

**FY 2014-15 Bank Account and Transparency Accountability Report
 FY 2015-16 Appropriation Act, Proviso 117.84**

Agency Name/Number: State Accident Fund
 Account Name: Benefits Account
 Purpose of Account: To pay worker's compensation claims

Exemption Requested: Yes No
 If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name: Harry B. Gregory, Jr.
 Title: Director

Name:
 Title:

Reconciliation:

Name: Janice P. Harmon
 Title: Director of Accounting

Name:
 Title:

Financial Information

Beginning Balance at July 1, 2014:

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
	54,000,000.00	Agency account 40339000 where workers' compensation premiums are deposited.

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

DATE	Amount	Payee	Description of Goods/Services Purchased
	53,676,476.29		Exemption request approved.

Ending Balance at June 30, 2015: