

DuPage County, Illinois  
BUDGET ADJUSTMENT  
Effective October, 2022

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            | 50080   |             | SALARY & WAGE ADJUSTMENTS | \$ 8,836.00 | 8,836.00                                | 0              | 11/29/23        |
|                 |         |             |                           |             |   |                |                 |
|                 |         |             |                           |             |   |                |                 |
|                 |         |             |                           |             |   |                |                 |
|                 |         |             |                           |             |   |                |                 |
|                 |         |             |                           |             |   |                |                 |
| Total           |         |             |                           | \$ 8,836.00 |   |                |                 |

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            | 50010   |             | OVERTIME                      | \$ 1,000.00 | (258.35)                                | 741.65         | 11/29/23        |
| 6130            | 51040   |             | EMPLOYEE MED & HOSP INSURANCE | \$ 7,836.00 | (3,392.99)                              | 4443.01        | 11/29/23        |
|                 |         |             |                               |             |   |                |                 |
|                 |         |             |                               |             |   |                |                 |
|                 |         |             |                               |             |   |                |                 |
|                 |         |             |                               |             |   |                |                 |
| Total           |         |             |                               | \$ 8,836.00 |   |                |                 |

Reason for Request:

Need to transfer funds to cover employee medical expenses for FY'2023

Signature on file

Department Head

*CM*

Chief Financial Officer

11-28-2023

Date *11/30/23*

Activity

(optional)

\*\*\*\*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 _____ |                    |  |

JPS - 12/5/23  
FIN/CB - 12/12/23