FY 2014-15 Bank Account and Transparency Accountability Report
FY 2014-15 Appropriation Act, Proviso 117.88

Agency Name/Number: Social Services, Department of (L040)
Account Number: ACH Deposits-Child Support
Purpose of Account: Electronic deposits from employer withholdings

Exemption Requested: Yes X No
If exemption is requested, reason:

Exemption Approved Yes X No

Authorized Personnel
Check Writing/Withdrawal:
Name: Rose Martinez
Title: Assistant Director Accounts Receivable
Name: Mike Reeves
Title: Team Leader
Reconciliation:
Name: Evelyn Causey
Title: Fiscal Analysis II

Financial Information
Beginning Balance at July 1, 2014: $0.00

Detailed Transactions During FY 2013-2014:
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
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</tbody>
</table>
Ending Balance at June 30, 201\textsuperscript{1} \hfill $0.00
## FY 2014-15 Bank Account and Transparency Accountability Report
### FY 2014-15 Appropriation Act, Proviso 117.88

**Agency Name/Number:** Social Services, Department of (L040)  
**Account Name:** Deposits-SC Child Support  
**Purpose of Account:** General Child Support Deposits

**Exemption Requested:** Yes X No  
If exemption is requested, reason:   

**Exemption Approved in Prior Year:** Yes X No   

**Authorized Personnel**  
**Check Writing/Withdrawal:**  
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rose Martinez</td>
<td>Assistant Director Accounts Receivable</td>
</tr>
<tr>
<td>Mike Reeves</td>
<td>Team Leader</td>
</tr>
</tbody>
</table>

**Reconciliation:**  
<table>
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<td>Evelyn Causey</td>
<td>Fiscal Analysis II</td>
</tr>
</tbody>
</table>

**Financial Information**

| Beginning Balance at July 1, 2013: | $0.00 |

### Detailed Transactions During FY 2013-2014:

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

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<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
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<tbody>
<tr>
<td></td>
<td>0.00</td>
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</tbody>
</table>

**Ending Balance at June 30, 2014:** $0.00
Agency Name/Number: Social Services, Department of (L040)
Account Name: Disbursements-Child Support
Purpose of Account: SDU Disbursements ACH and checks to program payees

Exemption Requested: Yes No X
If exemption is requested, reason:

Exemption Approved: Yes X No _____

Authorized Personnel
Check Writing/Withdrawal:
Name: Rose Martinez
Title: Assistant Director Accounts Receivable

Name: Mike Reeves
Title: Team Leader

Reconciliation:
Name: Evelyn Causey
Title: Fiscal Analysis II

Financial Information
Beginning Balance at July 1, 2014: $0.00

Detailed Transactions During FY 2013-2014:
Deposits (Please list each deposit separately. Add lines as needed.)

<table>
<thead>
<tr>
<th>DATE</th>
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Ending Balance at June 30, 2014: $0.00
Agency Name/Number: Social Services, Department of (L040)  
Account Name: SCDSS EPAY Settlement Account  
Purpose of Account: Returns for Closed Client Accounts  

Exemption Requested: Yes X No  
If exemption is requested, reason:  

Exemption Approved Last Year: Yes X No  

Authorized Personnel  
Check Signing/Withdrawal:  
Name: Karen Jones  
Title: Fiscal Analysis II  
Name: Rose Martinez  
Title: Assistant Director for Accounts Receivable  
Name: Towander Prior  
Title: Fiscal Analysis III  
Name: Mike Reeves  
Title: Team Leader  

Reconciliation:  
Name: Evelyn Causey  
Title: Fiscal Analyst  

Financial Information  
Beginning Balance at July 1, 2013: $0.00  

Detailed Transactions During FY 2014:  
Deposits (Please list each deposit separately. Add lines as needed.)  

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
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<tbody>
<tr>
<td></td>
<td>130,493.89</td>
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Withdrawals: (Please list each withdrawal separately. Add lines as needed.)  

<table>
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<tbody>
<tr>
<td></td>
<td>187,499.35</td>
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</table>

Credits for FY14: $130,493.89  
Debits FY14: $187,499.35  
(7.00) Stop payment on Check # 1200  
(56,998.46) Debit to account from STO  
Total: $130,493.89
FY 2014-15 Bank Account and Transparency Accountability Report
FY 2014-15 Appropriation Act, Proviso 117.88

Agency Name/Number: Social Services, Department of (L040)
Account Number: Return Deposits-Child Support
Purpose of Account: Returned deposits, NSF and etc.

Exemption Requested: Yes No X
If exemption is requested, reason:

Exemption Approved: Yes X No ______

Authorized Personnel
Check Writing/Withdrawal:
Name: Rose Martinez
Title: Assistant Director Accounts Receivable

Name: Mike Reeves
Title: Team Leader

Reconciliation:
Name: Evelyn Causey
Title: Fiscal Analysis II

Financial Information

Beginning Balance at July 1, 2013: $0.00

Detailed Transactions During FY 2013-2014:

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Ending Balance at June 30, 2014: $0.00
FY 2014-15 Bank Account and Transparency Accountability Report
FY 2014-15 Appropriation Act, Proviso 117.88

Agency Name/Number: Social Services, Department of (L040)
Account N: Return Disbursements-Ch Support
Purpose of: Returns for Child Support ACH debits/cancelled checks

Exemption Requested: Yes No X
If exemption is requested, reason:

Exemption Approved Yes X No ____

Authorized Personnel
Check Writing/Withdrawal:
Name: Rose Martinez
Title: Assistant Director Accounts Receivable

Name: Mike Reeves
Title: Team Leader

Reconciliation:
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Account Number: ACH Deposits-Child Support
Purpose of Account: Electronic deposits from employer withholdings

Exemption Requested: Yes No X
If exemption is requested, reason:

Exemption Approved Yes X No

Authorized Personnel
Check Writing/Withdrawal:
Name: Rose Martinez
Title: Assistant Director Accounts Receivable

Name: Mike Reeves
Title: Team Leader

Reconciliation:
Name: Evelyn Causey
Title: Fiscal Analysis II

Financial Information

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Detailed Transactions During FY 2013-2014:
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