

**FY 2015-2016 Bank Account and Transparency Accountability Report
 FY 2015-2016 Appropriation Act, Proviso 117.84**

Agency Name/Number: Social Services, Department of (L040)
Account Name: Return Disbursements-Ch Support
Purpose of Account: Returns for Child Support ACH debits/cancelled checks

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

Exemption Approved in Prior Year: Yes X No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Michael Guffee
Title: Accounting-Fiscal Manager

Name: Rose Martinez
Title: Assistant Director for Accounts Receivable

Reconciliation:

Name: Kenyarda Jordan
Title: Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2015: _____ \$0.00

Detailed Transactions During FY 2014 -2015:

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

DATE	Amount	Source
	0.00	

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

DATE	Amount	Payee	Description of Goods/Services
	0.00		

Ending Balance at June 30, 2016: _____ \$0.00

**FY 2015-2016 Bank Account and Transparency Accountability Report
 FY 2015-2016 Appropriation Act, Proviso 117.84**

Agency Name/Number: Social Services, Department of (L040)
Account # Disbursements-Child Support
Purpose o SDU Disbursements ACH and checks to program payees

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

Exemption Approved in Prior Yes X No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Michael Guffee
 Title: Accounting-Fiscal Manager

Name: Rose Martinez
 Title: Assistant Director for Accounts Receivable

Reconciliation:

Name: Kenyarda Jordan
 Title: Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2015: _____ \$0.00

Detailed Transactions During FY 2015-2016:

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

DATE	Amount	Source
	0.00	

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

DATE	Amount	Payee	Description of Goods/Services
	0.00		

Ending Balance at June 30, 2016: _____ \$0.00

**FY 2015-2016 Bank Account and Transparency Accountability Report
FY 2015-2016 Appropriation Act, Proviso 117.84**

Agency Name/Number: Social Services, Department of (L040)
Account Name: SCDSS EPAY Settlement Account
Purpose of Ac: 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: Kenyarda Jordan
Title: 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.)

DATE	Amount	Source
7/6/15	\$ 11.80	Return from Comerica
7/14/2015	\$ 234.00	ACH Return Funds
7/15/2015	\$ 359.00	ACH Return Funds
7/30/2015	\$ 300.00	ACH Return Funds
8/12/2015	\$ 850.00	ACH Return Funds
9/2/2015	\$ 904.35	Return from Comerica
9/15/2015	\$ 1,034.00	ACH Return Funds
10/15/2015	\$ 448.54	ACH Return Funds
11/10/2015	\$ 163.95	Return from Comerica
11/20/2015	\$ 3,372.37	Return from Comerica
12/3/2015	\$ 235,078.61	Return from Comerica
12/7/2015	\$ 71.25	Return from Comerica
12/11/2015	\$ 1,262.00	ACH Return Funds
12/11/2015	\$ 3,696.85	Return from Comerica
12/15/2015	\$ 2,449.93	ACH Return Funds
1/6/2016	\$ 17,746.92	Return from Comerica
1/8/2016	\$ 546.00	ACH Return Funds
1/12/2016	\$ 1,966.00	ACH Return Funds
1/29/2016	\$ 454.00	ACH Return Funds
2/1/2016	\$ 13,187.45	Return from Comerica
2/3/2016	\$ 218.00	ACH Return Funds
3/7/2016	\$ 4,206.12	Return from Comerica
3/7/2016	\$ 1,099.35	Return from Comerica
3/22/2016	\$ 21,339.25	Return from Comerica
4/1/2016	\$ 651.35	Return from Comerica

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 Acct	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	\$ 747.00	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	\$	200.00	DSS Client	Account Closed	1356
			Void		1357
6/22/2016	\$	234.00	DSS Client	Account Closed	1358
			Void		1359
6/22/2016	\$	1,012.00	DSS Client	Account Closed	1360

Total	\$	<u>21,062.21</u>			
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Credits for FY16	\$	<u>362,943.16</u>			
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Debits FY16	\$	21,062.21			
	\$	(747.00)			

Stop payment Check# 1349

Total	\$	<u>21,809.21</u>			
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**FY 2015-2016 Bank Account and Transparency Accountability Report
 FY 2015-2016 Appropriation Act, Proviso 117.84**

Agency Name/Number: Social Services, Department of (L040)
Account Name: SCDSS SSA Trust Account
Purpose of Accc: SSA and SSI funds for Foster Children

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

Exemption Approved in P: Yes X No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Michael Guffee
 Title: Accounting-Fiscal Manager

Name: Rose Martinez
 Title: Assistant Director for Accounts Receivable

Reconciliation:

Name: Kenyarda Jordan
 Title: Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2015: _____ \$756,000.27

Detailed Transactions During FY 2015-2016:

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

DATE	Amount	Source
2016SFY	2,719,358.72	ACH Deposits

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

DATE	Amount	Payee	Description of Goods/Services
2016 SFY	1,393,719.15	Checks	Client Funds

Ending Balance at June 30, 2016: _____ \$2,081,567.84

**FY 2015-2016 Bank Account and Transparency Accountability Report
 FY 2015-2016 Appropriation Act, Proviso 117.84**

Agency Name/Number: Social Services, Department of (L040)
Account Name: Deposits-SC Child Support
Purpose of Account: General Child Support Deposits

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

Exemption Approved in Prior Year: Yes X No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Michael Guffee
Title: Accounting-Fiscal Manager

Name: Rose Martinez
Title: Assistant Director for Accounts Receivable

Reconciliation:

Name: Kenyarda Jordan
Title: Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2015: _____ \$0.00

Detailed Transactions During FY 2015-2016:

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

DATE	Amount	Source
	0.00	

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

DATE	Amount	Payee	Description of Goods/Services
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Ending Balance at June 30, 2016: _____ \$0.00

**FY 2015-2016 Bank Account and Transparency Accountability Report
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Agency Name/Number: Social Services, Department of (L040)
Account Name: Return Disbursements-Ch Support
Purpose of Account: Returns for Child Support ACH debits/cancelled checks

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

Exemption Approved in Prior Year: Yes X No _____

Authorized Personnel

Check Writing/Withdrawal:

Name: Michael Guffee
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Name: Rose Martinez
 Title: Assistant Director for Accounts Receivable

Reconciliation:

Name: Kenyarda Jordan
 Title: Fiscal Analyst II

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

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Purpose of Account: Returns for Child Support ACH debits/cancelled checks

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

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Agency Name/Number: Social Services, Department of (L040)
Account N Disbursements-Child Support
Purpose o SDU Disbursements ACH and checks to program payees

Exemption Requested: Yes No X
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Exemption Approved in Prior Yes X No _____

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

DATE	Amount	Payee	Description of Goods/Services
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Ending Balance at June 30, 2016: _____ \$0.00