

Monthly Expenditure Report



Reporting Month: December 2017 Budget Fiscal Year: 2017-2018

NC Name: Sherman Oaks
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$30359.44	\$348.13	\$30011.31	\$976.50	\$325.00	\$28709.81

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$36360.00	\$130.08	\$26511.31	\$874.00	\$25534.81
Outreach		\$218.05		\$102.50	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$3500.00	\$0.00	\$3500.00	\$0.00	\$3500.00
Neighborhood Purpose Grants	\$4750.00	\$0.00	\$0.00	\$0.00	\$0.00
Funding Requests Under Review: \$325.00		Encumbrances: \$0.00		Previous Expenditures: \$14250.56	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOODWAY PRINT & COPY	12/08/2017	(Credit card transaction)	General Operations Expenditure	Office	\$17.14
2	GOODWAY PRINT & COPY	12/08/2017	(Credit card transaction)	General Operations Expenditure	Office	\$75.56
3	GOODWAY PRINT & COPY	12/13/2017	(Credit card transaction)	General Operations Expenditure	Office	\$22.12
4	RALPHS #0063	12/10/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$12.56
5	7889 Dominos Pizza	12/11/2017	(Credit card transaction)	General Operations Expenditure	Outreach	\$95.71
6	Ron Ziff	12/07/2017	Approve a reimbursement of \$7.28 to Board Memb...	General Operations Expenditure	Outreach	\$7.28
7	The Web Corner, inc.	12/07/2017	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50
8	AT&T Messaging	12/13/2017	Approve up to \$200 to pay AT&T for SONC V...	General Operations Expenditure	Office	\$15.26
Subtotal:						\$348.13

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Lloyd Staffing	12/07/2017	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$393.30
2	Lloyd Staffing	12/13/2017	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$87.40
3	The Web Corner, inc.	01/09/2018	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50
4	Lloyd Staffing	01/09/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$393.30
Subtotal: Outstanding						\$976.50



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

VOICE: (818) 783-5172 • FAX: (818) 783-8649
 EMAIL: goodway@goodwayprintcopy.com

No. **40148**

Date 12/7/2017

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

Customer P.O. No.

Jolie Salter
 (818) 699-2922

QUANTITY	DESCRIPTION	AMOUNT								
40	Agenda , 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, copied on 2 sides	6.40								
25	Minutes, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides 25 Copy Machine Stapling	9.25								
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Goodway Print & Copy 15121 Ventura Blvd. Sherman Oaks, CA 91403 Phone: (818) 783-5172 Fax: (818) 783-8649 www.goodwayprintcopy.com</p> </div>										
<p>Transaction : Sale Date : 12/7/2017 Time : 10:15:47 PM(EST) Invoice # : 40148 Customer # : 3 PO / Order # : na Card Type : Master Card Card Number : XXXXXXXXXXXX8480</p>										
Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE. THANK YOU!	Ship Via: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Entry Method : Keyed Total Amount : 17.14 Authorization : Approved - 041835</p> </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;">15.65</td> </tr> <tr> <td></td> <td style="text-align: right;">1.49</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right;">17.14</td> </tr> <tr> <td style="text-align: right;">AMOUNT DUE</td> <td style="text-align: right;">17.14</td> </tr> </table>		15.65		1.49	TOTAL	17.14	AMOUNT DUE	17.14
	15.65									
	1.49									
TOTAL	17.14									
AMOUNT DUE	17.14									

*Paid
Credit Card*



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

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

EMAIL: goodway@goodwayprintcopy.com

No. **40143**

Date 12/7/2017

Customer P.O. No.

