	ame/Numbo	Social Services, Department of (L040)						
Account N		ACH Deposits-Child Support						
Purpose of		Electronic deposits from employer withholdings						
	n Requested: on is requested, reason:	Yes		No	X			
Exemption	n Approved	Yes	X	No				
	d Personnel iting/Withdrawal:	Rose M Assistar	fartinez	Accounts R	eceivable			
Name: Title:		Mike R Financia	eeves al Manager					
Name: Title:			y Brown Analyst III					
Reconcilia Name: Title	tion: Information		da Jordan Analyst II					
	Balance at July 1, 2014:			\$0.0	00_			
	Transactions During FY 2 Please list each deposit sep		lines as nee	ded.)				
DATE	Amount			Source	e			
		0.00						
	als: (Please list each witho	lrawal separat	-					
DATE	Amount	0.00	Payee	Descri	ption of Goods/Services Purchased			

\$0.00

Ending Balance at June 30, 2015:

	me/Number:				Social Services, Department of (L040)				
Account N			Disbursements-Child Support						
Purpose of	SD	SDU Disbursements ACH and checks to program payees							
	D		**		**	V			
	Requested:		Yes		No	X			
ii exempu	on is requested, reason:								
Exemption	Approved in Prior		Yes	X	No				
zarempuor.	inpproved in 1 mor		100		110				
	d Personnel								
	iting/Withdrawal:								
Name:			Rose M						
Title			Assistar	nt Director	Accounts Rec	ceivable			
Name:			Mike R	aayac					
Title:				al Manager					
Title.			Tillalici	ai Managei					
Name:			Anthon	y Brown					
Title:				nalyst III					
				,					
Reconcilia	tion:								
Name:				da Jordan					
Title			Fiscal A	Analyst II					
Financial	<u>Information</u>								
Reginning	Balance at July 1, 2014				\$0.00				
Degining	Durance at bury 1, 2014	•			φ0.00	<u>-</u>			
Detailed T	ransactions During FY	2014 -2	2015:						
Deposits (I	Please list each deposit seg	parately	. Add li	ines as nee	ded.)				
			1						
DATE	Amount				Source				
		0.00							
Withdraw	als: (Please list each with	drawal	separate	ly. Add lir	nes as needed))			
			1		1				
DATE	Amount	0.00		Payee	Descript	tion of Goods/Services Purchased			
		0.00							
			l		I				
Ending Ba	lance at June 30, 2015:				\$0.00)			
					+ 0 0	_			

Agency Name/Num Account Name: Purpose of Account	Social Services, Department of (L040) Return Disbursments-Child Support Returns for Child Support ACH debits/cancelled checks						
Exemption Request If exemption is requ			Yes		No	X	
Exemption Approve	ed in Prior Year:		Yes	X	No		
Authorized Person Check Writing/Wit Name: Title			Rose Mai Assistant		· Accounts Rec	ceivable	
Name: Title:			Mike Ree Financial		r		
Name: Title:			Anthony Fiscal An				
Reconciliation: Name: Title			Kenyarda Fiscal An				
Financial Informati	<u>ion</u>						
Beginning Balance					\$0.00	<u>) </u>	
	ons During FY 2014 -2015 each deposit separately. A		l.)				
DATE	Amount	0.00			Source		_
	se list each withdrawal sepa	arately. Add lines	as needed	l)	ı		
DATE	Amount	0.00	P	ayee	Descript	tion of Goods/Services	Purchased

\$0.00

Ending Balance at June 30, 2015:

Agency Name/Number: Account Name: Purpose of Account:		Return	ocial Servic Deposits-Ced deposits,	hild Suppo	
Exemption Requested: If exemption is requested,	reason:	Yes		No	X
Exemption Approved in P	rior Year:	Yes	X	No	
Authorized Personnel Check Writing/Withdraw Name: Title	al:	Rose Mart Assistant	inez Director Acc	counts Reco	eivable
Name: Title:		Mike Ree			
Name: Title:		Anthony I Fiscal Ana			
Reconciliation: Name: Title		Kenyarda Fiscal Ana			
Financial Information				40.00	
Beginning Balance at July Detailed Transactions Du				\$0.00	_
-	eposit separately. Add lines	as needed.)	1	G.	
DATE	Amount 0.00			Source	
	each withdrawal separately.	Add lines a	s needed)		
DATE	Amount 0.00	Pa	ıyee	Descripti	on of Goods/Services Purchased

\$0.00

Ending Balance at June 30, 2015:

