2019 FUND TRANSFER REQUEST FORM

		Human Services Department	ORGAN	IZATION	Fund 2610			DATE		8/27/2019		
	FTR:	190827 - 09 - LEVY TRANSFER										
		TRANSFER AMOUNT(S) FROM			FOR ACC			TMUC	ING USE ON	LY		
Amount in Whole		Account Title	Account Nur		Budget		Encumbered		Expended		Balance	
\$\$			OB		Amount		Amount		Amount	<u> </u>		
1	\$1,500	Billing Services - Fiscal Assistance of Dane Co	40000	35037	\$	260,018	\$ 4	40,408	\$ 121,224	\$	98,387	
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3										<u> </u>		
4										Ь—		
5 6										<u> </u>		
7												
8												
9												
10	\$1.500	Transfer From Total										
	TRANSFER AMOUNT(S) TO				FOR ACCOL			TNUC	ITING USE ONLY			
Amount in Whole		Account Title	Account	Account Number		Budget	Encumbered		Expended		Balance	
\$\$						mount	Amount		Amount	1		
1	\$1,500	Software License	39000	22431	\$	1,500	\$	-	\$ -	\$	1,500	
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3										<u> </u>		
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5 6										 		
7										 		
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9												
10	\$1.500	Transfer To Total										
EXPLANATION:				ACTION								
Transfering from unspent Billing Service line for Fiscal Assistance to cover				Dept/Committee			Date		Approved		Denied	
trans	portation softv	vare license fee (invoiced by Codeversant).		Department Head			9/3	3/2019	S. Tessmann			
				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.									