

Monthly Expenditure Report



Reporting Month: February 2018

Budget Fiscal Year: 2017-2018

NC Name: Sherman Oaks
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$27948.42	\$1700.08	\$26248.34	\$2340.88	\$0.00	\$23907.46

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$36360.00	\$482.24	\$22748.34	\$963.38	\$20407.46
Outreach		\$1217.84		\$1377.50	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$3500.00	\$0.00	\$3500.00	\$0.00	\$3500.00
Neighborhood Purpose Grants	\$4750.00	\$0.00	\$0.00	\$0.00	\$0.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$16661.58	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOODWAY PRINT & COPY	02/08/2018	(Credit card transaction)	General Operations Expenditure	Office	\$69.53
2	ULINE SHIP SUPPLIES	02/13/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$137.93
3	STEVES BIGGER SUBS	02/13/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$150.25
4	SOS SURVIVAL PRODUCT	02/20/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$827.16
5	Lloyd Staffing	01/31/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$152.95
6	AT&T Messaging	02/12/2018	Approve up to \$200 to pay AT&T for SONC V...	General Operations Expenditure	Office	\$15.26
7	Lloyd Staffing	02/12/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$109.25
8	The Web Corner, inc.	02/12/2018	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50

9	Lloyd Staffing	02/13/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$65.55
10	Ron Ziff	02/13/2018	Motion to approve a board member reimbursement of ...	General Operations Expenditure	Office	\$69.70
Subtotal:						\$1700.08

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	JCS Catering Company	01/10/2018	Approve up to \$750 to pay JCS Catering at CBS...	General Operations Expenditure	Outreach	\$325.00
2	Lloyd Staffing	02/22/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$87.40
3	Sherman Oaks Chamber of Commerce	02/22/2018	Approve up to \$950 for up to two pole banners...	General Operations Expenditure	Outreach	\$950.00
4	LAUSD - Civic Center Permit Office	03/02/2018	Approve up to \$1,020 to pay Los Angeles Unifi...	General Operations Expenditure	Office	\$657.48
5	Lloyd Staffing	03/02/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$218.50
6	The Web Corner, inc.	03/02/2018	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50
Subtotal: Outstanding						\$2340.88



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

VOICE: (818) 783-5172 • FAX: (818) 783-8649

EMAIL: goodway@goodwayprintcopy.com

No. **40486**

Date 2/7/2018

Customer P.O. No.

SHERMAN OAKS
 NEIGHBORHOOD COUNCIL/Tom
 Capps
 P.O. Box 5721
 Sherman Oaks Ca 91413

Jolie Salter
 (818) 699-2922

QUANTITY	DESCRIPTION	AMOUNT
25	Minutes, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides 25 Copy Machine Stapling	10.25
50	agenda, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides 50 Copy Machine Stapling	20.50
25	treas report, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 7 sheets, copied on 2 sides 25 Copy Machine Stapling	32.75

XtraExport
Goodway Print & Copy
 15121 Ventura Blvd.
 Sherman Oaks, CA 91403
 Phone: (818) 783-5172
 Fax: (818) 783-8649
www.goodwayprintcopy.com

Transaction : Sale
 Date : 2/7/2018
 Time : 5:57:25 PM(EST)
 Invoice # : 40486
 Customer # : 3
 PO / Order # : na
 Card Type : Master Card
 Card Number : XXXXXXXXXXXXX8480
 Entry Method : Keyed
 Total Amount : 69.53
 Authorization : Approved - 071383

Ref Note:
 Signature

Pay Every Invoice
 Taken by:
 Account Type: Charge Account
 PLEASE PAY FROM THIS INVOICE.

THANK YOU!

SUBTOTAL	63.50
TAX	6.03
SHIPPING	
TOTAL	69.53
AMOUNT DUE	69.53



1-800-295-5510
uline.com

**ORDER
CONFIRMATION**

ORDER # 11108022
PO # TOM
SHIPMENT 1 of 1

Thank you for your order!

