

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1000
Company #

DUI EVALUATION PROGRAM
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 | | |
| 6110 | 50040 | | PART TIME HELP | \$ 5,000.00 | 53,788.87 | 48,788.87 | 4/4/24 | 1000-9100 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | \$ 5,000.00 | | | | |

To: 1000
Company #

DUI EVALUATION PROGRAM
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 | | |
| 6110 | 53040 | | INTERPRETER SERVICES | \$ 5,000.00 | 97.50 | 5,097.50 | 4/4/24 | 1000-9100 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | \$ 5,000.00 | | | | |

Reason for Request:

Need to transfer funds to cover interpreting services for DUI evaluation appointments for FY'2024.

signature on file

Department Head

4/3/2024
Date

Activity

(optional)

Chief Financial Officer

4-10-24
Date

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

| | | | |
|-----------------------------|------------------------|---------------------------------|--|
| Finance Department Use Only | | | |
| Fiscal Year <u>24</u> | Budget Journal # _____ | Acctg Period _____ | |
| Entered By/Date _____ | | Released & Posted By/Date _____ | |

JPS - 4/16/24
FIN/CB - 4/23/24