## **2020 FUND TRANSFER REQUEST**

	AGENCY	Human Services Department	ORGANIZATION Fund 2610			DATE	1/7/2020		
	FTR:	200107 - <b>04 ALZHEIMERS FAMILY SUPPORT</b>							
TRANSFER AMOUNT(S) FROM					FC	FOR ACCOUNTING USE ONLY			
Amount in Whole		Account Title	Account Number (ORGN		Budget	Encumbered	Expended	Balance	
\$\$			OBJT)		Amount	Amount	Amount		
1	\$5,700	Alzheimers Family Support	43000	85381					
2									
4 5									
6									
7									
8									
9									
10									
	\$5,700	Transfer From Total							
TRANSFER AMOUNT(S) TO			T				ACCOUNTING USE ONLY		
Amount in Whole		Account Title	Account Number		Budget	Encumbered	Expended	Balance	
\$\$ 1 \$5,700		Caregiver Support Services	43343 36111		Amount	Amount	Amount		
2	\$5,700	Caregiver Support Services	43343	30111					
3									
4									
3									
4									
5									
6									
7									
8 9									
9									
10	\$5.700	Transfer To Total							
EXPL/	ANATION:		l	ACTION					
Bringing in increased amount of Alzheimer's Family and Caregiver funds received from DHS for			2020.			Date	Approved	Denied	
,						1/27/2020	S. Tessmann		
				Oversight Cor	nmittee				
				Controller					
				County Executive					
				Finance Committee Initial Request to be submitted to Controller for fund availability.			The Department He	ad will assume	
				responsibility for getting oversight committee approval before submitting request.					