

FUND TRANSFER REQUEST FORM

2014 FTR - 064

AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	10/6/2014	
FTR: 141007-2014-26						
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	\$9,362 Grants (new)	ACCCLVNG 81567	0	0	0	0
2						
3						
4						
5						
6						
7						
8						
9						
10						
\$9,362 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	\$9,362 Domestic Abuse in Later Life	ACCCLVNG CPDAAA	0	0	0	0
2						
3						
4						
5						
6						
7						
8						
9						
10						
\$9,362 Transfer To Total						
<p>EXPLANATION:</p> <p>Increases the 2014 budget for Domestic Abuse in Later Life services grant.</p>						
			ACTION			
Dept/Committee		Date	Approved	Denied		
Department Head		10/8/2014	L. Green			
Oversight Committee		10/8/14	HHO			
Controller		10/8/14				
County Executive		10-10-14				
Finance Committee						
<p>Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.</p>						