

FY2023

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1500
Company #

DOT MAINTENANCE/OPS
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		
3510	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 9,400.00	101,750.51	100,350.51	1/22/24	1500-9100
Total				\$ 9,400.00				

To: 1500
Company #

DOT MAINTENANCE/OPS
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		
3510	51010		EMPLOYER SHARE I.M.R.F.	\$ 9,400.00	(9,357.79)	42.21	1/22/24	1500-9100
Total				\$ 9,400.00				

Reason for Request:

Funds needed for year end FY2023

[Handwritten Signature]

Signature on File

Department Head Signature on File

1/22/2024
Date

1/23/24
Date

Activity _____
(optional)

Chief Financial Officer

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

Finance Department Use Only	
Fiscal Year <u>23</u>	Budget Journal # _____ Acctg Period _____
Entered By/Date _____	Released & Posted By/Date _____

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

[Handwritten Mark]