## **2020 FUND TRANSFER REQUEST FORM**

	AGENCY	Human Services Department	ORGAN	IZATION	Fund 2610		DATE	10/14/2020
	FTR: 201019 - 19 IMAA						•	
TRANSFER AMOUNT(S) FROM					FOR ACCOUNTING USE ONLY			
Amount in Whole		Account Title	Account Number (ORGN		Budget	Encumbered	Expended	Balance
\$\$			OBJT)		Amount	Amount	Amount	
1	\$725,943	Income Maintenance Admin Allocation	64000 85284					
2								
3								
4								
5								
6								
7								
8 9								
10	\$72E 042	Transfer From Total						
								V
TRANSFER AMOUNT(S) TO  Amount in Whole Account Title			Account Number			FOR ACCOUNTING USE ONLY		
Amount in Whole		Account Title	Account Number		Budget	Encumbered	Expended Amount	Balance
1	\$\$	Adams County IM Payments	64000	36001	Amount	Amount	Amount	
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		Sheboygan IM Payments	64000					
6	<del>+ 11 0,000</del>							
7								
8								
9								
10	\$725,943	Transfer To Total						
EXPL/	ANATION:				ACTION			
This	FTR increases	s Income Maintenance Admin Allocation revenue. The i	ncrease will	Dept/Committee		Date	Approved	Denied
be distributed to the Capital Income Maintenance Consortium counties.				Department Head		10/28/2020	S. Tessmann	
				Oversight Committee				
				Controller				
				County Executive				<del></del>
				Finance Committee				
			Initial Request to be submitted to Controller for fund availability. The Department Head will assume					