### **Monthly Expenditure Report**



Reporting Month: August 2018 Budget Fiscal Year: 2018-2019

NC Name: Sherman Oaks Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$39696.33	\$1396.55	\$38299.78	\$1275.70	\$0.00	\$37024.08

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office		\$1368.08		\$43.70	
Outreach	\$32000.00	\$28.47	\$28299.78	\$1232.00	\$27024.08
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$10000.00	\$0.00	\$10000.00	\$0.00	\$10000.00
Funding Requests Und	der Review: \$0.00	Encumbrar	nces: \$0.00	Previous Expend	ditures: \$2303.67

	Expenditures							
#	Vendor	Date	Description	Budget Category	Sub-category	Total		
1	USPS KIOSK 0581119554	08/15/2018	(Credit card transaction)	General Operations Expenditure	Office	\$112.00		
2	OFFICE DEPOT #5125	08/20/2018	(Credit card transaction)	General Operations Expenditure	Office	\$65.69		
3	COPY HUB LLC	08/25/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$28.47		
4	The Web Corner, inc.	08/15/2018	A motion to approve up to \$1,500 to pay The W	General Operations Expenditure	Office	\$102.50		
5	AT&T Messaging	08/15/2018	A motion to approve up to \$185 to pay AT&	General Operations Expenditure	Office	\$15.26		
6	Lloyd Staffing Inc	08/15/2018	A motion to approve up to \$4,500 to pay Lloyd	General Operations Expenditure	Office	\$349.60		
7	LAUSD - Civic Center Permit Office	08/21/2018	A motion to approve up to \$1,850 to pay Los A	General Operations Expenditure	Office	\$657.48		
8	Lloyd Staffing Inc	08/21/2018	A motion to approve up to \$4,500 to pay Lloyd	General Operations Expenditure	Office	\$65.55		
	Subtotal:					\$1396.55		

Outstanding Expenditures						
#	Vendor	Date	Description	<b>Budget Category</b>	Sub-category	Total
1	Lloyds Staffing	08/28/2018	A motion to approve up to \$4,500 to pay Lloyd	General Operations Expenditure	Office	\$43.70
2	City Of Los Angeles - Dept. Of Recreation and Parks	08/28/2018	A motion to approve the outreach event of two SONC	General Operations Expenditure	Outreach	\$1232.00
	Subtotal: Outstanding	)				\$1275.70

### ERMAN OAKS BRANCH APC 14900 MAGNOLIA BLVD SHERMAN OAKS, CA 91403-9998 08/15/2018 11:55:05 AM ---------Sales Receipt Sale Unit Final Product Price Price Description Qty PO Box Renew Service Size PO Box ZIP Code™ 91413 Name SHERMAN OAKS NEIGHBORHOOD COUNCIL Period Months 09/01/2018 - 08/31/2019 \$112.00 Service Fee ====== Total: \$112.00 Paid by: \$112.00 MasterCard XXXXXXXXXXXX8480 Account #: 010439 Approval #: Transaction #: 770 4445023590265-99 SSK Transaction #: 8 USPS® # 058111-9554 Preview your Mail Track your Packages

Sign up for FREE @ www.informeddelivery.com

Unused portions of PO Box fees may be

refunded as follows:

# Your PO Box fee is due by the LAST DAY OF THIS MONTH.

bayment by any of the convenient options noted on the inside top portion of this envelope. Your PO Box will be closed if the fee is not paid by the due date. If the fee is not paid within 10 days after the due date, a late payment charge will apply. You may make

our check, or if payment is not received by the due date, your PO Box service will be Make checks or money orders payable to "U.S. Postal Service." If the bank returns

Please disregard this notice if payment has been made. suspended until all associated charges are paid

Thank you

6 Months: \$56.00 12 Months: \$112.00 Box #5721 Due Date:

Box Number

Semiannual

Annual

SHERMAN OAKS NEIGHBORHOOD COUNCII

## Post Office Box Servi

Notice 32-B, September 2010 | PSN 7610-03-000-8332

### Office DEPOT. OfficeMax<sup>®</sup>

Order Number: 187884144-001 **Order Placed:** 08/17/2018 **Tracking #:** 1ZY530670303754053

