

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <b>Wells</b>	DATE <b>9-26-06</b>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <b>600270</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <b>Cleared 9/28/06, see attached.</b>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <b>10-5-06</b>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



INVOICE DATE: 09/19/2006

**STATE OF SOUTH CAROLINA  
BUDGET AND CONTROL BOARD**

INVOICE NO: AR06250

DEPT: F16

# OGS-STATE FLEET MANAGEMENT

INVOICE TO:	CODE
ROBERT KERR	11137
HEALTH AND HUMAN SERVICES FINANCE	-00
1801 MAIN STREET	
PO BOX 8206	
COLUMBIA SC 29201	

MAIL PAYMENT TO:

BUDGET AND CONTROL BOARD  
INTERNAL OPERATIONS  
1201 MAIN STREET  
SUITE 750  
COLUMBIA, S.C. 29201

**GAFRS ACCOUNTING INFORMATION**

ORIGINAL INVOICE NO.

[illegible]

ITEM NO.	QUANTITY	UM	DESCRIPTION	UNIT PRICE	TOTAL PRICE
01	1	EA	ACCIDENT REVIEW BOARD ASSESSMENT LOG #3398.	200.00	200.00
TOTAL AMOUNT DUE:				200.00	

GENERAL SERVICES DIVISION -- STATE FLEET MANAGEMENT  
140 STONERIDGE DRIVE, SUITE 650  
COLUMBIA, SOUTH CAROLINA 29210-8257

VEHICLE ACCIDENT REVIEW BOARD DETERMINATION

Memorandum to: Mr. Robert Kerr      J02      Date: August 25, 2006

RE: Employee: STEWART, BRYAN, SG79037 Accident Log #3398      Acc. Date 2/17/2006  
The State Fleet Management Accident Review Board has:

- ☐ Found the above employee not at fault in referenced accident.  
☒ Found the above employee at fault in referenced accident.  
☐ Reviewed the Driving Record of the above employee.

**BASED ON THE FLEET SAFETY PROGRAM GUIDELINES THE ARB RECOMMENDS THE**

**FOLLOWING CORRECTIVE ACTIONS:**

- ☐ Verbal counseling concerning responsibilities while driving State vehicles.  
☐ Written counseling and eight hour Defensive Driving Course (DDC)\* within 90 days of the date of this memorandum. Failure to attend DDC within 90 days requires suspension of driving privileges until requirement has been met.  
☐ Review of driving privileges by Agency Director.  
☐ Three months to 1 year suspension of State vehicle driving privileges. Length: \_\_\_\_\_  
☐ One year to permanent suspension of State vehicle privileges.  
Length of suspension: \_\_\_\_\_  
☐ Driver suspended from operating State vehicles until suspension is lifted by Accident Review board.  
☐ Driver not wearing seatbelt at the time accident occurred. The State Fleet Safety Program requires that the employee be issued a written reprimand concerning this failure to comply with State policy.  
☒ Assess your agency in the amount of \$ \$200.00 as provided for in Section I-II-341341 of the Motor Vehicle Management Act. It is your option to absorb this assessment in your agency's budget or to recover it from the employee. Unless we hear differently from you within 15 days, you will receive an invoice for the amount shown.      **COMMENTS:** \_\_\_\_\_

**\*Contact Betty Pearce, DDC Trainer at SFM phone no. (803) 737-1515 for schedule.**

**Contact Jimmy Lever at jlever@gs.sc.gov for information on a Van Driver Safety Course.**

If you agree with the above determination, please take the necessary corrective action then complete and return a copy of this form to me by September 11, 2006.

Action(s) Taken: \_\_\_\_\_

Date Action(s) Taken: \_\_\_\_\_

WARREN J. MCCORMACK, STATE FLEET MANAGER

ORIGINAL

AGENCY VOUCHER NUMBER

## STATE OF SOUTH CAROLINA

CG WARRANT NUMBER

AGENCY TRANSFERRED TO (CR)

NAME

BUDGET &amp; CONTROL, BD

1201 MAIN STREET

COLUMBIA SC 29201

AGENCY TRANSFERRED FROM (DR)

NAME \_\_\_\_\_

HEALTH AND HUMAN SERVICES

ADDRESS

1801 MAIN STREET

COLUMBIA SC 29201

09/20/2006

FROM

**TO THE COMPTROLLER GENERAL.**  
the Attached bills are approved for payment as follows:

[illegible]

To

[illegible]

I hereby certify that the articles purchased or services rendered as shown herein have been received and are in accordance with law, and that the payee is entitled to payment, therefore by the State of South Carolina

SIGNATURE \_\_\_\_\_ OFFICIAL TITLE \_\_\_\_\_ DATE \_\_\_\_\_ CG AUDITOR \_\_\_\_\_

**FILE COPY**

# ORIGINAL

**INVOICE DATE: 09/19/2006**

**INVOICE NO: AR06250**

**STATE OF SOUTH CAROLINA  
BUDGET AND CONTROL BOARD**

DEPT: F16

# OGS-STATE FLEET MANAGEMENT

INVOICE TO:	CODE
ROBERT KERR	11137
HEALTH AND HUMAN SERVICES FINANCE	-00
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PO BOX 8206	
COLUMBIA SC 29201	

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INTERNAL OPERATIONS  
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SUITE 750  
COLUMBIA, S.C. 29201

**GAFRS ACCOUNTING INFORMATION**

ORIGINAL INVOICE NO.

[illegible]

ITEM NO.	QUANTITY	U/M	DESCRIPTION	UNIT PRICE	TOTAL PRICE
01	1	EA	ACCIDENT REVIEW BOARD ASSESSMENT LOG #33398.	200.00	200.00
TOTAL AMOUNT DUE:				200.00	

**White-Original/Yellow-Customer Duplicate**



AGENCY VOUCHER NUMBER

## STATE OF SOUTH CAROLINA

CG WARRANT NUMBER

AGENCY TRANSFERRED TO (CR)

### INTERDEPARTMENTAL TRANSFER

AGENCY TRANSFERRED FROM (DR)

NAME \_\_\_\_\_

BUDGET &amp; CONTROL BD

NAME \_\_\_\_\_

HEALTH AND HUMAN SERVICES

ADDRESS

1201 MAIN STREET

1801 MAIN STREET

COLUMBIA SC 29201

09/20/2006

COLUMBIA SC 29201

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OFFICIAL TITLE

DATE \_\_\_\_\_

CG AUDITOR

**FILE COPY**

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WARREN J. MCCORMACK, STATE FLEET MANAGER

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

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TO <i>Mells / Connor</i>	DATE <i>9-26-06</i>
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2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-5-06</i>
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*Cleared  
9/29/06*