

## 2021 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2610	DATE	1/7/2021	
	FTR:	210107 - 2 DONATION					
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	\$12,000	Gifts and Grants	39000 81560				
2							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$12,000</b>	<b>Transfer From Total</b>					
TRANSFER AMOUNT(S) TO				FOR ACCOUNTING USE ONLY			
	Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance
1	\$6,000	Independent Living	54000 35360				
2	\$6,000	Donation Expense	39000 36560				
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$12,000</b>	<b>Transfer To Total</b>					
EXPLANATION: Increasing spending on non-contracted expense lines due to donation received from Michelle Bond				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	2/2/2021	<i>S. Toemann</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.							