## 2018 FUND TRANSFER REQUEST FORM

A	AGENCY	ENCY Human Services Department		NIZATION	Fund 2600		DATE	1/25/2018
	FTR:	180125-2018 - 02 MOBILITY GRANT DECREASE						
TRANSFER AMOUNT(S) FROM					FOR ACCOUNTING USE ONLY			
Amount	in Whole	Account Title	Account Nu	umber (ORGN	Budget	Encumbered	Expended	Balance
4	\$\$			BJT)	Amount	Amount	Amount	
1	(\$7,481)	MOBILITY MANAGEMENT	ACGPHYDI 81400					
2								
3								
4								
5								
6								
7	(47.404)							
8	(\$7,481)	Transfer From Total						
TRANSFER AMOUNT(S) TO					FOR ACCOUNTING USE ONLY			
Amount in Whole		Account Title	Account Number		Budget	Encumbered	Expended	Balance
1	\$ (\$7 491)	Mobility Training Service	ACGSTMTI	TAMTAA	Amount	Amount	Amount	
2	(\$7,401)		ACGSTMIT	TAIVITAA				
3								
4								
5								
6								
7								
8		Transfer To Total			•			
EXPLANATION:				ACTION				
s53.10 approved grant was \$7,481 lower than originally budgeted for 20			2018. We'll	Dept/Committee		Date	Approved	Denied
take all the reduction from Mobility Training & Independent Living con			ntract	Department Head		2/1/2018	L. Green	
#84128.				Oversight Cor	nmittee			
				Controller				
				County Execu	tive			
				Finance Com				
				Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.				