## **FUND TRANSFER REQUEST FORM**

	FOND IRA	FUND IRANSFER REQUEST FO	T C D INI			
AGENCY	AGENCY Human Services Department	ORGANIZATION	Fund 2600		DATE	10/9/2014
FTR:	FTR: 141013-2014-27					
	TRANSFER AMOUNT(S) FROM		F(	FOR ACCOUNTING USE ONLY	ING USE ONL	Υ_
Amount in Whole	Account Title	Account Number (ORGN	Budget	Encumbered	Expended	Balance
1 \$1,442	YMCA	CYFACYMC RZYMAA	1730 a	١	14418	488B
- 1						
ω						
4						
5						
6						
7						
8						
9						
10						
	1					
W1777	TO AN IOTTO AND INTO TO			20000	ACCOUNTING LIGHT ONLY	<
Amount in Whole	Account Title	Account Number	Budget	Encumbered	Expended	Balance
\$\$			Amount	Amount	Amount	
1 \$1,442	Oregon Youth Center (NEW)	CYFACORE RZRCAA				
2						
ဒ						
4						
Cī						
6						
7						
0						
9						
10						
\$1,442	Transfer To Total					
EXPLANATION:	4			ACTION		
The Oregon Youth	The Oregon Youth Center is no longer paid through the YMCA effective 11/1/2014. This		Dept/Committee	Date	Approved	Denied
FTR creates an ext	ETR creates an expense line to pay the Oregon Youth Center directly.	Depart	Head	10/16/2014	L. Green	
	G G	Oversight Committee	ommittee	10/21/14	W##	
		Controller		10/21/14	Charles !	
		County Executive	cutive	10-24-14	A	
		Finance Committee	nmittee			
		Initial Request to	Initial Request to be submitted to Controller for fund availability.	oller for fund availability.	The Department Head will assume	ad will assume
		Iresponsibility for	getting oversight comm	responsibility for getting oversight committee approval before submitting request.	ibmitting request.	