Agency Name/Number: H730 SC Vocational Rehabilitation Department **Account Name:** Revolving Fund The Revolving Fund is a special checking account maintained by the State Office to provide timely payments (usually one-time payments) of approved expenditures for applicants/clients. **Purpose of Account: Exemption Requested:** Yes No If exemption is requested, reason: **Exemption Approved in Prior Year:** Yes No **Authorized Personnel Check Writing/Withdrawal:** Denise Koon Name: Title Chief Financial Officer Name: At least two from each Area office in the State Title: Various Titles **Reconciliation:** Name: Leslie Shipp Accounting Tech III - Accounts Payable Title Luanne Curry Name: Title: Finance Operation Supervisor **Financial Information** Beginning Balance at July 1, 2014: 25,852.50 **Detailed Transactions During FY 2014 -2015: Deposits** (Please list each deposit separately. Add lines as needed.) DATE **Source** Amount **Total Deposits** 1,816,896.93 Deposited Daily

| DATE | Amount | Payee | Description of Goods/Services Purchased |
|--------------------|--------------|---------|---|
| Total Expenditures | 1,805,496.47 | various | Checks written to clients |
| | | | for approved expenditures |

| Ending Balance at June 30, 2015: | 37,252.96 |
|----------------------------------|-----------|

| Agency Name/Number: Account Name: Purpose of Account: | To provide a stipend to S | | Work Cen | iter | tation Depart | |
|--|---------------------------|----------------|----------|----------|---------------|--|
| Exemption Requested: If exemption is requested, | reason: | Yes | N | о [| | |
| Exemption Approved in Pr | rior Year: | Yes | N | о [| | |
| Authorized Personnel Check Writing/Withdrawa | al: | | | | | |
| Name: | Phillip J Clauss | | | | | |
| Title | Accounting Manager - W | TC | | | | |
| Name: | Dolores Powell | | | | | |
| Title: | Client Stipend Payroll Su | pervisor | | | | |
| Reconciliation: | | | | | | |
| Name: | Luanne Curry | | | | | |
| Title | Finance Operations Super | rvisor | | | | |
| Name: Title: | | | | | | |
| Financial Information | | | | | | |
| Beginning Balance at July | 1, 2014: | | 1,132 | 2,980.94 | | |
| Detailed Transactions Dur Deposits (Please list each de | | es as needed.) | | | | |
| DATE | Amount | | - | Source | | |
| Total Deposits | 8,019,270.08 | Deposited we | | | | |

| DATE | Amount | Payee | Description of Goods/Services Purchased |
|--------------------|--------------|-----------------|---|
| Total Expenditures | 7,859,978.24 | various clients | stipend checks |

| Ending Balance at June 30, 2015: | 1,292,272.78 |
|----------------------------------|--------------|

Agency Name/Number: H730 SC Vocational Rehabilitation Department **Account Name:** Revolving Fund The Revolving Fund is a special checking account maintained by the State Office to provide timely payments (usually one-time payments) of approved expenditures for applicants/clients. **Purpose of Account: Exemption Requested:** Yes No If exemption is requested, reason: **Exemption Approved in Prior Year:** Yes No **Authorized Personnel Check Writing/Withdrawal:** Denise Koon Name: Title Chief Financial Officer Name: At least two from each Area office in the State Title: Various Titles **Reconciliation:** Name: Leslie Shipp Accounting Tech III - Accounts Payable Title Luanne Curry Name: Title: Finance Operation Supervisor **Financial Information** Beginning Balance at July 1, 2014: 25,852.50 **Detailed Transactions During FY 2014 -2015: Deposits** (Please list each deposit separately. Add lines as needed.) DATE **Source** Amount **Total Deposits** 1,816,896.93 Deposited Daily

| DATE | Amount | Payee | Description of Goods/Services Purchased |
|--------------------|--------------|---------|---|
| Total Expenditures | 1,805,496.47 | various | Checks written to clients |
| | | | for approved expenditures |

| Ending Balance at June 30, 2015: | 37,252.96 |
|----------------------------------|-----------|

| Agency Name/Number: Account Name: Purpose of Account: | To provide a stipend to S | | Work Cen | iter | tation Depart | |
|--|---------------------------|----------------|----------|----------|---------------|--|
| Exemption Requested: If exemption is requested, | reason: | Yes | N | о [| | |
| Exemption Approved in Pr | rior Year: | Yes | N | о [| | |
| Authorized Personnel Check Writing/Withdrawa | al: | | | | | |
| Name: | Phillip J Clauss | | | | | |
| Title | Accounting Manager - W | TC | | | | |
| Name: | Dolores Powell | | | | | |
| Title: | Client Stipend Payroll Su | pervisor | | | | |
| Reconciliation: | | | | | | |
| Name: | Luanne Curry | | | | | |
| Title | Finance Operations Super | rvisor | | | | |
| Name: Title: | | | | | | |
| Financial Information | | | | | | |
| Beginning Balance at July | 1, 2014: | | 1,132 | 2,980.94 | | |
| Detailed Transactions Dur Deposits (Please list each de | | es as needed.) | | | | |
| DATE | Amount | | - | Source | | |
| Total Deposits | 8,019,270.08 | Deposited we | | | | |

| DATE | Amount | Payee | Description of Goods/Services Purchased |
|--------------------|--------------|-----------------|---|
| Total Expenditures | 7,859,978.24 | various clients | stipend checks |

| Ending Balance at June 30, 2015: | 1,292,272.78 |
|----------------------------------|--------------|