## **FUND TRANSFER REQUEST FORM**

AGENCY C	048 ORGAN	NIZATION	V 540				DATE 6	1/25/2016	
TRANSFER AMOUNT(S) FROM					FOR ACCOUNTING USE ONLY				
Amount in Whole \$\$			Account Number		(45) HELDON (45) (45)	mbered nount	Actual Amount	Balance	
1 \$8750	SALARIES + WAGES OFD	1000.9			_				
2 \$ 670	SOCIAL SECURITY DED	10108							
3 \$ 580	RETIREMENT FUND DED	10099							
4									
5									
6									
7							e.		
6									
TRANSFER AMOUNT(S) TO				FOR ACCOUNTING USE ONLY					
Amount in Whole \$\$	A WAS COMMON TO A WAS COMMON TO A CONTROL OF THE CO		Account Number			mbered nount	Actual Amount	Balance	
1 \$10,000	WRTP/BIG STEP OFD	328	45						
2	,								
3									
EXPLANATION				ACTION					
INCREASE	Dept/Committee		Date A		pproved	Denied			
INCREASE IN CONTRACT WITH  SIG STEN TO WORK ON RELOCATION OF  OSCAR MAYEN WORKORS.			Oversight Committee				. 1	2	
			Controller		2/2/16 40/		•		
			County Executive		1-28-14 Anorth T. Pan:		· · ·		
			Finance Co			V	•	W GARD	
	Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.								