

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	\$32000.00	\$1368.08	\$28299.78	\$43.70	\$27024.08
Outreach		\$28.47		\$1232.00	
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: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$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	Budget Category	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

SHERMAN OAKS BRANCH APC 4
14900 MAGNOLIA BLVD
SHERMAN OAKS, CA 91403-9998

08/15/2018 11:55:05 AM

Product Description	Sale Qty	Unit Price	Final Price
---------------------	----------	------------	-------------

PO Box Size	5721	Renew Service	
PO Box ZIP Code™	1		
Name	SHERMAN OAKS NEIGHBORHOOD COUNCIL		
Period	12 Months		
	09/01/2018 - 08/31/2019		
Service Fee			\$112.00
Total:			\$112.00

Paid by: MasterCard \$112.00
Account #: XXXXXXXXXXXX8480
Approval #: 010439
Transaction #: 770
4445023590265-99

SSK Transaction #: 8
USPS® #: 058111-9554

Preview your Mail
Track your Packages
Sign up for FREE @
www.informedelivery.com

Unused portions of PO Box fees may be refunded as follows:

Annual

Semiannual

\$ _____
Amount

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

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 payment by any of the convenient options noted on the inside top portion of this envelope.

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

Please disregard this notice if payment has been made.

Thank you.

Box Number

Box # 5721
SHERMAN OAKS NEIGHBORHOOD COUNCIL
91413
6 Months: \$56.00 12 Months: \$112.00
Due Date: 08/31/2018

Post Office Box Service fee

Office DEPOT. OfficeMax®

Order Number: 187884144-001
 Order Placed: 08/17/2018
 Tracking #: 1ZY530670303754053
 Status: Delivered
 Order Placed By: TCAPPS@SHERMANOAKSNC.ORG



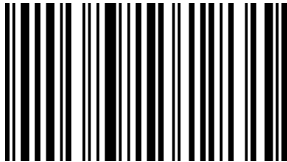
Payment Method	Billing Address	Shipping Address	Rewards
Debit/Credit Card MasterCard *****8480 Amount: \$65.69	SHERMAN OAKS NEIGHBORHOOD COUN 200 N SPRING ST LOS ANGELES, CA 90012 (818) 601 - 7971	THOMAS CAPPS SHERMAN OAKS NEIGHBORHOOD COUN 5101 MAMMOTH AVE SHERMAN OAKS, CA 91423 TCAPPS@SHERMANOAKSNC.ORG	LEARN MORE

Comments:

Item Description	Qty (Quantity)	Shipped	Price (Price)	Total (Total)	Reorder	<input checked="" type="checkbox"/>
 Brother® TN-330 Black Toner Cartridge Item # 692005 Review This Product	1	1	\$59.99 /each	\$59.99	<input type="text" value="1"/>	<input checked="" type="checkbox"/>
<small>Picture Not Available</small> 2018 CUSTOMER 9 PIP Item # 316064 Review This Product	1	1	\$0.00 /each	\$0.00	<input type="text" value="1"/>	<input checked="" type="checkbox"/>

Reorder Price: \$59.99 / each

Reorder Price: \$1.25 / each



Begin Return

Subtotal: \$59.99
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

	200 @ \$0.06	
DEPT. 01		T1 \$12.00
	200 @ \$0.07	
DEPT. 01		T1 \$14.00
MDSE ST		\$26.00
TAX1		\$2.47

ITEMS 400Q
CASH \$28.47

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; 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
0	Monthly Hosting for shermanoaksnc.org (Included in maintenance)	15.00	0.00

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



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

CUSTOMER NUMBER
8607823
INVOICE DATE
08/01/2018

Page 1 of 1

Bill-To Customer:

 SHERMAN OAKS NC 1695
 PO BOX 5721 T8 P1
 SHERMAN OAKS, CA 91413-5721



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	\$0.00	\$15.26	\$15.26

Payments - Thank You	07/25/2018	\$30.52		
Description of Current Charges & Credits	Qty	Unit Price	Ext. Price	
UM Standard-Discount Rate	August service	1	\$14.00	\$14.00
8185032399				
City Utility Users Tax				\$1.26

CUSTOMER NUMBER
8607823
INVOICE NUMBER
7394843
DUE DATE
08/30/2018
AMOUNT PAID

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

Lloyds Staffing-CHECK SUMMARY

Item.	Invoice 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
3					
TOTAL					\$349.60



INVOICE

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

Please remit payment to:
Lloyd Staffing, Inc.
PO Box 780994
Philadelphia, PA 19178-0994
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:		
07/15/2018	404669	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
07/09/18-07/15/18	EXASST	Salter, Jolie A		13.00	21.85	\$284.05
				PAY THIS AMOUNT >	TOTAL	\$284.05

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.

