FY 2018-19 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.82 of the FY2019-20 Appropriations Act

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						
	provide uniery pay	yments (•	cats/consum		roved expenditures for	
Exemption Requested:		Yes		No	X	\neg	
If exemption is requested, r	eason:		=		<u></u>		
Exemption Approved in Pri	ior Year:	Yes	X	No			
Authorized Personnel							
Check Writing/Withdrawal	:						
Name:			Koon				
Title	Administrative Manager II						
Name:		At least two from each Area Office in the State					
Title:	Various Titles						
Reconciliation:							
Name:		John W	illiams				
Title		Accountant III					
Name:		Luanne	Curry				
Title:			Finance Operations Supervisor				
Financial Information							
Beginning Balance at July 1, 2018:				47,476	.54		
Detailed Transactions Duri	ng FY 2018-2019:						
Deposits (Please list each dep	oosit separately. Add	lines as	needed.)				
Date	Amount			Sour	ce		
Total Deposits	1,648,725.88	Deposit	ted daily -	Federal Fun	ds		

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

Date	Amount	Payee	Description of Goods/Services Purchased
Total Exopenditures	1,647,587.89	various	Checks written to consumers
			for approved expenditures

Ending Balance at June 30, 2019:	48,614.53
Ename Dalance at suite 50, 2017.	40,014.33

FY 2018-19 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.82 of the FY2019-20 Appropriations Act

Account Name:	H730 SC	H730 SC Vocational Rehabilitation Department Client Stipends				
Purpose of Account:	To provid	To provide a stipend to SCVRD consumers that participate in the				
	_	Job Readiness Training Program.				
Exemption Requested:		Yes		No	X	
If exemption is requested, i	eason:					
Exemption Approved in Pr	ior Year:	Yes	X	No		
Authorized Personnel Check Writing/Withdrawa	1.					
Name:	1.	Denise l	Koon			
Title			strative Ma	nager II		
		. 101111111				
Name:		Dolores Powell				
Title:		Client S	tipend Payı	roll Supervi	sor	
Reconciliation:						
Name:		John Williams				
Title		Account	tant III			
Name:		Luanne	Curry			
Title:			-	Supervisor	r	
Tide.		Timanec	Operations	s Buper visos		
Financial Information						
Beginning Balance at July 1, 2018:		587,944.05				
Detailed Transactions Duri						
Deposits (Please list each de	posit separately. Add	lines as	needed.)			
Date	Amount	l		Sourc	20	
Total Deposits		Deposited weekly - Federal Funds/Other Funds				
Total Dopositis	7,20,317.12	Deposited weekly - redetal runds/Outer runds			and I dilds	
		ı				
Withdrawals: (Please list ea	ch withdrawal separa	tely. Ad	d lines as n	eeded)		
-		ı		1_		
Date	Amount	1	Payee	Descri	ption of Goods/Services Purchased	

		for	stipends
Ending Ralance at June 30, 2010	0.	601 006 15	

various

7,925,252.02

Total Expenditures

Checks written to consumers