

FY24
DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1100
 Company #

RECORDER DOCUMENT STORAGE
 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		
4310	53090		OTHER PROFESSIONAL SERVICES	\$ 12,890.00	298,744.45	235,854.45	1/29/24	1100-9150
Total				\$ 12,890.00				

To: 1100
 Company #

RECORDER DOCUMENT STORAGE
 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		
4310	54100		IT EQUIPMENT	\$ 12,890.00	0	12,890.00	1/29/24	1100-9150
Total				\$ 12,890.00				

Reason for Request:

To pay for new film scanners / readers.

Department Head

1-29-24
Date

Activity

(optional)

Chief Financial Officer

1/30/24
Date

****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 - 2/13/24
 CB - 2/13/24

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective May 3, 2023

From: 1000
Company #

COUNTY TREASURER
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	
5000	50030		PER DIEM/STIPEND	\$ 6,500.00	6,500.00	0	1/26/24
5000	53090		OTHER PROFESSIONAL SERVICES	\$ 14,600.00	32,287.50	17,687.50	1/26/24
Total				\$ 21,100.00			

To: 1000
Company #

COUNTY TREASURER
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	
5000	50050		TEMPORARY SALARIES	\$ 21,100.00	(21,064.75)	35.25	1/26/24
Total				\$ 21,100.00			

Reason for Request:

Transfer to cover Temporary salaries.

[Redacted Signature]

Department Head

1/26/24
Date

[Handwritten Signature]

Chief Financial Officer

1/29/24
Date

Activity _____
(optional)

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

Finance Department Use Only		
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____
Entered By/Date _____	Released & Posted By/Date _____	

FIN - 2/13/24
LB - 2/13/24

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FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

IDHS SUPPORTIVE HOUSING GRANT

From: 5000
Company #

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		
1760	50000		REGULAR SALARIES	\$ 1,250.00	72,503.57	71,253.57	2/1/24	5000-9209
Total				\$ 1,250.00				

IDHS SUPPORTIVE HOUSING GRANT

To: 5000
Company #

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		
1760	51000		BENEFIT PAYMENTS	\$ 1,250.00	(1,211.67)	38.33	2/1/24	5000-9209
Total				\$ 1,250.00				

Reason for Request:

To account for accrual of benefit payments expense for FY23

Department Head

02/01/2024
Date

Activity (optional)

Chief Financial Officer

2/8/24
Date

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

Finance Department Use Only		
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____
Entered By/Date _____	Released & Posted By/Date _____	

FIN - 2/13/24
CB - 2/13/24

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FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

AGING CASE COORD UNIT GRANTS

From: 5000
Company #

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		
1660	50000		REGULAR SALARIES	\$ 100.00	1,037,612.98	1,037,512.98	2/1/24	5000-9101
Total				\$ 100.00				

AGING CASE COORD UNIT GRANTS

To: 5000
Company #

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		
1660	50010		OVERTIME	\$ 100.00	(85.34)	14.66	2/1/24	5000-9101
Total				\$ 100.00				

Reason for Request:

To account for additional overtime needed in Federal portion of Seniors grants in FY23

Department Head

02/01/2024
Date

Chief Financial Officer

2/1/24
Date

Activity (optional)

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Finance Department Use Only		
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____
Entered By/Date _____	Released & Posted By/Date _____	

FIN - 2/13/24
CB - 2/13/24

8

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 5000
Company #

WORKFORCE INVEST ACT PROG GRTS
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		
2840	50000		REGULAR SALARIES	\$ 4,500.00	1,821,059.03	1,816,559.03	2/1/24	5000-9105
Total				\$ 4,500.00				

To: 5000
Company #

WORKFORCE INVEST ACT PROG GRTS
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		
2840	51000		BENEFIT PAYMENTS	\$ 4,500.00	(4,436.73)	63.27	2/1/24	5000-9105
Total				\$ 4,500.00				

Reason for Request:

To account for accrual of benefit payments expense for FY23

Department head

2/1/2024
Date

Activity (optional)

Chief Financial Officer

2/5/24
Date

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

FIN - 2/13/24
CB - 2/13/24

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FY23
DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1100
 Company #

COUNTY CLERK 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	
2910	50080		SALARY & WAGE ADJUSTMENTS	\$ 2,984.00	7,500.00	4,516.00	2/7/24
Total				\$ 2,984.00			

To: 1100
 Company #

COUNTY CLERK 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	
2910	50000		REGULAR SALARIES	\$ 1,512.00	(1,511.44)	0.56	2/7/24
2910	50010		OVERTIME	\$ 946.00	(945.78)	0.22	2/7/24
2910	51000		BENEFIT PAYMENTS	\$ 526.00	(525.09)	0.91	2/7/24
Total				\$ 2,984.00			

Reason for Request:

FY2023 Budget Transfer to cover personnel overages in County Clerk G.I.S. for Regular Salaries, Overtime, and Benefit Payments. Funds will move from Salary and Wage Adjustments accounts into the specified accounts.