Agency Name/Number:		Social Services, Department of (L040)					
Account Name:	Deposits-SC Child Support						
Purpose of Account:		General Child Support Deposits					
Exemption Requested:		Yes		No	X		
If exemption is requested,	reacon.	103		110	A		
ii exemption is requested,	reason.						
Evenution Annuaved in I	Drian Vaan	Yes	X	No			
Exemption Approved in I	Tior rear.	1 es	Λ	140			
Authorized Personnel							
Check Writing/Withdraw	al:						
Name:		Rose Ma	rtinez				
Title			Director Ac	counts R	eceivable		
Time		1 1001011111	Director 1 ic	counts re	2001,4010		
Name:		Anthony	Brown				
Title:							
Title.		Fiscal Ar	iaiyst iii				
Name:		Mike Red	avec				
Title:		rmanciai	Manager				
Dagan dilighian.							
Reconciliation: Name:		V1	. Tandan				
		Kenyarda					
Title		Fiscal Ar	ialyst II				
Einen siel Information							
Financial Information							
Beginning Balance at July	r 1 2014.			\$0.0	00		
Deginning Dalance at Jul	y 1, 2014.			\$0.	<u> </u>		
Detailed Transactions Du	ring FV 2014 -2015						
Deposits (Please list each d		l lines as r	needed)				
Deposits (1 lease list each d	eposit separatery. Auc	i iiics as i	iccucu.)				
DATE	Amount	ĺ		Source	20		
DATE	0.00			Source	<u> </u>		
	0.00						
With Joseph (Discoul)			P	1. 15			
Withdrawals: (Please list of	each withdrawai separa	iery. Add	innes as nee	ded)			
DATE		lτ	Payee	i .	ntion of Coods/Sourious Dunchosed		
	Amount		ayee	Docori			
DATE	Amount	-		Descri	ption of Goods/Services Purchased		
DATE	Amount 0.00			Descri	phon of Goods/Services Furchased		
DATE				Descri	phon of Goods/Services Furchased		
DATE				Descri	puon of Goods/Services Furchased		
DATE				Descri	puoli di Goods/Services Furciased		
DATE				Descri	puon of Goods/Services Furchased		
DATE		-		Descri	puon of Goods/Services Furchased		
DATE		1		Descri	puon of Goods/Services Purchased		
DATE		1		Descri	puon of Goods/Services Purchased		
DATE				Descri	puoli di Goods/Services Furciased		
DATE				Descri	puon of Goods/Services Furchased		
DATE				Descri	puon of Goods/Services Furchased		
DATE				Descri	puoli of Goods/Services Furchased		
DATE				Descri	puoli di Goods/Services Furciased		
DATE				Descri	puoli of Goods/Services Furchased		
DATE				Descri	puoli of Goods/Services Furchased		
DATE				Descri	puoli of Goods/Services Furchased		
DATE				Descri	puoli di Goods/Services Furciased		
Ending Balance at June 3	0.00			So.			

	me/Number:				Social Services, Department of (L040)				
Account N			Disbursements-Child Support						
Purpose of	SD	SDU Disbursements ACH and checks to program payees							
	D		**		**	V			
	Requested:		Yes		No	X			
ii exempu	on is requested, reason:								
Exemption	Approved in Prior		Yes	X	No				
zarempuor.	inpproved in 1 mor		100		110				
	d Personnel								
	iting/Withdrawal:								
Name:			Rose M						
Title			Assistar	nt Director	Accounts Rec	ceivable			
Name:			Mike R	aayac					
Title:				al Manager					
Title.			Tillalici	ai Managei					
Name:			Anthon	y Brown					
Title:				nalyst III					
				,					
Reconcilia	tion:								
Name:				da Jordan					
Title			Fiscal A	Analyst II					
Financial	<u>Information</u>								
Reginning	Balance at July 1, 2014				\$0.00				
Degining	Durance at bury 1, 2014	•			φ0.00	<u>-</u>			
Detailed T	ransactions During FY	2014 -2	2015:						
Deposits (I	Please list each deposit seg	parately	. Add li	ines as nee	ded.)				
			1						
DATE	Amount				Source				
		0.00							
Withdraw	als: (Please list each with	drawal	separate	ly. Add lir	nes as needed))			
			1		1				
DATE	Amount	0.00		Payee	Descript	tion of Goods/Services Purchased			
		0.00							
			l		I				
Ending Ba	lance at June 30, 2015:				\$0.00)			
					+ 0 0	_			

Agency Name/Numbe				ent of (L040)			
Account N	SCDSS SSA Trust Account						
Purpose of	SSA and SSI funds for Foster Children						
Exemption Requested:	Yes		No	X			
If exemption is requested, reason:							
Exemption Approved	Yes	X	No				
Authorized Personnel							
Check Writing/Withdrawal:							
Name:	Rose M	artinez					
Title	Assistar	nt Director	Accounts R	eceivable			
Name:	Towander Prior						
Title:	Fiscal Analyst III						
	•						
Name:	Karen Jones						
Title:	Fiscal Analyst II						
N	Mil. D						
Name: Title:	Mike R						
Title:	Financia	al Manage	Г				
Name:	Anthon	y Brown					
Title:	Fiscal Analyst III						
Reconciliation:							
Name:		da Jordan					
Title	Fiscal Analyst II						
Financial Information							
Beginning Balance at July 1, 2014:			\$1,315,546.3	37			
Degining Dumice at July 1, 2014.			ψ1,J1J,J40	···			
Detailed Transactions During FY 201	14 -2015:						
Deposits (Please list each deposit separ		d lines as	needed.)				
•							
DATE Amount	1		Sourc	e	_		

DATE	Amount	Source
2015SFY	2,524,646.47	ACH Deposits
		I .

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

DATE	Amount	Payee	Description of Goods/Services Purchased
2015 SFY	3,084,192.57	Checks	Client Funds