## 2019 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGAN	IZATION	Fund 2600		DATE	10/23/2019	
	FTR:	191023 - 12 - INCOME MAINTENANCE ADMIN ALL	OCATION REV	ENUE					
	TRANSFER AMOUNT(S) FROM					FOR ACCOUNTING USE ONLY			
Amount in Whole Account Title			Account Number (ORGN		Budget	Encumbered	Expended	Balance	
\$\$				JT)	Amount	Amount	Amount		
1	\$903,539	Income Maintenance Admin Allocation	64000	85284					
2									
3									
4									
5									
6									
7									
8									
9									
10	\$903,539	Transfer From Total							
		TRANSFER AMOUNT(S) TO			FOR ACCOUNTING USE ONLY				
Amount in Whole		Account Title	Account Number		Budget	Encumbered	Expended	Balance	
	\$\$				Amount	Amount	Amount		
1		Adams County IM Payments	64000						
2		Columbia County IM Payments	64000						
3		Dodge County IM Payments	64000						
4		Juneau County IM Payments	64000						
3		Richland County IM Payments	64000						
4		Sauk County IM Payments	64000						
5	\$171,363	Sheboygan IM Payments	64000	36059					
6									
7									
8									
9			1						
10		Transfer To Total		T					
EXPLANATION:						ACTION			
This FTR increases Income Maintenance Admin Allocation revenue . The inc				Dept/Committee		Date	Approved	Denied	
be dis	tributed to the	e Capital Income Maintenance Consortium counties.		Department H		10/31/2019	Ø. Jeśsmann		
				Oversight Con	nmittee				
				Controller	4in 10				
				County Execu					
				Finance Comr		ller for fund availability.	The Department Hoa	d will assume	
						ittee approval before su		น พาก อออนกาย	