Activity _____
 (optional)

Department Head _____

 Chief Financial Officer _____

Date 2/8/24
 Date

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

Finance Department Use Only

Fiscal Year 23 Budget Journal # _____ Acctg Period _____

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

FIN - 2/13/24
 CB - 2/13/24

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

GENERAL FUND SPECIAL ACCOUNTS

From: 1000
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	
1180	50080		SALARY & WAGE ADJUSTMENTS	\$ 2,749.00	3,005,480.00	3,002,731.00	2/6/24
1180	51010		EMPLOYER SHARE I.M.R.F.	\$ 1,028.00	1,103,010.00	1,101,982.00	2/6/24
1180	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 951.00	637,318.00	636,367.00	2/6/24
1200	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 2,546.00	840,020.00	837,474.00	2/6/24
				Total	\$ 7,274.00		

Various Departments

To: 1000
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	
6100	50000		REGULAR SALARIES	\$ 2,749.00	(2,748.40)	0.60	2/6/24
6100	51010		EMPLOYER SHARE I.M.R.F.	\$ 213.00	(212.73)	0.27	2/6/24
6100	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 210.00	(209.49)	0.51	2/6/24
6500	51010		EMPLOYER SHARE I.M.R.F.	\$ 222.00	(221.37)	0.63	2/6/24
6500	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 211.00	(210.88)	0.12	2/6/24
6500	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 377.00	(376.46)	0.54	2/6/24
6510	51010		EMPLOYER SHARE I.M.R.F.	\$ 593.00	(592.05)	0.95	2/6/24
6510	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 530.00	(529.97)	0.03	2/6/24
6510	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 2,169.00	(2,168.16)	0.84	2/6/24
				Total	\$ 7,274.00		

Reason for Request:

Salary and benefit split journal entries for the Grant programs were completed in January and requesting funds from the General Fund Special Accounts and Insurance to cover Regular Salaries (only for Probation and Court Services), I.M.R.F., Social Security, and Health Insurance.

Activity _____
(optional)

Department Head _____
Chief Financial Officer _____

Date 2/6/24
Date

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

Finance Department Use Only

Fiscal Year 23 Budget Journal # _____ Acctg Period _____

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

FIN-2/13/24
CB-2/13/24

ASI

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective May 3, 2023

From: 1100
Company #

ANIMAL SERVICES
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	
1300	52320		MEDICAL/DENTAL/LAB SUPPLIES	\$ 716.00	2,477.07	2,261.07	1/26/24
1300	53410		RENTAL OF MACHINERY & EQUIPMNT	\$ 105.00	105.93	0.93	1/26/24
1300	53810		CUSTODIAL SERVICES	\$ 32.00	35.76	3.76	1/26/24
1300	53370		REPAIR & MTCE OTHER EQUIPMENT	\$ 108.00	108.57	0.57	1/26/24
1300	54120		AUTOMOTIVE EQUIPMENT	\$ 151.00	151.10	0.10	1/26/24
1300	51050		FLEXIBLE BENEFIT EARNINGS	\$ 192.00	300.00	108.00	1/26/24
Total				\$ 1,304.00			

To: 1100
Company #

ANIMAL SERVICES
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	
1300	53110		WORKERS COMPENSATION INSURANCE	\$ 1,272.00	0	1,272.00	1/26/24
1300	52270		MAINTENANCE SUPPLIES	\$ 32.00	0	32.00	1/26/24
1300							
1300							
1300							
1300							
Total				\$ 1,304.00			

Reason for Request:

FY23: Transfer funds to cover final FY23 Workman's Comp and kennel maintenance expenses

Department Head

1-26-2024
Date

Activity (optional)

