DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 1600 (Company #)

STORMWATER MANAGEMENT
From: Company/Accounting Unit Name

| Accounting Unit | Account | Sub-Account | Title | Amount | Finance Dept Use Only Available Balance: Prior to Transfer | After Transfer | Date of Balance |
|---|---|---|---|---|---|---|---|
| 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 | | | |

To: 1600 (Company #)

STORMWATER MANAGEMENT
To: Company/Accounting Unit Name

| Accounting Unit | Account | Sub-Account | Title | Amount | Finance Dept Use Only Available Balance: Prior to Transfer | After Transfer | Date of Balance |
|---|---|---|---|---|---|---|---|
| 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 | (25,196.37) | 59,803.63 | 10/16/25 |
| | | | | | | | |
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| | | | | | | | |
| | | | Total | $ 175,000.00 | | | |

*Reason for Request:*

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

[redacted]
Department Head — 10.14.25 Date

Chief Financial Officer — 10/17/25 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 _____

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