DuPage County, Illinois BUDGET ADJUSTMENT Effective October, 2022

From:								
From:				***************************************		C PROBATION GRAN	ITS	_
	5000	_	From: Company/Accounting Unit Name					
	Company #							
							ept Use Only	
counting	200000000000000000000000000000000000000		5-000				e Balance	Date of
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
6192	50000		REGULAR SALARIES	\$	5,000.00	49,627.54	44.627.54	5/30/23
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		-		+				-
		-		+-				
			Total	\$	5,000.00			
					MIS	C PROBATION GRAN	TS	
To:	5000			To: Co	ompany/Accoun	ting Unit Name		-
-	Company #	7.7						
						Finance De	pt Use Only	
counting							Balance	Date of
Unit	Account	Sub-Account	Title	_	Amount	Prior to Transfer	After Transfer	Balance
6192	51040		EMPLOYEE MED & HOSP INSURANCE	\$	5,000.00	(1,774,74)	3,225.26	5/30127
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				+				
-				1				
			- 10/1	+				
					5,000.00			
			Total	\$	3,000.00			
R	eason for Requ	uest:	100	3	3,000.00			
R	eason for Req	To the second se	Medical insurance costs have been greater than anticipa			insfer to adjust for in	creased amount	
R	eason for Requ	F				insfer to adjust for in	creased amount	
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R	eason for Requ	F	Medical insurance costs have been greater than anticipa			insfer to adjust for in	creased amount	
R	eason for Requ	F	Medical insurance costs have been greater than anticipa ncurred.	ated for F	Y23. Budgettra			
R	eason for Requ	F	Medical insurance costs have been greater than anticipa ncurred.	ated for F	Y23. Budgettra			
R	eason for Requ	F	Medical insurance costs have been greater than anticipa ncurred.	ated for F	Y23. Budgettra			Plan
R	eason for Requ	F	Medical insurance costs have been greater than anticipa ncurred.	ated for F	Y23. Budgettra			5/30
R	eason for Requ	F	Medical insurance costs have been greater than anticipa ncurred.	Sig	gnati	ure or		5/30
R	eason for Requ	F	Medical insurance costs have been greater than anticipa ncurred.	Sig	Y23. Budgettra			5/30 Date-ho
R	eason for Requ	F	Medical insurance costs have been greater than anticipa ncurred.	Sig	gnati	ure or		5/30 Date /30
R	eason for Requ	F	Medical insurance costs have been greater than anticipa ncurred.	Sign Depart	gnati	ure or	n file	5/30 Date 5/30
R			Medical insurance costs have been greater than anticipa ncurred.	Sign Depart	gnati	ure or	n file	5/30 Date 5/30
R			Medical insurance costs have been greater than anticipa ncurred.	Sign Depart	gnational Officer	ure or	n file	5/30 Date Date
R			Medical insurance costs have been greater than anticipa ncurred. optional)	Sign Departs Chief F	gnational Officer	ure or	n file	5/30 Date 5/30
R			Medical insurance costs have been greater than anticipa ncurred.	Sign Departs Chief F	gnational Officer	ure or	n file	5/30 Date
Γ	Activity	3	Medical insurance costs have been greater than anticipal neutred. optional) ***Please sign in blue ink on Finance Department Use On	Sign Departs Chief F	gnational Officer	ure or	n file	5/30 Date Date
Γ		3	Medical insurance costs have been greater than anticipa ncurred. optional)	Sign Departs Chief F	gnational Officer	ure or	n file	5/30 Date Date
Fis	Activity	Budget Jo	Medical insurance costs have been greater than anticipal neutred. optional) ***Please sign in blue ink on Finance Department Use On	Sign Depart	gnation of the state of the sta	ure or	n file	5/30 Date /30

JPS - 6/6/23 FINAS- 6/13/23