Status: Delivered

Order Placed By: TCAPPS@SHERMANOAKSNC.ORG

<u> </u>		
Processing	Shipped	Delivered

**Payment Method** Debit/Credit Card MasterCard \*\*\*\*\*\*\*8480 Amount: \$65.69

Billing Address Shipping Address
SHERMAN OAKS THOMAS CAPPS
NEIGHBORHOOD COUN SHERMAN OAKS
200 N SPRING ST NEIGHBORHOOD COUN LOS ANGELES, CA 90012

5101 MAMMOTH AVE SHERMAN OAKS, CA Rewards

LEARN MORE

91423

(818) 601 - 7971 TCAPPS@SHERMANOAKSNC.ORG

Comments:

Item D	escription	Qty (Quantit	y) <sup>Shipped</sup>	Price (Price)	Total (Total)	Reorder	$\square$
	Brother® TN-330 Black Toner Cartridge Item # 692005 Review This Product	1	1	\$59.99 /each	\$59.99	1	
	Refil # 092003   Neview This Floudet			/eacii		Reorder Price: \$59.99 / each	
Picture	2018 CUSTOMER 9 PIP Item # 316064 Review This Product	1	1	\$0.00 /each	\$0.00	1	
Rydin	TONOW THIS I TOUGHT			/Cacii		Reorder Price: \$1.25 / each	



\$59.99 Subtotal: Delivery Fee: \$0.00 Tax Exempt Taxes: \$5.70

> Total: \$65.69

### COPY HUB LLC 13270 MOORPARK ST SHERMAN OAKS, CA. 91423 818-784-9999

### SALE

REF#: 00000008

Batch #: 272

08/25/18

12:01:30

CVV2: M

APPR CODE: 093645

Trace: 8

MASTERCARD \*\*\*\*\*\*\*\*\*\*\*\*8480

Manual CNP

\*\*/\*\*

AMOUNT

\$28.47

### APPROVED

THANK YOU

CUSTOMER COPY

# COPYHUB SHERMAN OAKS THANK YOU

08/24/2018 2:07PM 01 000000#6191 RAY

DEPT. 01

DEPT. 01 MDSE ST TAXI 200 @ \$0.06 1 \$12.00 200 @ \$0.07 1 \$14.00 \$26.00 \$2.47

ITEMS
CASH

4000 4000 47

### Invoice

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

Date	Invoice #	Due Date
8/1/2018	17119	8/1/2018

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; web development, requests, & website adjustme		99.00	99.00
1	Email accounts (2 included) Total 3 for shermanoaksnc.org		3.50	3.50
0	Monthly Hosting for shermanoaksnc.org (Included in maintenance)		15.00	0.00
Please remit n	ayment at your earliest convenience.			
Thank you for			Total	\$102.50
			Payments/Cre	dits \$0.00
			Balance Due	\$102.50

