

FY25

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		Date of Balance
					Prior to Transfer	After Transfer	
3000	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 5,000.00	8,161.21	3,161.21	1/23/26
3000	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 15,718.00	19,466.74	3,748.74	1/23/26
Total				\$ 20,718.00			

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
					Prior to Transfer	After Transfer	
3000	51000		BENEFIT PAYMENTS	\$ 19,328.00	(19,327.76)	0.24	1/23/26
3000	51010		EMPLOYER SHARE I.M.R.F.	\$ 740.00	(735.11)	0.89	1/23/26
3000	50000		REGULAR SALARIES	\$ 650.00	(605.58)	44.42	1/23/26
Total				\$ 20,718.00			

Reason for Request:

A budget transfer is needed to cover the Benefits, Salaries and IMRF payouts for FY25.

Department Head: [REDACTED] 01.21.26
 Chief Financial Officer: 1/26/26
 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 - 2/3/26
FIN/CB - 2/10/26

FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 5000
Company #

FLOOD MITIGATION PROGRAM GRANT
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	
3085	5000		REGULAR SALARIES	\$ 35,360.00	35,360.00	Ø	1/22/26
3085	51010		EMPLOYER SHARE I.M.R.F.	\$ 3,607.00	3,607.00	Ø	1/22/26
3085	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 2,705.00	2,705.00	Ø	1/22/26
3085	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 7,832.00	7,832.00	Ø	1/22/26
Total				\$ 49,504.00			

To: 5000
Company #

FLOOD MITIGATION PROGRAM GRANT
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	
3085	53830		OTHER CONTRACTUAL EXPENSES	\$ 49,504.00	2,708.87	52,212.87	1/22/26
Total				\$ 49,504.00			

Reason for Request:

Transferring funds to accommodate year-end grant close out. Grant funding will be fully utilized with Contractual Expenses, no payroll costs will be incurred.

Department Head

01.21.26
 Date
 1/22/26
 Date

Activity EMC-2022-PD0003
(optional)

Chief Financial Officer

****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 - 2/3/26
 FW/CB - 2/10/26

Ø

FY26

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		Date of Balance
					Prior to Transfer	After Transfer	
3000	54110		EQUIPMENT AND MACHINERY	\$ 150,000.00	180,000.00	30,000.00	1/27/26
Total:				\$ 150,000.00			

To: 1600
 Company #

STORMWATER MANAGEMENT
 To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance
					Prior to Transfer	After Transfer	
3000	54120		AUTOMOTIVE EQUIPMENT	\$ 150,000.00	0	150,000.00	1/27/26
Total:				\$ 150,000.00			

Reason for Request:

When the 2026 budget was completed Stormwater budgeted for equipment cost share with Public Works. The specific equipment was unknown at the time as the departments were in the process of evaluating needs with our mechanics. The department budgeted the funds for equipment and machinery, however the Vector is considered automotive equipment, not machinery.



01.27.26
 Date

Activity _____

(optional)

Chief Financial Officer

1/28/26
 Date

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

Finance Department Use Only

Fiscal Year 26 Budget Journal # _____ Acctg Period _____

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

SW - 2/3/26
 FIN/CB - 2/10/26

FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 1000
Company #

STATE'S ATTORNEY
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	
6500	50050		TEMPORARY SALARIES	\$ 4,333.00	26,151.60	21,818.60	1/20/26
6510	50010		OVERTIME	\$ 1,890.00	9,147.23	7,257.23	1/20/26
Total				\$ 6,223.00			

To: 1000
Company #

STATE'S ATTORNEY
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	
6500	50010		OVERTIME	\$ 4,333.00	(4,332.82)	0.18	1/20/26
6510	50050		TEMPORARY SALARIES	\$ 1,890.00	(1,890.00)	0	1/20/26
Total				\$ 5,223.00			

Reason for Request:

To pay for the overages on the overtime and temporary salary accounts in the CAC and SAO budget for SAO in FY25.

