# **Monthly Expenditure Report**



Reporting Month: July 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				Net Available	
\$42000.00	\$2303.67	\$39696.33	\$0.00	\$467.36	\$39228.97

	Monthly Cash Flow Analysis				
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office		\$1105.17		\$0.00	
Outreach	\$32000.00	\$1198.50	\$29696.33	\$0.00	\$29696.33
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 Under Review: \$467.36		Encumbrar	nces: \$0.00	Previous Expe	nditures: \$0.00

			Expenditures			
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	LA PUBLIC LIBRARY	07/06/2018	(Credit card transaction)	General Operations Expenditure	Office	\$216.00
2	GOODWAY PRINT & COPY	07/10/2018	(Credit card transaction)	General Operations Expenditure	Office	\$76.05
3	SUBWAY 03018934	07/09/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$96.00
4	PAYPAL SO CHAMBER	07/24/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$450.00
5	BEST BUBBLE PARTIES	07/25/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$550.00
6	AT&T Messaging	07/16/2018	A motion to approve up to \$185 to pay AT&	General Operations Expenditure	Office	\$30.52
7	The Web Corner, inc.	07/16/2018	A motion to approve up to \$1,500 to pay The W	General Operations Expenditure	Outreach	\$102.50
8	Ron Ziff	07/16/2018	A motion to approve a board member reimbursement t	General Operations Expenditure	Office	\$61.55

9	Lloyds Staffing	07/16/2018	A motion to approve up to \$4,500 to pay Lloyd	General Operations Expenditure	Office	\$721.05
	Subtotal:					\$2303.67

	Outstanding Expenditures						
#	Vendor Date Description Budget Category			Sub-category	Total		
	Subtotal: Outstanding \$0.00						

# LOS ANGELES PUBLIC LIBRARY

630 W. Fifth Street Los Angeles, CA 90071

Tel: (213) 228-7467 Fax: (213) 228-7449

# AUTHORIZATION TO CHARGE CREDIT CARD

TO: Library Business Office							
IU:							
FROM:	Tom Capps						
NAME OF E	NAME OF EVENT SONC PLUM MTG LOCATION / BRANCH Sherman Oaks						
	Luly 19 2018 6PM - 10 PM						
EVENT DAT	E: JULY 19 2010 TIME: OF WE TO THE						
INFORMAT	FOR US TO HANDLE YOUR REQUEST, WE NEED THE FOLLOWING ION FROM YOUR VISA OR MASTERCARD CHARGE CARD:  TYPE Mastercard						
Oran							
MERCH	LA PUBLIC LIBRARY 630 W FIFTH ST 4TH FI LOS ANGELES, CA 9007: 07/06/2018 MID: XXXXXXXXXXXX397 TII CREDIT CARD MC SALE Card # Token SEQ #: Batch #: INVOICE Approval Code: Entry Method: Mode: Tax Amount: Cust Code: Avs Code: Avs Code: Avs Code: Avs Code: Card Code:  I agree to pay above totaccording to card issuer a greenent if Cre (Merchant agreement if Cre						
MERCHANT COPY	LA PUBLIC LIBRARY 630 W FIFTH ST 4TH FL LOS ANGELES, CA 90071 16:02:09 18 CREDIT CARD MC SALE CREDIT CARD MC SALE  OA6904 Pethod: Pount: Ode: PYY de: Mode: AMOUNT 1 agree to pay above total amount according to card issuer agreement. Merchant agreement if Credit Voucher) Merchant agreement if Credit Voucher)						
ACTOURT TO BE CHARGED							
CARDHOLDER'S NAME Thomas Capps							
AUTHORIZED SIGNATURE Thomas Capps DATE 7/6/18							

Goodway Print & Copy

15121 Ventura Blvd.

Sherman Oaks, CA 91403

Phone: (818) 783-5172 Fax: (818) 783-8649 www.goodwayprintcopy.com

Transaction : Sale

Date: 7/9/2018

Time: 5:51:23 PM(EST)

Invoice #: 41322

Customer #: 3

PO / Order #: na

Card Type : Master Card

Card Number: XXXXXXXXXXX8480

Entry Method : Keyed Total Amount : 76,05

Authorization: Approved - 099084

Ref Note:

Signature

x

I Agree to pay the above amount according to the card issuer agreement

Thank You I





# 15121 Ventura Boulevard Sherman Oaks, California 91403

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

EMA!L: goodway@goodwayprintcopy.com

No. 41322

Date 7/9/2018

Customer P.O. No.

