

FUND TRANSFER REQUEST FORM

	AGENCY Human Services Department	ORGANIZATION	Fund 2600	DATE	9/19/2017	
	FTR: 170920-2017-11 Capital Transfer Dorm Demolition					
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	\$3,600 Building Repair Projects	HSCAPPRJ 57136				
2						
3						
4						
5						
6						
7						
8						
9						
10						
\$3,600 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	\$3,600 Demolition of Nurses Dorm	HSCAPPRJ 57291				
2						
3						
4						
5						
6						
7						
8						
9						
10						
\$3,600 Transfer To Total						
EXPLANATION: Change order for the nurse's dorm from the architect.			ACTION			
			Dept/Committee	Date	Approved	Denied
			Department Head	9/20/2017	<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.						