

2015-FTR-037

### 2015 FUND TRANSFER REQUEST FORM

	AGENCY Human Services Department	ORGANIZATION	Fund 2600	DATE		
	FTR: 150928-2015-35 CLA Case Mgmt					
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	\$114,400 MH Case Management	ACGCLCLA CMMHAA	114,400	-	95,333	19,067
2						
3						
4						
5						
6						
7						
8	<b>\$114,400</b> 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	\$114,400 Case Management	ACGCLCLA CMCMAA	989,207	-	824,339	164,868
2						
3						
4						
5						
6						
7						
8	<b>\$114,400</b> Transfer To Total					
<b>EXPLANATION:</b> To transfer funds from the MH CLA Case Management program to CLA's general case management program(s). CLA's MH Case Management line is modified as a technical adjustment effective 1/1/15.			ACTION: Approved G.P. Foster 09/29/15			
			Dept/Committee	Date	Approved	Denied
			Department Head	<i>Lynn Green</i>	09/30/2015	
			Oversight Committee	<i>10/20/15</i>	<i>H H H</i>	
			Controller	<i>[Signature]</i>	<i>10/14/15</i>	
			County Executive	<i>[Signature]</i>	<i>10-19-15</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.						