## FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGAN	IIZATION			DATE	1/21/2015	
	FTR:	150121-2015-12							
TRANSFER AMOUNT(S) FROM					F	FOR ACCOUNTING USE ONLY			
Amount in Whole		Account Title	Account Number (ORGN		Budget	Encumbered	Expended	Balance	
\$\$			OBJT)		Amount	Amount	Amount		
1		FOOD STAMP EMPLOYMENT & TRAINING	EAEMPWW	81360					
2	\$99,186	FSET 50/50 EXPENSES	EATRNTBD	FUETAA					
3									
4									
5									
6									
7									
8									
9 10									
10									
	¢109.270	Transfer From Total							
	\$190,37U							V	
				h Niumah a r			ING USE ONL		
Amount in Whole \$\$		Account Title	Account Number		Budget Amount	Encumbered Amount	Expended Amount	Balance	
1		EMPLOYMENT & TRAINING	EATRNETA	FUETAA	Amount	Amount	Amount		
2		FOOD STAMP EMPLOYMENT & TRAINING	EATRNMUM						
3		ADVANCE EMPLOYMENT & TRAINING	EATRNULM	FSETAA					
4	<i>\\</i> 02,100		E/ (III (IOEM	1021/01					
5									
6									
7									
8									
9									
10									
		•	•						
	\$198,370	Transfer To Total							
EXPLANATION:				ACTION: Approved G.P. Fost/2/2015					
out for Employment & Training MUM and Urban League programs (for 1st three					ommittee	Date	Approved	Denied	
				Department He		1-22-2015	Lynn Green		
				Oversight Com	mittee				
				Controller	-				
				County Executive					
				Finance Comm		landan fundi il Liiii	The Densel and the	4	
					Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.				