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

Jolie Salter (818) 699-2922

	DESCRIPTION				
25	Minutes, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides  25 Copy Machine Stapling				
50	Agenda, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides  50 Copy Machine Stapling				
50	Agenda re-order (06/11), 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides 50 Copy Machine Stapling REF: 2018 SONC Treasure Report, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 3 sheets, copied on 2 sides 20 Copy Machine Stapling				
20					
1	expenditure report, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 32 sheets, copied on 2 sides	6.40			
	Ship Via:	00.45			
Account Type	e: Charge Account	69.45			
Account Type PLEASE PAY	e: Charge Account  ' FROM THIS INVOICE.  TAX	69.45 6.60			
	e: Charge Account  ' FROM THIS INVOICE.  TAX				

Subway#1893-0 Phone 818-784-9804 15053 Ventura Blvd Sherman Oaks, CA, 91403 Served by: padmini 7/9/2018 1:39:26 pm Term ID-Trans# 1/A-188151

Qty Size	Item		Price
1	3FT Giant -2 Roast 3FT Giant -2 Tuna	Beef GSSect Sub	48.00 0.00 48.00 0.00
Sub Tota Total (To Credit Co Change	ake Out)		96.00 96.00 96.00 0.00
App Refe Car Ac	d Issuer: count No:	007754 819020076379 Mastercard ***********8480 Manual \$96.00	· ·

Date/Time: 7/9/2018 1:39:24 PM

Signature:

I agree to pay above total amount



# Your Booking Request has been Approved! Order 87C8C0

# Hello Jeffrey Hartsough,

Congratulations on being approved for Sherman Oaks Street Fair!

Your payment info has now been processed, and should be reflected in your accounts.

Please complete any required documents via the Document Manager, accessed by

selecting the



folder icon within in your order summary.

# Invoice

Jeffrey Hartsough jeffrey.hartsough.sonc@gmail.com 3106149804 Sherman Oaks Chamber of Commerce 14827 Ventura Blvd Suite 207 Sherman Oaks, CA 91403 vicki@shermanoakschamber.org

ORDER #: 87C8C0 Booked Date: Jul 24 2018

Product	Price	Qty	Total
Booth Profile: Sherman Oaks Neighborhood Council Sherman Oaks Street Fair Basic 10x10	\$800.00	1	(\$800.00) \$300.00
10 by 10 canopy package (no walls) with one 8' table and two chairs	\$150.00	1	\$150.00
		Subtotal	\$950.00
		Discounts	\$500.00
		Total	\$450.00



(818) 350-2825 info@bestbubbleparties.com

Bill to: Tom Capps 200 N Spring St. Los Angeles, CA 90012 Party Location (if different): Tom Capps 14201 Huston St. Sherman Oaks, CA 91423

## INVOICE / CONTRACT

Account Number 14206 Invoice Number 142067633 Issue Date 7/24/2018

**Due Date** On or before day of event

Date	Service	QTY	Price	Total
7/28/2018	Festibubble Program - 2 hours Festibubble Outdoor <b>Hands-on bubble play</b> Everyone gets to make their own amazing bubbles! (no going inside of bubbles or other specialty bubble tricks in our show that require zero airflow) 7/28/2018 6:15 PM	1 Each	319.00/Each	319.00
8/25/2018	Festibubble Program - 2 hours Festibubble Outdoor <b>Hands-on bubble play</b> Everyone gets to make their own amazing bubbles! (no going inside of bubbles or other specialty bubble tricks in our show that require zero airflow) 8/25/2018 6:15 PM	1 Each	319.00/Each	319.00
		Sub-Tot	al:	\$638.00
		VIP Disc	ount	-88.00
		Total:		\$550.00
		Total Pag	yments:	\$0.00
		Balance	Due:	\$550.00

## \*\*\*\*Important\*\*\*

All balances due on the day of your event are due in cash, company check (payable to "Best Bubble Parties"), credit card, or PayPal. For credit card charges, just let your bubblist know you'd like to charge the card on file or give them a new card for the balance.

For PayPal, you can pay right on your phone by going to paypal.me/bubblefun

Please note that our performers are on a very specific schedule. Please make sure the start time works for you. If it is possible for us to stay longer at your request, additional time is billed at \$30/15 minutes.