[Redacted Signature]

Department Head *[Signature]*

1/10/26
Date
1/20/26
Date

Activity _____
(optional)

Chief Financial Officer

****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 _____		

JPS - 2/3/26
FIN/CB - 2/10/26

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FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective April 1, 2025

From: 1000
Company #

JAIL OPERATIONS
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	
4410	50010	0	OVERTIME	\$ 30,000.00	36,359.96	6,359.96	1/13/26
4415	50011	0	SHERIFF-SPECIAL DUTY O/T	\$ 36,600.00	49,846.07	13,246.07	1/13/26
		0					
Total				\$ 66,600.00			

To: 1000
Company #

JAIL OPERATIONS
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	
4410	50020	0	HOLIDAY PAY	\$ 17,500.00	(17,486.16)	13.84	1/13/26
4415	50010	0	OVERTIME	\$ 43,600.00	(43,541.99)	58.01	1/13/26
4415	50020	0	HOLIDAY PAY	\$ 5,500.00	(5,408.32)	91.68	1/13/26
Total				\$ 66,600.00			

Reason for Request:

FY2025 - Transfer to cover year end LEB overtime and second Holiday payout.

[Redacted Signature]

Department Head

Chief Financial Officer

1/12/26
Date

1/12/26
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 _____		

JPS - 2/3/26
Fin/CB - 2/10/26

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FY'2025

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 1000
Company #

PROBATION & COURT 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	
6100	50000		REGULAR SALARIES	\$ 11,064.00	315,526.11	304,462.11	1/16/26
Total				\$ 11,064.00			

To: 1000
Company #

PROBATION & COURT 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	
6100	50010		OVERTIME	\$ 4,240.00	(4,239.75)	0.25	1/16/26
6100	50040		PART TIME HELP	\$ 6,824.00	(6,823.10)	0.90	1/16/26
Total				\$ 11,064.00			

Reason for Request:

Transfer funds to cover shortages in overtime and part-time payments for FY'25.

Department Head

Chief Financial Officer

1-15-2026

Date:

1/28/26
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 _____

JPS - 2/3/26
FIN/KB - 2/10/26

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FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective April 1, 2025

From: 1300
Company #

SHERIFF TRAINING REIMBURSEMENT
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	
4460	53830	0	OTHER CONTRACTUAL EXPENSES	\$ 10,250.00	25,011.54	14,761.54	1/13/26
		0					
Total				\$ 10,250.00			

To: 1300
Company #

SHERIFF TRAINING REIMBURSEMENT
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	
4460	50000	0	REGULAR SALARIES	\$ 5,250.00	(5,247.43)	2.57	1/13/26
4460	50010	0	OVERTIME	\$ 30.00	(24.30)	5.70	1/13/26
4460	51010	0	EMPLOYER SHARE I.M.R.F.	\$ 4,650.00	(4,634.42)	15.58	1/13/26
4460	51030	0	EMPLOYER SHARE SOCIAL SECURITY	\$ 320.00	(315.83)	4.17	1/13/26
Total				\$ 10,250.00			

Reason for Request:

FY2025 - Transfer to cover personnel costs for final BCO session.

[Redacted Signature]

Department Head

1/13/26
Date

Activity _____
(optional)

Chief Financial Officer

1/13/26
Date

****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 _____		

JPS - 2/3/26
FIN/CB - 2/10/26

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FY'2025

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 1400
Company #

DETENTION SCREENING TRANSPORT
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	
6130	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 2,004.00	19,846.74	17,842.74	1/16/26
Total				\$ 2,004.00			

To: 1400
Company #

DETENTION SCREENING TRANSPORT
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	
6130	51000		BENEFIT PAYMENTS	\$ 2,004.00	(2,003.98)	0.02	1/16/26
Total				\$ 2,004.00			

Reason for Request:

Transfer funds to cover benefit payouts for FY'25.

