

FUND TRANSFER REQUEST FORM

AGENCY Sheriff's Office			ORGANIZATION Field Services			DATE 9/16/14			
TRANSFER AMOUNT(S) FROM				FOR ACCOUNTING USE ONLY					
Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance			
1	\$5,000	CEASE Grant Revenue	SHRFFLD 80537	\$0	\$0	\$0	\$0		
2									
3									
4									
5									
6									
7									
6									
TRANSFER AMOUNT(S) TO				FOR ACCOUNTING USE ONLY					
Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance			
1	\$5,000	CEASE Grant Expense	SHRFFLD 30544	\$0	\$0	\$0	\$407,000		
2									
3									
EXPLANATION			ACTION						
This fund transfer provides spending authority for the CEASE Program to allow account lines to receive reimbursement and to pay expenses incurred by the Program. Funding for this Program is provided by US Drug Enforcement Administration (DEA) administered by WI DOJ to law enforcement agencies for overtime and other expenses incurred for cannabis eradication efforts.			Dept/Committee	Date	Approved		Denied		
			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.									