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Office of the City Clerk				× 5,			seeden 1
Administrative Services Division						T, bu dip	
Neighborhood Council (NC) Funding Prog	;ram					79	TOTAL S
Board Action Certification Form NC Name: Sherman Oaks			Meeting Date: J	uly 09 2018			
Budget Fiscal Year: 2018-2019			Agenda Item No				
Board Motion and/or Public Benefit	A motion to appro	ve un to	•		Corner for	SONC web	nsite
Statement (CIP and NPG):	hosting and maint 2018-2019						
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Board	d Member Reimb	ursement
Recused Boardmembers r	must leave the room prior to		Count ion and may not re	turn to the roor	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	<u> </u>					
Banks-Barad, Jill	Area 6 Residential		*,7.				
Baronian, Levon	Area 1 Business		. A		×		
Binkow, Michael	Area 7 Residential						
Capps, Tom	Area 2 Residential						
Hartsough, Jeffrey	Area 2 Community	X					
Kalban, Jeffrey	Area 7 Community	×					
Katchen, Howard	Area 3 Residential	X	. 4				;
Lax, Sidonia	Area 4 Community	×					
Marciniak, Richard	Area 3 Community				X		
Mernard, Melissa	Area 6 Community	X					
Morozov, Rafael	Area 3 Business				X		
Petrus, Lisa	Area 4 Residential	X					
Revord, Sherri	Area 5 Community	X					,
Roden, Neal	Area 7 Business	X					
Ross, Garrett	Area 1 Residential	1			X		
Sales, Kristin	Area 1 Community	: .			X		
Steinberg, Sue	Area 4 Business	3X.	*				, , , , , ,
Ziff, Ron	Area 6 Business	×					
VACANT	Area 2 Business						
VACANT	Area 2 Residential	: "					
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Quorum: 11 We, the Treasurer and the Second Signer	Total:				esented on this f	orm is accurate a	nd complete.
and that a public meeting was held in accompliant public meeting where a quorus	cordance with all laws, policie	es, and proce	dures. The above w	as approved by	the Neighborho	od Council Board,	at a Brown Act
Treasurer's Signature from C	apro		Second Signer's	Signature	What	south	
Print/Type Name: Tom Capps			Print/Type Nam	Jeff Har	tsough	0	
	. 70 . 2		Print/Type Nam	e			
Date:	2018		Date:		01-	09-2018	



**CUSTOMER NUMBER** 

8607823

INVOICE DATE

08/01/2018

Page 1 of 1

### **Bill-To Customer:**

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

1695

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### րկարհեկարիիկակիկիններակիկիկներիկիներ

Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	08/01/2018 08/31/2018	08/30/2018	\$30.52	\$30.52	\$.00	\$15.26	\$15.26

Payments - Thank You	07/25/201	.8	\$30.52	
Description of Current Charges & Credits		Qty	Unit Price	Ext. Price
UM Standard-Discount Rate 8185032399	August service	1	\$14.00	\$14.00
City Utility Users Tax				\$1.26

CUSTOMER	NIIMBER			
8607	023			
INVOICE	NUMBER			
7394	843			
DUE DATE AMOUNT PAID				
08/30/2018	gwa eng (Milion Sa			

Please detach & enclose with payment



REMIT TO:

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

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

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Office of the City Clerk							and the Control of th
Administrative Services Division Neighborhood Council (NC) Funding Prop	Tram.				,	,	
Board Action Certification Form	gram						TETE
NC Name: Sherman Oaks			Meeting Date: J	uly 09 2018			
Budget Fiscal Year: 2018-2019			Agenda Item No				
Board Motion and/or Public Benefit Statement (CIP and NPG):	A motion to app messaging serv	rove up t ice durin	to \$185 to p g Fiscal Ye	ay AT&T ar 2018-2	for SONC 019	Voice Mai	il
Method of Payment: (Select One)	☐ Check	Vote (	☐ Credit Card		☐ Board	Member Reimb	ursement
Recused Boardmembers I	must leave the room prior to			turn to the roo	n 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	X					
Banks-Barad, Jill	Area 6 Residential		*74				
Baronian, Levon	Area 1 Business				. *		
Binkow, Michael	Area 7 Residential	X					
Capps, Tom	Area 2 Residential	X					
Hartsough, Jeffrey	Area 2 Community	×					
Kalban, Jeffrey	Area 7 Community	X			,		
Katchen, Howard	Area 3 Residential	X		***			
Lax, Sidonia	Area 4 Community	X					
Marciniak, Richard	Area 3 Community				×		
Mernard, Melissa	Area 6 Community	×		,			
Morozov, Rafael	Area 3 Business				X		
Petrus, Lisa	Area 4 Residential	×					
Revord, Sherri	Area 5 Community	×					
Roden, Neal	Area 7 Business	X					
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						
VACANT	Area 2 Residential		:				
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Quorum: 11 We, the Treasurer and the Second Signer and that a public meeting was held in acc		orhood Counc					
compliant public meeting where a quoru	m of the Board was present.				141.1	<u> </u>	
Treasurer's Signature	app	*	Second Signer's	Signature	Judtone	sough,	
Print/Type Name: Tom Capps			Print/Type Nam	<sub>e:</sub> Jeπ Hai			
7.9.	2018		Date:		01-0	4-2018	

