## **2015 FUND TRANSFER REQUEST FORM**

	AGENCY	Human Services Department	ORGAN	IIZATION	Fund 2600		DATE	5/28/2015	
		150604-2015-32 <b>AAA 2015 Increases</b>							
TRANSFER AMOUNT(S) FROM					FOR ACCOUNTING USE ONLY				
Amo	unt in Whole	Account Title	Account Nu	mber (ORGN	Budget	Encumbered	Expended	Balance	
	\$\$			3JT)	Amount	Amount	Amount		
1	\$2,303	Title III C-1	ACBADMIN	81530					
2	\$1,147	Title III D	ACBADMIN	81536					
3	\$9,257	Title III B	ACBADMIN	81544					
4	\$7,755	USDA	ACBADMIN	81549					
5	\$7,100	Area Agency On Aging Admin	ACBADMIN	81577					
6									
7									
8									
9									
10	\$27,562	Transfer From Total							
TRANSFER AMOUNT(S) TO					F	FOR ACCOUNTING USE ONLY			
Amount in Whole		Account Title		t Number	Budget	Encumbered	Expended	Balance	
\$\$					Amount	Amount	Amount		
1	\$27,562	Aging TBD	ACBCLTBD	TBDAAA					
2									
3									
4									
4									
5									
6									
7									
8									
9			-						
10		Transfer To Total							
EXPI ANATION:					ACTION				
The Area Agency on Aging of Dane County has received notice from the Wisconsin Dept of Health					ommittee	Date	Approved	Denied	
11					lead	6/5/15	G.P. Fester I		
4 : TDD !: - \					nmittee				
and/or c) he returned to WDHS at year and and then returned to Dane County as carryover funding in					-				
2017. WDHS annually adjusts OAA and USDA revenue mid-year. For 2015, the adjustments are					tive				
increases.					mittee				
				Initial Request to b	e submitted to Control	ler for fund availability.	The Department Head	will assume	

responsibility for getting oversight committee approval before submitting request.