2014 FTR - 073

2012 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	10/15/2014
	FTR:	141015-2014-30				

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	$28,000	Care Wisconsin	ACBADMIN 81370	197000	—	145,242	51,758
2							
3							
4							
5							
6							
7							
8	**$28,000**	**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	$15,000	Capital Express - Care Wi Group Rides	ACBSTCEX TACWAA	43000	—	45917	(2917)
2	$3,000	Transit Solutions - Care Wi Group Rides	ACBSTTRS TACWAA	84000	—	69511	14489
3	$10,000	We Care - Care Wi Group Rides	ACBSTWCT TACWAA	70000	—	65575	4425
4							
5							
6							
7							
8	**$28,000**	**Transfer To Total**					

EXPLANATION:

Increases Care Wisconsin Transportation revenue due to increase in number of rides at Capital Express, Transit Solutions and We Care.

ACTION			
Dept/Committee	Date	Approved	Denied
Department Head	10/17/2014	L. Green	
Oversight Committee	11/11/14	HHN	
Controller	10/21/14	[illegible]	
County Executive	10-24-14	[illegible]	
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.