

FY 2024-25 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number: South Carolina Department of Health and Human Services - J020

Account Name: HHS Returns Account

Purpose of Account: To track insufficient / returned checks

Exemption Requested: Yes No

If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name:

Title

Name:

Title:

Reconciliation:

Name: Lynette Wilson

Title: Accounting/Fiscal Manager II

Name: Tawanda McDuffie-Hare

Title: Senior Accountant/Fiscal Analyst

Financial Information

Beginning Balance at July 1, 2024: \$

Detailed Transactions During FY 2024-2025:

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

Date		Source
7/1/2024	168.33	Deposits
10/16/2024	19,481.74	Deposits
12/16/2024	153.24	Deposits
1/21/2025	36.42	Deposits
2/13/2025	9,249.72	Deposits
5/2/2025	869.87	Deposits
5/5/2025	328.08	Deposits
6/13/2025	3,212.16	Deposits

Total Deposits	33,499.56
-----------------------	------------------

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

Date	Payee	Purchase Description
9/30/2024	20.00	#97
9/30/2024	19,461.74	#277
11/20/2024	153.24	#32060
12/20/2024	36.42	#3191368
1/28/2025	249.72	#896109
1/31/2025	5,000.00	#895001
2/5/2025	4,000.00	#895002
3/27/2025	869.87	#2717668544
4/21/2025	328.08	#123626
5/16/2025	3,212.16	#5039

Total Withdrawals	33,331.23		
--------------------------	------------------	--	--

Ending Balance at June 30, 2025:

\$ -