

**DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024**

STORMWATER MANAGEMENT

From: 1600
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	
3000	50080		SALARY & WAGE ADJUSTMENTS	\$ 104,183.00	104,183.00	Ø	10/16/25
3000	50099		NEW PROGRAM REQUESTS-PERSONNEL	\$ 34,872.00	34,872.00	Ø	10/16/25
3000	50040		PART TIME HELP	\$ 25,000.00	25,000.00	Ø	10/16/25
3000	51000		BENEFIT PAYMENTS	\$ 10,945.00	41,669.92	30,724.92	10/16/25
Total				\$ 175,000.00			

STORMWATER MANAGEMENT

To: 1600
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	
3000	50000		REGULAR SALARIES	\$ 90,000.00	375,189.45	465,189.45	10/16/25
3000	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 85,000.00	125,196.37	59,803.63	10/16/25
Total				\$ 175,000.00			

Reason for Request:

A budget transfer is necessary to cover Salaries and employee insurance for FY25.

Department Head

Chief Financial Officer

Activity

(optional)

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

10.14.25
Date
10/17/25
Date

Finance Department Use Only

Fiscal Year 25 Budget Journal # _____ Acctg Period _____

Entered By/Date _____ Released & Posted By/Date _____

SW - 11/4/25
FIN/CB - 11/12/25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 1000
Company #

CIRCUIT COURT
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	
5900	50050		TEMPORARY SALARIES	\$ 7,280.00	7,281.00	1.00	10/21/25
5900	53040		INTERPRETER SERVICES	\$ 5,000.00	46,381.00	41,381.00	10/21/25
Total				\$ 12,280.00			

To: 1000
Company #

CIRCUIT COURT
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	
5900	50040		PART TIME HELP	\$ 12,280.00	(3,458.70)	8,821.30	10/21/25
Total				\$ 12,280.00			

Reason for Request:

Moving funds to accommodate salaries for part time staff until the end of FY25

Department Head

Chief Financial Officer

Activity

(optional)

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

10/21/25
Date

10/21/25
Date

Finance Department Use Only			
Fiscal Year <u>25</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

JPS - 11/4/25
FIN/CB - 11/12/25

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DuPage County, Illinois
BUDGET ADJUSTMENT
 Effective October 1, 2024

From: 2000
 Company #

SEWER OPERATIONS
 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	
2555	53828		CONTINGENCIES	\$ 110,000.00	276,375.00	166,375.00	10/27/25
2640	53828		CONTINGENCIES	\$ 20,000.00	214,900.00	194,900.00	10/27/25
Total				\$ 130,000.00			

To: 2000
 Company #

SEWER OPERATIONS
 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	
2555	51000		BENEFIT PAYMENTS	\$ 110,000.00	(106,601.85)	3,398.15	10/27/25
2640	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 20,000.00	(6,108.12)	13,891.88	10/27/25
Total				\$ 130,000.00			

Reason for Request:

Public Works - \$110,000.00 FY25 budget transfer needed for Benefit Payments for retiring employee payouts. Public Works - \$20,000.00 FY25 budget transfer needed for Employee Med & Hsp Insurance for payroll charges.

Department Head

10/27/2025
 Date

Activity

(optional)

Chief Financial Officer

Date

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

Finance Department Use Only			
Fiscal Year <u>25</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____		Released & Posted By/Date _____	

PW - 11/4/25
 FIN/CB - 11/12/25

10/24/25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 1, 2025

From: 1200
Company #

HOUSEKEEPING
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	
2035	52000		FURN/MACH/EQUIP SMALL VALUE	\$ 2,960.00	17,208.00	14,248.00	10/24/25
Total				\$ 2,960.00			

To: 1200
Company #

HOUSEKEEPING
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	
2035	54110		EQUIPMENT AND MACHINERY	\$ 2,960.00	3,950.00	6,910.00	10/24/25
Total				\$ 2,960.00			

