FY 2016-17 Bank Account and Transparency Accountability Report Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

| Agency Name/Number: Account Name: | | | | | unity School/H710 | |
|--|------------------------------|---|-------------|----------------------------|------------------------------------|-----|
| Account Name: Purpose of Account: | | | - | e Bank Accor lent Funds | unt | |
| Exemption Requested: | | Yes | X | No | | |
| If exemption is requested, Checks written on Be | | ude infor | mation that | would ider | ntify them to the General Public | |
| Exemption Approved in P | rior Year: | Yes | X | No | | |
| Authorized Personnel Check Writing/Withdraw | 1. | | | | | |
| Check Writing/Withdrawa Name: | al: Melissa Thurstin | | | | | |
| Name: Title | Administrative Manager | | | | | |
| Name: | Libby Key | | | | | |
| Title: | Accountant II | | | | | |
| Reconciliation: | | | | | | |
| Name: | Charles Hilton | | | | | |
| Title | Administrative Specialist II | i. L | | | | |
| Name: | | | | | | |
| Title: | | | | | | |
| Financial Information | | | | | | |
| Beginning Balance at July | 1, 2016: | | | 15,770.2 | 21 | |
| Detailed Transactions Dur Deposits (Please list each de | | ies as nec | eded.) | | | |
| DATE | Amount | | | Sour | ce | |
| 07/01/2016 to 06/30/2017 | 66,509.54 | Parental Fees for Reimbursable Services | | | | |
| Withdrawals: (Please list e | each withdrawal separately | /. Add li | nes as need | led) | | |
| DATE | Amount | | Payee | Descri | iption of Goods/Services Purchase | ed |
| 07/01/2016 to 06/30/2017 | 78,403.66 | | | Studen | nt Expenses (GED, Haircuts, Medica | al) |

| Ending Balance at June 30, 2017: | 3,876.09 |
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