

FUND TRANSFER REQUEST FORM

AGENCY Public Works			ORGANIZATION Highway & Transportation			DATE 3/18/19	
TRANSFER AMOUNT(S) FROM				FOR ACCOUNTING USE ONLY			
Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance	
1	400,000	CTH N-CTH B TO KOSHKONONG	HWCONCAP-59040	421,902			421,902
2							
3							
4							
5							
TRANSFER AMOUNT(S) TO				FOR ACCOUNTING USE ONLY			
Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance	
1	400,000	CTH AB –MONONA DR TO US 51	HWCONCAP-52210	1,600,000			1,600,000
2							
3							
4							
5							
6							
7							
EXPLANATION			ACTION				
Transfer funds for additional project costs.			Dept/Committee	Date	Approved		Denied
			Oversight Committee				
			Controller				
			County Executive				
			Finance Committee				
Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.							