

## 2016 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	12/16/2015	
	FTR:	151218-2016-03 FSET Increase Hope Haven					
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	\$7,500	Food Stamp Employ & Training	CYFCFAP 81360	50000	0	0	50000
2							
3							
4							
5							
6							
7							
8							
9							
10	\$7,500	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	\$3,750	Hope Haven Rebos	CYFCRHHR BXHRAA	138942	0	0	138942
2	\$3,750	Hope Haven North Bay Lodge	CYFCRHHR BXNBAA	147052	0	0	147052
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	\$7,500	Transfer To Total					
EXPLANATION: This is a clean up baf/ptr for Hope Haven 2016. FSET revenue was increased for the 2016 contract.				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	12/18/2015	<i>Lynn Green</i>	
				Oversight Committee			
				Controller	1/4/16	<i>[Signature]</i>	
				County Executive	1-7-16	<i>[Signature]</i>	
				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.							