\*\*Parking must be provided. Please reimburse your performer directly for any parking payments. Thank you.

**Rain & Refund Policy** 

Please note that you may take all the still photographs you want, but video recording indoor bubble **show** is not allowed until the 'Grand Finale.'

You MAY video record kids going in bubbles and/or outdoor bubble play.

Thank you for your cooperation and have an awesome time!

Gratuities for your performers are never required, but always appreciated!



**CUSTOMER NUMBER** 8607823 INVOICE DATE 07/01/2018

Page 1 of 1

## **Bill-To Customer:**

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

1711 T8 P1

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Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	07/01/2018 07/31/2018	07/30/2018	\$15.26	\$0.00	\$.00	\$15.26	\$30.52

Payments - Thank You

Description of Current Charges & Credits UM Standard-Discount Rate

City Utility Users Tax

8185032399

Unit Price 1 \$14.00 \$14.00 July service

Qty

\$1.26

Ext. Price

CUSTOMER	RNUMBER				
8607	823				
INVOICE	NUMBER				
7383	944				
DUE DATE AMOUNT PAID					
07/30/2018					

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				÷.			Branches (
Administrative Services Division  Neighborhood Council (NC) Funding Prog	zram						
Board Action Certification Form	, u						The Tlore
NC Name: Sherman Oaks			Meeting Date: J	uly 09 2018			
Budget Fiscal Year: 2018-2019			Agenda Item No	:9-D			
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 Ma	il
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Board	d Member Reim	bursement
Recused Boardmembers (	must leave the room prior to		Count on and may not re	turn to the roo	n until after the	vote is complet	
Board Member First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Babian, Avo	Area 5 Business	<u>`X</u>					
Banks-Barad, Jill	Area 6 Residential	*	5/4				
Baronian, Levon	Area 1 Business				· ×		
Binkow, Michael	Area 7 Residential	X	7 7				
Capps, Tom	Area 2 Residential	Х					
Hartsough, Jeffrey	Area 2 Community	×					
Kalban, Jeffrey	Area 7 Community	X			7		
Katchen, Howard	Area 3 Residential	X		***			
Lax, Sidonia	Area 4 Community	×					
Marciniak, Richard	Area 3 Community				×		
Mernard, Melissa	Àrea 6 Community	×					
Morozov, Rafael	Area 3 Business				X		
Petrus, Lisa	Area 4 Residential	×					
Revord, Sherri	Area 5 Community	×					
Roden, Neal	Area 7 Business	<u> </u>					
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	Total:	14	0	0	5		$\cup$
We, the Treasurer and the Second Signer and that a public meeting was held in acc compliant public meeting where a quoru	cordance with all laws, policie	orhood Counc es, and proced	il, declare that the ures. The above w	information pro as approved by	esented on this f the Neighborho	orm is accurate od Council Board	and complete, i, at a Brown A
Treasurer's Signature	anno	,	Second Signer's	Signature	What	sough	
Print/Type Name: Tom Capps  Date: 7.9.	July		Print/Type Nam		rtsough		
7.9.	2018		Date:			4-2018	

# Invoice

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

Date	Invoice #	Due Date
7/1/2018	16948	7/1/2018

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 Email accounts (2 included) Total 3 for shermanoaksnc.org Monthly Hosting for shermanoaksnc.org (Included in maintenance)		99.00 3.50 15.00	99.00 3.50 0.00
Please remit p	payment at your earliest convenience. your business!		Total Payments/Cre	\$102.50 edits \$0.00
			Balance Due	\$102.50

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Office of the City Clerk				× 5,			seed to the
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		N. C.		×		
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	apas		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	



14735 VENTURA, SHERMAN DAKS, CA (818) 788-0208

REG#03 TRN#7858 CSHR#0000010 STR#9707

\$61.55 TOTAL DUE **BM** Reimbursement

ExtraCare Card #: \*\*\*\*\*\*\*0023

M 1 HP 74 INK CART

EACH 20.24T SAVED

6.75

SUBTOTAL CA 9.5% TAX 20.24

TOTAL DEBIT

22.16

\*\*\*\*\*\*\*\*\*\*\*7744

US DEBIT

\*\*\*\*\*\*\*\*\*\*7744

REF# 038582 TRAN TYPE: SALE AID: A000000980840 TC: 7E1B39E24B016773 TERMINAL# 85227462 PIN VERIFIED ONLINE

CVM: 420000

TVR(95): 8080048000 TSI(9B): 6800

CHANGE

.00



2509 7078 1597 8580 36 Returns with receipt, subject to CVS Return Policy, thru 08/07/2018

