

FUND TRANSFER REQUEST FORM

2014 FTR-025

AGENCY **Executive's Office** ORGANIZATION **Office of Economic and Workforce Development** DATE **5/22/2014**

TRANSFER AMOUNT(S) FROM

FOR ACCOUNTING USE ONLY

Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Actual Amount	Balance
1	South Madison Fresh Market POS Expenses	OED 32443	30,655	13,220	15,075	2,360
2						
3						
4						

TRANSFER AMOUNT(S) TO

FOR ACCOUNTING USE ONLY

Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Actual Amount	Balance
1	South Madison Fresh Market Expenses	OED 22445	300	0	1,235	(935)
2						
3						

EXPLANATION

Staff conducted business planning services including advertising and outreach, out of the Planning and Development Dept. on behalf of the grantee Robert Pierce, South Madison Farmer's Market. Funds need to be transferred from the POS account to the Expense account to cover those costs. All expenditures are eligible under the grant, and approved by the grantee.

ACTION

Dept/Committee	Date	Approved	Denied
Oversight Committee	6/12/14	<i>[Signature]</i>	
Controller	5/28/14	<i>[Signature]</i>	
County Executive	5-28-14	<i>[Signature]</i>	
Finance Committee	6/16/14	<i>[Signature]</i>	

Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.

JNL 223