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: Prior to Transfer	After Transfer	Date of Balance
6100	50010		OVERTIME	$ 3,000.00	16,454.80	13,454.80	8/10/26
6100	50040		PART TIME HELP	$ 2,500.00	35,081.47	32,581.47	8/10/26
6100	52100		I.T. EQUIPMENT-SMALL VALUE	$ 3,000.00	10,304.77	7,304.77	8/10/26
			Total	$ 8,500.00			

To: 1000 (Company #)

PROBATION & COURT SERVICES
To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance: Prior to Transfer	After Transfer	Date of Balance
6100	50030		PER DIEM/STIPEND	$ 8,500.00	(3,500.06)	4,999.94	8/10/26
			Total	$ 8,500.00			

Reason for Request:

Transfer funds to cover the bilingual stipend for staff per the collective bargaining agreement for FY'26. The stipend will be reimbursable by the Administrative Office of the Illinois Courts (AOIC).

Signature on file
Department Head — 8-10-2026 Date

Signature on file
Chief Financial Officer — 8/11/26 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_____

JPS - 8/18/26
FIN/CB - 8/25/26

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 1000 (Company #)

DUI EVALUATION PROGRAM
From: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance: Prior to Transfer	After Transfer	Date of Balance
6110	50040		**PART TIME HELP**	$ 900.00	6,542.92	5,642.92	8/10/26
				Total	$ 900.00		

To: 1000 (Company #)

DUI EVALUATION PROGRAM
To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance: Prior to Transfer	After Transfer	Date of Balance
6110	50030		**PER DIEM/STIPEND**	$ 900.00	(153.84)	746.16	8/10/26
				Total	$ 900.00		

Reason for Request:

Transfer funds to cover the bilingual stipend for staff per the collective bargaining agreement for FY'26.

[redacted]
Department Head — 8-10-2026 (Date)

[redacted]
Chief Financial Officer — 8/11/26 (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 _____

JPS - 8/18/26
FIN/CB - 8/25/26