

FY24

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	53520		EXTRADITION/INVESTIGATIVE	\$ 581.00	9,993.37	9,412.37	1/7/25
Total				\$ 581.00			

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	\$ 264.00	(263.70)	0.30	1/7/25
6500	50040		PART TIME HELP	\$ 317.00	(316.67)	0.33	1/7/25
Total				\$ 581.00			

Reason for Request:

Transfer to cover the FY24 Overtime and Part Time Help shortage.

[Redacted Signature]

Department Head

1/6/25
Date
1/6/25

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 _____		

JPS - 1/21/25
FIN/KB - 1/28/25

8

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	50000		REGULAR SALARIES	\$ 23.00	11,023.69	11,000.69	1/3/25
Total				\$ 23.00			

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	50030		PER DIEM/STIPEND	\$ 23.00	(22.84)	0.16	1/3/25
Total				\$ 23.00			

Reason for Request:

Transfer from Regular Salaries to Stipends for Jury Commissioners caused by year end payroll accrual/reversal for the Jury Commissioners.

Department Head

1/2/25
 Date

Activity _____
 (optional)

Chief Financial Officer

1/6/25
 Date

****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 _____

JPS - 1/21/25
 FIN/CB - 1/28/25

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

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	B/S Fund
					Prior to Transfer	After Transfer		
4410	50010	0000	OVERTIME	\$ 815.00	1,040,954.71	1,040,139.71	1/8/25	1000-9100
Total				\$ 815.00				

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	B/S Fund
					Prior to Transfer	After Transfer		
4410	51060	0000	CELL PHONE STIPEND	\$ 815.00	(814.33)	0.67	1/8/25	1000-9100
Total				\$ 815.00				

Reason for Request:

FY2024 - Transfer necessary for Cell Phone Stipends paid in final pay period of FY2024

Department#/Reac _____ Date 1/7/25
 Chief Financial Officer [Signature] Date 1/10/25

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 - 1/21/25
FIN/CB - 1/28/25

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1000
Company #

LAW ENFORCEMENT BUREAU
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		
4415	50000	0000	REGULAR SALARIES	\$ 400,000.00	426,227.49	26,277.49	1/9/25	1000-9100
4405	50000	0000	REGULAR SALARIES	\$ 624,391.00	655,654.87	31,263.87	1/9/25	1000-9100
Total				\$ 1,024,391.00				

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	50000	0000	REGULAR SALARIES	\$ 98,604.00	98,603.20	0.80	1/9/25	1000-9100
4403	50000	0000	REGULAR SALARIES	\$ 59,545.00	59,544.71	0.29	1/9/25	1000-9100
4410	50000	0000	REGULAR SALARIES	\$ 866,242.00	866,241.91	0.09	1/9/25	1000-9100
Total				\$ 1,024,391.00				

Reason for Request:

FY2024 - Transfer necessary between departments for FY2024 Salary.

[Redacted Signature]

Department Head

1/9/2025
Date
1/10/25
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 - 1/21/25
FIN/CB - 1/28/25

FY 2024

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective October 1, 2024

From: 1000
 Company #

COUNTY CORONER
 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	
4100	50050		TEMPORARY SALARIES	\$ 1,286.00	1,345.00	59.00	1/7/25
Total				\$ 1,286.00			

To: 1000
 Company #

COUNTY CORONER
 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	
4100	50040		PART TIME HELP	\$ 1,286.00	(1,285.42)	0.58	1/7/25
Total				\$ 1,286.00			

Reason for Request:

to cover the expenses of part time help for the office.



Activity _____
 (optional)

Chief Financial Officer
 Date 12/3/2024

****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 _____

JPS - 1/21/25
 FIN/CB - 1/28/25

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 22, 2024

SHERIFF TRAINING REIMBURSEMENT

From: 1300
 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		
4460	51040	0000	EMPLOYEE MED & HOSP INSURANCE	\$ 1,685.00	4,088.80	2,403.80	1/7/25	1300-9103
Total				\$ 1,685.00				

SHERIFF TRAINING REIMBURSEMENT

To: 1300
 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		
4460	51010	0000	EMPLOYER SHARE I.M.R.F.	\$ 1,625.00	(1,621.72)	3.28	1/7/25	1300-9103
4460	51030	0000	EMPLOYER SHARE SOCIAL SECURITY	\$ 60.00	(58.70)	1.30	1/7/25	1300-9103
Total				\$ 1,685.00				

Reason for Request:

FY24

Transfer necessary due to SLEP IMRF contribution and Soc Sec actual rate greater than budgeted rate.

