

## 2015 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	10/19/2015	
	FTR:	151021-2015-39 CARE WI Incr					
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	\$26,000	Care Wisconsin	ACBADMIN 81370				
2							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$26,000</b>	<b>Transfer From Total</b>					
TRANSFER AMOUNT(S) TO				FOR ACCOUNTING USE ONLY			
	Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$24,000	We Care - Care Wi Group Rides	ACBSTWCT TACWAA				
2	\$2,000	Transit Solution - Care Wi Group Rides	ACBSTTRS TACWAA				
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$26,000</b>	<b>Transfer To Total</b>					
EXPLANATION:  Increases Care Wisconsin Transportation revenue due to increase in number of rides at Transit Solutions and We Care.				ACTION: Approved G.P. Foster 10/23/15			
				Dept/Committee	Date	Approved	Denied
				Department Head	10/23/15	<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.			