JUNE 8, 2018 10:56 AM

## TRIP SUMMARY:

Today You Saved Savings Value

6.75 25%

THANK YOU. OPEN 24 HOURS 7 DAYS A WEEK

## ExtraCare Card balances as of 05/31

Year to Date Savings

56.70

2% of your Spring 2018 Spend Spring 2018 Spending

126.04

Buy 6 Coca Cola single serve! Coca-Cola Points

Buy 7 Get One FREE! Select Hair Color Quantity Toward Free Extra Quantity Needed for Free Extra

# 

For every coupon necker redeemed in store, Josh Cellars will donate \$1 , up to \$100,000 to support Operation Gratitude and the National Volunteer Fire Council. Learn more and get involved at www.joshcellars.com/non-profit-partn erships!



JULIO\_MEMBRENO@HOMEDEPOT.COM 7870 YAN NUYS BLVD. PANORAMA CITY, 91402

6644 00056 46385 SELF CHECK OUT

06/28/18 10:58 AM

731161048180 26IN MOBILE <A> <M> 39.97 HUSKY CONNECT 26IN MOBILE TOOL BOX MAX REFUND VALUE \$35.97 -----10% off Military Discount------39.97 10% off Military Discount -4.00 MUST RETURN ALL ITEMS FOR A FULL REFUND

> SUBTOTAL SALES TAX

3.42

TOTAL

\$39.39

XXXXXXXXXXXXX3579 VISA

USD\$ 39.39

AUTH CODE 30402C/9564070 Chip Read

AID A0000000031010

TVR 8080008000

IAD 06010A03600000

TSI 6800

ARC 00

VISA CREDIT

<M> = Military Appreciation



6644 56 46385 06/28/2018 5193

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
1 90 09/26/2018
THE HOME DEPOT RESERVES THE RIGHT TO LIMIT / DENY RETURNS. PLEASE SEE THE RETURN POLICY SIGN IN STORES FOR DETAILS.

Office of the City Clerk Administrative Services Division Neighborhood Council (NC) Funding Program **Board Action Certification Form** Meeting Date: July 09 2018 NC Name: Sherman Oaks Budget Fiscal Year: 2018-2019 Agenda Item No: 10-A Board Motion and/or Public Benefit A motion to approve a board member reimbursement to Ron Ziff of \$32.39 for a Statement (CIP and NPG): mobile tool box to store and transport he SONC audio public address system and microphones and \$22.16 for ink cartridges ☐ Check ☐ Credit Card ☐ Board Member Reimbursement Method of Payment: (Select One) **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** No Abstain Absent Ineligible Recused Yes Babian, Avo Area 5 Business Banks-Barad, Jill Area 6 Residential Baronian, Levon Area 1 Business Binkow, Michael Area 7 Residential Area 2 Residential Capps, Tom Hartsough, Jeffrey Area 2 Community Kalban, Jeffrey Area 7 Community Katchen, Howard Area 3 Residential Area 4 Community Lax, Sidonia Marciniak, Richard Area 3 Community Mernard, Melissa Area 6 Community Morozov, Rafael Area 3 Business Area 4 Residential Petrus, Lisa Revord, Sherri Area 5 Community Roden, Neal Area 7 Business Ross, Garrett Area 1 Residential Sales, Kristin Area 1 Community Area 4 Business Steinberg, Sue Ziff, Ron Area 6 Business VACANT Area 2 Business VACANT Area 2 Residential Quorum: 11 Total: 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. Second Signer's Signature Print/Type Name: Jeff Hartsough Print/Type Name: Tom Capps 07-09-2018

Lloyds Staffing

Item. In	voice Date	Period	Invoice No.	Hours	Total	COMMENT
1	04/29/18	4/23-4/29/18	403325	2.00	\$43.70	4/24-4/28
2	06/10/18	6/4-6/10/18	404062	3.00	\$65.55	6/4,6/5,6/6/6/7,6/8
3	06/17/18	6/11-6/17/18	404211	18.00	\$393.30	6/9,6/10,6/11-6/15
4	06/24/18	6/18-6/24/18	404306	7.00	\$152.95	6/18-6/22
6	07/08/18	7/2-7/8/18	404558	3.00	\$65.55	7/2-7/5
T	OTAL				\$721.05	



