

DuPage County, Illinois BUDGET ADJUSTMENT Effective October, 2022

From:					MICAP		_
		<b>→</b> 5.		From: Company/Acco	unting Unit Name		
	Company #				F1	and then Only	
counting						ept Use Only e Balance	Date of
Unit	Account	Sub-Account	Title	Amount	Prior to Transfer	After Transfer	Balance
		I			500.00	461.00	4 - 100
5940	51050	-	FLEXIBLE BENEFIT EARNINGS	\$ 39.00	300,00	401,00	1/3/2
							_
							-
			Total	\$ 39.00			
					MICAP		_
To:	1400			To: Company/Account	ing Unit Name		
(	Company #				_		
counting						pt Use Only	D-+
Unit	Account	Sub-Account	Title	Amount	Prior to Transfer	e Balance After Transfer	Date of Balance
5940	50000		REGULAR SALARIES	\$ 33.00	/32.72	0.28	1/2/2
					(2.28)	0.72	1/2/2
5940	51010		EMPLOYER SHARE I.M.R.F.	\$ 3.00	1		13/2
5940	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 3.00	(2.84)	0.16	1/3/2
-							
+							
			Tatal	£ 20.00			
			Total	\$ 39.00			
R	Reason for Req	uest:	Total	\$ 39.00			
R	Reason for Req	6	Total Need to transfer funds to cover salaries & fringe benefits				
R	deason for Req	6					
R	leason for Req	6					
R	Neason for Req	6					
R	Reason for Req	6					
R	teason for Req	6		for FY'2023.			
R	leason for Req	6		for FY'2023.	on file		
R	leason far Req	6		for FY'2023. Signature	on file		1-3-20:
R	leason for Req	6		for FY'2023.	on file		1-3-202 Dates
R		6		for FY'2023.  Signature  Department Head	on file		Date /
R	leason for Req Activity		Need to transfer funds to cover salaries & fringe benefits	for FY'2023. Signature	on file		1-3-202 Date
R			Need to transfer funds to cover salaries & fringe benefits  optional)	Signature Department Head Chief Financial Officer	on file		Date /
R			Need to transfer funds to cover salaries & fringe benefits	Signature Department Head Chief Financial Officer	on file		Date /
R	Activity		Need to transfer funds to cover salaries & fringe benefits  optional)	Signature Department Head Chief Financial Officer	on file		Date /
	Activity	2	Need to transfer funds to cover salaries & fringe benefits  optional)  ****Please sign in blue ink on the Finance Department Use On	Signature Department Head Chief Financial Officer	on file		Date /
		2	Need to transfer funds to cover salaries & fringe benefits  optional)  ****Please sign in blue ink on ti	Signature Department Head Chief Financial Officer	on file		Date /

JPS-1/16/24 FIN/CB-1/23/24