

# FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION		DATE	1/7/2015	
	FTR:	150107-2015-07					
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	\$170,000	SUPPORTIVE HOME CARE - CHORE	ACCSHRHC IPHCAA				
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>\$170,000 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	\$73,049	SUPPORTIVE HOME - PERSONAL CARE	ACCSHRHC SONOAA	new			
2	\$96,951	SUPPORTIVE HOME CARE - MA PC	ACCSHRHC SOMAAA	new			
3							
4							
5							
6							
7							
8							
9							
10							
<b>\$170,000 Transfer To Total</b>							
<b>EXPLANATION:</b> This BAF transfers funding from the Recover Health Supportive Home Care - Chore expense line to two newly created expense lines within the 2015 contract that are not currently in the 2015 adopted budget. or MUNIS. There is no .psf needed because the contract went out with the amounts awarded to each program. This BAF updates the adopted budget and also adds the two new expense lines under Recover Health of WI contract.				<b>ACTION: Approved 1/9/2015 G.P. Foster I</b>			
				Dept/Committee	Date	Approved	Denied
				Department Head	1-9-2015	<i>Lynn 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.			