FUND TRANSFER REQUEST FORM

		Human Services Department	ORGAN	NIZATION	Fund 2600		DATE	2/27/2015	
	FTR:	150302-2015-20							
	TRANSFER AMOUNT(S) FROM				FOR ACCOUNTING USE ONLY			LY	
Amount in Whole		Account Title	Account Nu	mber (ORGN	Budget	Encumbered	Expended	Balance	
	\$\$			BJT)	Amount	Amount	Amount		
1	\$20,000	Evaluation TBD	CYFJDSCT	AMYCAA					
2								<u> </u>	
3									
4									
5									
6									
7									
8 9									
9 10									
10									
	\$20,000	Transfer From Total							
TRANSFER AMOUNT(S) TO							ING USE ONI	V	
				t Numbor	Budget	Encumbered	Expended	Balance	
\$\$		Account The	Account Number		Amount	Amount	Amount	Dalalice	
1		SNC - Evaluation (NEW)	CYFJDSNC	AMYCAA	Amount	Anount	Amount		
2	<i> </i>								
3									
4									
5									
6									
7									
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9									
10								<u> </u>	
			1					L	
		Transfer To Total		-					
EXPLANATION:					ACTION: Approved G.P. Foster/8/2015				
The evaluation portion of the Brighter Futures grant has been awarded to Sustaining					ommittee	Date	Approved	Denied	
				Department H		3/4/2015	Q. Green		
				Oversight Cor	nmittee				
				Controller	41				
				County Execu					
				Finance Com		er for fund availability	The Department Hoo	d will assume	
					Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.				