### Lloyds Staffing-CHECK SUMMARY

Item.	Invoice l	Date	Period	Invoice No.	Hours	Total
	1	07/15/18	7/9-7/15/18	404669	13.00	\$284.05
	2	08/05/18	7/23-7/29/18	405031	3.00	\$65.55
	TOTAL					\$349.60



Please remit payment to: LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7433 INVOICE

You may pay by ACH/wire to: Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

**Credit Cards Accepted** 









Attention of: Tom Capps,

**BILL TO:** 

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

generated by LLoyd supports JDRF with a donation to help fight diabetes.

PO#

DATE							
PERIOD         DESCRIPTION & EMPLOYEE         HOURS         RATE         AM           07/09/18-07/15/18         EXASST         Salter, Jolie A         13.00         21.85	DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
07/09/18-07/15/18 EXASST Salter, Jolie A 13.00 21.85	07/15/2018	404669	1	117247	Due Upon Recei	pt	
	PERIOD	DESCRIPTION	& EMPLOYEE		HOURS	RATE	AMOUNT
Thank you for your part in our Placements with a Purpose program. Every placement  PAY THIS AMOUNT>  TOTAL	07/09/18-07/15/18	EXASST	Salter, Jolie A		13.00	21.85	\$284.05
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### **EMPLOYEE INFORMATION**

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

CH

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

ur tunch hour will be determined by your supervisor to whom are assigned. When working a full day, the law requires a imum of 1/2 hour of lunch.

### NCES - LATENESS

us immediately if you must be absent or late. Do not call lient LLOYD STAFFING will call the client.

### E-MB SAFETY

yee certifies no accident or injury was sustained while yon the assignment that has not been previously reported tuman Resources office at LLoyd.

t complete the Training Orientation every time you go essignment.

### TERMS & CONDITIONS FOR LLOYD STAFFING

TERRIS & CONDITIONS FOR LLOYD STRAFFING

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Please remit payment to: LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Billing Inquiries: 631.370.7433

### INVOICE

You may pay by ACH/wire to: Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

**Credit Cards Accepted** 









Attention of: Tom Capps,

**BILL TO:** 

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

Thank you	for choosing	Lloyd Staffing
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generated by LLoyd supports JDRF with a donation to help fight diabetes.

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
08/05/2018	405031	1	117247	Due Upon Recei	pt	
PERIOD	DESCRIPTION &	EMPLOYEE		HOURS	RATE	AMOUNT
07/23/18-07/29/18	EXASST	Salter, Jolie A		3.00	21.85	\$65.55
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Thank you for your part in our P	lacements with a Purpose program	n. Every placement	PAY THIS A	AMOUNT >	TOTAL	\$65.55

### CALIFORNIA

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Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work	IMPORTANT FOR CLIED? Declared this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.	ROUMD ZUT			0	the office after completing the Assignment to determine if there is other work available for me. I agree that it I do not comfact the office upon completion of an assignment they can assume I am not available.	I be suffered that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the Socilly named above and that I received the manufacture of the Socilly named above and that I received the manufacture of the Socilly named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and that I received the manufacture of the Society named above and the	If yes, Temporary Associates must indicate they have (Please check)	2	100			
allable to	CONDITI	1			I	not con	y certifie	ate they	7/	WEEK EN	25		
T WORK	ONS ONS				919	bot the	A Paris	THE STATE OF THE S	27	DING			1

## EMPLOYEE INFORMATION

surdendant bes, craft.

