2016 FUND TRANSFER REQUEST FORM

		Human Services Department	ORGAN	NIZATION	Fund 2600		DATE	1/25/2017	
	FTR:	170127-2016-31 Consolidated foods Incr							
TRANSFER AMOUNT(S) FROM			•		FOR ACCOUNTIN		ING USE ONL	Y	
Amount in Whole		Account Title	Account Nu	mber (ORGN	Budget	Encumbered	Expended	Balance	
	\$\$		O	BJT)	Amount	Amount	Amount		
1	\$6,421	Nutrition Donations	ACBADMIN	81535					
2									
3									
4									
5									
6									
7									
8									
9									
10	\$6,421	Transfer From Total							
		TRANSFER AMOUNT(S) TO			FOR ACCOUNTING USE ONLY				
Amount in Whole		Account Title	Accoun	t Number	Budget	Encumbered	Expended	Balance	
	\$\$				Amount	Amount	Amount		
1	\$6,421	Consolidated Foods - Meals	ACBCLBPA	CLMLAA					
2									
3									
4									
3									
4									
5									
6 7									
8									
9									
10	\$6 /21	Transfor To Total							
10 \$6,421 Transfer To Total ACTION:									
This FTR increases Nutrition Donations revenue for 2016. In 2016, there were				Dept/C	t/Committee Date		Approved	Denied	
additional donations from sites that will be distributed to catering contracts that have				Department Head 1/31/2017			Doniou		
overutillized for 2016.				Oversight Committee		0			
				Controller					
				County Execu	Itive				
				Finance Com					
				Initial Request to b	Initial Request to be submitted to Controller for fund availability. The Department Head will assume				
			responsibility for ge	responsibility for getting oversight committee approval before submitting request.					