

# 2015 FUND TRANSFER REQUEST FORM

2014 FTR-106

	AGENCY Human Services Department	ORGANIZATION Fund 2600	DATE 12/8/2014			
	FTR: 141208-2015-03					
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	\$73,599 CCS Implementation	ACFCRSDN CCSIAA	135000	-	-	135000
2						
3						
4						
5						
6						
7						
8	\$73,599 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	\$73,599 Community Partnerships CCS Provider Network	ACFCSCPI MACPAA	(NEW)			
2						
3						
4						
5						
6						
7						
8	\$73,599 Transfer To Total					
EXPLANATION: Creates a new account number for Community Partnerships (CCS Provider Network program). Funds are transferred from CCS Implementation line.			ACTION: Approved 12/15/14 G.P. Foster I			
			Dept/Committee	Date	Approved	Denied
			Department Head	12-16-2014	<i>Lynn Green</i>	
			Oversight Committee	1/15/15	<i>H.H.N.</i>	
			Controller	12/22/14	<i>[Signature]</i>	
			County Executive	12-30-14	<i>[Signature]</i>	
Finance Committee	1/26/15	<i>[Signature]</i>				
Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.						