

2017 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGANIZATION	Fund 2600	DATE	3/14/2017			
	FTR:	170315-2017-07 Post Reunification Grant Incr							
TRANSFER AMOUNT(S) FROM				FOR ACCOUNTING USE ONLY					
	Amount in Whole \$\$	Account Title	Account Number (ORGN OBJT)	Budget Amount	Encumbered Amount	Expended Amount	Balance		
1	\$66,000	POST-REUNIFICATION SUPPORT	CYFSUPRT 80711						
2									
3									
4									
5									
6									
7									
8									
9									
10	\$66,000	Transfer From Total							
TRANSFER AMOUNT(S) TO				FOR ACCOUNTING USE ONLY					
	Amount in Whole \$\$	Account Title	Account Number	Budget Amount	Encumbered Amount	Expended Amount	Balance		
1	\$66,000	POST-REUNIFICATION SUPPORT	CYFDSSCL FMPRAA						
2									
3									
4									
3									
4									
5									
6									
7									
8									
9									
10	\$66,000	Transfer To Total							
EXPLANATION: This will increase budget to the amount that we are receiving from the state for the post-reunification program..				ACTION					
				Dept/Committee	Date	Approved	Denied		
				Department Head	3/15/2017	<i>L. Green</i>			
				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.									