Agency Name/Number:
Account Name:
Purpose of Account:

S.C Department of Disabilities and Special Needs/J160

Client Funds - Acct Nc _____ (Direct Deposit)

Client Funds

Exemption Requested:

Yes No

If exemption is requested, reason:

Previously grant 3/6/12

Exemption Approved Last Year:

Yes No



Authorized Personnel

Check Writing/Withdrawal:

Name:

Nancy Hall

Title

Facility Administrator

OFFICE OF STATE BUDGET

SEP 3 0 2013

Name:

Kim Layton

Title:

Director of Finance - Midlands

Reconciliation:

Name:

Kim Layton

Title

Director of Finance

Name:

Michelle Blanchfield

Title:

Fiscal Analyst III

Financial Information

Beginning Balance at July 1, 2012:

20,202.99

Detailed Transactions During FY 2013:

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

DATE	Amount	Source	
7/1/12-6/30/13	1,798,679.77	Summary of Deposits	
į			
1			

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/12-6/30/13	1,818,876.49		Summary of Expenditures
			•
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	-		
	t t		

Agency Name/Numb Account Name: Purpose of Account:		Midland Center -		nd Special Needs/J160 (Operating)
Exemption Requester If exemption is requester		Yes No	Previously	y grant 3/6/12
Exemption Approve	d Last Year:	Yes No		
Authorized Personn Check Writing/With Name: Title	_			
Name: Title:	Kim Layton Director of Finance - M	1 idlands		
Reconciliation: Name: Title Name:	Kim Layton Director of Finance Michelle Blanchfield			
Title: Financial Information	Fiscal Analyst III			
Beginning Balance a			39,434.73	1
Detailed Transactions During FY 2013: Deposits (Please list each deposit separately. Add lines as needed.)				
DATE	Amount	0 6 55	Source	
7/1/12-6/30/13	2,071,037.88	Summary of Depo	sits	

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/12-6/30/13	2,084,037.57		Summary of Expenditures
	1		
			,
	•		•

Ending Balance at June 30, 2013:

26,435.04

Agency Name/Numb Account Name: Purpose of Account:		S.C Departme Midland Ctr RD -	nent of Disabilities and Special Needs/J160 - Acct No (Dedicated) - Client Funds
Exemption Requeste		Yes No	Previously grant 3/6/12
Exemption Approve	d Last Year:	Yes No	
Authorized Personne Check Writing/With Name: Title Name: Title: Reconciliation:	drawal: Nancy Hall Facility Administrator Kim Layton Director of Finance - N	Aidlan ds	
Name: Title	Kim Layton Director of Finance		
Name: Title:	Michelle Blanchfield Fiscal Analyst III		
Financial Information	<u>on</u>		
Beginning Balance a	t July 1, 2012:		•
Detailed Transaction Deposits (Please list of	ns During FY 2013: each deposit separately.	Add lines as neede	ed.)
DATE	Amount		Source
7/1/12-6/30/13	-	Summary of Dep	

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/12-6/30/13	-		Summary of Expenditures
		,	
	,		
	I	I	

Agency Name/Numb Account Name: Purpose of Accounts	unt Name: Dedicated - Acct No		
Exemption Requestor If exemption is requ		Yes	Previously grant 3/6/12
Exemption Approve	ed Last Year:	Yes No	
Authorized Personn			
Check Writing/With			
Name:	Alan Longshore		
Title	Claims and Claims		
Name:	Tracy Long		
Title:	Fiscal Analyst		•
Reconciliation:			
Name:	Debbie Detoria		
Title	Director of Finance - Whitten		
Name:	Michelle Blanchfield		
Title:	Fiscal Analyst III		
Financial Information	<u>on</u>		
Beginning Balance a	at July 1, 2012:		
Detailed Transaction Deposits (Please list	ns During FY 2013: each deposit separately.	Add lines as needed.)	
•		,	
DATE	Amount		Source
7/1/12-6/30/13	-	Summary of Deposits	

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/12-6/30/13	-		Summary of Expenditures

Agency Name Account Nam Purpose of Ac	e:	S.C Department of Disabilities and Special Needs/J160 Direct Deposit - Acct No Client Funos	
Exemption Ro	equested: is requested, reason:	Yes No Previously grant 3/6/12	
Exemption A	pproved Last Year:	Yes No	
Authorized P			
	g/Withdrawal:		
Name:	Alan Longshore		
Title	Claims and Claims		
Name:	Tracy Long		
Title:	Fiscal Analyst		
Reconciliation	n·		
Name:	Debbie Detoria		
Title	Director of Finance - V	Vhitten	
Name:	Michelle Blanchfield		
Title:	Fiscal Analyst III		
Financial Info	ormation		
Beginning Ba	lance at July 1, 2012:	39,194.62	
Detailed Tran	sactions During FY 2013:		
	ase list each deposit separately.	Add lines as needed.)	
DATE	Amount	Source	
DAID	Amvuit	Source	

