## **2019 FUND TRANSFER REQUEST**

	AGENCY	Human Services Department	ORGANI	ZATION	ATION Fund 2610		DATE	1/7/2020
	FTR:	200107 - 14 ALZHEIMERS FAMILY SUPPORT						
TRANSFER AMOUNT(S) FROM					FOR ACCOUNTING USE ONLY			Υ
Amount in Whole		Account Title	Account Number (ORGN		Budget	Encumbered	Expended	Balance
\$\$			OBJT)		Amount	Amount	Amount	
1	\$9,347	Alzheimers Family Support	43000	85381				
2								
4 5								
6								
7								
8								
9								
10								
	\$9,347	Transfer From Total						
TRANSFER AMOUNT(S) TO				FOR ACCOUN			ING USE ONL	_Y
Amount in Whole		Account Title	Account Number		Budget	Encumbered	Expended	Balance
\$\$			100.10		Amount	Amount	Amount	
1	\$9,347	Caregiver Support Services	43343	36111				
2								
4								
3								
4								
5								
6								
7								
8								
9								
10	¢0 247	Transfer To Total						
	ANATION:	Transfer to Total			ACTION			
		mile and Caracinar funds respined from DUC due to re-obligation of	manay unanant hy			Date	Approved	Denied
Additional Alzheimer's Family and Caregiver funds received from DHS due to re-obligation of r other agencies. This will be used for respite and for printing costs for supporting materials.			noney unspent by			1/27/2020		
	,			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.				
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