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

### OVERTIME ..

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

### UNCH

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

## ABSENCES - LATENESS

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

### ON-THE-JOB SAFETY\_

to the Human Resources office at LLoyd. working on the assignment that has not been previously reported Employee certifies no accident or injury was sustained while

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

## TERMS & CONDITIONS FOR LLOYD STAFFING

of the employee in the new capacity. one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total armusized compensation rate of our stillates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services the object of mediance capacity, or (iii) use this person's services through another temporary service within side of this timesheet are correct, the work was performed in a satisfactory mariner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYO and is referred to us on a temporary basis, in the event we or any I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse

LOYD guarantees estisfaction with its employee's services by extending a four (4) hour guarantee period. It, for any reason, we are dissatisfied with the employee easigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual easigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

The treatment and the control of the I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entrust LLOYD'S employees with unattended premises, cash, negotiables or other valuables or sufficient entries, that (a) Customer shall not entrust LLOYD'S employees without the prior written consent of LLOYD is each instance and will therefore indemnity and fold LLOYD hermites from any such daim sitising out of a besent of the foregoing inclusive of isability resulting from bodily injury, property demage, fire, theit, collision, cargo damage or other pubble liability demage, b) LLOYD'S entrustrone does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer therefore accepts if dil responsibility for any claims, including the defense thereof, involving bodily hyury, property damage, fire, their vehicles accepts in 10 YYPIS employees.

Oustoner actinowledges its understanding that LLOYD'S involces are for labor and agrees to pay such involces upon rate of 1-1/2% per month (18% per annum) on such unpeld amounts. Customer agrees to pay LLOYD is restorable costs of collection, including its restorable attornwest fees and reped amounts. Customer also agrees to pay LLOYD its restorable costs of

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Office of the City Clerk				~ ×	<i>:</i>		agra ()		
Administrative Services Division				•			<b>(          </b>		
Neighborhood Council (NC) Funding Prog	gram					`			
Board Action Certification Form NC Name: Sherman Oaks			Maratina Data	luly 00 2018					
Budget Fiscal Year: 2018-2019			Meeting Date: July 09 2018  Agenda Item No: 9-H						
Board Motion and/or Public Benefit	A								
Statement (CIP and NPG):			to \$4,500 to pay Lloyd's Staffing for SONC hours worked during Fiscal Year 2018-2019						
Method of Payment: (Select One)	☐ Check		☐ Credit Card	0.85.383.00.00.00.00.00.00.00.00.00.00.00.00.00	☐ Board	d Member Reimb	oursement		
Recused Boardmembers r	nust leave the room prior t	Vote C o any discussio		turn to the roo	n 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	X							
Banks-Barad, Jill	Area 6 Residential	X							
Baronian, Levon	Area 1 Business		1.0		×				
Binkow, Michael	Area 7 Residential	X							
Capps, Tom	Area 2 Residential	X							
Hartsough, Jeffrey	Area 2 Community	X							
Kalban, Jeffrey	Area 7 Community	Χ			,				
Katchen, Howard	Area 3 Residential	X		1.5					
Lax, Sidonia	Area 4 Community	X							
Marciniak, Richard	Area 3 Community	· · · · · · · · · · · · · · · · · · ·			X				
Mernard, Melissa	Area 6 Community	X							
Morozov, Rafael	Area 3 Business				X				
Petrus, Lisa	Area 4 Residential	X							
Revord, Sherri	Area 5 Community	X							
Roden, Neal	Area 7 Business	X							
Ross, Garrett	Area 1 Residential				X				
Sales, Kristin	Area 1 Community			****	<del>X</del>				
Steinberg, Sue	Area 4 Business		,						
Ziff, Ron	Area 6 Business	$\overline{}$		<del></del>					
VACANT	Area 2 Business								
VACANT	Area 2 Residential	**			1				
	7 TOG Z PROGRAMA		1.						
			No						
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4 <sup>1</sup> M	-	14	0				7		
Quorum: 11 We, the Treasurer and the Second Signer	Total:		declars that the	information or	ocented on this fo	rm is assurate a	nd complete		
and that a public meeting was held in acc compliant public meeting where a quorur	ordance with all laws, policie			•					
Treasurer's Sign	pps	ŧ	Second Signer's	Signature	Wa	rport			
Print/Type Name: Tom Capps			Print/Type Nam	<sub>e:</sub> Jeff Ha	rtsough	•			
Date: 7.9.18			Date: 07-09-2018						

