

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

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 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: Financial Manager

Name: Anthony Brown
 Title: Fiscal Analyst III

Reconciliation:

Name: Kenyarda Jordan
 Title: Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2014: _____ \$0.00

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
	0.00	

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

DATE	Amount	Payee	Description of Goods/Services Purchased
	0.00		

Ending Balance at June 30, 2015: _____ \$0.00

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

Agency Name/Number: Social Services, Department of (L040)
Account N Disbursements-Child Support
Purpose of SDU Disbursements ACH and checks to program payees

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

Exemption Approved in Prior Yes X No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Rose Martinez
 Title: Assistant Director Accounts Receivable

Name: Mike Reeves
 Title: Financial Manager

Name: Anthony Brown
 Title: Fiscal Analyst III

Reconciliation:

Name: Kenyarda Jordan
 Title: Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2014: _____ \$0.00

Detailed Transactions During FY 2014 -2015:

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

<u>DATE</u>	<u>Amount</u>	<u>Source</u>
	0.00	

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

<u>DATE</u>	<u>Amount</u>	<u>Payee</u>	<u>Description of Goods/Services Purchased</u>
	0.00		

Ending Balance at June 30, 2015: _____ \$0.00

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

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

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

Exemption Approved in Prior Year: Yes X No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Rose Martinez
 Title: Assistant Director Accounts Receivable

Name: Mike Reeves
 Title: Financial Manager

Name: Anthony Brown
 Title: Fiscal Analyst III

Reconciliation:

Name: Kenyarda Jordan
 Title: Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2014: _____ \$0.00

Detailed Transactions During FY 2014 -2015:

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

<u>DATE</u>	<u>Amount</u>	<u>Source</u>
	0.00	

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

<u>DATE</u>	<u>Amount</u>	<u>Payee</u>	<u>Description of Goods/Services Purchased</u>
	0.00		

Ending Balance at June 30, 2015: _____ \$0.00

**FY 2014-15 Bank Account and Transparency Accountability Report
FY 2015-16 Appropriation Act, Proviso 117.84**

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

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

Exemption Approved in Prior Year: Yes X No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Rose Martinez
 Title: Assistant Director Accounts Receivable

Name: Mike Reeves
 Title: Financial Manager

Name: Anthony Brown
 Title: Fiscal Analyst III

Reconciliation:

Name: Kenyarda Jordan
 Title: Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2014: _____ \$0.00

Detailed Transactions During FY 2014 -2015 :

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

<u>DATE</u>	<u>Amount</u>	<u>Source</u>
	0.00	

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

<u>DATE</u>	<u>Amount</u>	<u>Payee</u>	<u>Description of Goods/Services Purchased</u>
	0.00		

Ending Balance at June 30, 2015: _____ \$0.00

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

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

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

Exemption Approved in Prior Year: Yes X No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Rose Martinez
 Title: Assistant Director Accounts Receivable

Name: Anthony Brown
 Title: Fiscal Analyst III

Name: Mike Reeves
 Title: Financial Manager

Reconciliation:

Name: Kenyarda Jordan
 Title: Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2014: _____ \$0.00

Detailed Transactions During FY 2014 -2015:

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

<u>DATE</u>	<u>Amount</u>	<u>Source</u>
	0.00	

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

<u>DATE</u>	<u>Amount</u>	<u>Payee</u>	<u>Description of Goods/Services Purchased</u>
	0.00		

Ending Balance at June 30, 2015: _____ \$0.00

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

Agency Name/Number: Social Services, Department of (L040)
Account N Disbursements-Child Support
Purpose of SDU Disbursements ACH and checks to program payees

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

Exemption Approved in Prior Yes X No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Rose Martinez
 Title: Assistant Director Accounts Receivable

Name: Mike Reeves
 Title: Financial Manager

Name: Anthony Brown
 Title: Fiscal Analyst III

Reconciliation:

Name: Kenyarda Jordan
 Title: Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2014: _____ \$0.00

Detailed Transactions During FY 2014 -2015:

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

<u>DATE</u>	<u>Amount</u>	<u>Source</u>
	0.00	

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

<u>DATE</u>	<u>Amount</u>	<u>Payee</u>	<u>Description of Goods/Services Purchased</u>
	0.00		

Ending Balance at June 30, 2015: _____ \$0.00

**FY 2014-15 Bank Account and Transparency Accountability Report
FY 2015-16 Appropriation Act, Proviso 117.84**

Agency Name/Number: Social Services, Department of (L040)
 Account Number: SCDSS SSA Trust Account
 Purpose of: SSA and SSI funds for Foster Children

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: Towander Prior
 Title: Fiscal Analyst III

Name: Karen Jones
 Title: Fiscal Analyst II

Name: Mike Reeves
 Title: Financial Manager

Name: Anthony Brown
 Title: Fiscal Analyst III

Reconciliation:

Name: Kenyarda Jordan
 Title: Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2014: \$1,315,546.37

Detailed Transactions During FY 2014 -2015:

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

<u>DATE</u>	<u>Amount</u>	<u>Source</u>
2015SFY	2,524,646.47	ACH Deposits

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

<u>DATE</u>	<u>Amount</u>	<u>Payee</u>	<u>Description of Goods/Services Purchased</u>
2015 SFY	3,084,192.57	Checks	Client Funds

Ending Balance at June 30, 2014: \$756,000.27