

DuPage County, Illinois  
 BUDGET ADJUSTMENT  
 Effective April 1, 2025

From: 1300  
 Company #

CORONER'S FEE  
 From: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance
					Prior to Transfer	After Transfer	
4130	52320		MEDICAL/DENTAL/LAB SUPPLIES	\$ 7,000.00	26,365.66	19,365.66	5/22/26
4130	53610		INSTRUCTION & SCHOOLING	\$ 1,500.00	10,745.00	9,245.00	5/22/26
Total				\$ 8,500.00			

To: 1300  
 Company #

CORONER'S FEE  
 To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance
					Prior to Transfer	After Transfer	
4130	50000		REGULAR SALARIES	\$ 5,900.00	52,600.00	57,600.00	5/22/26
4130	51010		EMPLOYER SHARE I.M.R.F.	\$ 1,000.00	5,230.64	6,230.64	5/22/26
4130	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 1,000.00	4,150.40	5,150.40	5/22/26
4130	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 1,000.00	4,471.03	5,471.03	5/22/26
4130	50080		SALARY & WAGE ADJUSTMENTS	\$ 500.00	1,650.00	2,150.00	5/22/26
Total				\$ 8,500.00			

Reason for Request:

These are an estimation of what it will cost to add a headcount of a new Deputy Coroner.

[Redacted Signature]

05/22/26  
 Date

Activity \_\_\_\_\_  
 (optional)

Chief Financial Officer \_\_\_\_\_  
 Date

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

Finance Department Use Only		
Fiscal Year <u>26</u>	Budget Journal # _____	Acctg Period _____
Entered By/Date _____	Released & Posted By/Date _____	

JPS - 6/2/26

FIN/CRB - 6/9/26

9

DuPage County, Illinois  
 BUDGET ADJUSTMENT  
 Effective October 1, 2024

From: 1000  
 Company #

PROBATION & COURT SERVICES  
 From: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance
					Prior to Transfer	After Transfer	
6100	52100		I.T. EQUIPMENT-SMALL VALUE	\$ 5,000.00	29,163.47	24,163.47	5/21/26
Total				\$ 5,000.00			

To: 1000  
 Company #

PROBATION & COURT SERVICES  
 To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance
					Prior to Transfer	After Transfer	
6100	54100	0700	IT EQUIPMENT - CAPITAL LEASE	\$ 5,000.00	1,023.25	6,023.25	5/21/26
Total				\$ 5,000.00			

Reason for Request:

Transfer funds to cover copier leasing expenses for FY'26.

Department Head

5-20-2026

*[Signature]*

Date  
5/20/26

Activity \_\_\_\_\_  
 (optional)

Chief Financial Officer

Date

\*\*\*\*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 - 6/2/26  
 FIN/LB - 6/9/26

*[Handwritten mark]*