[Redacted Signature]
 Department Head 1-15-2026
[Signature] Date
 Chief Financial Officer 1/21/26
Date

Activity _____
(optional)

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Finance Department Use Only

Fiscal Year 25 Budget Journal # _____ Acctg Period _____

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

JPS - 2/13/26
FIN/CB - 2/10/26

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FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective April 1, 2025

From: 2000
Company #

SEWER OPERATIONS
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	
2555	50080		SALARY & WAGE ADJUSTMENTS	\$ 8,100.00	77,922.00	69,822.00	1/15/26
Total				\$ 8,100.00			

To: 2000
Company #

SEWER OPERATIONS
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	
2555	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 8,100.00	(8,065.08)	34.92	1/15/26
Total				\$ 8,100.00			

Reason for Request:

Public Works - \$8,100 FY25 budget transfer needed for Employee Med & Hosp Insurance for payroll expense posted.

Department Head

1/14/2026

Chief Financial Officer

1/21/26

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 _____

PW - 2/13/26
FIN/CB - 2/10/26

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FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 5000
Company #

COMMUNITY SVCS BLOCK 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	
1650	50000	0000	REGULAR SALARIES	\$ 994.00	154,829.42	153,835.42	1/22/26
Total				\$ 994.00			

To: 5000
Company #

COMMUNITY SVCS BLOCK 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	
1650	50010		OVERTIME	\$ 994.00	(993.70)	0.30	1/22/26
Total				\$ 994.00			

Reason for Request:

The transfer is to cover the shortage amount for FY25 overtime cost.

Department Head

Date 1/12/26

Activity

(optional)

Chief Financial Officer

Date 1/21/24

****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 _____		

HS - 2/3/26
FIN/CB - 2/10/26

8

FY25

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 22, 2024

From: 1:00
 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	\$ 27,442.00	27,442.00	0	1/26/26	1200-9100
2000	53328	0	CONTINGENCIES	\$ 62,258.00	1,359,649.00	1,259,391.00	1/26/26	1200-9100
Total				\$ 89,700.00				

To: 1290
 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	50000	0	REGULAR SALARIES	\$ 36,000.00	35,844.94	155.06	1/26/26	1200-9100
2000	50340	0	PART TIME HELP	\$ 400.00	390.45	9.55	1/26/26	1200-9100
2000	51000	0	BENEFIT PAYMENTS	\$ 45,000.00	44,307.15	692.85	1/26/26	1200-9100
2000	51040	0	EMPLOYEE MED & HOSP INSURANCE	\$ 7,500.00	7,386.86	113.14	1/26/26	1200-9100
2000	50010	0	OVERTIME	\$ 600.00	576.07	23.93	1/26/26	1200-9100
2000	51030	0	EMPLOYER SHARE SOCIAL SECURITY	\$ 200.00	165.10	34.90	1/26/26	1200-9100
Total				\$ 89,700.00				

Reason for Request:

Transfer funds within Care Center's Administration Payroll budget to "true up" budget lines for Payroll categories where Regular salaries, Part time help, OT, Benefit payments & Employee Hosp Insurance are over while Salary & Wages Adjustments are under. In addition we are transferring \$52k from Contingency fund to cover for part of these shortages.

Department Head

1/24/26
 Date

Activity (optional)

Chief Financial Officer

1/26/26
 Date

****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 _____

HS - 2/3/26
 FIN/CB - 2/10/26

0

FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

FINANCIAL SERVICES DEPARTMENT

From: 1200
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		
2010	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 19,684.00	19,684.00	0	1/26/26	1200-9100
2010	53818	0	REFUNDS & FORFEITURES	\$ 32,416.00	829,811.24	797,395.24	1/26/26	1200-9100
Total				\$ 52,100.00				