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

Jeff Kalban
 (310) 441-9313

QUANTITY	DESCRIPTION	AMOUNT
10	Booklets- Guidelines to Enhance Livability, 8.5 x 11 White 24# B-KP Digi CC Laser	49.00
10	SMOOTH, 7 sheets, copied on 2 sides bind 10 booklets	20.00
<div data-bbox="267 1039 535 1312" data-label="Text"> <p><i>Paid Credit Card</i></p> </div> <div data-bbox="824 940 1312 1911" data-label="Complex-Block"> <p style="text-align: center;">Goodway Print & Copy</p> <p style="text-align: center;">15121 Ventura Blvd.</p> <p style="text-align: center;">Sherman Oaks, CA 91403</p> <p style="text-align: center;">Phone: (818) 783-5172 Fax: (818) 783-8649 www.goodwayprintcopy.com</p> <hr/> <p>Transaction : Sale Date : 12/7/2017 Time : 10:23:32 PM(EST) Invoice # : 40143 Customer # : 3 PO / Order # : na Card Type : Master Card Card Number : XXXXXXXXXXXX8480</p> </div>		
<p>Taken by: _____ Ship Via: _____</p> <p>Account Type: Charge Account</p> <p>PLEASE PAY FROM THIS INVOICE.</p> <p>THANK YOU!</p>		<p>Entry Method : Keyed 69.00</p> <p>Total Amount : 75.56 6.56</p> <p>Authorization : Approved - 065795</p>
		<p>TOTAL 75.56</p> <p>AMOUNT DUE 75.56</p>

Goodway Print & Copy

15121 Ventura Blvd.

Sherman Oaks, CA 91403

Phone: (818) 783-5172

Fax: (818) 783-8649

www.goodwayprintcopy.com

Transaction : Sale

Date : 12/12/2017

Time : 1:53:48 PM(EST)

Invoice # : 40160

Customer # : 3

PO / Order # : na

Card Type : Master Card

Card Number : XXXXXXXXXXXX8480

Entry Method : Keyed

Total Amount : 22.12

Authorization : Approved - 026740

Ref Note:

Signature

X _____

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

Thank You !



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

VOICE: [818] 783-5172 • FAX: [818] 783-8649
 EMAIL: goodway@goodwayprintcopy.com

No. **40160**

Date 12/11/2017

Customer P.O. No.

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

Tom Capps/Treasurer

QUANTITY	DESCRIPTION	AMOUNT
20	Treasure Report, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 6 sheets, copied on 2 sides 20 Copy Machine Stapling	20.20
Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE. THANK YOU!		Ship Via: SUBTOTAL 20.20 TAX 1.92 SHIPPING TOTAL 22.12 AMOUNT DUE 22.12

REFRESHMENT-SUPPLIES BOARD MEETING 12.11.17
SONC
CC#41



12921 Magnolia Blvd.
(818) 966-2292
Your cashier was Sheri C

	BNTY NAPKINS	<+	3.49	T
SC	RALPHS SAVED YOU	0.50		
	BNTY NAPKINS	<+	3.49	T
SC	RALPHS SAVED YOU	0.50		
	KRO HMS FOAM PLA		4.49	T
	RALPHS rewards CUSTOMER	*****6147		
	TAX		1.09	
****	BALANCE		12.56	

Van Nuys CA 91403
MASTERCARD Purchase
*****8480 - C
REF#: 031583 TOTAL: 12.56
AID: A000000041010
TC: 3D22BDB35443515B
VERIFIED BY PIN

	MASTERCARD	12.56
	CHANGE	0.00
	TOTAL NUMBER OF ITEMS SOLD =	3
	RALPHS rewards SAVINGS:	\$ 1.00
	TOTAL COUPONS	\$ 1.00

12/10/17 12:21pm 63 6 238 292

Tell Us How We Are Doing!
Earn 50 BONUS FUEL POINTS!
Plus, enter our monthly Sweepstakes:
for ONE OF 100 - \$100 gift cards and
ONE \$5,000 gift card grand prize!
Go to www.krogerfeedback.com
within 7 days.
Enter the information below:
Date: 12/10/17
Time: 12:21pm
Entry ID: 703-172-238-63-6-244
Limit one 50 fuel pt bonus per 7 days.
No purchase necessary to enter
sweepstakes. See website for official
sweepstakes rules.

