FUND TRANSFER REQUEST FORM

		Human Services Department	ORGAN	IZATION	Fund 2600		DATE	2/12/2015	
	FTR: 150216-2015-14						-		
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		OJA Opiate Treatment Svcs	ACICTRMT	81565					
2									
3									
4									
5									
6									
7									
8									
9									
10									
	400.000	Town of an Parama Table							
	\$28,686 Transfer From Total				F.C			\ <u>\</u>	
TRANSFER AMOUNT(S) TO				FOR ACCOUNTING USE ONLY					
Amount in Whole		Account Title	Account	Number	Budget	Encumbered	Expended	Balance	
1	\$\$ \$29.696	Alternative Sanction Program	ACICTRMT	CZOJAA	Amount	Amount	Amount		
2	φ20,000	Allemative Sanction Frogram	ACICTAINT	CZOJAA					
3									
4									
5									
6									
7									
8									
9									
10									
		Transfer To Total							
EXPL	ANATION:			ACTION: Approved G.P. Foster 2/17/2015					
This FTR increases the 2015 budget for the OJA Opiate Offender grant that was				Dept/Committee Date		Approved	Denied		
extended through March, 2015.				Department Head 2/17/2015		Lynn Green			
				Oversight Con	nmittee				
				Controller	,•				
				County Execut					
				Finance Comp		or for fund oveilability	The Department Lies	d will accume	
"r					Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.				