

**FY 2014-15 Bank Account and Transparency Accountability Report  
 FY 2014-15 Appropriation Act, Proviso 117.88**

**Agency Name/Number:** Social Services, Department of (L040)  
**Account Number:** ACH Deposits-Child Support  
**Purpose of Account:** Electronic deposits from employer withholdings

**Exemption Requested:** Yes No X  
**If exemption is requested, reason:**

**Exemption Approved:** Yes X No \_\_\_\_\_

**Authorized Personnel**

**Check Writing/Withdrawal:**

Name: Rose Martinez  
 Title: Assistant Director Accounts Receivable

Name: Mike Reeves  
 Title: Team Leader

**Reconciliation:**

Name: Evelyn Causey  
 Title: Fiscal Analysis II

**Financial Information**

**Beginning Balance at July 1, 2013:** \_\_\_\_\_ \$0.00

**Detailed Transactions During FY 2013 -2014:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
	0.00	

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
	0.00		



**FY 2014-15 Bank Account and Transparency Accountability Report  
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**Agency Name/Number:** Social Services, Department of (L040)  
**Account Name:** Deposits-SC Child Support  
**Purpose of Account:** General Child Support Deposits

**Exemption Requested:** Yes X No  
**If exemption is requested, reason:**

**Exemption Approved in Prior Year:** Yes X No \_\_\_\_\_

**Authorized Personnel**

**Check Writing/Withdrawal:**

Name: Rose Martinez  
 Title: Assistant Director Accounts Receivable

Name: Mike Reeves  
 Title: Team Leader

**Reconciliation:**

Name: Evelyn Causey  
 Title: Fiscal Analysis II

**Financial Information**

**Beginning Balance at July 1, 2013:** \$0.00

**Detailed Transactions During FY 2013 -2014:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
	0.00	

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
	0.00		

**Ending Balance at June 30, 2014:** \$0.00

**FY 2014-15 Bank Account and Transparency Accountability Report  
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**Agency Name/Number:** Social Services, Department of (L040)  
**Account Number:** Disbursements-Child Support  
**Purpose of Account:** SDU Disbursements ACH and checks to program payees

**Exemption Requested:** Yes No X  
**If exemption is requested, reason:**

**Exemption Approved:** Yes X No \_\_\_\_\_

**Authorized Personnel**

**Check Writing/Withdrawal:**

Name: Rose Martinez  
 Title: Assistant Director Accounts Receivable

Name: Mike Reeves  
 Title: Team Leader

**Reconciliation:**

Name: Evelyn Causey  
 Title: Fiscal Analysis II

**Financial Information**

**Beginning Balance at July 1, 2013:** \_\_\_\_\_ \$0.00

**Detailed Transactions During FY 2013 -2014:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
	0.00	

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
	0.00		

**Ending Balance at June 30, 2014:** \_\_\_\_\_ \$0.00

**FY 2014-15 Bank Account and Transparency Accountability Report  
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**Agency Name/Number:** Social Services, Department of (L040)  
**Account Name:** SCDSS EPAY Settlement Account  
**Purpose of Account:** Returns for Closed Client Accounts

**Exemption Requested:** Yes  No   
**If exemption is requested, reason:**

**Exemption Approved Last Year:** Yes  No

**Authorized Personnel**

**Check Signing/Withdrawal:**

Name: Karen Jones  
 Title: Fiscal Analysis II

Name: Rose Martinez  
 Title: Assistant Director for Accounts Receivable

Name: Towander Prior  
 Title: Fiscal Analysis III

Name: Mike Reeves  
 Title: Team Leader

**Reconciliation:**

Name: Evelyn Causey  
 Title: Fiscal Analyst

**Financial Information**

**Beginning Balance at July 1, 2013:** \$0.00

**Detailed Transactions During FY 2014:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
Total	\$ 130,493.89	

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased	<u>Check #</u>
Total	\$ 187,499.35			
		Credits for FY14		
		<u>\$ 130,493.89</u>		
		Debits FY14		
		\$ 187,499.35		
		(7.00)	Stop payment on Check # 1200	
		(56,998.46)	Debit to account from STO	
Total		<u>\$ 130,493.89</u>		

**FY 2014-15 Bank Account and Transparency Accountability Report  
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**Agency Name/Number:** Social Services, Department of (L040)  
**Account N:** Return Deposits-Child Support  
**Purpose of:** Returned deposits, NSF and etc.

**Exemption Requested:** Yes No X  
**If exemption is requested, reason:**

**Exemption Approved:** Yes X No \_\_\_\_\_

**Authorized Personnel**

**Check Writing/Withdrawal:**

Name: Rose Martinez  
 Title: Assistant Director Accounts Receivable

Name: Mike Reeves  
 Title: Team Leader

**Reconciliation:**

Name: Evelyn Causey  
 Title: Fiscal Analysis II

**Financial Information**

**Beginning Balance at July 1, 20** \_\_\_\_\_ **\$0.00**

**Detailed Transactions During FY 2013 -2014:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
	0.00	

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
	0.00		

**Ending Balance at June 30, 201** \_\_\_\_\_ **\$0.00**

**FY 2014-15 Bank Account and Transparency Accountability Report  
 FY 2014-15 Appropriation Act, Proviso 117.88**

**Agency Name/Number:** Social Services, Department of (L040)  
**Account Number:** Return Disbursements-Ch Support  
**Purpose of Account:** Returns for Child Support ACH debits/cancelled checks

**Exemption Requested:** Yes No X  
**If exemption is requested, reason:**

**Exemption Approved:** Yes X No \_\_\_\_\_

**Authorized Personnel**

**Check Writing/Withdrawal:**

Name: Rose Martinez  
 Title: Assistant Director Accounts Receivable

Name: Mike Reeves  
 Title: Team Leader

**Reconciliation:**

Name: Evelyn Causey  
 Title: Fiscal Analysis II

**Financial Information**

**Beginning Balance at July 1, 2013:** \_\_\_\_\_ \$0.00

**Detailed Transactions During FY 2013 -2014:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
	0.00	

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed.)

DATE	Amount	Payee	Description of Goods/Services Purchased
	0.00		

**Ending Balance at June 30, 2014:** \_\_\_\_\_ \$0.00

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**Exemption Approved:** Yes X No \_\_\_\_\_

**Authorized Personnel**

**Check Writing/Withdrawal:**

Name: Rose Martinez  
 Title: Assistant Director Accounts Receivable

Name: Mike Reeves  
 Title: Team Leader

**Reconciliation:**

Name: Evelyn Causey  
 Title: Fiscal Analysis II

**Financial Information**

**Beginning Balance at July 1, 2013:** \_\_\_\_\_ \$0.00

**Detailed Transactions During FY 2013 -2014:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
	0.00	

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
	0.00		

**Ending Balance at June 30, 2014:** \_\_\_\_\_ \$0.00