CC #43

REFRESHMENTS -
SNIC BOARD MTG 12.11.17

CREDIT CARD
ORDER

Payment Status: Approved

7889
Domino's Pizza
(818) 783-3900

12/11/2017 9:54 AM
Order 647948 Server 0513
Rewards Code: ZZVR7rZM

Delivery
RON ZIFF
14755 GREENLEAF ST # RECEIPTAUDITORIUM
GO TO AUDITORIUM ON DICKENS BRING
NAPKINS ITEMIZED RECEIPT
(818) 693-5561

Mastercard
CREDIT CARD # XXXXXXXXXXXX8480
REFERENCE 6251621802
APPROVAL CODE 027058

Amount \$95.71

Tip

Total \$195.71

X 
SIGNATURE

I AGREE TO PAY THE ABOVE TOTAL
AMOUNT ACCORDING TO CARD ISSUER
AGREEMENT


SIGNATURE

Join our Piece of the Pie
Rewards Program at dominos.com

THIS ORDER CAN STILL EARN

RE-PRINT

Delivery
PAID
Domino's Pizza
7889
(818) 783-3900

Rewards Code: ZZVR7rZM
12/11/2017 6:30 PM
Server 8963
Order 647948

TIMED * TIMED

Thank you for Ordering From
Sherman Oaks Domino's

RON ZIFF
14755 GREENLEAF ST # RECEIPTAUDITORIUM
GO TO AUDITORIUM ON DICKENS BRING
NAPKINS ITEMIZED RECEIPT
(818) 693-5561

Order
2 14" HandToss Pizza \$22.73
12 CUT
3 14" HandToss Pizza \$36.47
Pepperoni
12 CUT
2 14" HandToss Pizza \$22.73
Sandwich Salami
12 CUT
2 14" HandToss Pizza \$22.73
Mushrooms
Onions
Green Peppers
12 CUT
3 LG 1 TOPPING \$8.88 E \$21.24-
(.5519)
1 Delivery Charge \$3.99
Sub Total \$87.41
Tax 1 \$8.30
Total \$95.71

Payments

Amount Tendered \$95.71
Balance Due \$0.00

Join our Piece of the Pie
Rewards Program at dominos.com

Invoice

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

Date	Invoice #	Due Date
12/1/2017	15850	12/1/2017

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

P.O. No.	Terms	Project

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

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

Department of Neighborhood Empowerment Funding Request Form



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

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

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

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

Public Benefit Description

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

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

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

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

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

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

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



AT&T MESSAGING
PO BOX 480010
CHARLOTTE, NC 28289-5300

CUSTOMER NUMBER

8607823

INVOICE DATE

12/01/2017

Page 1 of 1

Bill-To Customer:



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

482
T3 P1

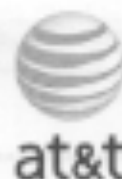


Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	12/01/2017 12/31/2017	12/30/2017	\$15.28	\$15.28	\$0.00	\$15.28	\$15.28

Description of Current Charges & Credits	Qty	Unit Price	Ext. Price
Payments - Thank You	11/22/2017	\$15.26	
UM Standard-Discount Rate	December service	\$14.00	\$14.00
8185032399			
City Utility Users Tax			\$1.26

CUSTOMER NUMBER	
8607823	
INVOICE NUMBER	
7334292	
DUE DATE	AMOUNT PAID
12/30/2017	

Please detach & enclose with payment



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

REMIT TO:

AT&T MESSAGING
PO BOX 840485
DALLAS, TX 75284-0486

01001 860782300000000001526

Department of Neighborhood Empowerment Funding Request Form



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

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

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

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

Public Benefit
Description

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

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

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

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interest	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>10</u>		<u>1</u>		<u>3</u>	

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

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

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