SOLD TO: SHERMAN OAKS NC
PO BOX 5721
SHERMAN OAKS CA 91413-5721

SHIP TO: SHERMAN OAKS NC
14930 VENTURA BLVD STE 210
SHERMAN OAKS CA 91403-3458

CUSTOMER NUMBER			SHIP VIA	ORDER DATE	WILL SHIP	TERMS
13347524			UPS GROUND	02/12/18	02/12/18	MASTER CARD
QUANTITY	U/M	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXT. PRICE
2	CT	S-13523	PAPER LAWN/LEAF BAG - 30 GALLON		46.00	92.00 T

SUB-TOTAL 92.00	SALES TAX 8.74	SHIPPING/HANDLING 37.20	TOTAL 137.94
--------------------	-------------------	----------------------------	-----------------

NOTE:
ATTENTION: TOM CAPPS
TRACK YOUR ORDERS ON ULINE.COM/TRACK
T - DENOTES A TAXABLE ITEM



4533 Sepulveda Blvd.
 Sherman Oaks, CA 91403
 Phone: 818-728-6954
 Fax: 818-728-4214

Store Hours
 Monday - Friday 9am-7pm
 Saturday 10am-7pm
 Sunday Closed
 www.biggersubs.com

Check 12050

Owner: Steve	Guests 0
FRI 2/09/18	12:20pm
=====	
3 18" Platter Subs	128.97
1 Service Charge	10.00
=====	
Sub/Ttl	138.97
Tax	11.28
Total	150.25
=====	
CASH	150.25

Order Number 0
 We Deliver All Day
 with a \$20.00 Minimum Order
 1-150021

STEVES BIGGER SUBS

4533 SEPULVEDA BLVD
 SHERMAN OAKS, CA 91403
 8187286954

Cashier: ESTEBAN L XOCHITLA

Transaction 116173

Total	\$150.25
CREDIT CARD AUTH MASTERCARD 8480	\$150.25

Tip	_____
Total	_____

Retain this copy for statement validation

12-Feb-2018 4:28:11P
 \$150.25 | Method: KEYED
 MASTERCARD
 XXXXXXXXXXXX8480
 Ref #: 804400583891
 Auth #: 050591
 MID: *****8882
 AthNtwkNm: MASTERCARD
 SIGNATURE VERIFIED

Online: <https://clover.com/p/A6YYJDNEEWP78>



SOS SURVIVAL PRODUCTS

15705 Strathern St #11 • Van Nuys, CA 91406
Phone: 800 479-7998 • Fax: 818 909-0360
www.sosproducts.com

INVOICE

819044



Invoice Date: 02/20/2018
Customer #: 2399
Open ID: R9-009214
Terms: PAID
PO: PHONE ORDER

BILL TO

SHERMAN OAKS NC
THOMAS CAPPS
200 N SPRING ST
Los Angeles, CA 90012
U.S.A.

SHIP TO

SHERMAN OAKS NC
KRISTIN SALES
200 N SPRING ST
Los Angeles, CA 90012
U.S.A.

BILL TO: (818)-503-2399 | tom.capps.sonc@gmail.com

SHIP TO: (818)-503-2399 | KRISTIN.SALES.SONC@GMAIL.COM

#	SKU	DESCRIPTION	QTY	PRICE	EXT	TAX
1	21206	Leather Palm Gloves, LG	60	1.66	99.60	Y
2	21217	Safety Goggles ANSI Z87.1	60	1.15	69.00	Y
3	22380A	Safety Vest Vinyl LIME	60	0.75	45.00	Y
4	54045	Flashlight	60 EACH	1.29	77.40	Y
5	54255	Battery D 2pk	60	0.90	54.00	Y
6	20864	Dust Mask EACH	60	0.09	5.40	Y
7	22410	Whistle w/Lanyard METAL	60	0.75	45.00	Y
8	CERT27	CERT Hard Hat GREEN	60	6.00	360.00	Y

