## FUND TRANSFER REQUEST FORM

AG	AGENCY Public Works ORGANIZATIO		N Highway & Transportation					DATE	8/8/17		
		TRANSFER AMOUN		FOR ACCOUNTING USE ONLY							
Amount in Whole \$\$		Account Title	Αссоι	Account Number		t nt			pended	Balance	
1	29,165.0	0 CTH MM-FITCHBURG	HWCON	NCAP-59186	29,165.00		0		0	29,165.00	
2											
3											
4											
5											
6											
7											
6											
TRANSFER AMOUNT(S) TO					FOR ACCOUNTING USE ONLY						
Amount in Whole \$\$		Account Title	Αссоι	Account Number		t nt			pended	Balance	
1	29,165.0	0	HWCON	NCAP-59168	2-59168		0		0	0	
2											
3											
ΕX	PLANATIO	N	ACTION								
Co	rrect accoui	nt number error in 2016 RES-	Dept/Committee		Da	Date A		oved	Denied		
			Oversight Committee								
			Controller								
			County Exec	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.							