

# FUND TRANSFER REQUEST FORM

AGENCY Emergency Management		ORGANIZATION Emergency Planning				DATE 2-3-15	
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	Medical Reserve Corp Revenue	EMEMRPLN 81837				
2							
3							
4							
5							
6							
7							
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	Medical Reserve Corps Grant	EMEMRPLN 21550				
2							
3							
EXPLANATION			ACTION				
<p>The Wisconsin Department of Health Services (DHS) has made an additional \$5,000 available to Dane County in support of the Medical Reserve Corps (MRC). This is not a grant, it is a DHS account that has been set aside for Dane County's MRC to bill against. Dane County Emergency Management can seek reimbursement for up to \$5,000 in MRC recruitment, training, equipment or deployment expenditures.</p>			Dept/Committee	Date	Approved	Denied	
			Oversight Committee				
			Controller				
			County Executive				
			Finance Committee				
<p>Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.</p>							