WILL CALL

Credit Card Payment Summary

Trans: 1872903678 | Auth: 006432 | Card: XX8480

#	SKU	DESCRIPTION	QTY	PRICE	EXT	TAX
SUBTOTALS:			480		755.40	

Freight

SALESPERSON: LILIANA

Tax	71.76
Deposit	0.00
TOTAL	827.16
MC	827.16
TOTAL	827.16

I agree to pay the above amount according to the card issuer agreement (merchant agreement if credit voucher)

SIGNATURE _____



INVOICE

You may pay by ACH/wire to:
Sterling National Bank
Routing # - 026007773
Account # - 3852541548

Please remit payment to:
LLoyd Staffing
445 Broadhollow Road, Suite 119
Melville, NY 11747
Billing inquiries:
631-370-7433

Credit cards accepted:



BILL TO: Attention of: Tom Capps,
SHERMAN OAKS NEIGHBORHOOD COUNCIL
P.O. BOX 5721
SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
01/14/2018	401677	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
01/08/18-01/14/18	EXASST	Salter, Jolie A		7.00	21.85	\$152.95
				PAY THIS AMOUNT >	TOTAL	\$152.95

Thank you for your part in our Placements with a Purpose program. Every placement generated by LLoyd supports JDRF with a donation to help fight diabetes.

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017

Requestor: Tom Capps Treasurer
 Vendor: Lloyd's Staffing
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$4,500.00
 # of payments

Agenda Item: Item 8J

Operations Outreach NC Sponsored Event Neighborhood Purpose Grant
 Contract / Lease Board Member Reimbursement Community Improvement Project
 Out of State 1099 Expense One Time Expense Monthly Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description: Approve up to \$4,500 to pay Lloyd's Staffing for SONC Administrative Assistant hours worked during Fiscal Year 2017-2018

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interest	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>16</u>		<u>1</u>		<u>3</u>	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: Tom Capps Signer's Signature: Jeff Harsough
 Print/Type name: Tom Capps Print/Type name: Jeff Harsough
 Date (mm/dd/yy): 7.10.17 Date (mm/dd/yy): 07-10-2017

Department Use Only

Contract CIP Advanced Payment Approved
 >\$2,500 NPG Sponsored Event Denied

Staff Initials: _____

1st Level _____
 2nd Level _____

Authorization Code: _____



AT&T MESSAGING
 PO BOX 480010
 CHARLOTTE, NC 28269-5300

CUSTOMER NUMBER


8607823

INVOICE DATE

02/01/2018

Page 1 of 1

Bill-To Customer:

 SHERMAN OAKS NC 455
 PO BOX 5721 T3 P1
 SHERMAN OAKS, CA 91413-5721



Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	02/01/2018 02/28/2018	02/28/2018	\$15.26	\$15.26	\$0.00	\$15.26	\$15.26

Payments - Thank You	01/30/2018	\$15.26		
Description of Current Charges & Credits	Qty	Unit Price	Ext. Price	
UM Standard-Discourt Rate	February service	1	\$14.00	\$14.00
8185032399				
City Utility Users Tax				\$1.26

CUSTOMER NUMBER	
8607823	
INVOICE NUMBER	
7348555	
DUE DATE	AMOUNT PAID
02/28/2018	

Please detach & enclose with payment



SHERMAN OAKS NC
 PO BOX 5721
 SHERMAN OAKS, CA 91413-5721

REMIT TO:

AT&T MESSAGING
 PO BOX 840486
 DALLAS, TX 75284-0486

01001 8607823000000000001526

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8F

Requestor: Tom Capps Treasurer
 Vendor: A.T.&T.
 Address: _____
 City: _____ State: CA
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$200.00
 # of payments

- Operations
 Outreach
 NC Sponsored Event
 Neighborhood Purpose Grant
 Contract / Lease
 Board Member Reimbursement
 Community Improvement Project
 Out of State
 1099 Expense
 One Time Expense
 Monthly
 Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

