

## 2017 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	12/21/2016	
	FTR:	161222-2017-02 Early Del Interv 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	\$14,564	EARLY DELINQUENCY INTERVENTION	CYFJDSCT 81509				
2							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$14,564</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	\$7,282	BRIARPATCH PEER CT	CYFJDYSS CTPCAA				
2	\$7,282	DANE CO TIMEBANK PEER CT	CYFJDDCT CTPCAA				
3							
4							
3							
4							
5							
6							
7							
8							
9							
10	<b>\$14,564</b>	<b>Transfer To Total</b>					
EXPLANATION: RECEIVED ADDITIONAL FUNDS FOR EARLY INTERVENTION PROGRAM				ACTION			
				Dept/Committee	Date	Approved	Denied
				Department Head	12/22/2016	<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.			