

FUND TRANSFER REQUEST FORM

	AGENCY Human Services Department	ORGANIZATION	Fund 2600	DATE	7/14/2016	
	FTR: 160718-2016-21 Post Reunification Incr					
TRANSFER AMOUNT(S) FROM			FOR ACCOUNTING USE ONLY			
Amount in Whole \$\$	Account Title	Account Number (ORGN OBJT)	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$198,000 POST-REUNIFICATION SUPPORT	CYFSUPRT 80711				
2						
3						
4						
5						
6						
7						
8						
9						
10						
\$198,000 Transfer From Total						
TRANSFER AMOUNT(S) TO			FOR ACCOUNTING USE ONLY			
Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$198,000 POST-REUNIFICATION SUPPORT	CYFDSSCL FMPRAA				
2						
3						
4						
5						
6						
7						
8						
9						
10						
\$198,000 Transfer To Total						
EXPLANATION: Increase budget to what we are receiving from state grant.			ACTION			
			Dept/Committee	Date	Approved	Denied
			Department Head	7/18/2016	<i>L. Green</i>	
			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.						