

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

From: 1000
Company #

SHERIFF 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		
4400	53807	0000	SUBSCRIPTION IT ARRANGEMENTS	\$ 94,000.00	701,971.27	607,971.27	10/7/24	1000-9100
Total				\$ 94,000.00				

To: 1000
Company #

SHERIFF 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		
4400	54100	0000	IT EQUIPMENT	\$ 94,000.00	15,106.00	109,106.00	10/7/24	1000-9100
Total				\$ 94,000.00				

Reason for Request:

Transfer necessary for secure evidence lockers for the Sheriff's Office



Department Head

10/7/2024
Date
10/8/24
Date

Activity

(optional)

Chief Financial Officer

****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 - 10/15/24
FIN/CB - 10/22/24



DuPage County, Illinois
BUDGET ADJUSTMENT
 Effective January 22, 2024

From: 1000
 Company #

SHERIFF 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		
4400	52320	0000	MEDICAL/DENTAL/LAB SUPPLIES	\$ 60,000.00	240,707.46	180,707.46	9/26/24	1000-9100
Total				\$ 60,000.00				



To: 1000
 Company #

RADIO DISPATCH
 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		
4401	54020	0000	BUILDING CONSTRUCTION	\$ 60,000.00	0.95	60,000.95	9/26/24	1000-9100
Total				\$ 60,000.00				

Reason for Request:

Transfer necessary for replacement of shelter at Hidden Lakes radio tower


 Department Head

 Chief Financial Officer

9/26/24
 Date
 9/30/24
 Date

Activity _____
 (optional)

****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 - 10/15/24
 FIN/CB - 10/22/24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

SEWER OPERATIONS

From: 2000
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		
2555	50080		SALARY & WAGE ADJUSTMENTS	\$ 100,000.00	101,458.00	1,458.00	10/22/24	2000-9100
2640	50000		REGULAR SALARIES	\$ 100,000.00	341,211.30	241,211.30	10/22/24	2000-9100
2665	50000		REGULAR SALARIES	\$ 83,000.00	897,777.82	814,777.82	10/22/24	2000-9100
2665	50080		SALARY & WAGE ADJUSTMENTS	\$ 48,000.00	84,884.00	36,884.00	10/22/24	2000-9100
Total				\$ 331,000.00				

SEWER OPERATIONS

To: 2000
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		
2555	50000		REGULAR SALARIES	\$ 208,000.00	542,042.77	750,042.77	10/22/24	2000-9100
2555	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 123,000.00	3,561.80	126,561.80	10/22/24	2000-9100
Total				\$ 331,000.00				

Reason for Request:

Public Works - \$208,000.00 FY24 budget transfer needed for Regular Salaries to allocate hourly salary to departments where work was performed. Public Works - \$123,000.00 FY24 budget transfer needed for Employee Medical & Hospital Insurance to update based on employee benefit elections.

Department Head

10/1/2025
Date

Activity

(optional)

Chief Financial Officer

10/3/24
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 _____		

PW - 10/15/24
FIN/CB - 10/22/24

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	54110		EQUIPMENT AND MACHINERY	\$ 2,700.00	3,000.00	300.00	10/4/24	1200-9100
Total				\$ 2,700.00				

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	54110		EQUIPMENT AND MACHINERY	\$ 2,700.00	0.20	2,700.20	10/4/24	1200-9100
Total				\$ 2,700.00				

Reason for Request:

Transfer monies to allow for the purchase to replace unrepairable fryer for the DuPage Care Center

Department Head

Chief Financial Officer

Activity

(optional)

10/3/24
Date
10/7/24
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 _____		

HS - 10/15/24

FFN/CB - 10/22/24

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

From: 1000
Company #

FAMILY CENTER
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		
1640	50040		PART TIME HELP	\$ 15,800.00	34,443.78	18,643.78	10/1/24	1000-9100
Total				\$ 15,800.00				

To: 1000
Company #

FAMILY CENTER
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		
1640	50000		REGULAR SALARIES	\$ 15,800.00	46,045.52	61,845.52	10/1/24	1000-9100
Total				\$ 15,800.00				

Reason for Request:

Budget transfer to cover the projected shortage in Regular Salaries. The Family Center anticipated more payroll splits than what actually occurred and are projected to be short in Regular Salaries by year end.

Department Head

Chief Financial Officer

10/1/24
Date
10/8/24
Date

Activity

(optional)

****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 _____		

HS - 10/15/24
FIN/CB - 10/22/24

88

218
10/2

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	53828		CONTINGENCIES	\$ 40,000.00	224,750.00	184,750.00	10/7/24	1500-9100
Total				\$ 40,000.00				

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	\$ 40,000.00	7,868.21	47,868.21	10/7/24	1500-9100
Total				\$ 40,000.00				

Reason for Request:

Additional funds needed to cover snow on-call pay and potential call-outs through November 2024.

Department Head

Chief Financial Officer

Activity

(optional)

****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 - 10/15/24
FIN/LB - 10/22/24

OK

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective May 29, 2024

From: 1000
Company #

BOARD OF TAX REVIEW
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	
1810	53510		TRAVEL EXPENSE	\$ 5,000.00	5,000.00	0	10/7/24
Total				\$ 5,000.00			

To: 1000
Company #

BOARD OF TAX REVIEW
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	
1810	50030		PER DIEM/STIPEND	\$ 5,000.00	500.00	5,500.00	10/7/24
Total				\$ 5,000.00			

Reason for Request:

Due to the delay in the 2023 General Assessment year change of assessment notices and publications, all of the 2023 real estate assessment appeals were adjudicated in the fiscal year 2024 budget expending most of the funds from the Alternate Board of Review Member per diem account. A transfer of funds will be necessary to start the 2024 hearing process timely.

Department Head

10/7/2024
Date
10/8/24

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 _____		

FIN - 10/22/24
CB - 10/22/24

8