

## 2015 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	1/9/2015	
	FTR:	150112-2015-10					
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	\$20,000	MIPPA	ACBADMIN new rev source				
2							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$20,000</b>	<b>Transfer From Total</b>					
TRANSFER AMOUNT(S) TO				FOR ACCOUNTING USE ONLY			
	Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$14,227	MIPPA Outreach	ACBAACCA ORMPAA	new			
2	\$1,250	NW Dane - Case Management	ACBAANOW CMCMAA				
3	\$1,250	Mt Horeb - Case Management	ACBAAMHV CMORAA				
4	\$2,273	Printing, stat & office supp	ACBADMIN ABPRAA				
4	\$1,000	Conf and Training	ACBADMIN ABCOAA				
5							
6							
7							
8							
9							
10	<b>\$20,000</b>	<b>Transfer To Total</b>					
EXPLANATION:  DCDHS has been selected to receive funding through a grant provided to the State of Wisconsin under the Medicare Improvements for Patients and Providers Act (MIPPA) for the purposes of conducting Medicare outreach and assistance.				ACTION: Approved G.P. Foster 1/12/2015			
				Dept/Committee	Date	Approved	Denied
				Department Head	1-12-2015	<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.			