### INVOICE

### LOS ANGELES UNIFIED SCHOOL DISTRICT

CIVIC CENTER PERMIT OFFICE 333 S. BEAUDRY AVE., 1ST FLOOR LOS ANGELES, CA 90017

Charge to:

RON ZIFF PO BOX 5721 SHERMAN OAKS, CA 91413

Date: 16 AUG 2018

Permit No. S6682

SHERMAN OAKS NEIGHBORHOOD COUNCIL (RON ZIFF)

	DESCRIPTION OF CHARGE	AMOUNT
	USE OF THE AUDITORIUM AT Sherman Oaks El CS FOR MEETING ON MONDAYS. TIME: 5:30PM-10:00PM SEP. 17, 2018 OCT. 08, 2018 NOV. 05, 2018 DEC. 10, 2018	\$656.00
	City Excise Tax	\$1.48
- 4	PERMIT SUBJECT TO CANCELLATION IF FULL PAYMENT NOT RECEIVED SEVEN DAYS IN ADVANCE OF USE.  PLEASE MAKE CASHIER'S CHECK OR MONEY ORDER PAYABLE TO:  LOS ANGELES UNIFIED SCHOOL DISTRICT	
- 4	PLEASE MAKE CASHIER'S CHECK OR MONEY ORDER PAYABLE TO:	

⊕ Permittee responsible to verify <u>all</u> dates on invoice ⊕

 $\Rightarrow$  any changes from your original request will result in a \$78 amendment fee  $\Leftrightarrow$ 

 $\diamond$  BILLING Date(s) reflects insurance expiration date  $\diamond$ 

Office of the City Clerk				~ ~			partie ()	
Administrative Services Division								
Neighborhood Council (NC) Funding Prog	gram					*	THE STATES	
Board Action Certification Form NC Name: Sherman Oaks			Meeting Date: Ja	ılv 09 2018				
Budget Fiscal Year: 2018-2019			Agenda Item No					
Board Motion and/or Public Benefit	A motion to appr	ovo un to			golog I Inif	ind School	District	
Statement (CIP and NPG):		for SONC Board Meeting &						
Method of Payment: (Select One)	☐ Check	Vote	Credit Card		☐ Board	d Member Reimb	ursement	
Recused Boardmembers (	must leave the room prior to	<ul><li>1 - 17 Sept. A 59 58</li></ul>		turn to the roon	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	_X						
Banks-Barad, Jill	Area 6 Residential	·X	1,4,					
Baronian, Levon	Area 1 Business	•			<b>×</b>			
Binkow, Michael	Area 7 Residential	X						
Capps, Tom	Area 2 Residential	X						
Hartsough, Jeffrey	Area 2 Community	X						
Kalban, Jeffrey	Area 7 Community	X						
Katchen, Howard	Area 3 Residential	X		:				
Lax, Sidonia	Area 4 Community	X						
Marciniak, Richard	Area 3 Community				X			
Mernard, Melissa	Area 6 Community	X						
Morozov, Rafael	Area 3 Business	•			×			
Petrus, Lisa	Area 4 Residential	X						
Revord, Sherri	Area 5 Community	X					'	
Roden, Neal	Area 7 Business	X						
Ross, Garrett	Area 1 Residential				X			
Sales, Kristin	Area 1 Community				X			
Steinberg, Sue	Area 4 Business	X	*					
Ziff, Ron	Area 6 Business	X						
VACANT	Area 2 Business							
VACANT	Area 2 Residential	:	:					
			The Nation					
					,			
					*			
Quorum: 11	Total:	14	0	0	5	<u>(2)</u>	<u>ا</u>	
We, the Treasurer and the Second Signer and that a public meeting was held in acc								
compliant public meeting where a quoru		-						
Treasurer's Signature om Ce	apps	,	Second Signer's		14	Wagh		
Print/Type Name: Tom Capps  Date: 7.9			Print/Type Name	Jeff Har	tsough			
Date: 7.9	18		Date:			-09-2012		



