Agency Na	Agency Name/Numb Social Services, Department of (L040)							
Account N	ACH Deposits-Child Support							
Purpose o	1	Electronic deposits from employer withholdings						
Exemption	n Requested:	Yes		No	X			
If exempti	ion is requested, reaso	0						
Exemption	n Approved	Yes	X	No				
	d Personnel							
	riting/Withdrawal:							
Name:		Rose M		. 5				
Title		Assista	nt Director	Accounts Re	eceivable			
Name:		Mike R	leeves					
Title:		Team L	Leader					
Reconcilia	ntion:							
Name:		Evelvn	Causey					
Title		Fiscal Analysis II						
<u>Financial</u>	<u>Information</u>							
Beginning	Balance at July 1, 20	):		\$0.0	00			
Detailed T	<b>Fransactions During I</b>	FY 2013	-2014:					
	Please list each deposi			ines as neede	d.)			
DATE	Amount	1		Source	Δ			
DATE	0.00			Bourc				
Withdraw	vals: (Plese list each w	ithdrawa	l separately	y. Add lines	as 1			
DATE	Amount		Payee	Descrip	otion of Goods/Services Purchased			
	0.00		· ·	1				

<b>Ending Balance at June 30</b>	), 2014	\$0.00

Agency Name/Number:			Social Services, Department of (L040)				
Account Name:			Deposits-SC Child Support				
<b>Purpose of Account:</b>	Gene	General Child Support Deposits					
<b>Exemption Requested:</b>		Yes	X	No			
	1	i es	Λ	NO			
If exemption is requested	ı, reason:						
<b>Exemption Approved in</b>	Prior Year:	Yes	X	No			
<b>Authorized Personnel</b>							
Check Writing/Withdray	wal:						
Name:		Rose Mar	rtinez				
Title		Assistant	Director	Accounts R	eceivable		
Name:		Mike Ree	Wec				
Title:		Team Lea					
Titic.		Team Lea	auci				
<b>Reconciliation:</b>							
Name:		Evelyn C	ausey				
Title		Fiscal An	alysis II				
Financial Information							
I manetar imormation							
Beginning Balance at Ju	ly 1, 2013:			\$0.0	00		
D ( '1 17 4' D	: EX 2012 2014						
Detailed Transactions D	deposit separately. Add lin	nac ac naa	ded )				
Deposits (1 lease list each	deposit separatery. Add in	nes as need	ieu.)				
DATE	Amount			Sourc	ee		
	0.00						
Withdrawals: (Plese list of	each withdrawal separately	. Add line	s as need	ded)			
`	1 3	_					
DATE	Amount	P	ayee	Descri	ption of Goods/Services Purchased		
	0.00						
Ending Rolenge at I	20 2014.			¢ስ /	00		
<b>Ending Balance at June</b>	30, 2014:			\$0.0	<u>JU</u>		

Social Services, Department of (L040)

Disbursements-Child Support SDU Disbursements ACH and checks to program payees

Agency Name/Numbe

Account N

Purpose of

	Requested: on is requested, reaso	Yes		No	X		
Exemption	Approved	Yes	X	No			
	d Personnel iting/Withdrawal:						
Name:		Rose Marti	inez				
Title			Director Acc	ounts Rece	ivable		
Title		7 ISSISTANT L	oncetor rice	ounts rece	ivable		
Name:		Mike Reev	roc.				
Title:		Team Lead	ier				
D "!	<b></b>						
Reconcilia	tion:	F 1 0					
Name:		Evelyn Car	-				
Title		Fiscal Ana	lysis II				
Financial 1	<u>Information</u>						
Beginning	Balance at July 1, 201			\$0.00	_		
D ( !! 100			4.4				
	ransactions During F Please list each deposit			as needed.)			
DATE	Amount			Course			
DATE	Amount			Source			
	0.00						
ı							
Withdraw	als: (Plese list each wit	hdrawal sei	narately Ac	ld lines as i	n		
Withdrawals: (Plese list each withdrawal separately. Add lines as n							
DATE	Amount	Pa	yee	Description	on of Goods/Services Purchased		
	0.00		,	F			
!			!				
Ending Do	lance at June 30, 201/			00.02			