Department Head 

Activity _____
 (optional)

Chief Financial Officer CM

Date 1/3/25
 Date 1/10/25

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Finance Department Use Only	
Fiscal Year <u>24</u>	Budget Journal # _____ Acctg Period _____
Entered By/Date _____	Released & Posted By/Date _____

JPS - 1/21/25
 FIN/CB - 1/28/25

80

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1400
Company #

NEUTRAL SITE CUSTODY EXCHANGE
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		
5920	50040		PART TIME HELP	\$ 485.00	2,766.01	2,281.01	1/2/25	1400-9104
Total				\$ 485.00				

To: 1400
Company #

NEUTRAL SITE CUSTODY EXCHANGE
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		
5920	50000		REGULAR SALARIES	\$ 485.00	(484.80)	0.20	1/2/25	1400-9104
Total				\$ 485.00				

Reason for Request:

Amount transferred covers deficit in regular salary line that was unanticipated when the FY24 budget was prepared.

[Redacted Signature]

1/2/25
Date

Activity _____
(optional)

[Signature]
Chief Financial Officer

1/10/25
Date

****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 _____

JPS-1/21/25
FIN/CB-1/28/25

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FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1000
Company #

SHERIFF'S MERIT COMMISSION
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		
4420	50040		PART TIME HELP	\$ 150.00	1,357.40	1,207.40	1/9/25	1000-9100
Total				\$ 150.00				

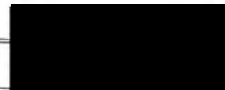
To: 1000
Company #

SHERIFF'S MERIT COMMISSION
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		
4420	50030		PER DIEM/STIPEND	\$ 150.00	(115.75)	34.25	1/9/25	1000-9100
Total				\$ 150.00				

Reason for Request:

For Commissioner stipends FY24



Department Head

1/9/25

Date

Activity

(optional)

Chief Financial Officer

CM

1/15/25

Date

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Finance Department Use Only			
Fiscal Year <u>24</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

JPS - 1/21/25
FIN/CLB - 1/28/25

FY'2024

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective January 22, 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	B/S Fund
					Prior to Transfer	After Transfer		
6130	50080		SALARY & WAGE ADJUSTMENTS	\$ 3,000.00	11,444.00	8,444.00	1/10/25	1400-9131
Total				\$ 3,000.00				

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	B/S Fund
					Prior to Transfer	After Transfer		
6130	51000		BENEFIT PAYMENTS	\$ 3,000.00	(2,590.03)	409.97	1/10/25	1400-9131
Total				\$ 3,000.00				

Reason for Request:

Need to transfer funds to cover employee benefit payments expenses for FY'2024.

[Redacted Signature]

Department Head
[Signature]

1-9-2025
 Date
[Signature]

Activity _____
 (optional)

Chief Financial Officer

****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 _____

JPS - 1/21/25
 FIN/CB - 1/28/25

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FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 2000
Company #

WATER 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	
2640	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 2,000.00	36,014.86	34,014.86	1/3/25
2665	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 4,000.00	38,963.65	34,963.65	1/3/25
Total				\$ 6,000.00			

To: 2000
Company #

WATER 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	
2640	51000		BENEFIT PAYMENTS	\$ 2,000.00	(1,077.81)	922.19	1/3/25
2665	51000		BENEFIT PAYMENTS	\$ 4,000.00	4,407.05	8,407.05	1/3/25
Total				\$ 6,000.00			

Reason for Request:

Public Works - \$2,000.00 FY24 budget transfer needed for Benefits Payments for retired employee payout. Public Works - \$4,000.00 FY24 budget transfer needed for Benefits Payments to post compensated absence accrual journal entry.