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

**Gredit 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

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
04/29/2018	403325	1	117247	Due Upon Receipt	t	
PERIOD	DESCRIPTION 8	& EMPLOYEE		HOURS	RATE	AMOUNT
04/23/18-04/29/18	EXASST	Salter, Jolie A		2.00	21.85	\$43.70
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				-		
	Placements with a Purpose progr JDRF with a donation to help figh			AMOUNT >	TOTAL	\$43.70

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The same is cost Cloyd Stating Interestably when a substitute on it or we will assess you are as longer arranged for earth.		0.0		in a second seco	THE PERSONNEL CONTROL TO A CONTROL TO CONTROL CON	as a discount operated the fourth decrease months in the state and that I received the required increase and months of the fourth of the state of th		RIST TIME AT THIS CUBIT COMPANY? O'BM O'NO If yes, Temperary Auscode much indicate they have			COMPANY NAME CO.

# EMPLOYER INFORMATION

TO THE PERSON NAMED IN The included to the second of the position of the second will be a second of the secon TO AVOID CHIEF THE CHARLES AND COMPLEY THE TIME

the client. VOTA VIETA: Work in excess of (40) forty fourthin THE POWER PROPERTY. a work week (Monday-Sweday) will be paid at one and one-had 

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# ABSENCES - LATERISM Out us immediatory if you must be absent or late. On not call the client. LCOYO STAFFERD will not the chang.

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Community Countries are the present of the Countries of t

# TESMINE CONTENTION DION LEGIT STATEMENT

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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

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
06/10/2018	404062	1	117247	Due Upon Receipt	t	
PERIOD	DESCRIPTION &	EMPLOYEE		HOURS	RATE	AMOUNT
06/04/18-06/10/18	EXASST	Salter, Jolie A		3.00	21.85	\$65.55
		***				

# lement and or an add deserted you are no longer ayed 1.40t Stie & General Selecty Ruster FIRST TIME AT THIS CLIENT COMPANY? College No sure to cell Ligal Staffing Immediately when east printed on the reverse side of this form. Please do not D Emergency Eventuation Proceedures beneby certify that the hour hooffice other Phone: \$62-860-2555 Fex: 562-860-0111 1108@ Artesta Boulevard, Sulte A EMPLOYEE PLEASE COMPLETE - Be sure to Indicate AM or PM. TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE Certics, CA 90703 THATE OUT Š DAM 80 E firmly; use a ball point pee. PREMAL, & ANGICE copy to Loyd, no letter than Friday right, CLENE copy with olders on yar to pay. ¥ 0 . THER ants will be returned without payment. (@110ya DATE THURS AINAOAI

# EMPLOYEE INFORMATION

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

the client. WORK WEEK: Work in excess of (40) forty-hours in 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 (1-1/2) your regular rate,

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

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

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# EPHIS & CONDITIONS FOR LLOYD STAFFING

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parantees settingfor with its employee's tervices by antending a four (4) hour guarentee period, if for an effect to employee settingfor the institution of the first four (4) hours worked by each employer the four terminal LOTD before the and of the first four (4) hours we say that he is Conf.

# INVOICE

COLOVO

Please remit payment to:

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

Philadelphia, PA 19178-0994 Billing inquiries: **631.370.7433**  You may pay by ACH/wire to: Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

Credit Cards Accepted

7/5/







Attention of: Tom Capps,

BILL TO:

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
06/17/2018	404211	1	117247	Due Upon Receip	ot	
PERIOD	DESCRIPTION	& EMPLOYEE		HOURS	RATE	AMOUNT
06/11/18-06/17/18	EXASST	Salter, Jolie A	1	18.00	21.85	\$393.30
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Thank you for your part in our				AMOUNT >	TOTAL	\$393.30

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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.

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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 Call us immediately if you must be absent or late. Do not call

the client. LLOYD STAFFING will call the client.

