DuPage County, Illinois BUDGET ADJUSTMENT Effective May 3, 2023

						ANIMAL SERVICES		
From	Company #	-		From: C	ompany/Acco	unting Unit Name		T-6
Accounting	, .	Sub-Account	Wal.	7.02	Nestro Logo	Availab	ept Use Only e Balance	Date of
Unit	Account	Suo-Account	Title		mount	Prior to Transfer	After Transfer	Balance
1300	51070		TUITION REIMBURSEMENT	\$	1,500.00		0	10/12/23
1300	53260		WIRELESS COMMUNICATION SVC	\$	1,500.00	2,735.54	1,235.54	10/12/23
1300	53220		WATER & SEWER	Ś	2,000.00	3,715.22	1,715.22	10/12/23
1300	53804		POSTAGE & POSTAL CHARGES	\$	2,500.00	7,001.81	4,501.81	10/12/23
			Total	s	7,500.00			
Tou	1100					ANIMAL SERVICES		
10.	Company #	•		ro: Com	pany/Accoun	ting Unit Name		
ccounting							pt Use Only	
Unit	Account	Sub-Account	Title	^	mount	Prior to Transfer	e Balance After Transfer	Date of Balance
1300	50050		TEMPORARY SALARIES	\$	1,500.00	353.67	1,853.67	10/12/23
1300	51040		EMPLOYEE MED & HOSP INSURANCE	\$	6,000.00	(3,306.03)	2,693.97	10/12/23
				1.				
			Total	\$	7,500.00			
	Reason for Req		FY23: Transfer funds to cover the cost of temporary em	nlovee sata	ries during f	ull time staff shorter	to and employed	
			medical/hospitilization insurance costs	ipiojee suii	and during i	un time stan snortaț	ge and employee	
								D
		1.50						while
				Departme	ent Head			Date Date
				omarkine and the		M		Iplix
	Activity			Chief Fin	ancial Officer	~ /' <sub>1</sub>		10110
		(	(optional)			T		Date
			****Please sign in blue ink on	the origina	form****			
ſ	H.7		Finance Department Use Onl	ly				
F	iscal Year	5 Budget Jo	urnal # Acctg Period					
	8 1							
	ntered By/Date		Released & Posted					

AS - 10/17/23 FIN/CB - 10/24/23 DuPage County, Illinois BUDGET ADJUSTMENT Effective October, 2022

From:		_		From: 0	Company/Acco	HUMAN SERVICES unting Unit Name		-
	Company #					Finance De Available	Date of	
ounting Unit	Account	Sub-Account	Title	1	Amount	Prior to Transfer	After Transfer	Balance
		Jubracount				430,963.06	428,463.06	9287
1750	53827		PARA TRANSIT PROGRAM EXPENSE	\$	2,500.00	150, 163.06	900, 163,00	(19-01-9)
			Total	s	2,500.00			
			75.11		2,500.00	HUMAN SERVICES		
To:	1000 Company #	-		To: Con	npany/Account	ing Unit Name		
ounting	,						ept Use Only e Balance	Date of
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
1750	51070		TUITION REIMBURSEMENT	5	2,500.00	(5.00)	2,495,00	9/28/23
-								
			Total	\$	2,500.00			
,	Reason for Req	COR.	ludget Transfer to cover the cost of an employee's tuitlo	n reimburs	ement.			9/27/2
	Activity	-			andal Officer	VIII		Date (3)
		(0	optional) ****Please sign in blue ink on	the origina	al form****			
	7	7	Finance Department Use On	ly				
	scal Year 🕂		rnal # Acctg Period					
	ntered By/Dat		Released & Posted I					

HHS- 10/17/23 FINCB- 10/24/23

₩ Tenathyta waanka gasala DuPage County, Illinois BUDGET ADJUSTMENT Effective May 3, 2023

Erom	Lompany #	#0 E		From: Company/Accounting Unit Name				
counting Unit	Account	Sub-Account	Title		Finance (	Dept Use Only old Balance	Date of	
				Amount	Prior to Transfer	After Transfer	Balance	
2.100	54110		EQUIPMENT AND MACHINERY	\$ 8,430	00 8,430.95	0.95	10/16/23	
							-	
			Total	\$ 8,430	00			
Tall	1200				DINING SERVICES			
	Company #			To: Company/Acco	unting Unit Name			
unting						ept Use Only le Balance	Date of	
Jnit	Account	Sub-Account	DH e	Amount	Prior to Transfer	After Transfer	Balance	
025	54110		EQUIPMENT AND MACHINERY	\$ 8,430 0	0 3,286, 85	11,716.85	10/16/23	
					_			
		8	Total	\$ 8,430.0	0			
R	ieason for Requ	P1						
			ransfer monies to allow for the purchase of a new ov as very costly for the repair. It was apparent that is w	en at the Care Center. as more cost effective	This oven is older that to purchase a new ove	n 10 years and it		
		L_			1		. 1	
							10/12/	
				Department Head	- hu		iolupl	
	Activity	_		Chief Financial Offic	er		Date	
		(0,	ptional) ****Please sign in blue ink or	the original form***				
		7	Finance Department Use O	niy .				
Fit	scal Year Z	3 Budget Jou	Finance Department Use O.  rnal # Acctg Period	ily				