Chief Financial Officer

1/29/24
Date

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

Finance Department Use Only

Fiscal Year 23 Budget Journal # _____ Acctg Period _____

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

AS - Discharge
FIN/CB - 2/13/24

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AS II

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective May 3, 2023

From: 1100
Company #

ANIMAL SERVICES
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	
1300	50010		OVERTIME	\$ 386.00	386.92	0.92	1/26/24
1300	50040		PART TIME HELP	\$ 522.00	522.27	0.27	1/26/24
1300	51010		EMPLOYER SHARE I.M.R.F.	\$ 4,290.00	4,290.34	0.34	1/26/24
1300	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 2,972.00	2,972.42	0.42	1/26/24
1300	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 1,278.00	1,278.69	0.69	1/26/24
1300	51050		FLEXIBLE BENEFIT EARNINGS	\$ 108.00	300.00	192.00	1/26/24
Total				\$ 9,556.00			

To: 1100
Company #

ANIMAL SERVICES
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	
1300	50000		REGULAR SALARIES	\$ 9,188.00	(11,696.39)	(2,508.39)	1/26/24
1300	50050		TEMPORARY SALARIES	\$ 368.00	(367.37)	0.63	1/26/24
1300							
1300							
1300							
1300							
Total				\$ 9,556.00			

Reason for Request:

FY23: Transfer funds to correct FY23 Personnel expense line balances

[Redacted Signature]

Department Head

1-26-2024

Date

Activity

(optional)

Chief Financial Officer

Date

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

AS - Discharge
FIN/CB - 2/13/24

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AS III

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective May 3, 2023

From: 1100
Company #

ANIMAL SERVICES
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	
1300	52280		CLEANING SUPPLIES	\$ 40.00	40.40	0.40	1/26/24
1300	53090		OTHER PROFESSIONAL SERVICES	\$ 33.00	33.37	0.37	1/26/24
1300	53806		SOFTWARE LICENSES	\$ 10.00	10.65	0.65	1/26/24
1300	53807		SOFTWARE MAINT AGREEMENTS	\$ 9.00	9.41	0.41	1/26/24
1300	53830		OTHER CONTRACTUAL EXPENSES	\$ 21.00	21.70	0.70	1/26/24
1300							
Total				\$ 113.00			

To: 1100
Company #

ANIMAL SERVICES
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	
1300	50000		REGULAR SALARIES	\$ 113.00	(11,696.39)	(11,583.39)	1/26/24
1300							
1300							
1300							
1300							
1300							
Total				\$ 113.00			

Reason for Request:

FY23: Transfer funds to correct FY23 Personnel expense line balances

Department Head

1-26-2024
Date
1/26/24

Activity _____
(optional)

Chief Financial Officer

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

Finance Department Use Only		
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____
Entered By/Date _____	Released & Posted By/Date _____	

AS - Discharge
FIN/CB-2/13/24

FY'2023

**DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October, 2022**

From: 1400
Company #

DRUG 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	
5930	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 176.00	1,766.85	1,590.85	1/24/24
			Total	\$ 176.00			

To: 1400
Company #

DRUG 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	
5930	51000		BENEFIT PAYMENTS	\$ 176.00	(175.87)	0.13	1/24/24
			Total	\$ 176.00			

Reason for Request:

Need to transfer funds to cover benefit payout shortages for Drug Court budget for FY'2023.

Department Head

1-22-24
Date

[Signature]

[Signature]
Date

Activity _____
(optional)

Chief Financial Officer

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

Finance Department Use Only

Fiscal Year 23 Budget Journal # _____ Acctg Period _____

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

JPS - 2/6/24
FIN/CB - 2/13/24

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FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

JAIL OPERATIONS

From: 1000
Company #

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		
4410	51080		WEARING APPAREL REIMBURSEMENT	\$ 2,100.00	19,241.00	17,141.00	1/26/24	1000-9100
Total				\$ 2,100.00				

JAIL OPERATIONS

To: 1000
Company #

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		
4410	51060		CELL PHONE STIPEND	\$ 2,100.00	(2,046.79)	53.21	1/26/24	1000-9100
Total				\$ 2,100.00				

Reason for Request:

Budget transfer is necessary for cell phone stipend due to overtime shifts.

Department Head

Chief Financial Officer

Date

Date

Activity

(optional)

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

Finance Department Use Only

Fiscal Year 23 Budget Journal # _____ Acctg Period _____

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

JPS - 2/6/24
FIN/CB - 2/13/24

FY'2023

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October, 2022

PROBATION & COURT SERVICES

From: 1000
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	
6100	53410		RENTAL OF MACHINERY & EQUIPMINT	\$ 13,946.00	136,409.94	122,463.94	1/29/24
Total				\$ 13,946.00			

PROBATION & COURT SERVICES

To: 1000
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	
6100	50010		OVERTIME	\$ 4,833.00	(4,832.93)	0.07	1/29/24
6100	50040		PART TIME HELP	\$ 9,113.00	(9,112.19)	0.81	1/29/24
Total				\$ 13,946.00			

Reason for Request:

Transfer of funds to cover FY'2023 salary overages.