**DN-THE-JOB SAFETY**Employee certifies no accident or injury was sustained 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 vou on

# TERMS & CONDITIONS FOR LLOYD STAFFING

i certify that I am authorized to sign on behalf of the named company ("Customar"), the total hose side of this timesheet are context, the work was performed in ashibitachory maintent, and my signature is authorized. Customar, the understand that this person is an employee of LLOYD and is referred to us on a temporary base of our affiliates, or any company to whom we assign this person at employ this person on a permanent this person's services in a consulting of freelance capacity, or (ii) use this person's services through another one (i) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total angular of the employee in this new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guaranteeson, we are desatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours we provided that LLOYD rejudes the individual assigned. Unless we contact LLOYD before the end of the first that the employee assigned by LLOYD is satisfactory.

i confirm the prior agreement between LLOYD and Customer with respect to the services parformed here.

Iturus services, that (a) Customer shall not entrust LLOYD's employees with unstranged premises, cash, regolables or that or a customer shall not entrust LLOYD's employees with unstranged premises, cash, regolables or that or an extension or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each mark will therefore indemnify and hold LLOYD tamiliess from any such claim arising out of a breach of the toregoing inclusive of liable resulting from bodily injury, property damage, it is, that, collision, cargo damage or other public liability damage, the operation of Customer's owned or leased motor vehicles(b) by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage. (if, that, collision, cargo damage or pubic liability damage surfamed by LLOYD's employees are sufficiently and unless such claims are perioral in writing to it by Customer within thinky (30) days after occurrence, (d) Customer shall indemnify and hold LLOYD harmless from claims are perioral in writing to it by Customer within thinky (30) days after occurrence, (d) Customer shall indemnify and hold LLOYD harmless from verifice LLOYD's employees unless such claims are reported in writing to LLOYD's employees unless such claims are reported in writing to LLOYD by the Customer within ninky (30) days after the last date of the temporary employees unless such onlines and proceedures, etc., with LOYD's employees unless such claims are reported in writing to recognize all LOYD's employees unless such onlines and proceedures, etc., with LOYD's employees unless as a such and the concerning their employment, job assignments, play proceedures, etc., with LOYD's the observance.

Temporary employees are assigned to Customer's job sits based upon the job description given and the known qualifloations of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN, ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD'S involces are for labor and agrees to pay such involces upon receipt. If any involces ramain unpaid thiny (30) days after involce date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-12% bet month (18% nor annumb no much month of month of the contract of the co



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

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		·
06/24/2018	404306	1	117247	Due Upon Receipt	t	
PERIOD	DESCRIPTION 8	R EMPLOYEE	·	HOURS	RATE	AMOUNT
06/18/18-06/24/18	EXASST	Salter, Jolie A		7.00	21.85	\$152.95
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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.

# OVERTIME

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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.

LESENCES - LATENCES

Call us immediately if you most act action are, 30 cm can the client, LLOYD STAFFING will call the client. Employee certifies no accident or injury was sustained white working on the assignment that has not been previously reported to the Human Resources office at LLoyd.

You must complete the Training Orientation every time you go

# TERMS & CONDITIONS FOR LLOYD STAFFING

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**Credit Cards Accepted** 







Attention of: Tom Capps,

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.

	<u> </u>						
DATE	INVOICE N	O. PAGE	ACCOUNT NO.	TERMS:		· · · · · · · · · · · · · · · · · · ·	
07/08/2018	404558	1	117247	Due Upon Receipt			
PERIOD	DESCRIPTI	ON & EMPLOYEE		HOURS	RATE	AMOUNT	
07/02/18-07/08/18	EXASST	Salter, Jolie A		3.00	21.85	\$65.55	
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Thank you for your part in our	Placements with a Purpose	program. Every placement	AMOUNT >	TOTAL	\$65.55		

						COMPANY NAME SONC TOWN
11060 Artasia Boulevard, Suite A Corritos, CA 90703 Phone: 562-860-2555 Fax: 562-860-0111 EMPLOYEE PLEASE COMPLETE – Be sure to indicate AM or PM. THE DUT THE				562-860-0	111	ADDRESS DEPT. WEEK ENDING
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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		Meeting Date: July 09 2018								
Budget Fiscal Year: 2018-2019		Agenda Item No								
Board Motion and/or Public Benefit	A				II OI (C	f 00)				
Statement (CIP and NPG):	A motion to approve up to CA EOO to pour Lloyd's Ctoffine									
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	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			
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Banks-Barad, Jill	Area 6 Residential	X	7,44							
Baronian, Levon	Area 1 Business		10		×					
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								
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Quorum: 1 <sup>1</sup> 1	Tabala	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								