Department Head

Chief Financial Officer

1/3/2025
Date
1/10/25
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 _____		

PW - 1/21/25
FIN/CB - 1/28/25

[Handwritten mark]

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 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
					Prior to Transfer	After Transfer	
2555	50010		OVERTIME	\$ 17,000.00	94,566.83	77,566.83	1/13/25
Total				\$ 17,000.00			

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
					Prior to Transfer	After Transfer	
2555	50000		REGULAR SALARIES	\$ 17,000.00	52,782.41	69,782.41	1/13/25
Total				\$ 17,000.00			

Reason for Request:

Public Works - \$17,000 FY24 budget transfer between accounts for Regular Salaries for labor hours works.

Dep: [Redacted]

1/13/2025
Date

Activity (optional)

[Signature]
Chief Financial Officer

1/15/25
Date

****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 _____

PW - 1/21/25
FIN/CB - 1/28/25

8

FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 5000
Company #

AGING CASE COORD UNIT GRTS
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	
1720	54100		IT EQUIPMENT	\$ 5,100.00	5,100.00	Ø	12/31/24
Total				\$ 5,100.00			

To: 5000
Company #

AGING CASE COORD UNIT GRTS
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	
1720	54100	700	IT EQUIPMENT - CAPITAL LEASE	\$ 5,100.00	Ø	5,100.00	12/31/24
Total				\$ 5,100.00			

Reason for Request:

Re-class capital equipment balance to capital lease sub-account to cover FY25 copier leases.

Department Head:  Date: 12/31/24

Chief Financial Officer: [Signature] Date: 1/3/25

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-1/21/25
FIN/CB-1/28/25

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FY24
DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1200
Company #

FINANCIAL SERVICES DEPARTMENT
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	50000	0	SALARY & WAGE ADJUSTMENTS	\$ 15,000.00	16,179.00	1,179.00	1/8/25	1200-9100
Total:				\$ 15,000.00				

To: 1200
Company #

FINANCIAL SERVICES DEPARTMENT
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	\$ 14,000.00	13,906.38	93.70	1/8/25	1200-9100
2010	51000	0	BENEFIT PAYMENTS	\$ 1,000.00	(853.09)	146.91	1/8/25	1200-9100
Total				\$ 15,000.00				

Reason for Request:

For the 2024 Budget the Care Center budgeted a 3% 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 \$ out of this line to benefit payments to cover for 2024 shortages.

[Redacted Signature]

1/7/25
1/10/25

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 _____		

145 - 1/21/25

FIN/CB - 1/28/25

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1200
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	\$ 23,000.00	23,070.00	70.00	1/8/25	1200-9100
2000	53828	0	CONTINGENCIES	\$ 19,900.00	2,886,920.00	2,867,020.00	1/8/25	1200-9100
Total:				\$ 42,900.00				

To: 1700
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	\$ 28,000.00	(27,942.93)	57.07	1/8/25	1200-9100
2000	50040	0	PART TIME HELP	\$ 2,300.00	(2,282.23)	17.77	1/8/25	1200-9100
2000	51000	0	BENEFIT PAYMENTS	\$ 10,500.00	(10,438.76)	61.24	1/8/25	1200-9100
2000	51040	0	EMPLOYEE MED & HOSP INSURANCE	\$ 2,100.00	(2,053.21)	46.79	1/8/25	1200-9100
Total:				\$ 42,900.00				

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, Benefit payments & Employee Hosp Insurance are over while Salary & Wages Adjustments are under. In addition we are transferring \$19.9K from Contingency fund to cover for part of these shortages.

[Redacted Signature]

1/7/27
Date
1/10/25
Date

Activity _____
(optional)

Chief Financial Officer

****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 - 1/21/25
FIN/CB - 1/28/25

FY24

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	\$ 130,000.00	130,375.93	375.93	1/8/25	1200-9100
2025	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 35,000.00	35,033.00	33.00	1/8/25	1200-9100
2000	53828	0	CONTINGENCIES	\$ 192,700.00	2,886,920.00	2,694,220.00	1/8/25	1200-9100
Total				\$ 357,700.00				