[Redacted Signature]

Department Head

1-29-2024
Date

1/30/24
Date

Activity _____
(optional)

Chief Financial Officer

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

JPS - 2/6/24
FW/CB - 2/13/24

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FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective May 3, 2023

From: 1200
Company #

MAINTENANCE & CAPITAL
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	
2040	53010		ENGINEERING/ARCHITECTURAL SVC	\$ 18,210.00	131,499.00	113,289.00	1/18/24
Total				\$ 18,210.00			

To: 1200
Company #

MAINTENANCE & CAPITAL
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	
2040	54110		EQUIPMENT AND MACHINERY	\$ 18,210.00	(18,209.69)	0.31	1/18/24
Total				\$ 18,210.00			

Reason for Request:

Transfer monies for Clear Loss Prevention, Inc. Amount originally coded to a different line, now correcting line to be made whole for FY23. This was for additional cameras in various areas at the DuPage Care Center



Department Head
Chief Financial Officer

1-18-24
Date
1/21/24
Date

Activity _____
(optional)

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

Finance Department Use Only	
Fiscal Year <u>23</u>	Budget Journal # _____ Acctg Period _____
Entered By/Date _____	Released & Posted By/Date _____

HS-2/6/24
FIN/CB-2/13/24

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FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1200
Company #

ADMINISTRATION
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		
2000	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 3,300.00	44,825.00	41,525.00	1/30/24	1200-9100
				Total	\$ 3,300.00			

To: 1200
Company #

ADMINISTRATION
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		
2000	51000	0	BENEFIT PAYMENTS	\$ 3,000.00	(2,859.88)	140.12	1/30/24	1200-9100
2000	51050	0	FLEXIBLE BENEFIT EARNINGS	\$ 300.00	(250.00)	50.00	1/30/24	1200-9100
				Total	\$ 3,300.00			

Reason for Request:

Transfer funds within Care Center's Administration Payroll budget to "true up" budget lines for Payroll categories where Benefit payments and Flexible benefits are over while Salary & Wages Adjustments are under.

[Redacted Signature]

Department Head
[Signature]

9/30/23
Date
1/30/24
Date

Activity _____
(optional)

Chief Financial Officer

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

HS - 2/6/24
FIN/CB - 2/13/24

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1200
Company #

FINANCIAL SERVICES DEPARTMENT
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		
2010	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 30,610.00	30,610.00	0	1/30/24	1200-9100
2010	50040	0	PART TIME HELP	\$ 2,000.00	27,300.00	25,300.00	1/30/24	1200-9100
				Total	\$ 32,610.00			

To: 1200
Company #

FINANCIAL SERVICES DEPARTMENT
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		
2010	50000	0	REGULAR SALARIES	\$ 32,610.00	(31,547.23)	1,062.77	1/30/24	1200-9100
				Total	\$ 32,610.00			

Reason for Request:

For the 2023 Budget the Care Center budgeted a 2% COLA within each department of the Care Center on a budget line titled Salary and Wage Adjustments as directed. We are transferring the dollars under this category (Salary and Wage Adjustments) and Part time help for Financial services department to its rightful place under Regular Salaries to adjust for shortages due to COLA wages applied.

[Redacted Signature]

Department Head
Chief Financial Officer

Date: 1/30/24
1/30/24

Activity _____
(optional)

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

Finance Department Use Only	
Fiscal Year <u>23</u>	Budget Journal # _____ Acctg Period _____
Entered By/Date _____	Released & Posted By/Date _____

HS - 2/16/24
FIN/CB - 2/13/24

FY23

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	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 70,797.00	70,797.00	0	1/30/24	1200-9100
2025	50040	0	PART TIME HELP	\$ 100,000.00	150,094.43	50,094.43	1/30/24	1200-9100
				Total	\$ 170,797.00			

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	50010	0	OVERTIME	\$ 170,797.00	(168,596.10)	1,200.90	1/30/24	1200-9100
				Total	\$ 170,797.00			

Reason for Request:

For the 2023 Budget the Care Center budgeted a 2% COLA within each department of the Care Center on a budget line titled Salary and Wage Adjustments as directed. We are transferring the dollars under this category (Salary and Wage Adjustments) for the Dining Services department to Overtime to adjust for the shortages due to COLA wages applied. Also, we are transferring funds within department's Payroll budget to "true up" budget lines for Payroll categories where Part Time salaries are under and Overtime is over.

