## **2017 FUND TRANSFER REQUEST FORM**

	AGENCY	Human Services Department	ORGAN	IIZATION	Fund 2600		DATE	11/30/2017	
	FTR:	171205-2017-14 Income Maint Admin Alloc							
	TRANSFER AMOUNT(S) FROM		•		F	FOR ACCOUNTING USE ONLY			
Amount in Whole Ac		Account Title	Account Nu	mber (ORGN	Budget	Encumbered	Expended	Balance	
	\$\$			BJT)	Amount	Amount	Amount		
1	\$648,912	Income Maintenance Admin Allocation	EACCWW	81350					
2									
3									
4									
5									
6									
7									
8									
9									
10	\$648,912	Transfer From Total			_				
TRANSFER AMOUNT(S) TO					FOR ACCOUNTING USE ONLY				
Amount in Whole		Account Title	Account Number		Budget	Encumbered	Expended	Balance	
. 1	\$\$				Amount	Amount	Amount		
1		Adams County IM Payments	EACCACO	IMCCAA					
2		Columbia County IM Payments	EACCCCO	IMCCAA					
3		Dodge County IM Payments	EACCDCO	IMCCAA					
4		Juneau County IM Payments	EACCJCO	IMCCAA					
3		Richland County IM Payments	EACCRCO	IMCCAA					
4		Sauk County IM Payments	EACCSAU	IMCCAA					
5	\$116,017	Sheboygan IM Payments	EACCSHE	IMCCAA					
6									
7									
8									
10	¢649 012	L Transfer To Total							
	ANATION:	Transier to rotal				ACTION			
This FTR increases Income Maintenance Admin Allocation revenue. The			o increase will	Dent/C	ommittee Date		Approved	Denied	
be distributed to the Capital Income Maintenance Consortium counties.			Department H			12/6/2017		Defiled	
				Oversight Committee		12/ 0/ 2017	- 9		
				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.				