

2015 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	1/21/2015	
	FTR:	150218-2015-17					
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	\$358,788	SDS - Residential - Individual Payments	ACDSHMCR GSDSAA				
2							
3							
4							
5							
6							
7							
8	\$358,788	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	\$358,788	Catholic Charities - AFH	ACDCRCCI AISDAA	(NEW)			
2							
3							
4							
5							
6							
7							
8	\$358,788	Transfer To Total					
EXPLANATION: Creates a new account number for Catholic Charities - AFH. Funds are transferred from SDS Residential line.				ACTION:			
				Dept/Committee	Date	Approved	Denied
				Department Head			
				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.			