Department Head

Chief Financial Officer

1/30/24
Date

Activity (optional)

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

Finance Department Use Only

Fiscal Year 23 Budget Journal # _____ Acctg Period _____

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

HS - 2/6/24
FIN/CB - 2/13/24

FY23

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 22, 2024

From: 1200
 Company #

LAUNDRY
 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		
2030	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 1,200.00	19,855.00	18,655.00	1/30/24	1200-9100
		0						
Total				\$ 1,200.00				

To: 1200
 Company #

LAUNDRY
 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		
2030	50010	0	OVERTIME	\$ 200.00	(197.92)	2.08	1/30/24	1200-9100
2030	50040	0	PART TIME HELP	\$ 700.00	(608.61)	91.39	1/30/24	1200-9100
2030	51050	0	FLEXIBLE BENEFIT EARNINGS	\$ 300.00	(250.00)	50.00	1/30/24	1200-9100
Total				\$ 1,200.00				

Reason for Request:

For the 2023 Budget the Care Center budgeted a 2% COLA within each department of the Care Center on a budget line titled Salary and Wage Adjustments as directed. We are transferring the dollars under this category (Salary and Wage Adjustments) for the Laundry department to its rightful place under Overtime and Part time Salaries to adjust for shortages due to COLA wages applied. In addition we are transferring \$ to cover Flexible benefits 2023 shortages.

Department Head: 

Chief Financial Officer: CM

Date: 1/30/24
 Date: 1/30/24

Activity: _____
 (optional)

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

Finance Department Use Only		
Fiscal Year <u>23</u>	Budget Journal # _____	Actg Period _____
Entered By/Date _____	Released & Posted By/Date _____	

HS - 2/6/24
 FIN/CB - 2/13/24

FY23

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 22, 2024

From: 1200
 Company #

NURSING 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		
2050	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 522,000.00	522,000.00	0	1/30/24	1200-9100
2050	50000	0	REGULAR SALARIES	\$ 291,000.00	1,253,719.10	962,719.10	1/30/24	1200-9100
				Total	\$ 813,000.00			

To: 1200
 Company #

NURSING 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		
2050	50010	0	OVERTIME	\$ 715,000.00	(712,159.61)	2,840.39	1/30/24	1200-9100
2050	50040	0	PART TIME HELP	\$ 8,000.00	(7,287.86)	712.14	1/30/24	1200-9100
2050	51000	0	BENEFIT PAYMENTS	\$ 90,000.00	(87,758.04)	2,241.96	1/30/24	1200-9100
				Total	\$ 813,000.00			

Reason for Request:

For the 2023 Budget the Care Center budgeted a 2% COLA within each department of the Care Center on a budget line titled Salary and Wage Adjustments as directed. We are transferring the dollars under this category (Salary and Wage Adjustments) for the Nursing department to Overtime to adjust for the shortages due to COLA wages applied. Also, we are transferring funds within department's Payroll budget to "true up" budget lines for Payroll categories where Overtime, Part Time help and Benefits are over, while Regular salaries are under.

Department Head

CM

Date 1/30/24
 Date 1/30/24

Activity _____
 (optional)

Chief Financial Officer

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

AS - 2/6/24
 FIN/CB - 2/13/24

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1200
Company #

REHAB & THERAPY 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		
2060	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 7,000.00	31,613.00	24,613.00	1/30/24	1200-9100
Total				\$ 7,000.00				

To: 1200
Company #

REHAB & THERAPY 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		
2060	51000	0	BENEFIT PAYMENTS	\$ 7,000.00	(6,825.75)	174.25	1/30/24	1200-9100
Total				\$ 7,000.00				

Reason for Request:

Transfer funds within Care Center's Rehab & therapy services Payroll budget to "true up" budget lines for Payroll categories where Benefit payments are over while Salary & Wages Adjustments are under.

Department Head

Chief Financial Officer

Date 1/30/25
Date 1/30/24

Activity _____
(optional)

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

Finance Department Use Only	
Fiscal Year <u>23</u>	Budget Journal # _____ Acctg Period _____
Entered By/Date _____	Released & Posted By/Date _____

HS - 2/6/24
FIN/CB - 2/13/24

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1200
Company #

RECREATION/ACTIVITIES
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		
2065	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 3,000.00	27,888.00	24,888.00	1/30/24	1200-9100
				Total	\$ 3,000.00			

To: 1200
Company #

RECREATION/ACTIVITIES
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		
2065	51050	0	FLEXIBLE BENEFIT EARNINGS	\$ 500.00	(400.00)	100.00	1/30/24	1200-9100
2065	51070	0	TUITION REIMBURSEMENT	\$ 2,500.00	(2,250.00)	250.00	1/30/24	1200-9100
				Total	\$ 3,000.00			

Reason for Request:

Transfer funds within Care Center's Recreation/Activities Payroll budget to "true up" budget lines for Payroll categories where Flexible Benefit and Tuition reimbursement are over while Salary & Wages Adjustments are under.