FINANCIAL SERVICES DEPARTMENT

To: 1200
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		
2010	50000	0	REGULAR SALARIES	\$ 16,500.00	16,010.45	481.55	1/26/26	1200-9100
2010	51000	0	BENEFIT PAYMENTS	\$ 33,000.00	32,916.25	83.75	1/26/26	1200-9100
2010	51020	0	EMPLOYER SHARE I.M.R.F.	\$ 2,500.00	2,368.16	136.84	1/26/26	1200-9100
2010	51030	0	EMPLOYER SHARE SOCIAL SECURITY	\$ 100.00	58.18	41.82	1/26/26	1200-9100
Total				\$ 52,100.00				

Reason for Request:

For the 2025 Budget the Care Center budgeted a 3.5% 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) in its rightful place under Regular Salaries to adjust for shortages due to COLA wages applied. In addition we are transferring \$32k out of refunds and forfeitures line to cover for 2025 shortages for benefits, IMRF & SS.

Department Head

[Signature]

Chief Financial Officer

1/24/26
Date
1/24/26
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 _____		

AS - 2/3/26
FIN/LB - 2/10/26

FY25

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	50040	0	PART TIME HELP	\$ 99,000.00	99,087.85	87.85	1/26/26	1200-9100
2025	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 46,000.00	46,370.00	370.00	1/26/26	1200-9100
2000	53828	0	CONTINGENCIES	\$ 61,500.00	1,297,391.00	1,235,811.00	1/26/26	1200-9100
Total				\$ 206,500.00				

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	50000	0	REGULAR SALARIES	\$ 62,000.00	61,542.94	457.06	1/26/26	1200-9100
2025	50010	0	OVERTIME	\$ 71,000.00	70,236.09	763.91	1/26/26	1200-9100
2025	51000	0	BENEFIT PAYMENTS	\$ 35,500.00	35,278.01	221.99	1/26/26	1200-9100
2025	51040	0	EMPLOYEE MED & HOSP INSURANCE	\$ 38,000.00	37,355.62	604.38	1/26/26	1200-9100
Total				\$ 206,500.00				

Reason for Request:

We are transferring the dollars under Salary and Wage Adjustment and Part Time Help for the Dining Services department to Regular Salaries and Overtime to adjust for the shortages due to COLA wages applied. Also, we are transferring 561k from Contingency Fund to cover part of Overtime, Benefits, and Medical Insurance.

Department Head

Chief Financial Officer

01/24/26
Date
1/26/26
Date

Activity (optional)

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

Finance Department Use Only

Fiscal Year 25 Budget Journal # _____ Actg Period _____

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

AS - 2/3/26
Fin/CB - 2/10/26

FY25

DePage 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	\$ 13,600.00	13,647.00	47.00	1/26/26	1200-9100
2030	50010	0	OVERTIME	\$ 4,000.00	4,002.86	2.86	1/26/26	1200-9100
2000	53828		CONTINGENCIES	\$ 43,900.00	1,235,891.00	1,191,991.00	1/26/26	1200-9100
				\$				
				\$				
				\$				
Total				\$ 61,500.00				

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	50930	0	REGULAR SALARIES	\$ 17,000.00	16,979.20	20.80	1/26/26	1200-9100
2030	51040	0	EMPLOYEE MED & HOSP INSURANCE	\$ 44,500.00	44,282.94	217.06	1/26/26	1200-9100
Total				\$ 61,500.00				

Reason for Request:

We are transferring \$13.6k budgeted dollars under Salary and Wage Adjustments for the Laundry department to its rightful place under Regular Salaries to adjust for shortages due to COLA wages applied. In addition we are transferring \$4K from Overtime, and \$43.9K Contingencies to cover for part of Salaries and Medical & Hospital Insurance 2025 shortages

[Redacted Signature]

Department Head

01/24/26
Date

[Signature]

