

FUND TRANSFER REQUEST FORM

	AGENCY Human Services Department	ORGANIZATION	Fund 2600	DATE	3/21/2016	
	FTR: 160321-2016-11 Badger Prairie Flu Vaccines					
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	\$13,200 Medicare Part B-Vaccine	BPHCREV 839185				
2						
3						
4						
5						
6						
7						
8						
9						
10						
\$13,200 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	\$13,200 House Charges	BPHCRES 218902				
2						
3						
4						
5						
6						
7						
8						
9						
10						
\$13,200 Transfer To Total						
EXPLANATION: Adjusts revenue and expense budget at Badger Prairie to accommodate costs of Federal nursing home regulation 42CFR 483.25(n) - (F334) for influenza and pneumococcal immunizations requiring that each facility must develop influenza and pneumococcal disease policies and procedures consistent with current standards of practice that ensure each resident is offered an influenza and pneumococcal immunization unless the immunization is medically contraindicated or the resident has already been immunized. Increased revenue will cover the additional costs.			ACTION			
			Dept/Committee	Date	Approved	Denied
			Department Head	3/21/2016	<i>Lynn 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.			