[Redacted Signature]

Activity _____
(optional)

Chief Financial Officer *[Signature]*

Date 1/30/24
Date 1/30/24

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

Finance Department Use Only

Fiscal Year 23 Budget Journal # _____ Acctg Period _____

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

HS - 2/6/24
FIN/CB - 2/13/24

24-0582

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1200
Company #

SOCIAL 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		
2070	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 2,000.00	30,288.00	28,288.00	1/30/24	1200-9100
Total				\$ 2,000.00				

To: 1200
Company #

SOCIAL 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		
2070	51000	0	BENEFIT PAYMENTS	\$ 2,000.00	(1,747.23)	252.77	1/30/24	1200-9100
		0						
Total				\$ 2,000.00				

Reason for Request:

Transfer funds within Care Center's Social Services department Payroll budget to "true up" budget lines for Payroll categories where Benefit payments are over while Salary & Wages Adjustments are under.

Department Head

1/30/24
Date
1/20/24
Date

Activity (optional)

Chief Financial Officer

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

HS - 2/6/24
FIN/CB - 2/13/24

FY23

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 22, 2024

From: 1200
 Company #

VOLUNTEER 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		
2080	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 7,600.00	16,040.00	8,440.00	1/30/24	1200-9100
Total				\$ 7,600.00				

To: 1200
 Company #

VOLUNTEER 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		
2080	50000	0	REGULAR SALARIES	\$ 500.00	(447.88)	52.12	1/30/24	1200-9100
2080	50010	0	OVERTIME	\$ 2,500.00	(2,365.92)	134.08	1/30/24	1200-9100
2080	50040	0	PART TIME HELP	\$ 4,000.00	(3,737.35)	262.65	1/30/24	1200-9100
2080	51050		FLEXIBLE BENEFIT EARNINGS	\$ 600.00	(600.00)	0	1/30/24	1200-9100
Total				\$ 7,600.00				

Reason for Request:

For the 2023 Budget the Care Center budgeted a 2% COLA within each department of the Care Center on a budget line titled Salary and Wage Adjustments as directed. We are transferring the dollars under this category (Salary and Wage Adjustments) for the Volunteer Services department to its rightful place under Regular, Overtime and Part time salaries to adjust for the shortages due to COLA wages applied.

Department Head

Chief Financial Officer

Date 1/30/24
 Date 1/30/24

Activity _____
 (optional)

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

Finance Department Use Only

Fiscal Year 23 Budget Journal # _____ Acctg Period _____

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

HS - 2/16/24
 FIN/CB - 2/13/24

FY23

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 22, 2024

From: 1200
 Company #

INPATIENT PHARMACY
 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		
2085	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 24,595.00	24,595.00	0	1/30/24	1200-9100
2085	53090	0	OTHER PROFESSIONAL SERVICES	\$ 13,805.00	23,076.25	9,271.25	1/30/24	1200-9100
				Total	\$ 38,400.00			

To: 1200
 Company #

INPATIENT PHARMACY
 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		
2085	50000	0	REGULAR SALARIES	\$ 33,000.00	32,481.77	518.23	1/30/24	1200-9100
2085	50010	0	OVERTIME	\$ 1,800.00	1,760.56	39.44	1/30/24	1200-9100
2085	50040	0	PART TIME HELP	\$ 3,600.00	3,598.29	1.71	1/30/24	1200-9100
				Total	\$ 38,400.00			

Reason for Request:

For the 2023 Budget the Care Center budgeted a 2% COLA within each department of the Care Center on a budget line titled Salary and Wage Adjustments as directed. We are transferring the dollars under this category (Salary and Wage Adjustments) for the Pharmacy department to its rightful place under Regular, Overtime and Part time salaries to adjust for the shortages due to COLA wages applied. In addition we are transferring the dollars budgeted and not used under staffing agency (other professional services) to regular salaries because the positions were filled with no need for outside agencies.



