

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

Agency Name/Number: D500 Department of Administration
Account Name: Continuum Child Care Client Trust Account
Purpose of Account:

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

Exemption Approved in Prior Year: Yes 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, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
10/2/2014	2,163.00	Social Security Administration
10/2/2014	30.00	Social Security Administration
12/4/2014	30.00	Social Security Administration
	2,223.00	

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

DATE	Amount	Payee	Description of Goods/Services Purchased
11/21/2014	300.00	Social Security Admin	Child no longer COC client
11/21/2014	759.00	Social Security Admin	Child no longer COC client
11/21/2014	110.00	Social Security Admin	Child no longer COC client
11/21/2014	210.00	Social Security Admin	Child no longer COC client
12/1/2014	1,453.00	Continuum of Care	Reimburse COC for room and board
	2,832.00		

Ending Balance at June 30, 2015: