From		_		From:	Company/Acco	Unting Unit Name		-8
	Company #				-			
ccounting							ept Use Only le Balance	Data of
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Date of Balance
5900	50099		NEW PROGRAM REQUESTS-PERSONNEL	Ś	60,000.00	125,000.00	65,000.00	
3300	50035		NEW PROGRAM REQUESTS-PERSONNEL	3	60,000.00	(4),000,00	63,000.00	5322
			Total	\$	60,000.00			
						CIRCUIT COURT		
To	1000 Company #			To: Co	mpany/Account			2
counting							ept Use Only e Balance	_ Date of
Unit	Account	Sub-Account	Title	. M	Amount	Prior to Transfer	After Transfer	Balance
5900	50000		REGULAR SALARIES	\$	60,000.00	940,371.03	1,000,371.03	5/3/22
			Total	\$	60,000.00			
,	Reason for Requ	Fu	II-time Court Interpreter - FY23 budgeted position for	new prog	ram request w	as filled 12/1/2022.	Money needs to	
		be	transferred from New Program Requests to Regular S	alarles.				
		L						5/8/2
				;	07	Ш		Date 5/5
	Activity	(op	otional)		nancial Officer			Date
			****Please sign in blue ink on Finance Department Use On		al form****			
	scal Year	Budget lour	nal # Acctg Period	iy				
Fi		baaber /our	rai # Acces Period					

JPS - 5/1627 FINCS - 5/23/27

	1300	_		From	: Company/Acco	CORONER'S FEE ounting Unit Name		
ccounting					. company/Acco	Finance (
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer		Date of Balance
4130	53828		CONTINGENCIES	\$	5,000.00	8,000,00	3 000.00	Doran
					9,000,00		3,000,00	
				- -				
			Total	\$	5,000.00			
				100				
To:	1300			To: Co	mpany/Accounti	CORONER'S FEE		
	Company#				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
counting Unit	Account					Finance De Available	ept Use Only e Balance	Date of
4130	Account 52260	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
4130	32200		FUEL & LUBRICANTS	\$	5,000.00	0	5,000.00	
				+				
			Total	\$	5,000.00			
_								
R	leason for Requ		cover the expenses of gasoline for county vehicles ut	lized by co	unty amplayees	for our office		
R	leason for Requ		cover the expenses of gasoline for county vehicles uti	lized by co	unty employees	for our office.		
R	leason for Requ		cover the expenses of gasoline for county vehicles uti	lized by co	unty employees	for our office.		
R	leason for Requ		cover the expenses of gasoline for county vehicles uti	lized by co	unty employees	for our office.		T
R	leason for Requ		cover the expenses of gasoline for county vehicles uti	lized by co	unty employees	for our office.		-/ 1
R	leason for Requ		cover the expenses of gasoline for county vehicles ut	lized by co	unty employees	for our office.		5/2/
R	leason for Requ		cover the expenses of gasoline for county vehicles ut		nent Head	Ā	2	12/
R	leason for Requ		cover the expenses of gasoline for county vehicles ut	Departm	nent Head	Ā		5/2/
R		То	ional)	Departm	nent Head	Ā		5/2/ abo 5/3 ste
A		То	ional) ****please sign in blue ink on	Departm Chief Fin	nent Head	Ā		5/5/
	Activity	(opt	ional) ****please sign in blue ink on Finance Department Use On	Departm Chief Fin	nent Head	Ā		5/5/
		(opt	ional) ****please sign in blue ink on	Departm Chief Fin	nent Head	Ā		5/5/

JPS - 5/16/27 FINGS - 5/23/27

Fron	1200			-	M	AINTENANCE & CAPI	TAL	g.
.,	Company #			From	: Company/Acc	ounting Unit Name		
counting	;						ept Use Only le Balance	Date o
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
2040	54010	-	BUILDING IMPROVEMENTS	\$	23,880,00	2,407,515.28	1,383,635.28	SMA
	-	ļ		_		100	P M	
	-							
	-			-				
			Total	\$	23,880.00			
					MA	INTENANCE & CAPIT	'Ai	
To:				To: Co	mpany/Accoun		AL	
	Company #							
counting							pt Use Only Balance	Date of
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Baiance
2040	53010		ENGINEERING/ARCHITECTURAL SVC	\$	23,880-00	113,000,00	136,880.00	51123
				-				
				_				
				-				
				-				
				-				
			Total	\$	23,880.00			
	Reason for Requ							
			Transfer monies from Building Improvements to Engineer Services for the upcoming DuPage Care Center Renovation	ring/Arch	itectural Service	s for WSP for engine	ering and design	
		1	was a guesstimate and had not yet been bid out, therefor	e, we did	not have an acc	urated amount for t	hese services	
		1						
		L						
		L						5-4-
		L		/ глеруп п	пенстеж:			5-4-
		L		0	Zun			5-4-
	Activity	L		\mathcal{Q}_{\perp}	2lm		8	
	Activity	<u> </u>	optional)	Chlef Fir	ancial Officer		8	15/
	Activity	<u></u>	optional) ****Please sign in blue ink on	Chlef Fir	ancial Officer		8	15/
Γ	Activity	[(Chlef Fin	ancial Officer		8	15/
F	Activity)	****Please sign in blue ink on Finance Department Use Onl	Chlef Fin	ancial Officer		8	15/
	Δ-	Budget Jou	****Please sign in blue ink on	Chlef Fli	anancial Officer		8	15/

