FUND TRANSFER REQUEST FORM

AGENCY Public Works ORG				RGANIZATION Highway &			& Transportation				DATE	1/5/21
		TRANSFER AMOUN	T(S) FR	OM			FOF	LY				
	Amount in Whole \$\$	Account Title		Account Number		Budge Amoun		Encumbered Amount		Expended Amount		Balance
1	27,454	CTH A – PB TO 69		HWCONCAP-57161		27	,454	. 0		0		27,454
2	22,546	CTH A – 51 to ECOL		HWCONCAP-59991		373	,021	0		3,782		369,239
3												
4												
5												
6												
7												
8												
TRANSFER AMOUNT(S) TO							FOR ACCOUNTING USE ONLY					
Amount in Whole \$\$		Account Title		Account Number		_	0		mbered ount			Balance
1	50,000	CTH DM- Morrisonville to N	OM- Morrisonville to NCL		HWCONCAP-52211		850,000		2,123		309,352	538,525
2												
3												
4												
EXPLANATION					ACTION							
		rground storage tank durin	Dept/Committee [Da	ate App		ppro	oved	Denied		
		needs for removal/remedia	Oversight Committee									
additional construction costs.					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									