Reason for Request:

move monies to cover the purchase of a walk behind sweeper that sweeps and mops difficult floors over at the Animal Control, that Environmental Services cleans for (FY25)

Department Head

Chief Financial Officer

Activity

(optional)

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Finance Department Use Only			
Fiscal Year <u>25</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

HS - 11/4/25
FIN/CB - 11/12/25

8

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective April 1, 2025

From: 1000
Company #

FAMILY CENTER
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	
1640	53020		INFORMATION TECHNOLOGY SVC	\$ 2,000.00	4,100.00	2,100.00	10/23/25
1640	53510		TRAVEL EXPENSE	\$ 3,000.00	5,000.00	2,000.00	10/23/25
Total				\$ 5,000.00			

To: 1000
Company #

FAMILY CENTER
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	
1640	50000		REGULAR SALARIES	\$ 5,000.00	32,093.38	37,093.38	10/23/25
Total				\$ 5,000.00			

Reason for Request:

Transfer covers deficits in Regular Salaries for FY25 that were not realized during budget preparation.

Department Head

Chief Financial Officer

Activity

(optional)

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

Date

Date

Finance Department Use Only			
Fiscal Year <u>25</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

HS - 11/4/25

FIN/CB - 11/12/25

218
bbs

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 1, 2025

From: 1500
Company #

DOT MAINTENANCE/OPS
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	
3510	53828		CONTINGENCIES	\$ 61,000.00	915,500.00	854,500.00	10/22/25
Total				\$ 61,000.00			

To: 1500
Company #

DOT MAINTENANCE/OPS
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	
3510	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 61,000.00	38,553.79	99,553.79	10/22/25
Total				\$ 61,000.00			

Reason for Request:

Due to the unpredictable nature of employee medical and hospital insurance costs, it was impossible to accurately forecast this year's budget requirements. A budget transfer is requested to accommodate these unforeseen expenses.

Department Head

Chief Financial Officer

Activity

(optional)

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Finance Department Use Only			
Fiscal Year <u>25</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

DOT - 11/4/25
FIN/COB - 11/12/25

8

11/30

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 1, 2025

From: 1500
Company #

DOT FLEET SERVICE
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	
3520	53828		CONTINGENCIES	\$ 8,500.00	816,300.00	807,800.00	10/22/25
Total				\$ 8,500.00			

To: 1500
Company #

DOT FLEET SERVICE
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	
3520	51010		EMPLOYER SHARE I.M.R.F.	\$ 4,500.00	10,603.91	15,103.91	10/22/25
3520	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 4,000.00	9,802.11	13,802.11	10/22/25
Total				\$ 8,500.00			

Reason for Request:

Additional funds are required due to increased employer obligations resulting from newly implemented union salary rates. These adjustments have directly impacted the employer's share of both the I.M.R.F. contributions and Social Security taxes. A budget transfer is necessary to accommodate these changes.

Department Head

Chief Financial Officer

Activity

(optional)

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Finance Department Use Only			
Fiscal Year <u>25</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

DOT - 11/4/25
FIN/CB - 11/12/25

8

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective April 1, 2025

From: 1000
Company #

COUNTY RECORDER
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	
4300	53807		SUBSCRIPTION IT ARRANGEMENTS	\$ 165.00	2,382.00	2,217.00	11/6/25
Total				\$ 165.00			

To: 1000
Company #

COUNTY RECORDER
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	
4300	54100	0700	IT EQUIPMENT - CAPITAL LEASE	\$ 165.00	0.56	165.56	11/6/25
Total				\$ 165.00			

Reason for Request:

TO FULFILL BUDGET SHORTAGE

Department Head

Date

Chief Financial Officer

Date

Activity

(optional)

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

Finance Department Use Only

Fiscal Year 25 Budget Journal # _____ Acctg Period _____

Entered By/Date _____ Released & Posted By/Date _____

FIN-11/12/25
CB-11/12/25