Agency Name/Number: Social Services, Department of (L040) **Account Name:** SCDSS EPAY Settlement Account **Purpose of Account:** Returns for Closed Client Accounts  $\mathbf{X}$ **Exemption Requested:** Yes No If exemption is requested, reason:  $\mathbf{X}$ **Exemption Approved Last Year:** Yes No **Authorized Personnel** Check Signing/Withdrawal: Name: Karen Jones Title Fiscal Analysis II Rose Martinez Name: Title: Assistant Director for Accounts Receivable Name: **Towander Prior** Title: Fiscal Analysis III Name: Mike Reeves Title: Team Leader **Reconciliation:** Evelyn Causey Name: Fiscal Analyst Title **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.) DATE Amount Source Total \$ 130,493.89 Withdrawals: (Plese list each withdrawal separately. Add lines as needed) DATE **Amount Payee Description of Goods/Services Purchased** Check # \$ 187,499.35 Total Credits for FY14 130,493.89 Debits FY14 187,499.35 (7.00)Stop payment on Check # 1200

(56,998.46)

130,493.89

Total

Debit to account from STO

Agency Na Account N Purpose of		Social Services, Department of (L040) Return Deposits-Child Support Returned deposits, NSF and etc.				
_	n Requested: on is requested, reaso	Yes		No	X	
Exemption	n Approved	Yes	X	No		
	d Personnel iting/Withdrawal:		Director Ac	counts Rece	eivable	
Name: Title:		Mike Ree Team Lea				
Reconcilia Name: Title		Evelyn C Fiscal An	-			
	Information			¢0.00		
Detailed T	Balance at July 1, 20 Transactions During F Please list each deposit	Y 2013 -2		\$0.00 as needed.)	-	
DATE	Amount			Source		
Withdraw	0.00  als: (Plese list each wi	thdrawal s	eparately. A	Add lines as	1	
DATE	Amount	l P	ayee	Descripti	on of Goods/Services Purchased	
	0.00					

\$0.00

Ending Balance at June 30, 201

Agency Na Account N	ame/Numbo	Social Services, Department of (L040) Return Disbursments-Ch Support						
Purpose of	Retu	Returns for Child Support ACH debits/cancelled checks						
_	n Requested: on is requested, reaso	Yes		No	X			
Exemption	Approved	Yes	X	No				
Authorized Personnel Check Writing/Withdrawal: Name: Rose Martinez Title Assistant Direct				ounts Rece	ivable			
Name:		Mike Reeve	s					
Title:		Team Leade	er					
Reconcilia Name: Title		Evelyn Caus Fiscal Analy						
Financiai I	<u>Information</u>							
Beginning	Balance at July 1, 20	1		\$0.00				
	ransactions During F			1 1 \				
	Please list each deposit	separatery.	Add imes a					
DATE	<b>Amount</b> 0.00			Source				
Withdrawals: (Plese list each withdrawal separately. Add lines as 1								
DATE	Amount	Pay	ee	Description	on of Goods/Services Purchased			
	0.00							
<b>Ending Ba</b>	Ending Balance at June 30, 2014							

Social Services, Department of (L040)

Agency Name/Numbe

Account N Purpose of	1 11					
_	n Requested: on is requested, reaso	Yes		No	X	
n exempu	on is requested, reaso	1				
Exemption	n Approved	Yes	X	No		
	d Personnel iting/Withdrawal:					
Name:	8	Rose Ma	rtinez			
Title		Assistan	Director Ac	counts Re	eceivable	
Name:		Mike Re	eves			
Title:		Team Le				
Reconcilia	tion:					
Name:		Evelyn C	Causev			
Title Fiscal Analysis II						
Financial 1	<u>Information</u>					
				Φ0.0	20	
Beginning Balance at July 1, 20 \$0.00						
	<b>ransactions During F</b> Please list each deposit			as neede	d.)	
DATE	Amount			Sourc	e	
	0.00					
Withdraw	als: (Plese list each wi	thdrawal	separately. A	Add lines	as 1	
DATE	Amount	l 1	Payee	Descri	otion of Goods/Services Purchased	
	0.00			•		
		l		I		

\$0.00

Ending Balance at June 30, 201