FUND TRANSFER REQUEST FORM

AC	SENCY	County Board	ORGAN	NIZATION Criminal Justice Council							DATE	1/28/16	
		TRANSFER AMOUN		FOR ACCOUNTING USE ONLY						_Y			
Amount in Whole \$\$			Account Title		Account Number		Budget Amount				ctual nount	Balance	
1	\$23,112	Pretrial Services Initiative	Pretrial Services Initiative		MCJAWCL 21975								
2													
3													
4													
5													
6													
7													
6													
TRANSFER AMOUNT(S) TO						FOR ACCOUNTING USE ONLY							
Amount in Whole \$\$			Account Title		nt Number	Budget Amount		Encumbered Amount			ctual nount	Balance	
1	\$23,112	Criminal Justice Initiative		MCJLAW	/CL								
2													
3													
EX	PLANATI	ON	ACTION										
					Dept/Committee		Date		Approved		Denied		
					Oversight Committee								
					Controller	Controller							
					County Exec	unty Executive							
					Finance Cor	ance 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.										