMENTS		-	70,024.00		Balance	B/S Fund
1,0,00	20000		SALARY & WAGE ADJUSTMENTS	\$	43,350.00	10,024.00	26,674,00	1/30/24	1200-9100
		0		-					
			Total	\$	43,350.00				
			1044	1	43,330.00				
						HOUSEKEEPING			
To:		_		To: Com	pany/Account				
	Company #				, , ,				
Accounting							pt Use Only		
Unit	Account	Sub-Account	Title	Α.	mount [	Prior to Transfer	Balance After Transfer	Date of	nicross
2035	50010	0	OVERTIME	s		125,555,98	444.07	Balance	B/S Fund
2035	50020	0		1	26,000.00	(126.10)	73.90	Ja lad	1200-9100
2035	51000	0	HOLIDAY PAY	\$		1		1/30/24	1200-9100
2035			BENEFIT PAYMENTS	\$	17,000.00	(16,415.73)	584.27	1/30/24	1200-9100
2035	51050	0	FLEXIBLE BENEFIT EARNINGS	\$	150.00	(150,00)	O	1/30/24	1200-9100
			Total	\$	43,350.00				
	Reason for Requ	uest:							
	,		For the 2023 Budget the Care Center budgeted a 2% CO	I A within	each denartm	ent of the Care Con	tor on a hudeat		
		II.	ine titled Salary and Wage Adjustments as directed. We	are trans	ferring the dol	lars under this cate	Pory (Salary and		
		- 4	Wage Adjustments) for the Housekeeping department to	Overtime	and Holiday or	ay to adjust for the s	hortages due to		
			COLA wages applied. Also we are tranferring the remai	ing funds	to cover Ben	efit payments and	Flexible benefit		
			and tages.						
		Į.							
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								1/3-/7	14
				Departme	ent Head	M	C	and a second	11
						100		1/30	m
	Activity	-		Chief Fina	incial Officer			ate	
		(	optional)					-	
			****Please sign in blue ink on th	he origina	i form****				
	and the second	201	Finance Department Use Only	,					
E	Iscal Year 2	S Audant In	urnal # Acctg Period						
11		budget 100	arnal # Acctg Period						
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DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From:	1500			From		OOT ADMINISTRATIO Ounting Unit Name	N		
	Company #	_		rioni	Company/Acc	ounting onit Name			
Accounting							ept Use Only		
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	e Balance After Transfer	Date of Balance	B/S Fund
3500	50080		SALARY & WAGE ADJUSTMENTS	s	1,200.00	164,998,00		1/22/24	
- 5500	30000		SADAKI & WAGE ADDOST WEITIS	-	1,200.00	101, 118,00	100, 110.00	1/22/27	1500-9100
				+-					
_	<u> </u>								
		-		-					
			Total	\$	1,200.00	l			
						OT ADMINISTRATION			
To:	1500			To: Co		OT ADMINISTRATION ting Unit Name	v	60	
	Company #	-		10.00	inpany/Account	ting offic Name			
							pt Use Only		
Accounting Unit	Account	Sub-Account	Title		Amount	Available Prior to Transfer,	Balance After Transfer	Date of Balance	B/S Fund
3500	51010	I	EMPLOYER SHARE I.M.R.F.	s	1,200.00	(1.139.43)	60.57	1/22/24	1500-9100
			EWI EO TEN STIMLE MAINT.	1	1,200.00	1112(140)	00,01	12461	1300-9100
				+					
				1					
				+					
1				$\vdash$					
			Total	s	1,200.00				
	. , .								
F	Reason for Req	T.	Funds needed for year end FY2023						
			runds needed for year end F12023					~0	
							1	JA	
								42	
							4	1/22/20	
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				De				Date/	64
					CY	W		L/x3/x	4
	Activity			Chief Eir	nancial Officer	310		Date	1
	ricarray	ī	(optional)				,	Pate	
			****Please sign in blue ink on t	the origin	nal form***				
ſ		_	Finance Department Use Onl	у					
	scal Year 2	3	urnal # Acctg Period						
I FI	scal Year	Budget Jo	urnal # Acctg Period					1	
Er	tered By/Date	e	Released & Posted	By/Date		14			
_									