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Company # Finance Dept Use Only Available Balance	_						IUNITY DEV BLOCK G	RANTS
Department Project Department Project Department Project Department Project Department Project Department Department Project Department Departme	From:		-		Fron	n: Company/Acco	ounting Unit Name	
Total Sub-Account Sub-Account Title Amount Prior to Transfer After Transfer After Transfer Society Company # Total Sub-Account Title Amount Prior to Transfer After Transfer After Transfer Account Sub-Account Title Amount Prior to Transfer After Transfer After Transfer Add Sub-Account Title Amount Prior to Transfer After	counting	oonipant n						
RESULANS ALLERS S \$25,00.00 CORG CVADURI PART TIME HELP \$4,000.00 77, 149, 140 37, 148, 140 110, 1	Unit	Account			_	Amount		
Substitution Substi	1440	50000		REGULAR SALARIES	\$	325,000.00	918,868.55	593,868.00
STOTO COBSC-CVADMIN EMPLOYER SHARE I.M.R.F. \$ \$ \$0,000.00 Id. IS4. 3 III. III	1440	50040	CDBG-CVADMIN	PART TIME HELP	\$	40,000.00	77,489.20	37,489,20
Side Cord CVADMIN EMPLOYEE SHARE SOCIAL SECURITY Side S	1440	51010	CD8G-CVADMIN	EMPLOYER SHARE I.M.R.F.	\$	50,000.00		112,154.21
Total \$ 500,000.00 Total \$ 500,000.00 Total \$ 500,000.00 Vi_048.06 96,048.06	1440	51030	CDBG-CVADMIN	EMPLOYER SHARE SOCIAL SECURITY	5		113.029.52	78,099,52
To:	1440	51040	CDBG-CVADMIN	EMPLOYEE MED & HOSP INSURANCE	\$			
To: S000 Company # Finance Dept Use Only Available Balance Finance Dept Use Only Available Balance				Total	\$	500,000.00		
Company # Finance Dept Use Only Available Balance Account Sub-Account Title Amount Prior to Transfer After Transfer 440 53820 CDCV21-01 GRANT SERVICES \$ 500,000.00 , 47, 433, 76 , , , , , , , Total \$ 500,000.00 Reason for Request: A budget transfer is required to move the projected unspent admin funding to Project CDCV21-01 :- Care Center Rehab project in order to fully expend the grant award. Department Hoad CMD STATE Chief Financial Officer (optional) ****Please sign in blue Ink on the original form**** Finance Department Use Only Fiscal Year Budget Journal # Acctg Period Acctg Period Acctg Period ****Please Sign in blue Ink on the original form****	To:	5000			Tour			RANTS
Account Sub-Account Title Amount Prior to Transfer After Transfer Account Sub-Account Title Amount Prior to Transfer After Transfer Account Sub-Account Title Amount Prior to Transfer After Transfer S 500,000.00 11, 147, 437, 96 11, 647, 437, 96 II, 147, 437, 96 11, 647, 437, 96 III, 147, 437, 96 III, 147			-		10.0	ompany/Account	ting Onit Name	
Init Account Sub-Account Title Amount Prior to Transfer After Transfer 440 53820 CDCV21-01 GRANT SERVICES \$ 500,000.00]], 147, 433, 96]], 64	ounting							
Activity Chief Financial Officer (optional) Actty Year Budget Journal # Actty Period Actty Per	Unit	Account	Sub-Account	Title		Amount		
Activity Activity Total \$ 500,000.00 Reason for Request: A budget transfer is required to move the projected unspent admin funding to Project CDCV21-01: Care Center Rehab project in order to fully expend the grant award. Chief Financial Officer (optional) Finance Department Use Only Fiscal Year 3 Budget Journal # Acctg Period	1440	53820	CDCV21-01	GRANT SERVICES	\$	500,000.00	11,147,433.96	
Activity Activi								1,5
Activity Activi								
Activity Activi								
Activity Activi								
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Activity Activity Activity Activity Activity Activity Budget Journal # Acctg Period				Total	\$	500,000.00		
Activity Chief Financial Officer ****Please sign in blue ink on the original form**** Finance Department Use Only Fiscal Year 3 Budget Journal # Acctg Period	F	Reason for Req	uest:					
Activity Chief Financial Officer ****Please sign in blue ink on the original form**** Finance Department Use Only Fiscal Year 3 Budget Journal # Acctg Period		œ.	L	A budget transfer is required to move the projected unknown and the grant award.	nspent	admin funding t	o Project CDCV21-0	1 :- Care Center
Finance Department Use Only Fiscal Year 3 Budget Journal # Acctg Period		Activity	<u> </u>	(optional)			MP	5/5/8
Fiscal Year 3 Budget Journal # Acctg Period					e origir	al form****		
				Finance Department Use Onl	y			
	Fi	scal Year	Budget Jo	urnal # Acctg Period				
Entered By/Date Released & Posted By/Date	Clest Clest	E2/40						
	En	itered By/Dat	e	Released & Posted	By/Dat	e		

