FY 2017-18 Bank Account and Transparency Accountability Report Pursuant to Proviso 117.83 of the FY2018-19 Appropriation Act

Agency Name/Number: Account Name:	I	H730 SC Vocational Rehabilitation Department Client Stipends				
	To provide a stipend to S Training Program Account					
Purpose of Account:	Stipends System					
Exemption Requested:		Yes	No	X		
If exemption is requested	, reason:					
Exemption Approved in 1	Prior Year:	Yes X	No			
Authorized Personnel						
Check Writing/Withdray	val:					
Name:	Denise Koon					
Title	Chief Financial Officer					
Name:	Dolores Powell					
Title:	Client Stipend Payroll Su	pervisor				
Reconciliation:						
Name:	John Q Williams					
Title	Accountant III					
Name:	Luanne Curry					
Title:	Finance Operation Super	visor				
Financial Information						
Beginning Balance at Jul		614,286.6	53			
Detailed Transactions Du	uring FV 2016 -2017:					
	deposit separately. Add lin	es as needed)				
DATE	Amount	es as necaea.)	Source	ρ		
Total Deposits		Deposited daily - Federal Funds/Other Funds				
Withdrawals: (Please list	each withdrawal separately	Add lines as need	ded)			
DATE	Amount	Payee	Descrip	otion of Goods/Services		
Total Expenditures	7,890,207.10	various		cks written to clients pproved expenditures		
Ending Balance at June 3	587,944.05					

FY 2017-18 Bank Account and Transparency Accountability Report Pursuant to Proviso 117.83 of the FY2018-19 Appropriations Act

Agency Name/Number: Account Name:	H730 SC Vocational Rehabilitation Department Revolving Fund						
Purpose of Account:	The Revolving Fund is a special checking account maintained by the State Office to provide timely payments (usually one-time payments) of approved expenditures for applicants/clients.						
Exemption Requested: If exemption is requested	, reason:	Yes		No X			
Exemption Approved in Prior Year:		Yes	X	No			
Authorized Personnel Check Writing/Withdrawal:							
Name:	Denise Koon						
Title	Chief Financial Officer						
Title	Cinci i manciai Officci						
Name:	At least two from each A	rea office	in the State				
Title:	Various Titles	ica office	in the state	,			
Title.	various Titles						
Reconciliation:							
Name:	John O Williams						
	John Q Williams Accountant III						
Title	Accountant III						
Nome	Lucana Cum						
Name:	Luanne Curry						
Title:	Finance Operation Super	visor					
Einancial Information							
Financial Information							
Beginning Balance at July	y 1, 2017:	\$		41,255.91			
Detailed Transactions Du							
Deposits (Please list each o	deposit separately. Add line	es as need	ed.)				
<u></u>		1					
DATE	Amount			Source			
Total Deposits	2,130,096.77	Deposited daily - Federal Funds					
Withdrawals: (Please list each withdrawal separately. Add lines as needed)							
DATE	Amount	P	ayee	Description of Goods/Services			
Total Expenditures	2,185,511.76		rious	Checks written to clients			
2 star Emportantialos	2,100,511.70	"		for approved expenditures			
				Tor approved expenditures			
Ending Balance at June 3	an 2018.			47.476.54			