Activity _____
 (optional)

Chief Financial Officer

1/25/24
 Date
 1/30/24
 Date

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Actg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

HS - 2/6/24
 FIN/CB - 2/13/24

FY23

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 22, 2024

From: 1200
 Company #

CAFETERIA - 421 BUILDING

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		
2100	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 9,300.00	20,057.00	10,737.00	1/30/24	1200-9100
Total				\$ 9,300.00				

To: 1200
 Company #

CAFETERIA - 421 BUILDING

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		
2100	50010	0	OVERTIME	\$ 8,200.00	(8,073.20)	126.80	1/30/24	1200-9100
2100	50020	0	HOLIDAY PAY	\$ 200.00	(138.72)	61.28	1/30/24	1200-9100
2100	51000	0	BENEFIT PAYMENTS	\$ 900.00	(867.79)	32.21	1/30/24	1200-9100
Total				\$ 9,300.00				

Reason for Request:

For the 2023 Budget the Care Center budgeted a 2% COLA within each department of the Care Center on a budget line titled Salary and Wage Adjustments as directed. We are transferring the dollars under this category (Salary and Wage Adjustments) for the Cafeteria department to its rightful place under Overtime, Holiday pay and benefit payments salaries to adjust for the shortages due to COLA wages applied.

[Redacted Signature]

Department Head

1/30/24
 Date
 1/20/24
 Date

Activity

(optional)

Chief Financial Officer

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

HS - 2/6/24
 FIN/CB - 2/13/24

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

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	B/S Fund
					Prior to Transfer	After Transfer		
2035	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 43,350.00	70,024.00	26,674.00	1/30/24	1200-9100
		0						
Total				\$ 43,350.00				

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	B/S Fund
					Prior to Transfer	After Transfer		
2035	50010	0	OVERTIME	\$ 26,000.00	(25,555.93)	444.07	1/30/24	1200-9100
2035	50020	0	HOLIDAY PAY	\$ 200.00	(126.10)	73.90	1/30/24	1200-9100
2035	51000	0	BENEFIT PAYMENTS	\$ 17,000.00	(16,415.73)	584.27	1/30/24	1200-9100
2035	51050	0	FLEXIBLE BENEFIT EARNINGS	\$ 150.00	(150.00)	0	1/30/24	1200-9100
Total				\$ 43,350.00				

Reason for Request:

For the 2023 Budget the Care Center budgeted a 2% COLA within each department of the Care Center on a budget line titled Salary and Wage Adjustments as directed. We are transferring the dollars under this category (Salary and Wage Adjustments) for the Housekeeping department to Overtime and Holiday pay to adjust for the shortages due to COLA wages applied. Also we are transferring the remaining funds to cover Benefit payments and Flexible benefit earnings shortages.

[Redacted Signature]

Department Head
CJM
Chief Financial Officer

Date: 1/30/24
1/30/24

Activity _____
(optional)

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

HS - 2/6/24
FIN/CB - 2/13/24

FY2023

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1500
Company #

DOT ADMINISTRATION
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		
3500	50080		SALARY & WAGE ADJUSTMENTS	\$ 1,200.00	164,998.00	163,798.00	1/22/24	1500-9100
Total				\$ 1,200.00				

To: 1500
Company #

DOT ADMINISTRATION
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		
3500	51010		EMPLOYER SHARE I.M.R.F.	\$ 1,200.00	(1,139.43)	60.57	1/22/24	1500-9100
Total				\$ 1,200.00				

Reason for Request:

Funds needed for year end FY2023.

JS

[Redacted Signature]

1/22/2024

Chief Financial Officer

1/23/24

Activity (optional)

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

JS

DOT - 2/6/24
FIN/CB - 2/13/24

FY2023

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

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	B/S Fund
					Prior to Transfer	After Transfer		
3510	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 9,400.00	109,750.51	100,350.51	1/22/24	1500-9100
Total				\$ 9,400.00				

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	B/S Fund
					Prior to Transfer	After Transfer		
3510	51010		EMPLOYER SHARE I.M.R.F.	\$ 9,400.00	(9,357.79)	42.21	1/22/24	1500-9100
Total				\$ 9,400.00				

Reason for Request:

Funds needed for year end FY2023

YB

[Redacted Signature]

Department Head

1/22/2024
Date

Chief Financial Officer

1/23/24
Date

Activity _____
(optional)

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

Finance Department Use Only	
Fiscal Year <u>23</u>	Budget Journal # _____ Acctg Period _____
Entered By/Date _____	Released & Posted By/Date _____

