

2016 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	1/9/2017	
	FTR:	170125-2016-30 Kinship Bene Incr					
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	\$58,000	KINSHIP CARE PROGRAM REV	CYFALTCR 80785				
2							
3							
4							
5							
6							
7							
8							
9							
10	\$58,000	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	\$58,000	KINSHIP CARE BENEFITS	CYFALTCR ACKCAA				
2							
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	\$58,000	Transfer To Total					
EXPLANATION: additional money received from the state for 2016 Kinship benefits				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	1/26/2017	<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.			