DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 1000 (Company #)

DUI EVALUATION PROGRAM
From: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance: Prior to Transfer	After Transfer	Date of Balance
6110	50040		PART TIME HELP	$ 900.00	6,542.92	5,642.92	8/10/26
			Total	$ 900.00			

To: 1000 (Company #)

DUI EVALUATION PROGRAM
To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance: Prior to Transfer	After Transfer	Date of Balance
6110	50030		PER DIEM/STIPEND	$ 900.00	(153.84)	746.16	8/10/26
			Total	$ 900.00			

Reason for Request:

Transfer funds to cover the bilingual stipend for staff per the collective bargaining agreement for FY'26.

Signature on file
Department Head — Date: 8-10-2026

Signature on file
Chief Financial Officer — Date: 8/11/26

Activity _____ (optional)

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

Finance Department Use Only

Fiscal Year 26 Budget Journal # _____ Acctg Period _____

Entered By/Date _____ Released & Posted By/Date _____

JPS - 8/18/26
FIN/CB - 8/25/26