DOT-2/6/24 FIN/CB-2/13/24



DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From	n: 1500			From: Co	mpany/Acco		TENANCE/O	PS	-	
	Company #	_								
Accounting								ept Use Only e Balance	Date of	
Unit	Account	Sub-Account	Title	Am	nount	Prior t	o Transfer	After Transfer	Balance	8/S Fund
3510	51040		EMPLOYEE MED & HOSP INSURANCE	s	9,400.00	109,	750.5	100,350,51	1/22/24	1500-9100
,			Total	Ś	9,400.00					
					DÓ	TMAINT	ENANCE/OF	S		
To:	1500 Company #	45		To: Compa	any/Account	lng Unit	Name			
	company #						Finance De	pt Use Only		
Accounting			and a	1.74(7.4)			Available	Balance	Date of	Transact.
Unit	Account	Sub-Account	Title	T	ount		57.79	After Transfer	Balance	8/S Fund
3510	51010		EMPLOYER SHARE I.M.R.F.	\$	9,400.00	(7,5	21.71	44.41	1/22/24	1500-9100
				-						
				-						
				-		_				
			Total	\$	9,400.00					
	Reason for Req	uest:								
			Funds needed for year end FY2023							
									212	,
								1	1/22/202	
		i in							1.1	
				-					1/22/202	24
				Departmen	T Head	M			1/22/	nd.
					CV	· 1			1 77	17
	Activity	-	optional)	Chief Finan	cial Officer				Date	
		,	••••Please sign in blue ink on t	he original f	orm****					
[			Finance Department Use Only	,						
F	Fiscal Year 23	Budget Jo	urnal # Acctg Period							
17	Entered By/Date	e	Released & Posted I	By/Date						
L										

DOT - 2/6/24 FN/CB - 2/13/24

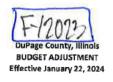


DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From	1500 Company #			From		T MAINTENANCE/O Junting Unit Name	PS		
Accounting Unit		Sub-Account	Tielo			Availabl	ept Use Only e Balance	Date of	
		Juniviccount	Title		Amount	Prior to Transfer	After Transfer	Balance	B/S Fund
3510	51040	-	EMPLOYEE MED & HOSP INSURANCE	\$	26,000.00	109,750.51	83,750.51	1/22/24	1500-9100
								111	
	-			+					
	1			-					
			Total	\$	26,000.00				
				1					
					DO	T MAINTENANCE/OF	os.		
To:	1500			To: Co	mpany/Account			8	
	Company #	-		10120	puny, riccount	ing one wante			
						Finance De	pt Use Only		
Accounting		a 2					Balance	Date of	
Unit	Account	Sub-Account	Title	_	Amount	Prior to Transfer	After Transfer	Balance	B/S Fund
3510	50010		OVERTIME	\$	26,000.00	(25,124.84)	875.16	1/22/24	1500-9100
				-					
			Total	\$	26,000.00				
				,					
	Reason for Requ	F-							
			Funds needed for year end FY2023					-	
		1						NR	
		1						J&	
		Į.						_	
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		L							
								1.1.	CHES
								1/55/505	4
				Departr	ment Head	$\triangle M$	(	Date	1 11
						( 1-1		LY'	7144
	Activity			Chief Fi	nancial Officer			Date	.
		(	optional)						
			****Please sign in blue lnk on t	he origin	nal form****				
E			P						
	57	2	Finance Department Use Only	'				1	
F	iscal Year	Budget Joi	urnal # Acctg Period					1	
E	intered By/Date		Released & Posted E	By/Date					
_									

DOT - 2/6/24 FN/CB - 2/13/24

3



DOT MAINTENANCE/OPS 1500 From: Company/Accounting Unit Name Company # Finance Dept Use Only Accounting Available Balance Date of Unit Sub-Account Account Title Prior to Transfer After Transfer Balance B/S Fund 3510 50050 100,000.00 122,738.40 22,738.40 1/22/24 1500-9100 TEMPORARY SALARIES 178,000.00 240,050.00 62,050.00 3510 50080 SALARY & WAGE ADJUSTMENTS 50.000.00 113 111 . 48 63.11.48 3510 51000 BENEFIT PAYMENTS Total 328,000.00 DOTMAINTENANCE/OPS 1500 To: Company/Accounting Unit Name Company # Finance Dept Use Only Accounting Available Balance Date of Unit Account Sub-Account Title Prior to Transfer After Transfer Amount Balance B/S Fund 327, 335.12 22/24 1500-9100 3510 50000 664-88 REGULAR SALARIES 328,000.00 Reason for Request: Funds needed for year end FY2023 218 1/22/2024 1/23/24 Department Head Activity Chief Financial Officer (optional) \*\*\*\*Please sign in blue ink on the original form\*\*\*\* Finance Department Use Only \_\_\_ Acctg Period \_ Entered By/Date Released & Posted By/Date\_