Approve up to \$200 to pay AT&T for SONC Voice Mail messaging service during Fiscal Year 2017-2018

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interest	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>16</u>		<u>1</u>		<u>3</u>	

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Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: Tom Capps	Print/Type name: Jeff Harsough
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____



INVOICE

You may pay by ACH/wire to:
Sterling National Bank
Routing # - 026007773
Account # - 3852541548

Please remit payment to:
Lloyd Staffing
445 Broadhollow Road, Suite 119
Melville, NY 11747
Billing inquiries:
631-370-7433

Credit cards accepted:



BILL TO: Attention of: Tom Capps,
SHERMAN OAKS NEIGHBORHOOD COUNCIL
P.O. BOX 5721
SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
01/28/2018	401872	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
01/22/18-01/28/18	EXASST Salter, Jolie A			5.00	21.85	\$109.25
				PAY THIS AMOUNT >	TOTAL	\$109.25

Thank you for your part in our Placements with a Purpose program. Every placement generated by LLoyd supports JDRF with a donation to help fight diabetes.

CALIFORNIA



Lloyd
 11090 Arthuro Boulevard, Suite A
 Concord, CA 94023
 Phone: 510-800-2100 Fax: 510-800-4111

EMPLOYEE PLACES COMPLETE - 85-0103 to indicate add or sub

DAY	DATE	TIME IN	TIME OUT	EST. CHRG	ACT. CHRG	TOTAL
MON	1-22	08:00	04:00	1	1	1
TUE	1-23	08:00	04:00	1	1	1
WED	1-24	08:00	04:00	1	1	1
THURS	1-25	08:00	04:00	1	1	1
FRI	1-26	08:00	04:00	1	1	1
SAT						
SUN						
INTERVIEW: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.						

EMPLOYEE INFORMATION

To avoid delays be sure the following information is completely filled out. This includes required signatures by yourself and authorized representative of the client.

OVERTIME
 You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. **WORK WEEK:** Work in excess of (40) hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.

LUNCH
 Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the hour requires a minimum of 1/2 hour of lunch.

ABSENCES - LATENESS
 Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.

ON-THE-JOB SAFETY

Employee carries no accident or injury insurance while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.

TRAINING

You must complete the Training Orientation every time you go to a new assignment.

COMPANY NAME: Sherman Oaks Neighborhood
PHONE (city): _____
FROM: _____
RD: _____
ZIP: _____

REPORT TO: Ron Alf **DATE:** _____
JOB TITLE: Admin **WEEK:** _____
0554-1

FIRST TIME AT THIS CLIENT COMPANY? Yes No **If yes, temporary associates must indicate when they received the following Orientation Training on this assignment. (Please check)**

Emergency Evacuation Procedures Job Site & General Safety Rules Policy & Procedures Review

I hereby certify that the above items were stated by me or by the work ending system shown, and were properly certified by an authorized representative of the client. I understand and I consent that I will be responsible for the safety of the client and the client will be responsible for the safety of the client. I understand and I consent that I will be responsible for the safety of the client and the client will be responsible for the safety of the client.

CUSTOMER SIGNATURE

Jolie Salter Jolie Salter

SOCIAL SECURITY NO.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Be sure to call Lloyd Staffing immediately when assignments end or we will assume you are no longer available for work.

TRAINING & CONDUCT FROM LLOYD STAFFING

Lloyd Staffing is an equal opportunity employer. We are committed to providing a safe and healthy work environment for all employees. We are committed to providing a safe and healthy work environment for all employees. We are committed to providing a safe and healthy work environment for all employees.