DATE	Amount	Source
7/1/12-6/30/13	3,419,054.19	Summary of Deposits
		,

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/12-6/30/13	3,458,243.89	-	Summary of Expenditures

Agency Name/Number: Account Name: Purpose of Account:		S.C Department of Disabilities and Special Needs/J160 Client Funds - Acct No Client Funds
Exemption Requested: If exemption is requested, reason:		Yes No Previously grant 3/6/12
Exemption App	roved Last Year:	Yes No
Authorized Pers		
Check Writing/\		
Name: Title	Alan Longshore Claims and Claims	
Title	Claims and Claims	
Name:	Tracy Long	
Title:	Fiscal Analyst	
Reconciliation:		
Name:	Debbie Detoria	
Title	Director of Finance - Wi	nitten
The	Director of Finance - W.	nton
Name:	Michelle Blanchfield	
Title:	Fiscal Analyst III	
Financial Inform	nation_	
Beginning Balance at July 1, 2012:		74,409.42
	ctions During FY 2013: list each deposit separately.	Add lines as needed)
Deposits (Flease	nsi cach deposit separately.	Add files as needed.)
DATE	Amount	Source
20.00.60000	2 (21 4(7 7)	C

DATE	Amount	Source
7/1/12-6/30/13	3,621,467.76	Summary of Deposits
		1 ·

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/12-6/30/13	3,670,108.60		Summary of Expenditures

Ending Balance at June 30, 2013:

25,768.58

Agency Name/Number: Account Name: Purpose of Account:		S.C. Department of Disabilities and Special Needs/J160 Coastal Center - Acct No. (Dedicated) Client Funds		
Exemption Requested: If exemption is requested, reason:		Yes No Previously granted 3/6/12		
Exemption Approve	d Last Year:	Yes No		
Authorized Personn Check Writing/With Name: Title				
Name: Title:	Richard Nickless Service and Supply Dire	ector		
Reconciliation: Name: Title	Al Stanley Director of Finance - Co	pastal		
Name: Title:	Michelle Blanchfield Fiscal Analyst III - Central Office			
Financial Information	<u>on</u>			
Beginning Balance a	Beginning Balance at July 1, 2012:			
Detailed Transactions During FY 2013: Deposits (Please list each deposit separately. Add lines as needed.)				
DATE	Amount	Source		
7/1/2012 - 6/30/2013	-	Total Deposits		

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2012 - 6/30/2013	-		Total Expenditures
		÷	

Agency Name/Number: Account Name: Purpose of Account:		oastal Client - Acct No.	Disabilities and Special Ne Direct Depont Funds	
Exemption Requested: If exemption is requested, reason:		Yes No Previously granted 3/	5/12	
Exemption Approve	d Last Year:	Yes		
Authorized Personn Check Writing/With Name: Title				
Name: Title:	Richard Nickless Service and Supply Director			
Reconciliation: Name: Title	Al Stanley Director of Finance - C	Coastal ·		
Name: Title:	Michelle Blanchfield Fiscal Analyst III - Central Office			
Financial Information Beginning Balance at July 1, 2012: 8,698.37				
Detailed Transactions During FY 2013: Deposits (Please list each deposit separately. Add lines as needed.)				
DATE	Amount		Source	
7/1/2012 - 6/30/2013	1,529,915.20	0 Total Deposits		

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2012 - 6/30/2013	1,538,613.49		Total Expenditures
			·
			·

Agency Name/Number: Account Name: Purpose of Account:		S.C. Department of Disabilities and Special Needs/J160 Coastal MRC - Acct No. Operating) Client Funds
Exemption Requested: If exemption is requested, reason:		Yes No Previously granted 3/6/12
Exemption Approve	d Last Year:	Yes No
Authorized Personn Check Writing/With		
Name:	Nilus (Larry) Mattive	
Title	Facility Administrator	
Name:	Richard Nickless	
Title:	Service and Supply Dire	ector
11101	Dervice and Supply Davi	
Reconciliation:		
Name:	Al Stanley	
Title	Director of Finance - Co	pastal
Name	Michelle Blanchfield	
Name: Title:	Fiscal Analyst III - Cent	tral Office
TRIC.	11scal Analyst III - Cen	uai Office
Financial Information	<u>on</u>	
Beginning Balance at July 1, 2012:		123,156.26
Detailed Transactions During FY 2013: Deposits (Please list each deposit separately. Add lines as needed.)		Add lines as needed.)
DATE	Amount	Source
7/1/2012 - 6/30/2013	1,646,587.16	Total Deposits

