

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective October 1, 2024

From: 1100
 Company #

RECORDER G.I.S.
 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	
4320	53090		OTHER PROFESSIONAL SERVICES	\$ 1,000.00	92,500.00	91,500.00	11/15/24
Total				\$ 1,000.00			

To: 1100
 Company #

RECORDER G.I.S.
 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	
4320	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 1,000.00	(136.09)	863.91	11/15/24
Total				\$ 1,000.00			

Reason for Request:

To cover for employee insurance expenses that are over budgeted amount for FY2024.

[Redacted Signature]

Department Head

[Handwritten Signature]

Chief Financial Officer

11-14-24
 Date
 11/19/24
 Date

Activity _____
 (optional)

****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-11/26/24
 CB-11/26/24

[Handwritten Mark]