

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

**Agency Name/Number:** D500 Department of Administration  
**Account Name:** Continuum of Care Donations Account  
**Purpose of Account:**

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

**Exemption Approved in Prior Year:** Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

Name: David Michael  
 Title: Client Services Supervisor

Name:  
 Title:

**Reconciliation:**

Name: Marilyn Thomas  
 Title: Program Manager I

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

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

**Agency Name/Number:** D500 Department of Administration  
**Account Name:** Continuum of Care Donations Account  
**Purpose of Account:**  
**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
9/26/2014	40.52	Carlos O'Neal	Refreshments for Family Forum

**Ending Balance at June 30, 2015:**

**190.39**

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

**Agency Name/Number:** D500 Department of Administration  
**Account Name:** Continuum Child Care Client Trust Account  
**Purpose of Account:**

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

**Exemption Approved in Prior Year:** Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

Name: David Michael  
 Title: Client Services Supervisor

Name:  
 Title:

**Reconciliation:**

Name: Marilyn Thomas  
 Title: Program Manager I

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
10/2/2014	2,163.00	Social Security Administration
10/2/2014	30.00	Social Security Administration
12/4/2014	30.00	Social Security Administration
	2,223.00	

**FY 2014-15 Bank Account and Transparency Accountability Report  
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**Agency Name/Number:** D500 Department of Administration  
**Account Name:** Continuum Child Care Client Trust Account  
**Purpose of Account:**  
**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
11/21/2014	300.00	Social Security Admin	Child no longer COC client
11/21/2014	759.00	Social Security Admin	Child no longer COC client
11/21/2014	110.00	Social Security Admin	Child no longer COC client
11/21/2014	210.00	Social Security Admin	Child no longer COC client
12/1/2014	1,453.00	Continuum of Care	Reimburse COC for room and board
	2,832.00		

**Ending Balance at June 30, 2015:**

8,238.37
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