Agency Name/Number: Account Name: Purpose of Account	Social Services, Department of (L040) Return Disbursments-Ch Support Returns for Child Support ACH debits/cancelled checks							
Exemption Requested: If exemption is requested, reason:	Y	es	No	x				
Exemption Approved in Prior Year:	Y	es X	No					
Authorized Personnel Check Writing/Withdrawal: Name: Title	A	lichael Guffee						
Name: Title:		ose Martinez ssistant Direct	or for Accounts	Receivable				
Reconciliation: Name: Title Financial Information		enyarda Jordai scal Analyst Il						
Beginning Balance at July 1, 2015:		\$0.00						
Detailed Transactions During FY 2014 -20 Deposits (Please list each deposit separately.	15: Add lines as needed.)							
DATE Amou			Source					
Withdrawals: (Plese list each withdrawal sep	0.00 oarately. Add lines as n	needed)						
DATE Amou	nt I	Payee	Des	cription of Goods/Services				
	0.00	- nyee	Des	or coods/bei field				
Ending Balance at June 30, 2016:	_		\$0.00					

Account Purpose		Disbursements-Child Support oursements ACH and checks to program payees						
_	on Requested: tion is requested, reason:	Yes		No	X			
Exemption	on Approved in Prior	Yes	X	No				
	ed Personnel riting/Withdrawal:							
Name:			l Guffee					
Title		Accoun	ting-Fiscal N	Manager				
Name:		Rose M	artinez					
Title:		Assista	nt Director fo	or Accoun	ats Receivable			
Reconcilia	ation:							
Name:		-	da Jordan					
Title		Fiscal A	nalyst II					
<u>Financial</u>	Information							
Beginning	Balance at July 1, 2015:			\$0.0	00			
Detailed T	Transactions During FY 2015-	2016:						
Deposits (Please list each deposit separate	ly. Add	lines as need	.ed.)				
DATE	Amount			Sourc	e			
	0.00							
	:							
Withdraw	vals: (Please list each withdrawa	l separat	ely. Add line	es as need	led]			
DATE	Amount		Payee	Do	escription of Goods/Services			
	0.00							
,	l;							
Ending Ba	llance at June 30, 2016:			\$0.0	0			

Agency Name/Number:

Social Services, Department of (L040)

Account Name Purpose of Ac SCDSS EPAY Settlement Account Returns for Closed Client Accounts

Exemption Requested:

No

If exemption is requested, reason:

Exemption Approved Last

No

Authorized Personnel

Check Signing/Withdrawal:

Name:

Michael Guffee

Title Accounting-Fiscal Manager

Name:

Rose Martinez

Title:

Assistant Director for Accounts Receivable

Reconciliation:

Name: Title Kenyarda Jordan

Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2015:

\$0.00

Detailed Transactions During FY 2016:

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

Amount	Source
\$ 11.80	Return from Comerica
\$ 234.00	ACH Return Funds
\$ 359.00	ACII Return Funds
\$ 300.00	ACH Return Funds
\$ 850.00	ACH Return Funds
\$ 904.35	Return from Comerica
\$ 1,034.00	ACH Return Funds
\$ 448.54	ACH Return Funds
\$ 163.95	Return from Comerica
\$ 3,372.37	Return from Comerica
\$ 235,078.61	Return from Comerica
\$ 71.25	Return from Comerica
\$ 1,262.00	ACH Return Funds
\$ 3,696.85	Return from Comerica
\$ 2,449.93	ACH Return Funds
\$ 17,746.92	Return from Comerica
\$ 546.00	ACH Return Funds
\$ 1,966.00	ACH Return Funds
\$ 454.00	ACH Return Funds
\$ 13,187.45	Return from Comerica
\$ 218.00	ACH Return Funds
\$ 4,206.12	Return from Comerica
\$ 1,099.35	Return from Comerica
\$ 21,339.25	Return from Comerica
\$ 651.35	Return from Comerica
* * * * * * * * * * * * * * * * * * * *	\$ 11.80 \$ 234.00 \$ 359.00 \$ 300.00 \$ 850.00 \$ 904.35 \$ 1,034.00 \$ 448.54 \$ 163.95 \$ 3,372.37 \$ 235,078.61 \$ 71.25 \$ 1,262.00 \$ 3,696.85 \$ 2,449.93 \$ 17,746.92 \$ 546.00 \$ 1,966.00 \$ 454.00 \$ 13,187.45 \$ 218.00 \$ 4,206.12 \$ 1,099.35 \$ 21,339.25

