

2015 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 4320	DATE	12/21/2015	
	FTR:	160126-2015-46 BP C&D Remodel					
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	\$3,640	Nursing Home Construction	BPHCCAPP 57942				
2							
3							
4							
5							
6							
7							
8							
9							
10	\$3,640	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	\$3,640	C & D Neighborhood Remodeling	BPHCCAPP 57145				
2							
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	\$3,640	Transfer To Total					
EXPLANATION: This transfer is necessary to facilitate change orders came in at the end of the project that were not a part of the contractor's scope originally. Changes involved modifying door alarming and control as needed.				ACTION:			
				Dept/Committee	Date	Approved	Denied
				Department Head	1/26/2016	<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.			