HS-10/17/23 FIN/CB-10/24/23

## DuPage County, Illinois BUDGET ADJUSTMENT Effective October, 2022

From:		-21		ACCE From: Company/Acco	SS & VISITATION GRA unting Unit Name	ANTS	e:
Accounting	Company #				Available	pt Use Only e Balance	Date of
Unit	Account	Sub-Account	Title	Amount	Prior to Transfer	After Transfer	Balance
1670	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 600.00	18,187.04	17,587.04	10/3/23
							-
			Total	\$ 600.00			
				9			
				ACCE	SS & VISITATION GRA	INTS	
To:	5000			To: Company/Account	ing Unit Name		•
	Company #	•					
						pt Use Only	
Accounting		Cub Assourt	Title			Balance After Transfer	Date of
Unit	Account	Sub-Account		Amount	Prior to Transfer	After Transfer	Balance
1670	51050		FLEXIBLE BENEFIT EARNINGS	\$ 600.00	(100.00)	500.00	10/3/23
						1	
					-		
			Total	\$ 600.00			
	Reason for Req		Budget transfer needed to accommodate for Flex Ber	andit Formings that are a	aid aut instead of	an a sing and and	
		- 1	insurance.	nerit Earnings that are p	ald but instead of (	covering medical	
			in our arrect.				
						1	
		L		Wh =			
							10/10/202
				Department Head	_		Date
				(\W			valial27
							ralm(1)
	Activity	-	2021-55-024004B	Chief Financial Officer	Ĭ.		Date
			(optional)  ****Please sign in blue ink on	the original form****			
			Please sign in plue ink on	the original form			
ſ			Finance Department Use On	nly			
	2	3	17 20				
	Fiscal Year	Budget Jo	ournal # 16 O Acctg Period 1				
	Entered By/Dat	e MM	10/11/23 Released & Posted	Bu/Date			
	entered by/ Dat		Keleased & Posted	by/Date			
į							

HUS - 10/17/23 FIN/CB - 10/24/23 DuPage County, Illinois BUDGET ADJUSTMENT Effective May 3, 2023

						IS ASSISTANCE COM	MISSION	
From:				From	: Company/Acco	unting Unit Name		
	Company #					F1		
							pt Use Only e Balance	Date of
ccounting Unk	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
5851	50000		REGULAR SALARIES	s	851.00	74.085.21	78,234.22	10/6/23
						2,000.00	0	10/6/23
5851	50050		TEMPORARY SALARIES	. 5	2,000.00	2,000.00		100.7
				-				
			Total	s	2.851.00			
			1010		2,052,00			
					VETERANS ASS	ISTANCE COMMISSIO	N	
To:	4500			To: C	ompany/Accoun	ting Unit Name		-
	Company #	•						
							pt Use Only	
ccounting Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	Balance After Transfer	Date of Balance
		300-Account		1.		(2,850,27)	0 73	10/627
5851	51000	-	BENEFIT PAYMENTS	S	2,851.00	[3/00071]	U. //	10/ 0/1
				-				
								2.
-			Total	Ś	2,851.00			
				1	2,00	'		
	Reason for Req	quest:						
			To cover the shortage in Benefit Payments.					
				-			J	11/2
								Uct 6, 61
				Depar	rtment Head			Date
						Cul		Oct 6, 20 pate [0/4/7]
	Activity			Chief	Financial Officer	-		Date
	Activity		(optional)	Cilici	rindificial Officer			Date
			****Please sign in blue ink or	the ori	glnai form****			
ſ			Figure Pagette ent Han Co	al.				
	A	7	Finance Department Use Or	niy				
	Fiscal Year	Budget .	ournal# Acctg Period					
- 1								
	Entered By/Da	te	Released & Poste	d By/Da	te			

value in a 8 for \$6

VAC- 10/18/27 FIN/CB- 10/24/23