Chief Financial Officer

1/24/26
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 _____		

HS - 2/3/26
FIN/CB - 2/10/26

FY25
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	\$ 325,500.00	325,512.00	12.00	1/26/26	1200-9100
2050	50000	0	REGULAR SALARIES	\$ 423,000.00	423,838.17	838.17	1/26/26	1200-9100
2050	50040	0	PART TIME HELP	\$ 135,000.00	135,674.53	674.53	1/26/26	1200-9100
2050	50050	0	TEMPORARY SALARIES	\$ 56,000.00	152,901.56	96,901.56	1/26/26	1200-9100
Total				\$ 939,500.00				

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	\$ 517,000.00	516,427.76	572.24	1/26/26	1200-9100
2050	50020	0	HOLIDAY PAY	\$ 4,500.00	4,049.28	450.72	1/26/26	1200-9100
2050	51000	0	BENEFIT PAYMENTS	\$ 39,000.00	38,408.58	591.44	1/26/26	1200-9100
2050	51040	0	EMPLOYEE MED & HOSP INSURANCE	\$ 378,000.00	377,145.83	854.15	1/26/26	1200-9100
2050	51070	0	TUITION REIMBURSEMENT	\$ 1,000.00	1,000.00	0	1/26/26	1200-9100
Total				\$ 939,500.00				

Reason for Request:

We are transferring \$325.5k the dollars budgeted under Salary and Wage Adjustments for the Nursing department to adjust for the shortages due to COLA wages applied. In addition, we are transferring funds (\$614K) within Nursing department's Payroll budget to "true up" budget lines for Payroll categories where Overtime, Holiday pay, Benefits, Employee Med and Hospital Insurance are over, while Regular salaries Part Time help, Agency and Temporary salaries are under.

[Redacted Signature]
Department Head

CM
Chief Financial Officer

1/26/26
Date
1/26/26
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 _____

HS - 2/13/26
FIN/CB - 2/10/26

FY25

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	5000	0	SALARY & WAGE ADJUSTMENTS	\$ 23,000.00	23,006.00	6.00	1/26/26	1200-9100
2060	5000	0	REGULAR SALARIES	\$ 20,000.00	97,956.58	77,956.58	1/26/26	1200-9100
				Total	\$ 43,000.00			

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	5100	0	BENEFIT PAYMENTS	\$ 1,000.00	1866.52	133.48	1/26/26	1200-9100
2060	5100	0	EMPLOYEE MED & HOSP INSURANCE	\$ 41,000.00	140,239.22	760.78	1/26/26	1200-9100
2060	5000	0	OVERTIME	\$ 1,000.00	1766.46	233.54	1/26/26	1200-9100
				Total	\$ 43,000.00			

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, hospital insurance and Overtime are over Budget while Regular Salaries & Salary & Wages Adjustments are under budget.

Department Head

01/20/26
Date

Activity _____
(optional)

[Signature]
Chief Financial Officer

1/26/26
Date

****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 _____

MS - 2/3/26
FIN/CB - 2/10/26

8

FY25

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	5000	0	REGULAR SALARIES	\$ 40,400.00	63,726.12	23,326.12	1/26/26	1200-9100
				Total	\$ 40,400.00			

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	50010	0	OVERTIME	\$ 1,400.00	(1,342.03)	57.97	1/26/26	1200-9100
2065	51640	0	EMPLOYEE MED & HOSP INSURANCE	\$ 39,000.00	(38,343.74)	656.26	1/26/26	1200-9100
				Total	\$ 40,400.00			

Reason for Request:

Transfer funds within Care Center's Recreation/Activities Payroll budget to "true up" budget lines for Payroll categories where Overtime, and Medical Insurance are over while Regular Salary & Wages are under budget.