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	50000	0	REGULAR SALARIES	\$ 134,000.00	(133,277.01)	722.39	1/8/25	1200-9100
2025	50010		OVERTIME	\$ 168,000.00	(167,458.31)	541.69	1/8/25	1200-9100
2025	51000		BENEFIT PAYMENTS	\$ 26,000.00	(25,827.05)	172.95	1/8/25	1200-9100
2025	51010		EMPLOYER SHARE I.M.R.F.	\$ 8,500.00	(8,429.96)	70.04	1/8/25	1200-9100
2025	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 7,200.00	(7,152.99)	47.01	1/8/25	1200-9100
2025	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 14,000.00	(13,792.62)	207.38	1/8/25	1200-9100
Total				\$ 357,700.00				

Reason for Request:

For the 2024 Budget the Care Center budgeted a 3% 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) 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 \$192k from Contingency Fund to cover part of Overtime, Benefits, IMRF, Social Security and Hospital Insurance.

[Redacted Signature]

1/7/25
1/10/25

Activity

(optional)

Chief Financial Officer

Date

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	

FY24
 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	R/S Fund
					Prior to Transfer	After Transfer		
2050	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 253,000.00	253,296.00	296.00	1/8/25	1200-9100
2050	50000	0	REGULAR SALARIES	\$ 148,000.00	148,083.73	83.73	1/8/25	1200-9100
2050	50040	0	PART TIME HELP	\$ 30,000.00	30,918.04	918.04	1/8/25	1200-9100
2050	50050	0	TEMPORARY SALARIES	\$ 393,000.00	393,156.36	156.36	1/8/25	1200-9100
2050	53050	0	OTHER PROFESSIONAL SERVICES	\$ 215,000.00	218,780.42	3,780.42	1/8/25	1200-9100
2000	53828		CONTINGENCIES	\$ 331,840.00	2,886,920.00	2,555,080.00	1/8/25	1200-9100
Total				\$ 1,370,840.00				



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	R/S Fund
					Prior to Transfer	After Transfer		
2050	50010	0	OVERTIME	\$ 835,000.00	1,834,342.50	657.50	1/8/25	1200-9100
2050	50020	0	HOLIDAY PAY	\$ 840.00	1,830.59	9.41	1/8/25	1200-9100
2050	51000	0	BENEFIT PAYMENTS	\$ 124,000.00	123,948.12	51.88	1/8/25	1200-9100
2050	51010	0	EMPLOYER SHARE I.M.R.F.	\$ 92,000.00	91,183.24	816.76	1/8/25	1200-9100
2050	51030	0	EMPLOYER SHARE SOCIAL SECURITY	\$ 25,000.00	24,982.28	17.72	1/8/25	1200-9100
2050	51040	0	EMPLOYEE MED & HOSP INSURANCE	\$ 294,050.00	293,014.42	985.58	1/8/25	1200-9100
Total				\$ 1,370,840.00				

Reason for Request:

For the 2024 Budget the Care Center budgeted a 3% 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) for the Nursing department to Overtime to adjust for the shortages due to COLA wages applied. Also, we are transferring funds within department's Payroll budget to "true up" budget lines for Payroll categories where Overtime, Holiday pay and Benefits are over, while Regular salaries Part Time help, Agency and Temporary salaries are under. In addition we are moving \$331k from contingency fund to cover for IMRF, SS and Hospital ins budget shortages.

Department Head: 
 Chief Financial Officer: 

Date: 1/7/25
 Date: 1/10/25

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 - 1/21/25
 FIN/ICB - 1/28/25

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1220
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	\$ 8,000.00	16,474.00	6,474.00	1/8/25	1200-9100
Total				\$ 8,000.00				

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	51000	0	BENEFIT PAYMENTS	\$ 8,000.00	(7,166.49)	833.51	1/8/25	1200-9100
		0						
Total				\$ 8,000.00				

Reason for Request:

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

[Redacted Signature]

1/7/25

Department Head
Chief Financial Officer

Date
1/10/25

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 - 1/21/25
FIN/LB - 1/28/25

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

RECREATION/ACTIVITIES

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		
2065	50000	0	REGULAR SALARIES	\$ 19,750.00	86,522.87	67,072.57	1/5/25	1200-9100
				Total	\$ 19,750.00			

