

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

GENERAL FUND INSURANCE

From: 1000
Company #

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	
1200	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 256.00	4,882,246.73	4,881,990.73	1/9/25
Total				\$ 256.00			

To: 1000
Company #

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	
	51050		FLEXIBLE BENEFIT EARNINGS	\$ 256.00			1/9/25
Total				\$ 256.00			

Reason for Request:

Budget transfer needed to cover Flex Benefit expenses within the various departments currently budgeted within General Fund Insurance.

Department Head

Date 1/10/25

Activity _____
(optional)

Chief Financial Officer

Date

****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 _____

FIN-1/14/25
CB-1/14/25

