## FY 2012-13 Bank Account and Transparency Accountability Report FY 2013-14 Appropriation Act, Proviso 117.91

Agency Name/Number: Account Name: Purpose of Account:		State Accident Fund - R120 Benefits Account To pay worker's compensation claims	
Exemption Requested: If exemption is requested, reason:		Yes No	
Exemption Approved Last Year:		Yes No	SE CHERT TO SE
Authorized Personnel Check Writing/Withdrawal: Name: Harry B. Gregory, Jr.		I	OCT 0 1 2013
Title  Name: Title:	Director	E	But ard DFFICE OF STATE BUDGET
Reconciliation: Name: Title	Janice P. Harmon Director of Accounting		
Name: Title:			
Financial Information			
Beginning Balance at July 1, 2012:		1,694,336.59	
Detailed Transactions During FY 2013:  Deposits (Please list each deposit separately. Add lines as needed.)			
DATE	Amount		Source
	61,500,000.00	Agency account	where worker's compensation premiums are deposited
Withdrawals: (Plese list each withdrawal separately. Add lines as needed)			
DATE	Amount	Payee	Description of Goods/Services Purchased
	61,640,128.72		Exemption request approved