RECREATION/ACTIVITIES

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		
2065	50010	0	OVERTIME	\$ 50.00	(23.02)	26.98	1/8/25	1200-9100
2065	50040	0	PART TIME HELP	\$ 4,000.00	(3,256.70)	743.30	1/8/25	1200-9100
2065	51000	0	BENEFIT PAYMENTS	\$ 700.00	(639.63)	60.37	1/8/25	1200-9100
2065	51040	0	EMPLOYEE MED & HOSP INSURANCE	\$ 15,000.00	(14,448.26)	551.74	1/8/25	1200-9100
				Total	\$ 19,750.00			

Reason for Request:

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

[Redacted Signature]

1/7/25
Date
1/10/25
Date

Activity

(optional)

Chief Financial Officer

****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 - 1/21/25
FIN/CB - 1/28/25

FY24

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	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 8,100.00	8,103.00	3.00	1/8/25	1200-9100
2100	50000		REGULAR SALARIES	\$ 2,250.00	4,300.53	2,050.53	1/8/25	1200-9100
2100	50040		PART TIME HELP	\$ 3,500.00	8,957.19	457.19	1/8/25	1200-9100
2100	50050		TEMPORARY SALARIES	\$ 15,000.00	15,154.01	154.01	1/8/25	1200-9100
Total				\$ 33,850.00				

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	50010	0	OVERTIME	\$ 500.00	(408.07)	91.93	1/8/25	1200-9100
2100	50020	0	HOLIDAY PAY	\$ 50.00	(30.90)	19.10	1/8/25	1200-9100
2100	51000	0	BENEFIT PAYMENTS	\$ 32,500.00	(32,040.91)	459.09	1/8/25	1200-9100
2100	51010	0	EMPLOYER SHARE I.M.R.F.	\$ 800.00	(795.90)	4.10	1/8/25	1200-9100
Total				\$ 33,850.00				

Reason for Request:

Transfer funds within Care Center's Cafeteria's department Payroll budget to "true up" budget lines for Payroll categories where Overtime, Holiday Pay, Benefit payments and IMRF are over while Salary & Wages Adjustment, Regular, Part time and Temporary Salaries are under budget.

[Redacted Signature]

1/7/25
Date
1/10/25
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 _____		

HS - 1/21/25
FIN/CB - 1/28/25

FY24

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		
2030	50680	0	SALARY & WAGE ADJUSTMENTS	\$ 7,800.00	7,800.00	0	1/8/25	1200-9100
2030	50000	0	REGULAR SALARIES	\$ 2,500.00	2,607.67	107.67	1/8/25	1200-9100
2000	53828		CONTINGENCIES	\$ 32,400.00	2,886,420.00	2,854,520.00	1/8/25	1200-9100
Total				\$ 42,700.00				

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	50010	0	OVERTIME	\$ 20,000.00	(19,279.43)	720.57	1/8/25	1200-9100
2080	50040	0	PART TIME HELP	\$ 11,000.00	(10,711.04)	288.96	1/8/25	1200-9100
2080	51000	0	BENEFIT PAYMENTS	\$ 2,500.00	(2,225.86)	274.14	1/8/25	1200-9100
2080	51010		EMPLOYER SHARE I.M.R.F.	\$ 200.00	(124.54)	75.46	1/8/25	1200-9100
2080	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 500.00	(486.02)	13.98	1/8/25	1200-9100
2080	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 8,500.00	(8,445.61)	54.39	1/8/25	1200-9100
Total				\$ 42,700.00				

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 \$37k from contingencies to cover for budget shortages.

[Redacted Signature]

1/7/25
Date
1/10/25
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 _____		

HS - 1/21/25
FIN/LB - 1/28/25

FY24

DuPage 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	5000	0	SALARY & WAGE ADJUSTMENTS	\$ 9,700.00	4,774.00	74.00	1/8/25	1200-9100
2030	50010	0	OVERTIME	\$ 3,300.00	3,324.58	24.58	1/8/25	1200-9100
2030	51000		BENEFIT PAYMENTS	\$ 2,300.00	2,347.36	48.36	1/8/25	1200-9100
2030	53828		CONTINGENCIES	\$ 51,300.00	2,886.92	2,835.60	1/8/25	1200-9100
Total				\$ 66,600.00				