Department Head

[Signature]

2/21/26
Date
1/26/26
Date

Activity (optional)

Chief Financial Officer

****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 _____

HS - 2/3/26
FIN/CB - 2/10/26

[Handwritten mark]

FY25

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	\$ 15,400.00	15,404.00	4.00	1/26/26	1200-9100
				Total	\$ 15,400.00			

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	50000	0	REGULAR SALARIES	\$ 8,900.00	18,638.59	261.41	1/26/26	1200-9100
2070	51000	0	BENEFIT PAYMENTS	\$ 6,300.00	16,289.28	10.72	1/26/26	1200-9100
2070	51010		EMPLOYER SHARE I.M.R.F.	\$ 200.00	168.00	32.00	1/26/26	1200-9100
				Total	\$ 15,400.00			

Reason for Request:

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

Department Head

CM

01/24/26
Date

Activity

(optional)

Chief Financial Officer

1/26/26
Date

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

Finance Department Use Only

Fiscal Year 25 Budget Journal # _____ Accig Period _____

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

HS - 2/3/26
FIN/CB - 2/10/26



FY25

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	\$ 9,300.00	9,364.00	64.00	1/26/26	1200-9100
2080	50010	0	OVERTIME	\$ 5,500.00	5,847.89	347.89	1/26/26	1200-9100
2000	53828	0	CONTINGENCIES	\$ 10,700.00	1,235,891.00	1,225,191.00	1/26/26	1200-9100
Total				\$ 25,500.00				

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	\$ 11,500.00	(11,088.79)	411.21	1/26/26	1200-9100
2080	51000	0	BENEFIT PAYMENTS	\$ 1,000.00	(546.41)	453.59	1/26/26	1200-9100
2080	51040	0	EMPLOYEE MED & HOSP INSURANCE	\$ 13,000.00	(12,769.82)	230.18	1/26/26	1200-9100
Total				\$ 25,500.00				

Reason for Request:

Transfer funds within Care Center's Volunteer Services department Payroll budget to "true up" budget lines for Payroll categories. In addition we are transferring \$10.7k from contingencies to cover for 2025 budget shortages.

[Redacted Signature]

Department Head

[Handwritten Signature]

Chief Financial Officer

1/24/26
Date

1/26/24
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	

HS - 2/3/26
FIN/CB - 2/10/26

8

FY25

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	\$ 7,500.00	17,335.00	9,835.00	1/26/26	1200-9100
Total				\$ 7,500.00				

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	50010	0	OVERTIME	\$ 1,500.00	11,274.15	225.85	1/26/26	1200-9100
2085	50040	0	PART TIME HELP	\$ 1,000.00	7554.18	445.82	1/26/26	1200-9100
2085	51040	0	EMPLOYEE MED & HOSP INSURANCE	\$ 5,000.00	4,602.06	397.94	1/26/26	1200-9100
Total				\$ 7,500.00				

Reason for Request:

Transfer funds within Care Center's Inpatient Pharmacy Payroll budget to "true up" budget lines for Payroll categories where Overtime and part Time salaries and Medical Insurance are over while Regular Salaries and Salary & Wages Adjustments are under budget.

Department Head

01/21/26
Date

Activity _____
(optional)

Chief Financial Officer

1/26/24
Date

****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 _____		

HS - 2/3/26
FIN/LB - 2/10/26

FY25

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	5080	0	SALARY & WAGE ADJUSTMENTS	\$ 11,500.00	11,924.00	424.00	1/26/26	1200-9100
2100	5090		REGULAR SALARIES	\$ 14,000.00	14,630.24	630.24	1/26/26	1200-9100
2100	5040		PART TIME HELP	\$ 9,000.00	12,885.38	3,885.38	1/26/26	1200-9100
Total				\$ 34,500.00				

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	5100	0	BENEFIT PAYMENTS	\$ 32,000.00	31,584.13	415.87	1/26/26	1200-9100
2100	5140	0	EMPLOYEE MED & HOSP INSURANCE	\$ 1,500.00	1,091.87	408.13	1/26/26	1200-9100
2100	5170	0	TUITION REIMBURSEMENT	\$ 1,000.00	863.00	137.00	1/26/26	1200-9100
Total				\$ 34,500.00				

Reason for Request:

Transfer funds within Care Center's Cafeteria's Payroll budget to "true up" 2025 budget lines for Payroll categories where Benefit payments, Medical Insurance and Tuition Reimbursements are over while Salary & Wages Adjustment, Regular and Part time Salaries are under budget.

