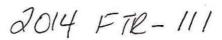
FUND TRANSFER REQUEST FORM



1	AGENCY	Human Services Department	ORGAN	IZATION	Fund 2600		DATE	1/5/201
	FTR:	150107-2015-08						
		TRANSFER AMOUNT(S) FROM		FOR ACCOUNTING USE ONLY				
Amount in Whole		Account Title	Account Nur	mber (ORGN SJT)	Budget Amount	Encumbered Amount	Expended Amount	Balance
		Juvenile Court Pilot	CYFCFAP	80841	130,400	-	_	130,400
2	Ψ2.10,100	Saronino Source insc			100110			
3								
4								
5								
6								
7								
8								
9								
10								
	\$276,199	Transfer From Total						
	V 2. 0, . 0 0	TRANSFER AMOUNT(S) TO		FOR ACCOUNTING USE ONLY				
Amount in Whole Account Title Account I				t Number	Budget	Encumbered	Expended	Balance
\$\$, was and the			Amount	Amount	Amount	11.00 Mark 1.00 Mark 201
1		Adolescent AODA Treatment	CYFIAUWH	CZAAAA	305941			305,941
2	1-2-1-2-						_	(6)
3								
4								
5								
6								
7								
8								
9								
10								
	\$276,199	Transfer To Total						
XPLAN	NATION:					l: Approved G.P.		
This FT	R increases	s the 2015 budget to the actual Juvenile Court AOD	A grant amount.		Committee	Date	Approved	Denied
		9	,	Department		1-7-2015	Lynn Green	
				Oversight Co	ommittee	1/15/17	HHO	
				Controller		1/73/5	all	
				County Exec		1-15-15	3	
y .					nmittee	1/20/15	PAL	
					be submitted to Contr			