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Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017

Requestor: Tom Capps Treasurer
 Vendor: Lloyd's Staffing
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$4,500.00
 # of payments

Agenda Item: Item 8J

Operations
 Outreach
 NC Sponsored Event
 Neighborhood Purpose Grant
 Contract / Lease
 Board Member Reimbursement
 Community Improvement Project
 Out of State
 1099 Expense
 One Time Expense
 Monthly
 Multiple

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Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interest	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
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Roden, Neal	Area 7 Business			X			
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Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: <u>Tom Capps</u>	Print/Type name: <u>Jeff Harsough</u>
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____

Invoice

The Web Corner, Inc.
19509 Ventura Blvd. Tarzana CA 91356 (818) 345-7443

Date	Invoice #	Due Date
2/1/2018	16123	2/1/2018

Bill To
Sherman Oaks NC Tom Capps PO Box 5721 Sherman Oaks, CA 91413

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1 hour for; phone support, web development, requests, & website adjustments	99.00	99.00
1	Email accounts (2 included) Total 3 for shermanoaksnc.org	3.50	3.50

Please remit payment at your earliest convenience. Thank you for your business!	Total	\$102.50
	Payments/Credits	\$0.00
	Balance Due	\$102.50

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8E

Requestor: Tom Capps Treasurer
 Vendor: The Web Corner
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$1,400.00
 # of payments

- Operations Outreach NC Sponsored Event Neighborhood Purpose Grant
 Contract / Lease Board Member Reimbursement Community Improvement Project
 Out of State 1099 Expense One Time Expense Monthly Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description

Approve up to \$1,400 to pay The Web Corner for SONC website hosting and maintenance and one extra SONC domain email during Fiscal Year 2017-2018

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interes	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest	✓				X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business	✓		X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: 11	Grand Total (including page 2):	16		1		3	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: Tom Capps	Print/Type name: Jeff Harsough
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____



Please remit payment to:
 LLoyd Staffing
 445 Broadhollow Road, Suite 119
 Melville, NY 11747
 Billing inquiries:
 631-370-7433

INVOICE

You may pay by ACH/wire to:
 Sterling National Bank
 Routing # - 026007773
 Account # - 3852541548

Credit cards accepted:



BILL TO: Attention of: Tom Capps,
 SHERMAN OAKS NEIGHBORHOOD COUNCIL
 P.O. BOX 5721
 SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
02/04/2018	402002	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
01/29/18-02/04/18	EXASST	Salter, Jolie A		3.00	21.85	\$65.55
PAY THIS AMOUNT >					TOTAL	\$65.55

Thank you for your part in our Placements with a Purpose program. Every placement generated by LLoyd supports JDRF with a donation to help fight diabetes.

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017

Requestor: Tom Capps Treasurer
 Vendor: Lloyd's Staffing
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$4,500.00
 # of payments

Agenda Item: Item 8J

Operations
 Outreach
 NC Sponsored Event
 Neighborhood Purpose Grant
 Contract / Lease
 Board Member Reimbursement
 Community Improvement Project
 Out of State
 1099 Expense
 One Time Expense
 Monthly
 Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description: Approve up to \$4,500 to pay Lloyd's Staffing for SONC Administrative Assistant hours worked during Fiscal Year 2017-2018

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interest	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>16</u>		<u>1</u>		<u>3</u>	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: Tom Capps Signer's Signature: Jeff Harsough
 Print/Type name: Tom Capps Print/Type name: Jeff Harsough
 Date (mm/dd/yy): 7.10.17 Date (mm/dd/yy): 07-10-2017

Department Use Only

Contract
 CIP
 Advanced Payment
 Approved
 >\$2,500
 NPG
 Sponsored Event
 Denied

Staff Initials: _____

1st Level

 2nd Level

Authorization Code: _____



REQUEST FOR PAYMENT

Date : 1/22/2018

BOARD MEMBER REIMBURSEMENT

Ron Ziff

[Redacted]

[Redacted]

Phone

Date	Description	Column1	Receipt Total
	Reimbursement for copies of keys for new CD4/SONC offices at 14930 Ventura Blvd		
01/09/18	Expo Locksmith		\$ 48.35
01/18/18	Expo Locksmith #46891		\$ 21.35
		Subtotal	\$ 69.70
		TOTAL	\$ 69.70



Tom Capps <tom.capps.sonc@gmail.com>

Receipt for keys made for new office

Tom Capps <tom.capps.sonc@gmail.com>

[Redacted]

[Redacted]

[Redacted]

[Redacted]

On Tue, Jan 9, 2018 at 4:47 PM, <rziff@shermanoaksnc.org> wrote:
Tom-
The receipt I sent you a copy is for keys to the new CD4 office. There are 2 keys to a set (Exterior building doors and office door) I had 4 sets made. 1 set each for myself, Jeff Hartsough, Jolie Salter, and you. The keys were for a special lock and cost \$4 each.

