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DuPage County, Illinois  
BUDGET ADJUSTMENT  
Effective January 1, 2025

From: 1500  
Company #

F425

DOT ADMINISTRATION  
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	
3500	50010		OVERTIME	\$ 4,947.00	16,128.55	11,181.55	1/6/26
Total				\$ 4,947.00			

To: 1500  
Company #

DOT ADMINISTRATION  
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	
3500	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 4,947.00	(4,946.43)	0.57	1/6/26
Total				\$ 4,947.00			

Reason for Request:

Additional funds needed for end of Fiscal Year 2025 Employee medical and hospital insurance.

Signature on file

Department Head Signature on file

1/6/26  
Date  
1/12/26  
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 _____		

DOT - 1/20/26  
FIN/CB - 1/27/26

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