

## 2016 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	11/28/2016	
	FTR:	161129-2016-29 Nutrition Donations Incr					
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	\$20,000	Nutrition Donations	ACBADMIN 81535				
2							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$20,000</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	\$20,000	Consolidated Foods - Meals	ACBCLBPA CLMLAA				
2							
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$20,000</b>	<b>Transfer To Total</b>					
<b>EXPLANATION:</b> This FTR increases Nutrition Donations revenue for 2016 due to higher than expected donations received by restaurant sites. This will be distributed to CFS catering contract which is over utilizing meals.				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	11/29/2016	<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.			