Please remit payment to: LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7433 INVOICE

You may pay by ACH/wire to: Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

**Credit Cards Accepted** 

VISA No.



Attention of: Tom Capps,

BILL TO:

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

generated by LLoyd supports JDRF with a donation to help fight diabetes.

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
08/12/2018	405136	1	117247	Due Upon Receip	pt	
PERIOD	DESCRIPTION	& EMPLOYEE		HOURS	RATE	AMOUNT
08/06/18-08/12/18	EXASST	Salter, Jolie A		3.00	21.85	\$65.55
Thank you for your part in our I	Placements with a Purpose prog	ram. Every placement	PAY THIS	AMOUNT >	TOTAL	\$65.55

2. Displace customers are no stressed assessed behavior	Three Stray, was a ball point pen.     Three Stray, was a ball point pen.     Use experts timesheef for each assignment.     Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.     Mail ORIGINAL STRAY Copy with cleant company, retain EMPLOYEE copy for Leave CLIENT copy with cleant company, retain EMPLOYEE copy for Leaves CLIENT copy with cleant company.	MEEK BOOMS OF THE STATE TOTAL HOURS WORKEST 1/4 HOURS WORKEST 1/4 HOURS FOR WEEK TO NEAREST 1/4 HOURS	O PM C PM		2		WED 8 8 18 1 DAW 2 DAW	Mac Mac 31 6 8 san	10 0 0 10 1 0 M 7 0 M	DAY DATE TIME IN TIME OUT	EMPLOYEE PLEASE COMPLETE Be sure to indicate AM or PM.
	must be approved for such as and day worked. However, will not be paid if not approved daily.  Minimum: 4 hours per anything, per day.	ST 1/4 HOUS							1 2	SUNDH PARME NO. T	9703 0703 bi: 562-869-0111
	as stated, that the work was perconnect in accessed in the printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day, printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.  Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.	HAPPORT FO	ALLEN STREET,	SOCIAL SECURITY I	To 1:0 Caller Chilie do UTR	office upon completion of an assignment they can assume I am not available.	I hereby certify that the hours shown were worked by me during the week ending brown mouve, and were between your and an authorized representative of the facility named above and that I received the required training. I understand I am to comfact an authorized representative of the facility named above and that I received the required training. I understand I am to comfact the	noceted the following unstitution institute and so site & General Safety Rules  Policy & Procedure Review	If yes, Temporary	REPORT OF A DILL DEPT. DOET. DOET. DOET. DOET.	Please print) 3010C TOWN P.O. ZP

## **EMPLOYEE INFORMATION**

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

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

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

## ABSENCES - LATENESS

the client LLOYD STAFFING will call the client.

ON-THE-JOB SAFETY

to the Human Resources office at LLoyd working on the assignment that has not been previously reported Employee certifies no accident or injury was sustained while

## TERMS & CONDITIONS FOR LLOYD STAFFING

i certify that I am authorized to sign on behalf of the nented company ("Customer"), the total house shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my eignature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our attilisties, or any company to whom we assign this person, either (I) employ this person on a permanent or temporary basis, (II) use this person's services in a consulting or freelance especify, or (III) use this person's services through another temporary service within one (I) year after this person's temporary sessignment, we agree to pay LLOYD after of 25% of the total annualized compensation rate one (I) the content of the c

