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:	H730 SC Vocational Rehabilitation Department Client Stipends						
Purpose of Account:	To provide a stipend to SCVRD clients that participate in the Job Readiness						
•	Training Program Account						
	Stipends System						
Exemption Requested:		Yes	No	X			
If exemption is requested	, reason:						
Exemption Approved in	Prior Year:	Yes	No				
<u>Authorized Personnel</u>							
Check Writing/Withdray	val:						
Name:	Denise Koon						
Title	Chief Financial Officer						
Name:	Dolores Powell						
Title:	Client Stipend Payroll Su	pervisor					
Reconciliation:							
Name:	John Q Williams						
Title	Accountant III						
Name:	Luanne Curry						
Title:	Finance Operation Super	visor					
Financial Information							
Beginning Balance at Jul	y 1, 2016:		750,00	00.00			
Detailed Transactions Du	ıring FY 2016 -2017:						
	deposit separately. Add lin	es as needed.)					
DATE	Amount	,	Sor	urce			
Total Deposits	7,606,445.56	Deposited daily - Federal Funds/Other Funds					
Withdrawals: (Please list	each withdrawal separately	. Add lines as	needed)				
DATE	Amount	Payee		cription of Goods/Services			
Total Expenditures	7,742,158.93	various		Checks written to clients or approved expenditures			
Ending Balance at June 30, 2017:		614,286.63					

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Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number:

H730 SC Vocational Rehabilitation Department

Ending Balance at June 3	60, 2017:			80,14	41.46		
Total Expenditures	468,695.66	,	arious	\$4	13000 removed from the account and leposited back into general operating		
DAIL	Amount	1	Payee		Stipends checks prior to 07/01/2017.		
Withdrawals: (Please list	each withdrawal separately Amount				cription of Goods/Services Purchased		
•			, , , , , , , , , , , , , , , , , , ,				
Total Deposits	253.72	Deposit	Deposited daily - Other Funds				
DATE	Amount	as need	acu.)	So	urce		
Detailed Transactions Du Deposits (Please list each of		ec ac nee	ded)				
Beginning Balance at July 1, 2016:				548,58	33.40		
Financial Information							
Name: Title:	Luanne Curry Finance Operation Super	visor					
Name: Title	John Q Williams Accountant III						
Reconciliation:	Jaha O Will's						
Title:	Client Stipend Payroll Su	pervisor					
Name:	Dolores Powell						
Title	Chief Financial Officer						
Check Writing/Withdraw Name:	v al: Denise Koon						
Authorized Personnel	rnor rear:	Yes	X	NO			
Exemption Approved in 1		Voc	v	No			
Exemption Requested: If exemption is requested	, reason:	Yes		No	X		
	Program prior to 7/01/2016 - This account will be closed during SFY2018.						
Purpose of Account:	To provide a stipend to S	CVRD c		-	e in the Job Readiness Training		
Account Name:	Client Stipends						

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:	H730 SC Vocational Rehabilitation Department Revolving Fund							
Purpose of Account:	The Revolving Fund is a special checking account maintained by the State Office to provide timely payments (usually one-time payments) of approved							
	expenditures for applicants/clients.							
Exemption Requested:		Yes		No X				
If exemption is requested	, reason:							
Exemption Approved in	Prior Year:	Yes	X	No				
Authorized Personnel Check Writing/Withdray	wal•							
Name:	Denise Koon							
Title	Chief Financial Officer							
Name:	At least two from each Area office in the State							
Title:	Various Titles							
Reconciliation:								
Name:	John Q Williams							
Title	Accountant III							
Name:	Luanne Curry							
Title:	Finance Operation Super	visor						
Financial Information								
Beginning Balance at July 1, 2016:		51,916.77						
Detailed Transactions During FY 2016 -2017: Deposits (Please list each deposit separately. Add lines as needed.)								
DATE	Amount		Source					
Total Deposits	2,767,297.20	Deposited daily - Federal Funds						
Withdrawals: (Please list	each withdrawal separately	. Add li	nes as need	ed)				
DATE	Amount		Payee	Description of Goods/Services				
Total Expenditures	2,777,958.06	,	various	Checks written to clients for approved expenditures				
Ending Balance at June 3	30. 2017:			41,255.91				