

FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	3/11/2015	
	FTR:	150311-2015-24					
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	\$45,000	Rapid Response School Crisis	CYFCTTBD CVSCAA				
2							
3							
4							
5							
6							
7							
8							
9							
10							
	\$45,000		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	\$45,000	School-Based MH Services	CYFCTCCI CVSCAA				
2							
3							
4							
5							
6							
7							
8							
9							
10							
	\$45,000		Transfer To Total				
EXPLANATION: Transfers the \$45,000 carry-forward from 2014 from a TBD line to the contract line.				ACTION: Approved 3/17/2015 <i>G.P. Foster I</i>			
				Dept/Committee	Date	Approved	Denied
				Department Head	3/17/2015	<i>G.P. Foster I</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.			