2019 FUND TRANSFER REQUEST FORM

	AGENCY	Human Services Department	ORGAN	NIZATION	Fund 2610		DATE	10/15/2019	
	FTR:	191015 - 11 - OSCAR RENNEBOHM REVENUE							
		TRANSFER AMOUNT(S) FROM		FOR ACCOUN			ING USE ONL	.Y	
Amount in Whole		Account Title	Account Nu	ımber (ORGN	Budget	Encumbered	Expended	Balance	
	\$\$			BJT)	Amount	Amount	Amount		
1	\$15,000	OSCAR RENNEBOHM REVENUE	52355N	86002					
2									
3									
4							<u> </u>		
5							ļ		
6							<u> </u>		
7							 		
8							-		
9	£45.000	Transfer From Total					 		
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Amazzunt im Mala		TRANSFER AMOUNT(S) TO	A a a a contrat Normale an						
Amount in Whole \$\$		Account Title	Account Number		Budget Amount	Encumbered Amount	Expended Amount	Balance	
1		PLANNING & EVALUATION	52355N	35017		Amount	Amount		
2	Ψ13,000	I LANVING & EVALUATION	3233311	33017					
3									
4							i		
3									
4									
5									
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7									
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9									
10		Transfer To Total							
EXPLANATION:				ACTION					
RECEIVED \$15,000 FROM OSCAR RENNEBOHM FOUNDATION TO EX				Dept/Committee		Date	Approved	Denied	
THE SERVICES PROVIDED FOR CONTRACT #84539 WITH GROMOSKE						11/7/2019	S. Tessmann		
CONSULTING. CONTRACT IS FOR EVALUATION OF THE NORTHSIDE EARL' CHILDHOOD ZONE. AND WILL CONTINUE INTO 2020.				Oversight Cor	nmittee				
OF HED TOOD ZOIVE. AND WILL CONTINUE INTO 2020.				Controller			<u> </u>		
					County Executive		<u> </u>		
				Finance Comr		How for fried - 1 - 2 - 1 - 1 - 22	The Department !!	ad will approve	
					Initial Request to be submitted to Controller for fund availability. The Department Head will assume responsibility for getting oversight committee approval before submitting request.				