

## 2015 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	2/16/2015	
	FTR:	150218-2015-16					
<b>TRANSFER AMOUNT(S) FROM</b>				<b>FOR ACCOUNTING USE ONLY</b>			
	Amount in Whole \$\$	Account Title	Account Number (ORGN OBJT)	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$12,907	SDS Residential	ACDSHMCR GSDSAA				
2							
3							
4							
5							
6							
7							
8	<b>\$12,907</b>	<b>Transfer From Total</b>					
<b>TRANSFER AMOUNT(S) TO</b>				<b>FOR ACCOUNTING USE ONLY</b>			
	Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$11,990	ACS LTE	ACAADMIN AAYGAA				
2	\$917	Social Security	ACAADMIN AAYPAA				
3							
4							
5							
6							
7							
8	<b>\$12,907</b>	<b>Transfer To Total</b>					
EXPLANATION: To cover the cost of an LTE in DD adult unit.				ACTION: Approved G.P. Foster 2/24/2015			
				Dept/Committee	Date	Approved	Denied
				Department Head	2-24-2015	<i>Lynn 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.							