4/4/2016	\$ 11,615.25	Xrx-Sls, Inc Go Program
4/13/2016	\$ 332.00	ACH Return Funds
4/26/2016	\$ 228.57	Return from Comerica
5/3/2016	\$ 12,386.25	Return from Comerica
5/9/2016	\$ 440.00	Xrx-Sls, Inc Go Program
5/10/2016	\$ 481.00	Xrx-Sls, Inc Go Program
5/12/2016	\$ 7,928.00	Xrx-Sls, Inc Go Program
5/12/2016	\$ 234.00	ACH Return Funds
5/17/2016	\$ 357.00	Xrx-Sls, Inc Go Program
5/17/2016	\$ 290.00	Xrx-Sls, Inc Go Program
6/1/2016	\$ 1,541.00	Xrx-Sls, Inc Go Program
6/3/2016	\$ 979.00	Xrx-Sls, Inc Go Program
6/7/2016	\$ 199.00	Xrx-Sls, Inc Go Program
6/10/2016	\$ 96.00	Xrx-Sls, Inc Go Program
6/13/2016	\$ 192.00	Xrx-Sls, Inc Go Program
6/14/2016	\$ 856.00	Xrx-Sls, Inc Go Program
6/15/2016	\$ 1,446.00	ACH Return Funds
6/16/2016	\$ 7,928.00	Xrx-Sls, Inc Go Program
6/17/2016	\$ 293.00	Xrx-Sls, Inc Go Program
6/20/2016	\$ 190.00	Xrx-Sls, Inc Go Program
6/20/2016	\$ 2,499.00	Return from Comerica
6/21/2016	\$ 28.00	Xrx-Sls, Inc Go Program
6/24/2016	\$ 54.00	Xrx-Sls, Inc Go Program
6/27/2016	\$ 287.00	Xrx-Sls, Inc Go Program
6/29/2016	\$ 412.00	Xrx-Sls, Inc Go Program
Total	\$ 362,943.16	

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

DATE	Amount		Payee	Description of Goods/Services	Check #
7/8/2015	\$	11.80	SC DSS Child Support	DSS Client	1328
7/16/2015	\$	359.00	DSS Client	Closed Acct	1329
7/16/2015	\$	234.00	DSS Client	Closed Acet	1330
8/4/2015	\$	300.00	DSS Client	Returned Funds	1331
8/9/2015	\$	550.00	DSS Client	Pub Aide Funds	1332
8/19/2015	\$	300.00	DSS Client	Pub Aide Funds	1333
9/14/2015	\$	904.35	DSS Client	DSS Child Support	1334
9/15/2015	\$	1,034.00	DSS Client	Returned Funds	1335
10/21/2015	\$	244.27	Helping Hands of Clemson	Closed Acct	1336
10/21/2015	· \$	204.27	Helping Hands of Clemson	Closed Acct	1337
11/16/2015	\$	163.95	SC Child Support	DSS Client	1338
12/14/2015	\$	71.25	DSS Child Support	DSS Client	1339
12/15/2015	\$	425.00	DSS Client	Returned Funds	1340
12/15/2015	\$	837.00	DSS Client	Returned Funds	1341
12/30/2015	\$	845.00	DSS Client	ABC Voucher Payment	1342
12/30/2015	\$	2,449.93	DSS Client	Returned Funds	1343
1/11/2016	\$	546.00	DSS Client	Returned Funds	1344
1/27/2016			VOID		1345
1/27/2016	\$	1,219,00	DSS Client	Returned Funds	1346
2/3/2016	\$	218.00	DSS Client	Returned Funds	1347
2/3/2016	\$	454.00	DSS Client	Returned Funds	1348
2/18/2016	\$	7 47.00	DSS Client	Returned Funds- Stop Payment	1349
3/8/2016	\$	5,305.47	SCDSS Child Support	Returned Funds	1350
3/10/2016	\$	747.00	DSS Client	Returned Funds	1351
4/6/2016	\$	651.35	SCDSS_ Child Support	Returned Funds	1352
4/13/2016	\$	332.00	DSS Client	Account Closed	1353
5/3/2016	\$	228.57	SCDSS Child Support	DSS Client	1354
5/25/2016	\$	234.00	DSS Client	Account Closed	1355

6/22/2016 6/22/2016 6/22/2016		\$ \$ \$	234.00	DSS Client Void DSS Client Void DSS Client			Account Closed Account Closed Account Closed		1356 1357 1358 1359 1360
Total	Credits for F	\$ Y16	21,062.21	8	\$	362,943.16			
	Debits FY16				\$ \$	21,062.21 (747.00)		Stop payment Ch	neck# 1349
	Total				\$	21,809.21			

Agency Name/N Account Name:	umber:	Social Services, Department of (L040) SCDSS SSA Trust Account						
Purpose of Acco		SSA and SSI funds for Foster Children						
	Exemption Requested: If exemption is requested, reason:			No	X			
Exemption App	roved in P	Yes	X	No				
Authorized Pers Check Writing/								
Name: Title		Michael Account		ıl Manager				
Name: Title:		Rose Ma Assistan		r for Accoun	ts Receivable			
Reconciliation: Name: Title		Kenyarda Jordan Fiscal Analyst II						
Financial Inform	<u>nation</u>							
Beginning Balan	ce at July 1, 2015:			\$756,000.2	7			
Detailed Transa Deposits (Please	ctions During FY 2015-201 list each deposit separately.	6: Add line	s as need	ed.)				
DATE	Amount			Sourc	e			
2016SFY	2,719,358.72	ACH De	posits					
Withdrawals: (P	lcase list each withdrawal se		Add line	21	escription of Goods/Services			
2016 SFY	1,393,719.15		hecks		Client Funds			
Ending Relence	at June 30, 2016.		(\$2 081 567 8	Δ			

