

2018 FUND TRANSFER REQUEST FORM

	AGENCY Human Services Department	ORGANIZATION Fund 2600	DATE	3/30/2018		
	FTR: 180330-2018 - 07 City Day Resource Center Contribution					
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	\$150,000 PARTNER REV	EAHMLTBD 81022				
2						
3						
4						
5						
6						
7						
8						
9						
10	\$150,000 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	\$150,000 DAY RESOURCE CENTER OPERATIONS	EAHMLCCI DRCOAA				
2						
3						
4						
3						
4						
5						
6						
7						
8						
9						
10	\$150,000 Transfer To Total					
EXPLANATION: Accepts \$150,000 from the City of Madison for Catholic Charities Beacon Day Resource Center.			ACTION			
			Dept/Committee	Date	Approved	Denied
			Department Head	4/3/2018	<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.						