

DuPage County, Illinois  
 BUDGET ADJUSTMENT  
 Effective May 29, 2024

From: 5000  
 Company #

IACAA 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 |                 |
| 1675            | 53824   |             | HOUSING ASSISTANCE | \$ 4,000.00 | 8,153.00                                | 4,153.00       | 6/3/24          |
|                 |         |             |                    |             |   |                |                 |
|                 |         |             |                    |             |   |                |                 |
|                 |         |             |                    |             |   |                |                 |
|                 |         |             |                    |             |   |                |                 |
| Total           |         |             |                    | \$ 4,000.00 |   |                |                 |

To: 5000  
 Company #

IACAA 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 |                 |
| 1675            | 50000   |             | REGULAR SALARIES               | \$ 2,439.00 | 1,867.21                                | 4,306.21       | 6/3/24          |
| 1675            | 51010   |             | EMPLOYER SHARE I.M.R.F.        | \$ 523.00   | 136.81                                  | 659.81         | 6/3/24          |
| 1675            | 51030   |             | EMPLOYER SHARE SOCIAL SECURITY | \$ 401.00   | 125.84                                  | 526.84         | 6/3/24          |
| 1675            | 51040   |             | EMPLOYEE MED & HOSP INSURANCE  | \$ 637.00   | 502.36                                  | 1,139.36       | 6/3/24          |
|                 |         |             |                                |             |   |                |                 |
|                 |         |             |                                |             |   |                |                 |
| Total           |         |             |                                | \$ 4,000.00 |   |                |                 |

Reason for Request:

To cover additional cost of salaries and wages based on actual hours worked on grant.

Signature on File

Department Head

Signature on File

Chief Financial Officer

6/3/24  
 Date  
 6/15/24  
 Date

Activity

(optional)

\*\*\*\*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 \_\_\_\_\_

HS - 6/18/24  
 FIN/CB - 6/25/24