HHS- S/ 16A3 FIN/18-5A3A3

Fram				DUPAGE ANIMAL FRIENDS GRANTS From: Company/Accounting Unit Name				
From	: 5000 Company #			From:	Company/Acco	unting Unit Name		
ounting						Avallab	ept Use Only le Balance	Date of
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
1310	52200		OPERATING SUPPLIES & MATERIALS	\$	1,690.00	1,982.00	292,00	5/202
1310	53610	ļ	INSTRUCTION & SCHOOLING	\$	245.00	17,510,00	17,265,00	SALI
1310	52320		MEDICAL/DENTAL/LAB SUPPLIES	\$	1,900.00	3,012.50	1,112.50	520
			Total	s	3,835.00			
					DUPAG	E ANIMAL FRIENDS (GRANTS	
To:	5000			To: Cor		ting Unit Name	THE STATE OF THE S	73.
	Company #							
ounting							ept Use Only le Balance	Date of
Jnit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
310	53500		MILEAGE EXPENSE	\$	490.00	Ø	490.00	5273
310	53510		TRAVEL EXPENSE	\$	245.00	1,000:00	1,245,00	520
310	53090		OTHER PROFESSIONAL SERVICES	\$	3,100.00	22.832.00	25,932.00	8212
							1	
			Total	\$	3,835.00			
	Reason for Req	1	DAFUNR23: To cover the cost of Humane Education spay/neuter veterinary services increases	n Coordin	ator travel to	APHE Conference	and high-volume	
		Ę			nent Head	Ч	05	18/2
	Activity	1	DAFUNR23 (optional)	Chief Fi	nancial Officer			Date
\$2-		`	****Please sign in blue ink on t	the origina	l form****			
	iscal Year	3 Budget Jo	Finance Department Use Or urnal # Acctg Period	nly				
F	iscar rear							
	ntered By/Date		Released & Posteo	l Bu/Data				

AS - 5/1627 PANCB - 52327

From:	5000			From	: Company/Acco	R REGISTRATION SY ounting Unit Name	'M GRTS	_
	Company #				Jampany/HOX			
Accounting							ept Use Only le Balance	Date of
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Balance
4250	53800		PRINTING	\$	40,000.00	40,000.00	6	51723
4250	53804		POSTAGE & POSTAL CHARGES	\$	100,000.00	,	0)	\$1723
4250	53807		SOFTWARE MAINT AGREEMENTS	\$		27994U.W	80,156,00	81773
								1 1 1 1 1
			Total	\$	339,784.00			•
					II VOTE	D DECISION AND AND AND AND AND AND AND AND AND AN		
To:	5000	_		To: Co	mpany/Account	R REGISTRATION SY	M GRTS	-
С	ompany#				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ccounting							ept Use Only e Balance	Data of
Unit	Account	Sub-Account	Title		Amount	Prior to Transfer	After Transfer	Date of Balance
4250	52000		FURN/MACH/EQUIP SMALL VALUE	\$	2,052.00	9	2,052,00	5/1723
4250	52100		I.T. EQUIPMENT-SMALL VALUE	\$	277,601.00	8	277,601.00	51743
4250	53260		WIRELESS COMMUNICATION SVC	\$	51,635.00	0	51,635,00	5/1773
4250	54100		IT EQUIPMENT	\$	8,496.00	Ø	8,496.00	51703
				-				
			Total	\$	339,784.00			
Re	ason for Requ	Care						
		1	O COVER COSTS ASSOCIATED WITH THE ILLINOIS VOTER	REGISTR	ATION SYSTEM			
		1						
		L						
								5-16-2
				Depart	пенс неао	hai		5-16-8 Date
						M		5/17/23
	Activity	(0	ptional)	Chief Fi	nanclal Officer	/ /		Date
		,-	****Please sign in blue ink on	the origin	al form***			
			Finance Department Use Onl	v	-			
Fisc	al Year	Budget Jour	rnal # Acctg Period					
ente	red By/Date		Released & Posted E	y/Date_				

FIN/CB- 5/23/23