

## 2016 FUND TRANSFER REQUEST FORM

	<b>AGENCY</b>	Human Services Department	<b>ORGANIZATION</b>	Fund 2600	<b>DATE</b>	11/09/2016	
	<b>FTR:</b>	161109-2016-28 Youth Aids Incr					
<b>TRANSFER AMOUNT(S) FROM</b>				<b>FOR ACCOUNTING USE ONLY</b>			
	Amount in Whole \$\$	Account Title	Account Number (ORGN OBJT)	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$133,699	YOUTH AIDS	CYFALTCR 81170				
2							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$133,699</b>	<b>Transfer From Total</b>					
<b>TRANSFER AMOUNT(S) TO</b>				<b>FOR ACCOUNTING USE ONLY</b>			
	Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$133,699	CHILD FOSTER CARE	CYFALTCR CHFAAA				
2							
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$133,699</b>	<b>Transfer To Total</b>					
<b>EXPLANATION:</b> Additional Youth aid from the State. This will increase budget to what we are receiving from the state in Youth Aid.				<b>ACTION</b>			
				Dept/Committee	Date	Approved	Denied
				Department Head	11/21/2016	<i>L Green</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.							