

From: Finance Help, Aging <financehelp@aging.sc.gov>

To: Watson, Dale <dwatson@aging.sc.gov>

CC: Ellison, Ruchelle <rellison@aging.sc.gov>

Kester, Tony <kester@aging.sc.gov>

Date: 11/12/2014 8:23:18 AM

Subject: FW: Trident Medicaid PRF

Attachments: img-Y11095348-0001.pdf

Copy of FY15 PRF Trident Medicaid Enrollment.xlsx

Please review the attached PRF(s) for your programs. The PRFs can also be found on the groupshare (K:\\PSA\\PRFs\\FY15\\Trident).

Please send an email once approved or rejected stating reason for rejection. Please respond ASAP.

From: Stephanie Blunt [mailto:sblunt@tridentaaa.org]

Sent: Tuesday, November 11, 2014 10:05 AM

To: Finance Help, Aging

Cc: Watson, Dale

Subject: Trident Medicaid PRF

Good Morning,

Please process this request.

Salaries and Fringe - \$1,544.51

Allocated Costs - \$1,596.50

Travel Reimbursement - \$ 21.84

Thanks,

Stephanie M. Blunt

Executive Director

Trident Area Agency on Aging

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