[Redacted Signature]

Department Head

[Signature]

Chief Financial Officer

01/21/26
Date

1/26/26
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 _____

HS - 2/13/26
FIN/CB - 2/10/26

8

FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 5000
Company #

IDHS SUPPORTIVE HOUSING GRANT
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	
1760	50000	0000	REGULAR SALARIES	\$ 1,331.00			
Total				\$ 1,331.00			

To: 5000
Company #

IDHS SUPPORTIVE HOUSING GRANT
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	
1760	51000		BENEFIT PAYMENTS	\$ 1,331.00			
Total				\$ 1,331.00			

Reason for Request:

The transfer is to cover the shortage amount for FY25 benefit payment. The benefit payment payout was not originally set up in the grant budget but is part of salary.

Department Head:  Date: 1/21/26

Chief Financial Officer:  Date: 1/26/26

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	_____

HS - 2/3/26
FIN/LB - 2/10/26



FY25

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective October 1, 2024

From: 5000
 Company #

HOMELESS MGMT INF SYS 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	
1480	50000		REGULAR SALARIES	\$ 3,500.00			
Total				\$ 3,500.00			

To: 5000
 Company #

HOMELESS MGMT INF SYS 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	
1480	51000		BENEFIT PAYMENTS	\$ 3,500.00			
Total				\$ 3,500.00			

Reason for Request:

To account for compensated absences recorded for year-end in account 51000 Benefits payments

Department Head
 Chief Financial Officer

1/20/26
 Date
1/20/24
 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 _____		

HS - 2/3/26
 FIN/CB - 2/10/26

8

FY25
 DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 1, 2025

1100

From: 1500
Company #

DOT FLEET SERVICE
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	
3520	50080		SALARY & WAGE ADJUSTMENTS	\$ 10,500.00	32,660.00	22,060.00	1/26/26
Total				\$ 10,500.00			

To: 1500
Company #

DOT FLEET SERVICE
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	
3520	50000		REGULAR SALARIES	\$ 7,000.00	(6,949.35)	50.62	1/26/26
3520	51000		BENEFIT PAYMENTS	\$ 3,600.00	(3,574.24)	25.76	1/26/26
Total				\$ 10,600.00			

Reason for Request:

Additional funds needed for final FY2025 Personnel.

Department Head 1/26/26
 Date

Activity _____ Chief Financial Officer 1/28/26
 (optional) CJM Date

****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 _____

DOT - 2/3/26
FIN/CB - 2/10/26

13

FY25
 DePage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 1, 2025

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
					Prior to Transfer	After Transfer	
3510	50080		SALARY & WAGE ADJUSTMENTS	\$ 7,850.00	157,687.00	145,837.00	1/26/26
Total				\$ 7,850.00			

To: 1300
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
					Prior to Transfer	After Transfer	
3510	51010		EMPLOYER SHARE I.M.R.F.	\$ 7,700.00	(7,624.51)	75.49	1/26/26
3510	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 150.00	(119.12)	30.88	1/26/26
Total				\$ 7,850.00			

Reason for Request:

Additional funds needed for final FY2025 Personnel.

Department Head [REDACTED] 1/26/26
 Date
 Chief Financial Officer [Signature] 1/28/26
 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 _____

DOT - 2/3/26
FIN/CB - 2/10/26

FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective April 1, 2025

From: 1100
Company #

BUILDING, ZONING & PLANNING
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	
2810	50080		SALARY & WAGE ADJUSTMENTS	\$ 3,031.00	72,587.00	64,956.00	1/26/26
Total				\$ 3,031.00			

To: 1100
Company #

BUILDING, ZONING & PLANNING
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	
2810	51000		BENEFIT PAYMENTS	\$ 3,031.00	(8,030.90)	0.10	1/26/26
Total				\$ 3,031.00			