Lloyd Staffing
 11400 Arden Boulevard, Suite A
 Carlsbad, CA 92008
 Phone 652-680-2665 Fax 652-680-0111

EMPLOYEE PLEASE COMPLETE -- Be sure to include AM or PM

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & JOB TRAVEL	TOTAL HOURS
MON	7/9/18	3:00 PM	10:00 AM		7
TUES	7/10/18	3:00 PM	4:00 PM		1
WED	7/11/18				
THURS	7/12/18	9:00 AM	1:00 PM		4
FRI	7/13/18	4:00 PM	5:00 PM		1
SAT					
SUN					

WEEK END: 7/13/18
 TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE: 13

EMPLOYEE INFORMATION
 COMPANY NAME: SONE
 ADDRESS: [Redacted]
 PHONE NO: [Redacted]
 FIRST NAME: Ron Ziff
 LAST NAME: Ziff
 TITLE: Admin
 EMPLOYEE ID: 7113

CLIENT INFORMATION
 CLIENT NAME: [Redacted]
 CLIENT ADDRESS: [Redacted]
 CLIENT PHONE: [Redacted]
 CLIENT SIGNATURE: [Redacted]
 CONTACT NAME: RONALD ZIFF

IMPORTANT FOR CLIENT: Execution of 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.

TERMS & CONDITIONS FOR LLOYD STAFFING
 I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature 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 affiliates, or any company to whom we assign this person, either (a) employ this person on a permanent or temporary basis, (b) use this person's services in a consulting or freelance capacity, or (c) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total realized compensation rate of the employee in the new capacity.
 LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.
 I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and I agree to provide such services, that (a) Customer shall not instruct LLOYD's employees with unattended premises, cash, negotiable or other valued or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing including of its resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage, (b) LLOYD's policy does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees. Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property of fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee drive vehicle(s), or arising out of or involving violation by Customer of clause (a) above, (c) LLOYD is not responsible for claims made by its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence, (d) Customer indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as if premises owned or controlled by Customer and to which LLOYD's employees are assigned and (e) under no circumstances will be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employee relationship with its personnel and accepts the obligation to discuss all matters their employment, job assignments, pay procedures, etc., with LLOYD.
 Temporary employees are assigned to Customer's job sites based upon the job description given and the terms of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. NO EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S COMPENSATION INSURANCE.
 Customer acknowledges its understanding that LLOYD's employees are for labor and agrees to pay and accept receipt, if any invoice remains unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its cost collector, including its reasonable attorneys' fees and expenses.

EMPLOYEE INFORMATION

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

VERTIME
 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) forty 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 law requires a minimum of 1/2 hour of lunch.

PUNISHES - LATENESS
 Please immediately if you must be absent or late. Do not call client. LLOYD STAFFING will call the client.

ON-JOB SAFETY
 You certify no accident or injury was sustained while on the assignment that has not been previously reported Human Resources office at Lloyd.

I complete the Training Orientation every time you go assignment.

TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature 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 affiliates, or any company to whom we assign this person, either (a) employ this person on a permanent or temporary basis, (b) use this person's services in a consulting or freelance capacity, or (c) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total realized compensation rate of the employee in the new capacity.
 LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.
 I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and I agree to provide such services, that (a) Customer shall not instruct LLOYD's employees with unattended premises, cash, negotiable or other valued or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing including of its resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage, (b) LLOYD's policy does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees. Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property of fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee drive vehicle(s), or arising out of or involving violation by Customer of clause (a) above, (c) LLOYD is not responsible for claims made by its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence, (d) Customer indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as if premises owned or controlled by Customer and to which LLOYD's employees are assigned and (e) under no circumstances will be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employee relationship with its personnel and accepts the obligation to discuss all matters their employment, job assignments, pay procedures, etc., with LLOYD.
 Temporary employees are assigned to Customer's job sites based upon the job description given and the terms of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. NO EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S COMPENSATION INSURANCE.
 Customer acknowledges its understanding that LLOYD's employees are for labor and agrees to pay and accept receipt, if any invoice remains unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its cost collector, including its reasonable attorneys' fees and expenses.



INVOICE

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

Please remit payment to:
LLoyd Staffing, Inc.
PO Box 780994
Philadelphia, PA 19178-0994
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:
08/05/2018	405031	1	117247	Due Upon Receipt

PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
07/23/18-07/29/18	EXASST	Salter, Jolie A	3.00	21.85	\$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.