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	50000	0	REGULAR SALARIES	\$ 45,200.00	(44,828.55)	171.45	1/8/25	1200-9100
2030	50040	0	PART TIME HELP	\$ 3,000.00	(2,888.06)	111.94	1/8/25	1200-9100
2030	51010	0	EMPLOYER SHARE I.M.R.F.	\$ 1,500.00	(1,489.21)	10.79	1/8/25	1200-9100
2030	51030	0	EMPLOYER SHARE SOCIAL SECURITY	\$ 1,100.00	(1,073.52)	26.48	1/8/25	1200-9100
2030	51040	0	EMPLOYEE MED & HOSP INSURANCE	\$ 16,000.00	(15,257.60)	742.40	1/8/25	1200-9100
Total				\$ 66,600.00				

Reason for Request:

For the 2024 Budget the Care Center budgeted a 3% 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) 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 \$ from Overtime, benefit payments and Contingencies to cover for Salaries, IMRF, SS and Medical & Hospital 2024 shortages.

[Redacted Signature]

1/7/25
Date
1/10/25
Date

Activity _____
(optional)

Chief Financial Officer

****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 - 1/21/24
FIN/LB - 1/28/24

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1200
Company #

HOUSEKEEPING
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		
2035	50080	0	SALARY & WAGE ADJUSTMENTS	\$ 31,000.00	31,358.00	398.00	1/8/25	1200-9100
2035	50010	0	OVERTIME	\$ 36,000.00	36,142.75	142.75	1/8/25	1200-9100
2035	50040		PART TIME HELP	\$ 31,000.00	31,472.22	472.22	1/8/25	1200-9100
2000	53828		CONTINGENCIES	\$ 44,800.00	2,986,920.00	2,842,120.00	1/8/25	1200-9100
Total				\$ 142,800.00				

To: 1200
Company #

HOUSEKEEPING
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		
2035	50000	0	REGULAR SALARIES	\$ 124,000.00	123,558.79	401.26	1/8/25	1200-9100
2035	50020	0	HOLIDAY PAY	\$ 300.00	206.04	93.96	1/8/25	1200-9100
2035	51000	0	BENEFIT PAYMENTS	\$ 15,000.00	14,916.76	83.24	1/8/25	1200-9100
2035	51040	0	EMPLOYEE MED & HOSP INSURANCE	\$ 3,500.00	3,202.48	297.52	1/8/25	1200-9100
Total				\$ 142,800.00				

Reason for Request:

For the 2024 Budget the Care Center budgeted a 3% 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), Overtime and Part Time help for the Housekeeping department to Regular salaries. In addition we are transferring \$41k from contingency fund to adjust for the shortages in Holiday pay, benefits & Employee Med & Hospital Insurance.

[Redacted Signature]

Date: 1/7/25
1/10/25

Activity _____
(optional)

Chief Financial Officer

Date

****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 - 1/21/25
FIN/CB - 1/28/25

FY24

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	\$ 13,955.00	(3,955.00)	2	1/8/25	1200-9100
2085	50000	0	REGULAR SALARIES	\$ 45.00	9,407.40	9,362.40	1/8/25	1200-9100
				Total	\$ 14,000.00			

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	\$ 1,000.00	(926.52)	73.48	1/8/25	1200-9100
2085	50040	0	PART TIME HELP	\$ 13,000.00	(12,507.90)	492.10	1/8/25	1200-9100
				Total	\$ 14,000.00			

Reason for Request:

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



1/7/25
Date
1/10/25
Date

Activity

(optional)

Chief Financial Officer

****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 - 1/21/25
FIN/CB - 1/28/25

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 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	B/S Fund
					Prior to Transfer	After Transfer		
1650	50000	0	REGULAR SALARIES	\$ 2,450.00	146,240.23	143,790.23	1/14/25	5000-9101
				Total	\$ 2,450.00			

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	B/S Fund
					Prior to Transfer	After Transfer		
1650	51000	0	BENEFIT PAYMENTS	\$ 2,450.00	(2,449.44)	0.56	1/14/25	5000-9101
				Total	\$ 2,450.00			

Reason for Request:

This budget transfer is to cover the benefit payment payout during FY24 that had not been budgetted at the beginning of the year.

