

2018 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	2/1/2018	
	FTR:	180202-2018 - 03 CIP Revenue Increase					
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	\$16,120	COMMUNITY INTERVENTION PROGRAM	CYFJDSCT 81266				
2							
3							
4							
5							
6							
7							
8							
9							
10	\$16,120	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	\$16,120	NIP PROGRAM SERVICES	CYFJDSCT RZPPAA				
2							
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	\$16,120	Transfer To Total					
EXPLANATION: Increase GL to the State contract amount for the Community Intervention Program.				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	2/6/2018	<i>L. Green</i>	
				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.							