PAY THIS AMOUNT >

TOTAL

\$65.55

CALIFORNIA



11000 Arbutus Boulevard, Suite A
 Cerritos, CA 90703
 Phone: 562-980-2555 Fax: 562-980-0111

EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & 90 MINUTE BREAK	TOTAL HOURS
MON	7/23/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		1
TUES	7/24/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	7/25/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		1
THURS	7/26/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	7/27/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		1
SAT		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE					3

INSTRUCTIONS:
 1. Press firmly; use a ball point pen.
 2. Use separate timesheet for each assignment.
 3. MAIL ORIGINAL & INVOICE COPY to Lloyd, no later than Friday night.
 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
 5. Unsigned timesheets will be returned without payment.

COMPANY NAME SONG
 (Please print)
ADDRESS
 TOWN P.O. ZIP

REPORT TO RON ZIFF
 DEPT. JOB TITLE ADMIN
 WEEK ENDING 7/27

FIRST TIME AT THIS CLIENT COMPANY? Yes No
 If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)
 Emergency Evacuation Procedures Job Site & General Safety Rules Policy & Procedure Review

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME Julie Salter
EMPLOYEE SIGNATURE Julie Salter

SOCIAL SECURITY
CLIENT SIGNATURE Ron Ziff
CLIENT NAME ROUNDS ZIFF

IMPORTANT FOR CLIENT: Please print 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.

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

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

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) forty 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 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.

ON-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 you go to a new assignment.

TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature 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 affiliates, 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 capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

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

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 instruct LLOYD's employees with unattended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of or in connection with the foregoing instances of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage; (b) LLOYD's insurance 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 therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle(s); or arising out of or involving violation by Customer of clause (a) above; (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence; (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to recognize LLOYD's employee-employer relationship with its personnel and accept the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the broad qualifications of the employee. 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 invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorney's fees.

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. 56682

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
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 Mail to: NATALIE DIRIAMONDO	
BALANCE DUE	\$657.48

⊗ PERMITTEE RESPONSIBLE TO VERIFY ALL DATES ON INVOICE ⊗

⇒ ANY CHANGES FROM YOUR ORIGINAL REQUEST WILL RESULT IN a **\$78 AMENDMENT FEE** ⇐

◇ BILLING DATE(S) REFLECTS INSURANCE EXPIRATION DATE ◇



INVOICE

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

Please remit payment to:
Lloyd Staffing, Inc.
PO Box 780994
Philadelphia, PA 19178-0994
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:
08/12/2018	405136	1	117247	Due Upon Receipt

PERIOD	DESCRIPTION & EMPLOYEE	HOURS	RATE	AMOUNT
08/06/18-08/12/18	EXASST Salter, Jolie A	3.00	21.85	\$65.55

CALIFORNIA

Lloyd
CONNECTIVE TALENT

11060 Artesia Boulevard, Suite A
 Gardena, CA 90703
 Phone: 682-880-2535 Fax: 682-969-0111

EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & ON BREAK HOURS	TOTAL HOURS
MON	8/6/18	<input type="checkbox"/> AM	<input type="checkbox"/> AM		1
TUES	8/7/18	<input type="checkbox"/> AM	<input type="checkbox"/> AM		
WED	8/8/18	<input type="checkbox"/> AM	<input type="checkbox"/> AM		1
THURS	8/9/18	<input type="checkbox"/> AM	<input type="checkbox"/> AM		
FRI	8/10/18	<input type="checkbox"/> AM	<input type="checkbox"/> AM		1
SAT		<input type="checkbox"/> AM	<input type="checkbox"/> AM		
SUN		<input type="checkbox"/> AM	<input type="checkbox"/> AM		
WEEK ENDING	8/10/18	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE			3

1. Print name, use a ball point pen.
2. Use stopwatch timesheet for each assignment.
3. MAIL ORIGINAL & INVOICE COPY TO Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company, retain EMPLOYEE copy for yourself.
5. Undeigned time sheets will be returned without payment.

IMPORTANT: All hours must be approved for each day worked. Hours will not be paid if not approved daily.
 Minimum: 4 hours per employee, per day.

COMPANY NAME SONC **TOWN** **P.O.** **ZIP**
Address

REPORT TO RON ZIFF **DEPT.** **JOB TITLE** ADMINISTRATOR **WEEK ENDING** 8/10/18

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

- Emergency Evacuation Procedures
 - Job Site & General Safety Rules
 - Policy & Procedure Review
- I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME John Salter **EMPLOYEE SIGNATURE** John Salter
SOCIAL SECURITY # [REDACTED]

CLIENT SIGNATURE [REDACTED]
IMPORTANT: As stated, that the work was performed in a satisfactory manner, and my signature is authorization to bill the named party 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.

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

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) forty 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 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.

ON-THE-JOB SAFETY

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

TRAINING

TERMS & CONDITIONS FOR LLOYD STAFFING

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

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

1. 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 authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage; (b) LLOYD's insurance 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 therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle(s); or arising out of or involving violation by Customer of clause (a) above; (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence; (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within thirty (30) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employee. 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 invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the