DOT-2/6/24 FIN/CB-2/13/24

DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From	: 1500 Company #	-:		From		OOT ADMINISTRATI ounting Unit Name	ON	-	
Accounting Unit		Sub-Account	Títle		Amount		Dept Use Only ble Balance	Date of	9 <i>1</i> 6 5 4
								Balance	B/S Fund
3500	54050	0000	TRANSPORTATION INFRASTRUCTURE	\$	251,432.00	11,521,585	11,270,153.00	1/31/24	1500-9100
				-					
			Total	\$	251,432.00	I			
To:	1500			To: C	D Dmpany/Accoun	OT ADMINISTRATIO	ON	2	
	Company #			10: 0	ampany/Accoun				
Accounting							lept Use Only le Balance	Date of	
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer		Balance	B/S Fund
3500	54000	0000	LAND/RIGHT OF WAY	\$	251,432.00	200,000,00	451,432.00	1/31/24	1500-9100
				+-					
					A				
			Total	S	251,432.00				
F	Reason for Requ	F	Unforseen easement costs for the Geneva Road Bridge	e Renlacor	nent Project Wh	en the EV 2024 hu	deet was seen lead		
		1	The new costs are in regards to DuPage County obt District of DuPage County in order to move forward on	taining per	rmanent easem	ent rights from th	e Forest Preserve		
		ľ	on the country in program was common on	tne projec	τ.				
		L						11	
				<u></u>	ment nead			1/31/201	24
				Бераго	ment nead	CW		onte /	
	Activity	_		Chief F	inancial Officer	1.1		<u>/31/2024</u> <sub>Date</sub>	
		1.	optional)						
	, , , , , , , , , , , , , , , , , , , ,	16	****Please sign in blue ink or	n the origi	nal form****				
Γ	الم	1			nal form****				
Fis	scal Year 20	<u> </u>	****Please sign in blue ink or		nal form****				

DOT - 2/6/24 FIN/CB-2/13/24

DuPage County, Illinois BUDGET ADJUSTMENT Effective May 3, 2023

From:	1100 Company #	27		G.I.S. From: Company/Accounting Unit Name				
Accounting Unit	Account	6.1.4	Tul-			Finance Dept Use Only Available Balance Prior to Transfer After Transfer		Date of Balance
		Sub-Account	Title	Amount		Prior to Transfer		
2900	53828		CONTINGENCIES	\$	29,057.00	36,000,00	6,943.00	1/16/24
			Total	\$	29,057.00			
						G.I.S.		
To:	1100 Company #			Ta: Cor	mpany/Account	ing Unit Name		
Accounting							pt Use Only Balance	Date of
Unit	Account	Sub-Account	Title	1	Amount	Prior to Transfer	After Transfer	Balance
2900	51040		EMPLOYEE MED & HOSP INSURANCE	\$	29,057-00	(29,056.74)	0.21	1/16/24
				+				
			Total	\$	29,057-00			
	Reason for Req	vest:						
			To cover Employee Med & Hospital Insurance for GIS en	ipioyees i	n FY23.			
		- 1						1/12/202
				Departr	ment Head	2/11	°	Date
	Activity			Chief El	nancial Officer	/ VUU		1171.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(optional) ****Please sign in blue ink on					Date
Г			Finance Department Use On					
F	iscal Year 2	3 Budget Jo	ournal # Acctg Period					
	intered By/Dat	e	Released & Posted	I D. /D. I.				

Tech. - 2/6/24 FIN/CB - 2/13/24

DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

From:	1000 Company #	INFORMATION TECHNOLOGY  From: Company/Accounting Unit Name						-			
Accounting						Finance Dept Use Only Available Balance		Date of			
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer		Balance			
1110	50099		NEW PROGRAM REQUESTS-PERSONNEL	s	5,550 00	216,422.00	210,922.00	1/31/24	1000-9100		
			Total	\$	5,550.00	4.			•		
To:	1000 Company #			To: Co	INFO ampany/Account	RMATION TECHNOLI ing Unit Name	DGY	8			
ccounting							pt Use Only Balance	Date of			
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance	B/S Fund		
1110	50010		OVERTIME	5	850.00	(841.06)	8.94	1/31/24	1000-9100		
1110	50050		TEMPORARY SALARIES	\$	4,700 DQ	(4,670.50)	29.50	1/31/24	1000-9100		
				1							
	eason for Requ		Total	\$	5,550.00						
	and the second	1/2-	cover remaining overtime and temporary salary costs	for FY23.							
				OMA.				1/25/2024 Date			
	Activity	(opti	(optional)  ****Please sign in blue ink on the original form****						1/31/2024 Date		
			Finance Department Use Only					1			
Fise	cal Year 23	Budget Journa	al# Acctg Period								
10								- 1			

Tech. - 2/6/24 FIN/CB-2/13/24

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