

FY25

DuPage County, Illinois  
BUDGET ADJUSTMENT  
Effective January 22, 2024

From: 1000  
Company #

COUNTY RECORDER  
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	
4300	50000		REGULAR SALARIES	\$ 59,000.00	987,233.65	928,233.65	2/3/25
Total				\$ 59,000.00			

To: 1000  
Company #

COUNTY RECORDER  
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	
4300	53090		OTHER PROFESSIONAL SERVICES	\$ 59,000.00	9,847.45	68,847.45	2/3/25
Total				\$ 59,000.00			

Reason for Request:

To cover the cost of consultant billing for Fiscal 2025.

Department Head

Chief Financial Officer

2-3-2025  
Date  
2/4/25  
Date

Activity

(optional)

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

Finance Department Use Only			
Fiscal Year <u>25</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

FIN - 2/11/25  
CB - 2/11/25

FY 2024

DuPage County, Illinois  
BUDGET ADJUSTMENT  
Effective October 1, 2024

From: 1000  
Company #

JURY COMMISSION  
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	
5910	53804		POSTAGE & POSTAL CHARGES	\$ 192.00	1,043.56	851.56	1/27/25
Total				\$ 192.00			

To: 1000  
Company #

JURY COMMISSION  
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	
5910	54100	0700	IT EQUIPMENT - CAPITAL LEASE	\$ 192.00	(191.40)	0.60	1/27/25
Total				\$ 192.00			

Reason for Request:

Transfer from Postage & Postal charges to IT Equipment-Capital Lease—shortage for IT Equipment line.

Department Head

1/27/25  
Date

Activity

(optional)

Chief Financial Officer

1/30/2025  
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 _____		

SPS - 2/4/25  
FIN/CB - 2/11/25

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FY24

DuPage County, Illinois  
BUDGET ADJUSTMENT  
Effective January 22, 2024

From: 1600  
Company #

STORMWATER MANAGEMENT  
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		
3000	50000		REGULAR SALARIES	\$ 19,579.00	33,366.43	13,787.43	1/10/25	1600-9100
3000	50040		PART TIME HELP	\$ 20,000.00	25,000.00	5,000.00	1/10/25	1600-9100
3000	50080		SALARY & WAGE ADJUSTMENTS	\$ 30,000.00	60,058.00	30,058.00	1/10/25	1600-9100
Total				\$ 69,579.00				

To: 1600  
Company #

STORMWATER MANAGEMENT  
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		
3000	51000		BENEFIT PAYMENTS	\$ 69,579.00	(69,578.50)	0.50	1/10/25	1600-9100
Total				\$ 69,579.00				

Reason for Request

Budget adjustment necessary due to year end employee payouts as allowable by recent changes to the CB policy

Department Head

Date

Activity

(optional)

Chief Financial Officer

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 _____		

SW - 2/4/25  
FIN/CB - 2/11/25

FY24

DuPage County, Illinois  
BUDGET ADJUSTMENT  
Effective October 1, 2024

From: 5000  
Company #

IEPA 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	
3065	51040	0	EMPLOYEE MED & HOSP INSURANCE	\$ 1,553.00	3,733.25	2,180.25	1/15/25
Total				\$ 1,553.00			

To: 5000  
Company #

IEPA 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	
3065	50000		REGULAR SALARIES	\$ 514.00	(513.21)	0.79	1/15/25
3065	50050		TEMPORARY SALARIES	\$ 937.00	(936.00)	1.00	1/15/25
3065	51010		EMPLOYER SHARE I.M.R.F.	\$ 37.00	(36.05)	0.95	1/15/25
3065	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 65.00	(64.10)	0.90	1/15/25
Total				\$ 1,553.00			

Reason for Request:

The purpose of budget transfer is to cover Regular Salaries, Temporary Salaries, Employer Share I.M.R.F. and Social Security payments that exceeded original budget during the year FY 2024.

Department Head

Chief Financial Officer

Activity

(optional)

01/14/25  
Date  
1/16/25  
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 _____	

SW - 2/4/25  
FIN/CB - 2/11/25

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