LLOYD guarantees actisfaction with the employee's services by extending a four (4) hour guarantees period. If for any provided that LLOYD replaces the individual assigned to us, LLOYD will not charge for the first faut (4) hour guarantees period. If for any provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours worked by such amployees. It is that the employee assigned by LLOYD is actification. It is that the employees to operate machinery or micro vertices with unsaturated premises, cash, negotiables or other visuables for any claims, that (4) Customer shall not entired LLOYD and Customer with respect to the services performed hersunder and will therefore indemnity and hold LLOYD hambess from any such claim entering out of a breach of the foregoing inclusive of liability will therefore indemnity and hold LLOYD hambess from any such claim entering out of a breach of the foregoing inclusive of liability will therefore accepts that responsibility for any claims, including the defense thereof, involving body injury, properly damage, fire, that, collision, cargo damage or public liability damage sustained or involved the services (b) LLOYD'S employees, and customer with read or involving body injury, properly damage, fire, that, collision, cargo damage or public liability damage sustained or involving body injury, properly damage, fire, that, collision, cargo damage or public liability damage sustained or involving body injury, properly damage, fire, that, collision, cargo damage or public liability damage sustained or involving body injury, properly damage, fire, that, collision, cargo damage or public liability damage sustained or involving body injury, properly damage, fire, that, collision, or or involving violations of the foregoing and the defense of the control of a LLOYD'S employees are assigned and or involving body injury, properly damage, fire the services of the foregoing and the fire or responsible for claims arised from work performed b

DMPERSALION INSUPANCE.

Customer admonification and extending that LLOYO'S involves are for labor and agrees to pay such involves upon Customer admonification and agrees to pay that payment charge at the new involves remain unould thirty (30) days after involve date, Customer agrees to pay LLOYO a title payment charge at the

<u>-</u>										
Office of the City Clerk		September 1								
Administrative Services Division				•			<b>(          </b>			
Neighborhood Council (NC) Funding Prog	gram					`				
Board Action Certification Form NC Name: Sherman Oaks		Marking Date   July 09 2018								
Budget Fiscal Year: 2018-2019		Meeting Date: July 09 2018 Agenda Item No: 9-H								
Board Motion and/or Public Benefit	A									
Statement (CIP and NPG):		to \$4,500 to pay Lloyd's Staffing for SONC t hours worked during Fiscal Year 2018-2019								
Method of Payment: (Select One)		☐ Credit Card	0.85.383.00.00.00.00.00.00.00.00.00.00.00.00.00	☐ Board Member Reimbursement						
Recused Boardmembers r	nust leave the room prior t	Vote C o any discussio		turn to the roo	n 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	X								
Banks-Barad, Jill	Area 6 Residential	X	7,44							
Baronian, Levon	Area 1 Business		1		×					
Binkow, Michael	Area 7 Residential	X								
Capps, Tom	Area 2 Residential	X								
Hartsough, Jeffrey	Area 2 Community	X		·						
Kalban, Jeffrey	Area 7 Community	X			,					
Katchen, Howard	Area 3 Residential	X	ē							
Lax, Sidonia	Area 4 Community	X								
Marciniak, Richard	Area 3 Community	:			X					
Mernard, Melissa	Area 6 Community	X								
Morozov, Rafael	Area 3 Business			4	×					
Petrus, Lisa	Area 4 Residential	X								
Revord, Sherri	Area 5 Community	X								
Roden, Neal	Area 7 Business	X								
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	<del></del>	·							
VACANT	Area 2 Residential									
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Quorum: 1 <sup>1</sup> 1	Tabal	14	2	()	5	10	7			
We, the Treasurer and the Second Signer	Total:   of the above named Neighb		, declare that the	information pr	esented on this fo	orm is accurate a	nd complete.			
and that a public meeting was held in accompliant public meeting where a quorur	ordance with all laws, policie			•						
Treasurer's Sign	pps	Second Signer's Signature								
Print/Type Name: Tom Capps		Print/Type Name: Jeff Hartsough								
Date:	9.18	Date: 07 - 09 - 2018								