

## FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZA	NOITA	Fund 2600		DATE	1/28/2016	
	FTR:	160119-2016-08 adjust 2016 CYF IV-E Lega	al						
TRANSFER AMOUNT(S) FROM					FOR ACCOUNTING USE ONLY				
Amount in Whole \$\$		Account Title		Account Number (ORGN OBJT)		Encumbered Amount	Expended Amount	Balance	
1	\$36,033	Title IV-E Legal Services		466					
2									
3									
4									
5									
6			•						
7									
8									
9					-				
10									
					*				
	\$36,033	6,033 Transfer From Total			-	OD ACCOUNT	INC LISE ON	V	
TRANSFER AMOUNT(S) TO					Budget	OR ACCOUNT			
Amount in Whole		Account Title	Account No	Account Number		Encumbered Amount	Expended Amount	Balance	
	\$\$	Title IV/ E Level Consises	CYFDSSIA TE	ELSAA	Amount	Amount	Amount		
1	\$36,033	Title IV-E Legal Services	CTFDSSIA TE	LOAA					
2						_			
4									
5									
6									
7									
8									
9									
10									
	\$36,033	033 Transfer To Total							
EXPLANATION:				ACTION  Dept/Committee Date Approved Denied					
Increases the 2016 budget to actual allocation for Title IV-E Legal Services.					Dept/Committee		Approved	Denied	
					Department Head		L. Green		
				versight Co	mmittee	2/2/16	1 181		
I .					Controller		and the second		
				County Executive		2-4-16	25		
				Finance Committee Initial Request to be submitted to Controller for fund availability. The Department Head will assume					
7					responsibility for getting oversight committee approval before submitting request.				