Agency Name/Number: Account Name: Purpose of Account:		Social Services, Department of (L040) Deposits-SC Child Support General Child Support Deposits						
Exemption Requested: If exemption is requested	, reason:	Yes		No	X			
Exemption Approved in l	Prior Year:	Yes	X	No				
Authorized Personnel Check Writing/Withdraw Name: Title	val:		l Guffee ting-Fiscal	Manager				
Name: Title:	Rose Martinez Assistant Director for Accounts Receivable							
Reconciliation: Name: Title			da Jordan Analyst II					
Financial Information Beginning Balance at July	y 1, 2015:			\$0.0	00_			
Detailed Transactions Du Deposits (Please list each of		ld lines a	is needed.)					
DATE	Amount 0.00	Source						
Withdrawals: (Please list	each withdrawal separ	rately. A	dd lines as	needed)				
DATE	Amount 0.00		Payee	De	escription of Goods/Services			
Ending Balance at June 3	0, 2016:			\$0.0	0			

Agency Name/Num Account Name: Purpose of Account	Retu	Social Services, Department of (L040) Return Disbursments-Ch Support Returns for Child Support ACH debits/cancelled checks						
Exemption Request If exemption is requ		Yes		No	x			
Exemption Approv	ed in Prior Year:	Yes	x	No				
Authorized Persons Check Writing/Wit Name: Title			l Guffee ting-Fiscal	Manager				
Name: Title:				Rose Martinez Assistant Director for Accounts Receivable				
Reconciliation: Name: Title Financial Informati	<u>on</u>		da Jordan Analyst II					
Beginning Balance	at July 1, 2015:	4		\$0.0	00			
	ns During FY 2015-2016: each deposit separately. Add lines as neede	ed.)			*			
DATE	Amount 0.00	Source						
Withdrawals: (Pleas	se list each withdrawal separately. Add line	s as need	ed)					
DATE	Amount		Payee	D	escription of Goods/Services			
	0.00							
Ending Balance at J	une 30, 2016:			\$0.0	0_			

Agency Name/Number: Account Name: Purpose of Account		Return Disbursments-Ch Support Returns for Child Support ACH debits/cancelled checks						
Exemption Requested: If exemption is requested, reason:			Yes		x			
Exemption Approved in Pri	or Year:	Yes	x	No				
Authorized Personnel Check Writing/Withdrawal Name: Title	:	Michael Account	Guffee ing-Fiscal M	Manager (
Name: Title:		Rose Ma Assistan	artinez t Director fo	or Accounts	Receivable			
Reconciliation: Name: Title	Kenyarda Jordan Fiscal Analyst II							
Financial Information Beginning Balance at July 1	\$0.00							
Detailed Transactions Durin Deposits (Please list each dep	ng FY 2015-2016: posit separately. Add lines as neede	:d.)			-			
DATE	Amount 0.00							
	ch withdrawal separately. Add lines							
DATE	Amount 0.00	P	ayee	Des	cription of Goods/Services			
Ending Balance at June 30,	2016:			\$0.00				

Agency Name/Num Account Name: Purpose of Account		Social Services, Department of (L040) Return Disbursements-Ch Support Returns for Child Support ACH debits/cancelled checks						
Exemption Request If exemption is requ			Yes		No	X		
Exemption Approve	d in Prior Year:		Yes	X	No			
Authorized Personn Check Writing/With Name: Title			Michael Account	Guffee ng-Fiscal M	lanaver			
Name: Title:			Rose Ma	rtinez		Receivable		
Reconciliation: Name: Title			Kenyarda Fiscal Ar					
Financial Information Beginning Balance a			\$0.00					
	ns During FY 2014 -2015: each deposit separately. Ad		d.)					
DATE	Amount				Source			
Withdrawals: (Pleas	e list each withdrawal separ	0.00 rately. Add lines	as needed	1)				
DATE	Amount		р	ayee	Des	cription of Goods/Services		
	,11104113	0.00		,	2.00	one of codesines treed		
Ending Balance at J	une 30, 2016:				\$0.00	- 2		

Agency N Account I Purpose o		Social Services, Department of (L040) Disbursements-Child Support bursements ACH and checks to program payees						
	n Requested: ion is requested, reason:	Yes		No	X			
Exemptio	n Approved in Prior	Yes	X	No				
	ed Personnel riting/Withdrawal:	Michael C		onggar				
Name: Title:		Accounting-Fiscal Manager Rose Martinez Assistant Director for Accounts Receivable						
Reconcilia Name: Title		Kenyarda Fiscal Ana						
	Information Balance at July 1, 2015:			\$0.00				
	Transactions During FY 2015-2 Please list each deposit separate		es as neede	d.)				
DATE	Amount 0.00	Source						
Withdraw	als: (Please list cach withdrawa	l separately	. Add lines	as needed				
DATE	Amount 0.00	Pa	yee	Desc	ription of Goods/Services			
Ending Ba	llance at June 30, 2016:			\$0.00				