

DuPage County, Illinois  
 BUDGET ADJUSTMENT  
 Effective January 22, 2024

From: 1200  
 Company #

NURSING SERVICES  
 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 |                 |           |
| 2050            | 541.10  |             | EQUIPMENT AND MACHINERY | \$ 2,700.00 | 3,000.00                                | 300.00         | 10/4/24         | 1200-9100 |
|                 |         |             |                         |             |   |                |                 |           |
|                 |         |             |                         |             |   |                |                 |           |
|                 |         |             |                         |             |   |                |                 |           |
|                 |         |             |                         |             |   |                |                 |           |
| Total           |         |             |                         | \$ 2,700.00 |   |                |                 |           |

To: 1200  
 Company #

DINING SERVICES  
 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 |                 |           |
| 2025            | 541.10  |             | EQUIPMENT AND MACHINERY | \$ 2,700.00 | 0.20                                    | 2,700.20       | 10/4/24         | 1200-9100 |
|                 |         |             |                         |             |   |                |                 |           |
|                 |         |             |                         |             |   |                |                 |           |
|                 |         |             |                         |             |   |                |                 |           |
|                 |         |             |                         |             |   |                |                 |           |
| Total           |         |             |                         | \$ 2,700.00 |   |                |                 |           |

Reason for Request:

Transfer monies to allow for the purchase to replace unrepairable fryer for the DuPage Care Center

Signature on File

Department Head Signature on File  
 Chief Financial Officer

10/3/24  
 Date  
 10/7/24  
 Date

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 \_\_\_\_\_

HS - 10/15/24

FIN/CB - 10/22/24