## FY 2015-16 Bank Account and Transparency Accountability Report FY 2016-17 Appropriation Act, Proviso 117.83

Agency Name/Number: Account Name: Purpose of Account:		D500 Department of Administration Continuum Child Care Client Trust Account				
Exemption Requested: If exemption is requested,	reason:	Yes	X	No		
Exemption Approved in Pr	rior Year:	Yes	X	No		
Authorized Personnel Check Writing/Withdrawa						
Name: Title	Amanda N Associate					
Name: Title:						
Reconciliation: Name: Title						
Name: Title:						
<b>Financial Information</b>						
Beginning Balance at July	1, 2015:			8,238.3	7	
<b>Detailed Transactions Dur</b> <b>Deposits</b> (Please list each de		es as needed.)	)			
DATE	Amount			Source		

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

DATE	Amount	Payee	<b>Description of Goods/Services I</b>
3/29/2016	480.67	Social Security Admin	Youth no longer COC clie
3/29/2016	150.00	Social Security Admin	Youth no longer COC clie
3/29/2016	529.00	Social Security Admin	Youth no longer COC clie
3/29/2016	210.00	Social Security Admin	Youth no longer COC clie
3/29/2016	2,223.00	Social Security Admin	Youth no longer COC clie
4/1/2016	240.00	Social Security Admin	Youth no longer COC clie
4/1/2016	330.00	Social Security Admin	Youth no longer COC clie
4/1/2016	35.70	Social Security Admin	Youth no longer COC clie
4/1/2016	759.00	Social Security Admin	Youth no longer COC clie
4/13/2016	120.00	Social Security Admin	Youth no longer COC clie
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	5,077.37		

Ending Balance at June 30, 2015:	3,161.00

## Purchased

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