Ending Balance at June 30	. 2016:			500.00	1		
Withdrawals: (Plese list ea	ch withdrawal separately.  Amount		as needed)	Descript	ion of Goods/	/Services P	urchased
DATE	Amount			Source			
Detailed Transactions Dur Deposits (Please list each de	eposit separately. Add lin	es as neede	ed.)				
Beginning Balance at July	1, 2015:			500.00	]		
Name: Title:  Financial Information	CATHY NORDEEN ACCOUNTING MANA	GER					
Title	FISCAL ANALYST II						
Reconciliation: Name:	JANE LENEAVE						
Name: Title:	MIKE NEY REGIONAL FORESTER	R					
Authorized Personnel Check Writing/Withdraws Name: Title	al: SUSAN GENSEL ADMINISTRATIVE AS	SSISTANT					
Exemption Approved in P	rior Year:	Yes		]No	X		
Exemption Requested: If exemption is requested,	reason:	Yes		No	X		
Agency Name/Number: Account Name: Purpose of Account:			FORESTR FLORE PETTY	ENCE	(SSION/P120		

Agency Name/Number: Account Name: Purpose of Account:		FORESTRY COMMISSION/P120 SPARTANBURG PETTY CASH					
Exemption Requested: If exemption is requested,	reason:	Yes		No	X		
Exemption Approved in Prior Year:		Yes		No	X		
Authorized Personnel Check Writing/Withdraws Name: Title	al: KAY COUNTS ADMINISTRATIVE AS	SSISTANT					
Name: Title:	NANCY WICKER ADMINISTRATIVE AS						
Reconciliation: Name: Title	JANE LENEAVE FISCAL ANALYST II						
Name: Title:	CATHY NORDEEN ACCOUNTING MANA	GER					
Financial Information							
Beginning Balance at July 1, 2015: 500.00							
Detailed Transactions Dur Deposits (Please list each de		es as neede	ed.)				
DATE	Amount			Source			
Withdrawals: (Plese list ea	ch withdrawal separately.	Add lines	as needed)				
DATE	Amount	P	ayee	Descript	ion of Goods/	Services F	'urchased
Ending Balance at June 30	). 2016:			500.00	1		

Agency Name/Number: Account Name: Purpose of Account:			FORESTR WALTER PETTY	BORO	ISSION/P120			
Exemption Requested: If exemption is requested,	reason:	Yes		No	X			
Exemption Approved in P	rior Year:	Yes		No	X			
Authorized Personnel Check Writing/Withdraws Name:	al: VICKI IRICK							
Title	ADMINISTRATIVE AS	SSISTANT						
Name: Title:	CALVIN BAILEY REGIONAL FORESTEI	R						
Reconciliation: Name:	IANE LENEAVE							
Title	JANE LENEAVE FISCAL ANALYST II							
Name: Title:	CATHY NORDEEN ACCOUNTING MANA	GER						
Financial Information								
Beginning Balance at July	1, 2015:			500.00				
Detailed Transactions During FY 2015 -2016: Deposits (Please list each deposit separately. Add lines as needed.)								
DATE	Amount			Source				
Withdrawals: (Plese list ea	ch withdrawal separately.	Add lines	as needed)			-		
DATE	Amount	P	ayee	Descript	ion of Goods/Services	Purchased		
Ending Balance at June 30	), 2016:			500.00	ī			

Agency Name/Number: Account Name: Purpose of Account:	FORESTRY COMMISSION/P120 TAYLOR NURSERY PETTY CASH							
Exemption Requested: If exemption is requested.	reason:	Yes		No	X			
Exemption Approved in I	Prior Year:	Yes		No	X			
Authorized Personnel Check Writing/Withdraw	al.							
Name:	MICHELE RAY							
Title	ADMINISTRATIVE AS	SSISTANT						
Name:	HAMP E HOLMES III							
Title:	NURSERY SUPERVISO	OR						
Reconciliation:								
Name:	JANE LENEAVE							
Title	FISCAL ANALYST II							
Name:	CATHY NORDEEN							
Title:	ACCOUNTING MANA	GER						
Financial Information								
Beginning Balance at July		\$500.00		]				
Detailed Transactions Du	ring FV 2015 -2016							
Deposits (Please list each of		es as need	ed.)					
DATE	Amount			Source				
5/26/2016	152.00	OPERAT	ING FUNDS					
Withdrawals: (Plese list ea	ach withdrawal separately.	Add line	s as needed)					
DATE	Amount		Payee	Descripti	on of Goods/S	Services Pur	chased	
6/20/2016		JERE	MY GANTT		USHELS BLA			
5/26/2016		1	ARET BARNES	1	USHELS BLA			
Ending Balance at June 3	0, 2016:			500.00	]			