

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective April 1, 2025

From: 1000
 Company #

JAIL 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 | |
| 4410 | 53090 | 0 | OTHER PROFESSIONAL SERVICES | \$ 100,000.00 | 368,889.00 | 268,889.00 | 4/16/26 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | \$ 100,000.00 | | | |



To: 1000
 Company #

SHERIFF ADMINISTRATION
 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 | |
| 4400 | 54120 | 0 | AUTOMOTIVE EQUIPMENT | \$ 100,000.00 | 5,166.97 | 105,166.97 | 4/16/26 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | \$ 100,000.00 | | | |

Reason for Request:

FY2026 - Transfer for upfitting of vehicles

Department Head: 
 Date: 04/15/26
 Chief Financial Officer: 
 Date: 4/16/26

Activity _____
 (optional)

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

Finance Department Use Only

Fiscal Year 26 Budget Journal # _____ Acctg Period _____

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

JPS - 4/21/26
 FIN/CB - 5/12/26



DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective April 1, 2025

From: 5000
 Company #

WIOA DCEO GRANTS
 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 | |
| 2841 | 53820 | 0000 | GRANT SERVICES | \$ 48,000.00 | 93,230.00 | 45,230.00 | 4/9/26 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | \$ 48,000.00 | | | |

To: 5000
 Company #

WIOA DCEO GRANTS
 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 | |
| 2841 | 50050 | 0000 | TEMPORARY SALARIES | \$ 48,000.00 | 129,690.70 | 18,309.30 | 4/9/26 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | \$ 48,000.00 | | | |

Reason for Request:

To provide funds to cover Temporary Salaries during the grant period ending 6/30/2026

Department Head [Redacted] Date 4/7/26
 Chief Financial Officer [Signature] Date 4/9/26

Activity 26-071006
 (optional)

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

Finance Department Use Only

Fiscal Year 26 Budget Journal # _____ Acctg Period _____

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

ECON - 4/21/26
 FIN/CB - 5/12/26

8

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective April 1, 2025

From: 6000
 Company #

FAC MGMT CTY INFRASTRUCTURE
 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 | |
| 1220 | 54010 | | BUILDING IMPROVEMENTS | \$ 1,546,555.00 | 12,940,471.72 | 11,393,916.72 | 4/21/26 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | \$ 1,546,555.00 | | | |


To: 6000
 Company #

FAC MGMT CTY INFRASTRUCTURE
 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 | |
| 1220 | 54005 | | LAND IMPROVEMENTS | \$ 50,000.00 | Ø | 50,000.00 | 4/21/26 |
| 1220 | 54060 | | DRAINAGE SYSTEM INFRASTRUCTURE | \$ 1,202,295.00 | Ø | 1,202,295.00 | 4/21/26 |
| 1220 | 54070 | | WASTE WTR SYS INFRASTRUCTURE | \$ 294,260.00 | Ø | 294,260.00 | 4/21/26 |
| | | | | | | | |
| | | | | | | | |
| Total | | | | \$ 1,546,555.00 | | | |

Reason for Request:

Budget transfer needed for repairing and lining storm water and sanitary lift stations as well as adding a new sanitary line and upgrades at the 170 building. Budget transfer needed for land improvements for the Memorial Park that is being built on the northwest side of County Campus.

Department Head  Date 4/21/26
 Chief Financial Officer [Signature] Date 4/22/26

Activity _____
 (optional)

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

Finance Department Use Only

Fiscal Year 26 Budget Journal # _____ Acctg Period _____

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

PW - 5/5/26
 FIN/CB - 5/12/26

8

FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective April 1, 2025

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 | 54199 | | CAPITAL CONTINGENCY | \$ 658,000.00 | 2,649,188.00 | 1,991,188.00 | 4/23/26 |
| 2640 | 54199 | | CAPITAL CONTINGENCY | \$ 106,000.00 | 315,000.00 | 209,000.00 | 4/23/26 |
| 2665 | 54199 | | CAPITAL CONTINGENCY | \$ 62,000.00 | 500,000.00 | 438,000.00 | 4/23/26 |
| Total | | | | \$ 826,000.00 | | | |

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 | 51010 | | EMPLOYER SHARE I.M.R.F. | \$ 658,000.00 | 555.43 | 658,555.43 | 4/23/26 |
| 2640 | 51010 | | EMPLOYER SHARE I.M.R.F. | \$ 106,000.00 | 6,116.45 | 112,116.45 | 4/23/26 |
| 2665 | 51010 | | EMPLOYER SHARE I.M.R.F. | \$ 62,000.00 | 63,709.36 | 125,709.36 | 4/23/26 |
| Total | | | | \$ 826,000.00 | | | |

Reason for Request:

Public Works - \$826,000.00 needed for Employer Share IMRF for Net Pension Obligation adjustment per actuarial schedule.

Department Head

Chief Financial Officer

4/23/2026
Date
4/23/26
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 _____

PW - 5/5/26
FIN/CB - 5/12/26

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 22, 2024

From: 1200
 Company #

DINING SERVICES
 From: Company/Accounting Unit Name

| Accounting Unit | Account | Sub-Account | Title | Amount | Finance Dept Use Only Available Balance | | Date of Balance | B/S Fund |
|-----------------|---------|-------------|-------------------------|-------------|---|----------------|-----------------|-----------|
| | | | | | Prior to Transfer | After Transfer | | |
| 2025 | 54110 | | EQUIPMENT AND MACHINERY | \$ 9,500.00 | 133,600.00 | 123,500.00 | 4/28/26 | 1200-9100 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | \$ 9,500.00 | | | | |

To: 1200
 Company #

DINING SERVICES
 To: Company/Accounting Unit Name

| Accounting Unit | Account | Sub-Account | Title | Amount | Finance Dept Use Only Available Balance | | Date of Balance | B/S Fund |
|-----------------|---------|-------------|-----------------------------|-------------|---|----------------|-----------------|-----------|
| | | | | | Prior to Transfer | After Transfer | | |
| 2025 | 52000 | | FURN/MACH/EQUIP SMALL VALUE | \$ 9,500.00 | 6,349.16 | 15,849.16 | 4/28/26 | 1200-9100 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | \$ 9,500.00 | | | | |

Reason for Request:

Transfer monies for small value supplies for the Care Center.

Department head _____
 Chief Financial Officer _____

Date 04/28/26
 Date 4/29/24

Activity _____
 (optional)

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

Finance Department Use Only

Fiscal Year 26 Budget Journal # _____ Acctg Period _____

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

HS - 5/5/26

FIN/CB - 5/12/26

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective April 1, 2025

From: 5000
 Company #

COMMUNITY DEV BLOCK GRANTS
 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 | |
| 1440 | 50040 | | PART TIME HELP | \$ 2,921.00 | 20,921.00 | 18,000.00 | 4/23/26 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | \$ 2,921.00 | | | |

To: 5000
 Company #

COMMUNITY DEV BLOCK GRANTS
 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 | |
| 1440 | 50010 | | OVERTIME | \$ 2,921.00 | (40.65) | 2880.35 | 4/23/26 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | \$ 2,921.00 | | | |

Reason for Request:

A budget transfer is required to cover unexpected expense in overtime personell expense account which was not included in the original budget.

 Department Head 4/23/26
 Date

 Chief Financial Officer 4/27/26
 Date

Activity _____
 (optional)

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

Finance Department Use Only

Fiscal Year 26 Budget Journal # _____ Acctg Period _____

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

HS - 5/5/26
 FIN/CB - 5/12/26