

2015 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	1/25/2016	
	FTR:	160126-2015-45 Soar CM 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	\$6,966	MA Case Management	ACFMHLTH 81430				
2							
3							
4							
5							
6							
7							
8	\$6,966	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	\$6,966	SOAR Case Management Program	ACFCLSOR CMCMAA				
2							
3							
4							
5							
6							
7							
8	\$6,966	Transfer To Total					
EXPLANATION: Increases the MA Case Management revenue and SOAR contract in order to pass through actual revenues earned for 2015.				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	1-26-16	<i>[Signature]</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.			