DOT - 2/6/24
FM/CB - 2/13/24

8

FY 2023

DuPage County, Illinois
BUDGET ADJUSTMENT
 Effective January 22, 2024

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	B/S Fund
					Prior to Transfer	After Transfer		
3510	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 26,000.00	109,750.51	83,750.51	1/22/24	1500-9100
Total				\$ 26,000.00				

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	B/S Fund
					Prior to Transfer	After Transfer		
3510	50010		OVERTIME	\$ 26,000.00	(25,124.84)	875.16	1/22/24	1500-9100
Total				\$ 26,000.00				

Reason for Request:

Funds needed for year end FY2023

 Department Head

 Chief Financial Officer

JS

1/22/2024
 Date *[Signature]*

Activity _____
 (optional)

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

Finance Department Use Only

Fiscal Year 23 Budget Journal # _____ Acctg Period _____

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

DOT - 2/6/24
 FM/CB - 2/13/24

[Signature]

F-12023

 DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 22, 2024

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	B/S Fund
					Prior to Transfer	After Transfer		
3510	50050		TEMPORARY SALARIES	\$ 100,000.00	122,738.40	22,738.40	1/22/24	1500-9100
3510	50080		SALARY & WAGE ADJUSTMENTS	\$ 178,000.00	240,050.00	62,050.00	1/22/24	1500-9100
3510	51000		BENEFIT PAYMENTS	\$ 50,000.00	113,111.48	63,111.48	1/22/24	1500-9100
				Total	\$ 328,000.00			

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	B/S Fund
					Prior to Transfer	After Transfer		
3510	50000		REGULAR SALARIES	\$ 328,000.00	(327,335.12)	664.88	1/22/24	1500-9100
				Total	\$ 328,000.00			

Reason for Request:

Funds needed for year end FY2023

JS

Department Head

1/23/24
Date

Chief Financial Officer

1/23/24
Date

Activity

(optional)

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

Finance Department Use Only

Fiscal Year 23 Budget Journal # _____ Acctg Period _____

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

DOT - 2/6/24
FIN/CB - 2/13/24

JS

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1500
Company #

DOT ADMINISTRATION
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		
3500	54050	0000	TRANSPORTATION INFRASTRUCTURE	\$ 251,432.00	11,521,585.00	11,270,153.00	1/31/24	1500-9100
Total				\$ 251,432.00				

To: 1500
Company #

DOT ADMINISTRATION
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		
3500	54000	0000	LAND/RIGHT OF WAY	\$ 251,432.00	200,000.00	451,432.00	1/31/24	1500-9100
Total				\$ 251,432.00				

Reason for Request:

Unforeseen easement costs for the Geneva Road Bridge Replacement Project when the FY 2024 budget was created. The new costs are in regards to DuPage County obtaining permanent easement rights from the Forest Preserve District of DuPage County in order to move forward on the project.

Department Head  Date 1/31/2024

Activity (optional) _____ Chief Financial Officer  Date 1/31/2024

****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 _____

DOT - 2/6/24
FIN/CB - 2/13/24

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective May 3, 2023

From: 1100
Company #

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	
2900	53828		CONTINGENCIES	\$ 29,057.00	36,000.00	6,943.00	1/16/24
Total				\$ 29,057.00			

To: 1100
Company #

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	
2900	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 29,057.00	29,056.79	0.21	1/16/24
Total				\$ 29,057.00			

Reason for Request:

To cover Employee Med & Hospital Insurance for GIS employees in FY23.

[Redacted Signature]

Department Head
Chief Financial Officer

01/12/2024

Date
1/17/24

Activity _____
(optional)

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

Tech. - 2/16/24
FIN/CB - 2/13/24

[Handwritten mark]

FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1000
Company #

INFORMATION TECHNOLOGY
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		
1110	50099		NEW PROGRAM REQUESTS-PERSONNEL	\$ 5,550.00	216,922.00	210,922.00	1/31/24	1000-9100
Total				\$ 5,550.00				

To: 1000
Company #

INFORMATION TECHNOLOGY
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		
1110	50010		OVERTIME	\$ 850.00	(841.06)	8.94	1/31/24	1000-9100
1110	50050		TEMPORARY SALARIES	\$ 4,700.00	(4,670.50)	29.50	1/31/24	1000-9100
Total				\$ 5,550.00				

Reason for Request:

To cover remaining overtime and temporary salary costs for FY23.

 01/25/2024
Date

Activity _____ Chief Financial Officer  1/31/2024
(optional) Date

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

Finance Department Use Only

Fiscal Year 23 Budget Journal # _____ Acctg Period _____

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

Tech. - 2/6/24
FIN/CB - 2/13/24