[Redacted Signature]

1/14/25
Date
1/15/25
Date

Activity 24-231028
(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 _____		

9

HS - 1/21/25
FIN/CB - 1/28/25

FY24

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	\$ 1,675.00	137,517.93	135,842.93	1/14/25
Total				\$ 1,675.00			

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	\$ 1,675.00	(2,672.16)	2.84	1/14/25
Total				\$ 1,675.00			

Reason for Request:

The purpose of budget transfer is to cover employee benefit payments that exceeded original budget during the year FY 2024.

[Redacted Signature]

1/14/25
Date
1/15/25
Date

Activity _____
(optional)

Chief Financial Officer

****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 - 1/21/25
FIN/CB - 1/28/25

9

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 5000
Company #

LIHEAP 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	
1420	50000	0	REGULAR SALARIES	\$ 29,950.00	172,760.51	142,810.51	1/14/25
Total				\$ 29,950.00			


To: 5000
Company #

LIHEAP 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	
1420	51000	0	BENEFIT PAYMENTS	\$ 29,950.00	(29,947.62)	2.38	1/14/25
Total				\$ 29,950.00			

Reason for Request:

The purpose of budget transfer is to cover employee benefit payments that exceeded original budget during the year FY 2024.

Depa 
Chief Financial Officer

1/14/25
Date
1/15/25
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 - 1/21/25
FIN/CB - 1/28/25



FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 5000
Company #

WEATHERIZATION 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	
1430	50000		REGULAR SALARIES	\$ 415.00	164,348.25	163,933.25	1/14/25
Total				\$ 415.00			

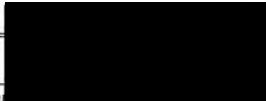
To: 5000
Company #

WEATHERIZATION 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	
1430	51000		BENEFIT PAYMENTS	\$ 415.00	(413.72)	1.28	1/14/25
Total				\$ 415.00			

Reason for Request:

The purpose of budget transfer is to cover employee benefit payments that exceeded original budget during the year FY 2024.

Depa  Date 1/14/25

Chief Financial Officer CMM Date 1/15/25

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 - 1/21/25
FIN/CB - 1/28/25



FY24
DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 5000
Company #

WEATHERIZATION 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	
1400	50000		REGULAR SALARIES	\$ 445.00	532,795.61	532,350.61	1/14/25
Total				\$ 445.00			

To: 5000
Company #

WEATHERIZATION 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	
1400	50010		OVERTIME	\$ 445.00	(447.55)	2.42	1/14/25
Total				\$ 445.00			

Reason for Request:

The purpose of budget transfer is to cover employee overtime payments that exceeded original budget during the year FY 2024.

Date: 1/14/25
 Chief Financial Officer: [Signature]
 Date: 1/15/25

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 - 1/21/25
FIN/CB - 1/28/25

FY 24

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective May 29, 2024

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	50000		REGULAR SALARIES	\$ 33,000.00	43,646.05	10,646.05	1/3/25
Total				\$ 33,000.00			

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	\$ 33,000.00	(32,213.81)	786.19	1/3/25
Total				\$ 33,000.00			

Reason for Request:

For year end benefit payout.

Department Head

 Chief Financial Officer

1/3/25
 Date
1/10/25
 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 _____

Development - 1/21/25
 FIN/CB - 1/28/25

Handwritten initials

FY24

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	53828		CONTINGENCIES	\$ 6,940.00	20,594.00	13,654.00	1/10/25
Total				\$ 6,940.00			

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	50010		OVERTIME	\$ 1,213.00	(1,212.95)	0.05	1/10/25
2900	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 5,727.00	(5,726.16)	0.84	1/10/25
Total				\$ 6,940.00			

Reason for Request:

To cover GIS overtime and employee medical & hospital insurance for FY2024.

[Redacted Signature]

Department Head

01/10/2025

Date

[Signature]

Chief Financial Officer

Date

1/15/25

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 _____	

Tech - 1/21/25
FIN/CB - 1/28/25

[Handwritten mark]