

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: 55118004
Account Name: Continuum Child Care Client Trust Account
Purpose of Account:

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

Exemption Approved in Prior Y Yes X No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: David Michael
 Title: Client Services Supervisor

Name:
 Title:

Reconciliation:

Name: Marilyn Thomas
 Title: Program Manager I

Name:
 Title:

Financial Information

Beginning Balance at July 1, 2013: _____ 1,910.00

Detailed Transactions During FY 2013 -2014:

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

DATE	Amount	Source
	13,525.36	

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

DATE	Amount	Payee	Description of Goods/Services Purchased
	8,526.69		

Ending Balance at June 30, 2014: _____ 6,908.67

**FY 2013-14 Bank Account and Transparency Accountability Report
 FY 2014-15 Appropriation Act, Proviso 117.88**

Agency Name/Number: 707002114
Account Name: Continuum of Care Donation Account
Purpose of Account:

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

Exemption Approved in Prior Y Yes X No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: David Michael
 Title: Client Services Supervisor

Name:
 Title:

Reconciliation:

Name: Marilyn Thomas
 Title: Program Manager I

Name:
 Title:

Financial Information

Beginning Balance at July 1, 2013: 281.05

Detailed Transactions During FY 2013 -2014:

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

DATE	Amount	Source

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

DATE	Amount	Payee	Description of Goods/Services Purchased
	50.14		

Ending Balance at June 30, 2014: 230.91