

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

DNA BACKLOG RED PROG GRTS

From: 5000
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		
4510	54110		EQUIPMENT AND MACHINERY	\$ 5,100.00	5,100.00	0	2/7/24	5000-9104
Total				\$ 5,100.00				

DNA BACKLOG RED PROG GRTS

To: 5000
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		
4510	52000		FURN/MACH/EQUIP SMALL VALUE	\$ 5,100.00	2,200.00	7,300.00	2/7/24	5000-9104
Total				\$ 5,100.00				

Reason for Request:

The original grant budget included >\$5000 for the purchase of a refrigerator/freezer, but current estimates indicate the purchase will be <\$5000, requiring transfer of funds from 54110 to 52000.


 Department Head _____ Date 2/7/2024

 Chief Financial Officer _____ Date 2/9/24

Activity 15PBJA23GG01275
(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 - 2/20/24
FIN/CB - 2/27/24



FY23

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1100
Company #

CTY CLERK DOC STORAGE FEES
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		
4210	50040		PART TIME HELP	\$ 556.00	2,753.36	2,177.36	2/8/24	1100-9130
Total				\$ 556.00				

To: 1100
Company #

CTY CLERK DOC STORAGE FEES
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		
4210	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 556.00	(555.89)	0.11	2/8/24	1100-9130
Total				\$ 556.00				

Reason for Request:

To cover FY23 employer share social security costs

[Redacted Signature]

Department Head

2/8/24
Date

Activity _____
(optional)

Chief Financial Officer

2/9/24
Date

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

FIN - 2/27/24
CB - 2/27/24

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