There will also be a need for keys to the garage gate lock to be able to get into the garage after 6pm & on weekends. I don't know the cost. The key given to staff by the landlord is no good and doesn't work.

-Ron

-----Original Message-----

From: "Tom Capps" <tom.capps.sonc@gmail.com>

Sent: Tuesday, January 9, 2018 6:56pm

To: "Ron Ziff" <rziff@shermanoaksnc.org>

Subject: Re: Receipt for keys made for new office

?? was this for copies of keys? Or something else?

How many sets?

On Tue, Jan 9, 2018 at 3:27 PM, <rziff@shermanoaksnc.org> wrote:



EXPO LOCKSMITH

Follow

14445 MOORPARK ST
5632 van nuys blvd unit 126
91401, sherman oaks ca
SHERMAN OAKS, CA 91423
8187475678

\$48.35
Custom Item

- Subtotal \$48.35
 - Tax \$0.00

\$48 35
Date January 09, 2018
1:12 PM
VISA CREDIT



3579

Payment ID: Y2C3Z30VK04NE Cashier: yochi

[Show Details](#)



46891

CUSTOMER'S ORDER NO.		DATE	
		01-18-18	
NAME			
ADDRESS			
EXPO LOCKSMITH			
CITY, STATE, ZIP			
14445 Moorpark st 818-747-5678			
SOLD BY	CASH/COD/DEBIT	MDSE	PAID OUT
Sherman Oaks, CA 91423		RETD	
QUAN.	DESCRIPTION	AMOUNT	
1			
2	3 DND copies	21.00	
3	SINC office		
4	KEYS		
5			
6			
7			
8			
9			
10			
11			
12		35	
		21.35	
RECEIVED BY			

KEEP THIS SLIP FOR REFERENCE
IC3705

paid by VISA

Office of the City Clerk
 Administrative Services Division
 Neighborhood Council (NC) Funding Program
 Board Action Certification Form

#31



NC Name: Sherman Oaks		Meeting Date: February 12, 2018	
Budget Fiscal Year: 2017-2018		Agenda Item No: 8B-2	
Board Motion and/or Public Benefit Statement (CIP and NPG):		Motion to approve a board member reimbursement of \$69.70 to Ron Ziff for keys for the new Sherman Oaks Neighbor Council Office at 14930 Ventura Boulevard.	
Method of Payment: (Select One)		<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Board Member Reimbursement	

Vote Count

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Babian, Avo	Area 5 Business	✓					
Banks-Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential				X		
Capps, Tom	Area 2 Residential	✓					
Hartsough, Jeffrey	Area 2 Community	✓					
Kalban, Jeffrey	Area 7 Community	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community	✓					
Marciniak, Richard	Area 3 Community	✓					
Mernard, Melissa	Area 6 Community				X		
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community	✓					
Roden, Neal	Area 7 Business	✓					
Ross, Garrett	Area 1 Residential				X		
Sales, Kristin	Area 1 Community				X		
Steinberg, Sue	Area 4 Business	✓					
Ziff, Ron	Area 6 Business	✓					
VACANT	Area 2 Business						
Quorum: 11	Total:	15	0	0	4	0	0

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature: <i>Tom Capps</i>	Second Signer's Signature: <i>Jeff Hartsough</i>
Print/Type Name: Tom Capps	Print/Type Name: Jeff Hartsough
Date: 2.12.2018	Date: 02-12-2018