## FUND TRANSFER REQUEST FORM

AGENCY Pu		Public Works	ORGANIZATION Highway & Transportation						DATE	9/15/16	
		TRANSFER AMOUN		FOR ACCOUNTING USE ONLY							
Amount in Whole \$\$		Account Title		Account Number		Budge Amour		Encumbered Amount		xpended Amount	Balance
1	62,6	CTH A		HWCONCAP-59993		62	2,667		0	0	62,667
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		xpended Amount	Balance
1	62,6	67 CULVERT REPLACEMEN	NT	HWCONCAP-57633		260,545		24,3	27	213,990	22,228
2											
3											
ΕX	PLANATIO	DN	ACTION								
Culvert failures require additional funds for repair.					Dept/Committee		Da	ate Ap		oved	Denied
					Oversight Committee						
					Controller	ntroller					
					County Exec	cutive					
					Finance Con	ance 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.								