FY 2016-17 Bank Account and Transparency Accountability Report *Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act*

Agency Name/Number: Account Name: Purpose of Account:			TAYLOR NURSEI PETTY CASH/CONE AC	RY	
Exemption Requested: If exemption is requested,	reason:	Yes		No x	
Exemption Approved in Prior Year:		Yes		No x	
Authorized Personnel	,				
Check Writing/Withdraws					
Name:	MICHELE RAY	CICTANT	,		
Title	ADMINISTRATIVE AS	515 I AN I			
Name:	HAMP E HOLMES III				
Title:	NURSERY SUPERVISOR				
Tiue.	NUKSEKT SUFEKVISC	JΚ			
Reconciliation:					
Name:	JANE LENEAVE				
Title	FISCAL ANALYST II				
Name:	CATHY NORDEEN				
Title:	ACCOUNTING MANA	GER			
Financial Information					
Beginning Balance at July 1, 2016:		\$572			
Detailed Transactions Dur	ing EV 2016, 2017.				
Deposits (Please list each de		es as neede	ed.)		
DATE Amount			Source		
4/26/2017	300.00	OPERAT	TING FUNDS		
Withdrawals: (Please list e	ach withdrawal separately.	. Add line	s as needed)		
DATE	Amount		Payee	Description of Goods/Services Purchased	
9/23/2016			ARGARET BARNES	18 BUSHELS BLACK WALNUT	
1/3/2017	500.00	SC FO	RESTRY COMMISSION	CLOSE PETTY CASH ACCOUNT	
5/3/2017	300.00]	DERWIN SAYLOR	150 LBS BLACK WALNUT	
Ending Ralance at June 36) 2017.			0.00	