FUND TRANSFER REQUEST FORM

	- 0							
AGENCY Er	Emergency Management ORGAN	ORGANIZATION E	mergen	Emergency Planning	g		DATE	10-3-14
	TRANSFER AMOUNT(S) FROM	OM			OR A	COUNTIN	FOR ACCOUNTING USE ONLY	~
Amount in Whole \$\$	Account Title	Account Number	mber	Budget Amount		Encumbered Amount	Expended Amount	Balance
1 \$5,000	Medical Reserve Corp Revenue	EMEMRPLN 81837	81837	ф		Ф	0	qa.
2					-			
3								
4								
5								
6								
7								
	TRANSFER AMOUNT(S) TO	O			FOR A	CCOUNTIN	FOR ACCOUNTING USE ONLY	~
Amount in Whole \$\$	Account Title	Account Number	ımber	Budget Amount		Encumbered Amount	Expended Amount	Balance
1 \$5,000	Medical Reserve Corps Grant	EMEMRPLN 21550	21550	6.668	-	1	4,620	2,048
2					-			
3								
EXPLANATION	2					ACTION		
The Wisconsin	The Wisconsin Department of Health Services (DHS) has		Dept/Committee	ımittee	Date		Approved	Denied
made an additi	made an additional \$5,000 available to Dane County in		Oversight Committee	mmittee	Washu	id ppo	1	-
support of the	support of the Medical Reserve Corps (MRC). This is not a support of the Medical Reserve Corps (MRC). This is not a		Controller		10/20/14	4 M		
County's MRC	County's MRC to bill against. Dane County Emergency		County Executive	utive	10-24-14	/4 V	My M. Row	-
MRC recruitme	MRC recruitment, training, equipment or deployment	=	Finance Committee	nmittee				
expenditures.			al Request to ume responsi	be submitted to bility for getting) Controlle oversight	r for fund availabi	Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.	nt Head will g request.