DATE	Amount	Source
7/1/2012 - 6/30/2013	1,646,587.16	Total Deposits

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2012 - 6/30/2013	1,719,814.54		Total Expenditures

Ending Balance at June 30, 2013:

49,928.88

Agency Name/Number: Account Name: Pe Purpose of Account:		S.C. Department of Disabilities and Special Needs/J160 Dee Client - Acct No Direct Deposit) Client Funds	
Exemption Requested: If exemption is requested, reason:		Yes No Previously granted 3/6/12	
Exemption Approve	d Last Year:	Yes No	
Authorized Personne Check Writing/With Name: Title			
Name: Title:	Jack Kolesar Co-Administrator/Program Services/Supports		
Reconciliation: Name: Title	Joe Freeman Claims and Collections	- Pee Dee	
Name: Title:	Michelle Blanchfield Fiscal Analyst III - Central Office		
Financial Information	<u>on</u>		
Beginning Balance at July 1, 2012: 15,471.98			
Detailed Transaction Deposits (Please list of	ns During FY 2013: each deposit separately.	Add lines as needed.)	
DATE	Amount	Source	
7/1/2012 - 6/30/2013	1,917,365.58	Total Deposits	

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2012 - 6/30/2013	1,932,837.56	,	Total Expenditures
			_

Agency Name/Number: Account Name: Purpose of Account:		S.C. Department of Di Pee Dee Ctr - Acct N Client	sabilities and Special Needs/J160 (Operating) Funds
Exemption Requested: If exemption is requested, reason:		Yes No Previously granted 3/6/1	2
Exemption Approved Last Year:		Yes	
Authorized Personn Check Writing/With			
Name:	Deborah Reddick		
Title	Director of Finance		
Name:	Jack Kolesar		
Title:	Co-Administrator/Program Services/Supports		
Reconciliation:			
Name:	Joe Freeman		
Title	Claims and Collections - Pee Dee		
Name:	Michelle Blanchfield		
Title:	Fiscal Analyst III - Central Office		
Financial Information			
Beginning Balance at July 1, 2012:		1	46,765.03
Detailed Transactions During FY 2013: Deposits (Please list each deposit separately. Add lines as needed.)			

DATE	Amount	Source
7/1/2012 - 6/30/2013	1,979,281.00	Total Deposits
:		
		1

ption of Goods/Services Purchased
Total Expenditures

Ending Balance at June 30, 2013:

158,104.62

Agency Name/Number:		S.C. Department of Disabilities and Special Needs/J160		
Account Name:		e Dee Ct RDA - Acct No.	Dedicated)	
Purpose of Account:		Client Fund	s	
Exemption Requested: If exemption is requested, reason:		Yes No Previously granted 3/6/12		
Exemption Approve	d Last Year:	Yes No		
Authorized Personnel Check Writing/Withdrawal:				
	Deborah Reddick			
	Director of Finance			
	Jack Kolesar Co-Administrator/Program Services/Supports			
Reconciliation:				
Name:	Joe Freeman			
Title	Claims and Collections - Pee Dee			
Name:	Michelle Blanchfield			
Title:	Fiscal Analyst III - Central Office			
Financial Information				
Beginning Balance at July 1, 2012:				
Detailed Transactions During FY 2013: Deposits (Please list each deposit separately. Add lines as needed.)				
DATE	Amount	So	urce	
7/1/2012 - 6/30/2013	-	Total Deposits		

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2012 - 6/30/2013	-		Total Expenditures

Agency Name/Number: Account Name: Purpose of Account: Exemption Requested: If exemption is requested, reason: Exemption Approved Last Year:		S.C Department of Disabilities and Special Needs/J160 Return Check - Acct No	
		Yes No Previously grant 3/6/12	
		Yes No	
Authorized Person Check Writing/Wit			
Name:	N/A		
Title			
Name:			
Title:			
Reconciliation:			
Name:	Tarsha Gantt		
Title	Fiscal Analyst II		
Name:	Michelle Blanchfield		
Title:	Fiscal Analyst III	•	
Financial Informat	<u>ion</u>		
Beginning Balance at July 1, 2012:		1,000.00	
	ons During FY 2013: t each deposit separately. A	Add lines as needed.)	
DATE	Amount	Source	
7/1/12-6/30/13	175.00	Summary of Deposits	

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/12-6/30/13	175.00		Summary of Expenditures
]		

Ending Balance at June 30, 2013:

1,000.00