FUND TRANSFER REQUEST FORM

AGENCY Public Works			ORGANIZATION Highway & Transportation							DATE	7/20/17	
		TRANSFER AMOUN		FOR ACCOUNTING USE ONLY								
Amount in Whole \$\$		Account Title	Accou	Account Number		Budget Amount		Encumbered Amount		pended mount	Balance	
1	130, 0	00 CTH F-DIVISION ST	HWCO	NCAP-59172	153,906.51		0		0		153,906.51	
2												
3												
4												
5												
6												
7												
6												
TRANSFER AMOUNT(S) TO					FOR ACCOUNTING USE ONLY							
Amount in Whole \$\$		Account Title	Accou	Account Number		Budget Amount		Encumbered Amount		pended mount	Balance	
1	130,000.	00 CTH PB- BRIDGE PAOLI	HWFLT	FAC-59192	308,341.60		14,758.10		3	0,652.69	262,930.81	
2												
3												
ΕX	PLANATIO	DN	ACTION									
Tra	insfer fund	s for additional costs on CTH I	Dept/Committee		Da	Date A		Approved		Denied		
			Oversight Committee									
			Controller									
			County Executive									
			Finance Con	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.								