2015
FUND TRANSFER REQUEST FORM

2014 FTR-103

		ENCY Human Services Department		ORGANIZATION		Fund 2600		12/9/2014
	FTR:	141210-2015-05						
TRANSFER AMOUNT(S) FROM					FOR ACCOUNTING USE ONLY			
Amount in Whole \$\$		Account Title		mber (ORGN BJT)	Budget Amount	Encumbered Amount	Expended Amount	Balance
1		Kinship Care	CYFALTCR	80785	828968		_	828968
2	\$892	Kinship Care	CYFSUPRT	80785	67549	_	-	107549
3								
4								
5								a)
6								
7								
8								
9								
10								
	\$19,225	Transfer From Total				25 4 6 6 6 1 11 17	1110 1105 011	
TRANSFER AMOUNT(S) TO					FOR ACCOUNTING USE ONLY Budget Encumbered Expended Balance			
Amount in Whole \$\$		Account Title	Accour	Account Number		Encumbered Amount	Expended Amount	Balance
1	\$18,333	Title IV-E Legal Services	CYFALTCR	ACKCAA	828968	_	^	828968
2	\$829	Limited Term Employee	CYF-ADM	AAYGAA	38993		_	38993
3	\$63	Social Security	CYF-ADM	AAYPAA	135208			135208
4								
5								
6								
7								
8				(8)				
9								
10								
_	440.005							
VDI A		Transfer To Total		1	ACTION: A	nnrayod 10/1E/0	014 0 D F	
Contract for Kinding Care.					ACTION: Approved 12/15/2014 G.P. Foster I Dept/Committee Date Approved Denied			
					Department Head		Lynn Freen	Deffied
					Oversight Committee		HIN	
				Controller	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	1/15/15	29	
				County Exec	cutive	0-30-14	1.8.51-	-
				Finance Con		1/20/10	HHID	
					Initial Request to be submitted to Controller for fund availability. The Department Head will assume			
				responsibility for	getting oversight comm	ittee approval before s	submitting request.	