Reason for Request

To cover up for Comd. ABS

[Signature]
Department Head

1/26/26
Date

Activity

(optional)

[Signature]
Chief Financial Officer

1/28/26
Date

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 _____	

DEV - 2/3/26
FIN/CB - 2/10/26

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FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

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	51000		BENEFIT PAYMENTS	\$ 24,291.00	24,291.60	0.60	1/16/26
2900	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 3,523.00	6,093.36	2,570.36	1/16/26
Total				\$ 27,814.00			

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	\$ 27,814.00	(27,813.58)	0.02	1/16/26
Total				\$ 27,814.00			

Reason for Request:

To cover GIS employee medical & hospital insurance for FY2025.

Department Head  Date 01/16/2026
Chief Financial Officer  Date 1/21/26

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 _____

TECH - 2/3/26
FIN/CB - 2/10/26

8

FY26

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective April 1, 2025

From: 6000
Company #

INFRASTRUCTURE CONTINGENCY
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	
1195	53828		CONTINGENCIES	\$ 20,000.00	9,793,000.00	9,773,000.00	1/29/26
Total				\$ 20,000.00			

To: 6000
Company #

IT PROJECTS - CAP INFRASTRUCTURE
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	
1225	53020		INFORMATION TECHNOLOGY SVC	\$ 20,000.00	0	20,000.00	1/29/26
Total				\$ 20,000.00			

Reason for Request:

Budget transfer from Contingencies to IT-Projects Information Technology Services for the HR Payroll implementation for the external database for finance reports.

Activity _____
(optional)

Department Head _____
Chief Financial Officer *[Signature]*

Date _____
Date 1/29/26

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

Finance Department Use Only			
Fiscal Year <u>26</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

FIN/CB- 2/10/26

[Handwritten mark]

FY2025

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective April 1, 2025

From: 1100
 Company #

RECORDER 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	
4320	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 87.00	191.80	104.80	1/26/26
Total				\$ 87.00			

To: 1100
 Company #

RECORDER 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	
4320	50000		REGULAR SALARIES	\$ 87.00	(86.24)	0.76	1/26/26
Total				\$ 87.00			

Reason for Request:

To cover for JE posted by Finance due to new GASB 101 requirements - Compensated Absences.

 Department Head

1/26/26
 Date

Activity _____
 (optional)

[Signature]
 Chief Financial Officer

1/24/26
 Date

****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 _____

FIN/CB-2/10/26

8

FY2025

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective April 1, 2025

From: 1100
 Company #

RECORDED DOCUMENT STORAGE

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	
4310	50010		OVERTIME	\$ 1,011.00	4,817.00	3,806.00	1/26/26
Total				\$ 1,011.00			

To: 1100
 Company #

RECORDED DOCUMENT STORAGE

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	
4310	50000		REGULAR SALARIES	\$ 1,011.00	(1,010.87)	0.13	1/26/26
Total				\$ 1,011.00			

Reason for Request:

To cover for JE posted by Finance due to new GASB 101 requirements - Compensated Absences.

[Redacted Signature]

Department Head
 Chief Financial Officer

1/26/26
 Date
 1/29/26
 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 _____

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective April 1, 2025

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
					Prior to Transfer	After Transfer	
4310	54100	0700	IT EQUIPMENT - CAPITAL LEASE	\$ 150,000.00	150,000.00	0	2/10/26
Total				\$ 150,000.00			

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
					Prior to Transfer	After Transfer	
4310	54107		SOFTWARE	\$ 150,000.00	172,000.00	322,000.00	2/10/26
Total				\$ 150,000.00			

Reason for Request:

To cover cost of a new recording software system.

Department Head _____
 Chief Financial Officer _____

2-4-26
 Date
 2/10/26
 Date

Activity _____
 [optional]

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

Finance Department Use Only

Fiscal Year 26 Budget Journal # _____ Acctg Period _____

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

FIN - 2/10/26
 CB - 2/10/26