

# Monthly Expenditure Report



Reporting Month: April 2018

Budget Fiscal Year: 2017-2018

NC Name: Sherman Oaks  
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$19780.29	\$866.58	\$18913.71	\$5277.75	\$0.00	\$13635.96

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$31207.00	\$620.77	\$10260.71	\$327.75	\$8432.96
Outreach		\$245.81		\$1500.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$13403.00	\$0.00	\$8653.00	\$3450.00	\$5203.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$24829.71	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOODWAY PRINT & COPY	04/07/2018	(Credit card transaction)	General Operations Expenditure	Office	\$127.35
2	GOODWAY PRINT & COPY	04/10/2018	(Credit card transaction)	General Operations Expenditure	Office	\$47.91
3	RALPHS # 0222	04/09/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$94.37
4	RALPHS # 0222	04/09/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$7.44
5	SUBWAY 03018934	04/09/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$144.00
6	Lloyds Staffing	03/23/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$152.95
7	Lloyds Staffing	03/23/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$87.40
8	The Web Corner, inc.	04/17/2018	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Office	\$102.50

9	AT&T Messaging	04/17/2018	Approve up to \$200 to pay AT&T for SONC V...	General Operations Expenditure	Office	\$15.26
10	Lloyds Staffing	04/17/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$87.40
<b>Subtotal:</b>						<b>\$866.58</b>

<b>Outstanding Expenditures</b>						
<b>#</b>	<b>Vendor</b>	<b>Date</b>	<b>Description</b>	<b>Budget Category</b>	<b>Sub-category</b>	<b>Total</b>
1	City of Los Angeles	03/14/2018	Approve \$750 to Budget Advocates 2017-18 Budg...	General Operations Expenditure	Outreach	\$750.00
2	City of Los Angeles	03/14/2018	Approve \$750 for the annual 2018 Annual LA Co...	General Operations Expenditure	Outreach	\$750.00
3	Los Angeles Responsible Pit Bull Owners Inc	04/19/2018	A motion to approve a neighborhood purposes grant ...	Neighborhood Purpose Grants		\$2600.00
4	Southern California Preparedness Foundation	04/20/2018	A motion from the Public Safety Committee to appro...	Neighborhood Purpose Grants		\$850.00
5	Lloyds Staffing	04/24/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$327.75
<b>Subtotal: Outstanding</b>						<b>\$5277.75</b>



# INVOICE LF

15121 Ventura Boulevard  
 Sherman Oaks, California 91403

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

No. **40803**

Date **4/6/2018**

Customer P.O. No.

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

Jolie Salter  
 (818) 699-2922

QUANTITY	DESCRIPTION	AMOUNT
30	Minutes, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides	12.30
75	30 Copy Machine Stapling agenda, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 3 sheets, copied on 2 sides	44.25
25	75 Copy Machine Stapling Monthly Expense, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 13 sheets, copied on 2 sides	59.75
<div data-bbox="284 1381 613 1642" style="color: red; font-style: italic; font-size: 2em;">Paid Credit Card</div>		
<p>Transaction : Sale            Date : 4/6/2018            Time : 2:29:20 PM(EST)            Invoice # : 40803            Customer # : 3            PO / Order # : na</p>		
		<p>Taken by:            Account Type: Charge Account            PLEASE PAY FROM THIS INVOICE.            THANK YOU!</p>



# INVOICE LF

15121 Ventura Boulevard  
 Sherman Oaks, California 91403

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

No. **40809**

Date **4/9/2018**

Customer P.O. No.

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

Tom Capps

QUANTITY	DESCRIPTION	AMOUNT
25	REF: SONC Budget for Fiscal Year 2017-2018, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 5 sheets, copied on 2 sides 25 Copy Machine Stapling	23.75
1	4 name signs, 8.5 x 11 White 80# CVR-WAUSAU BRIGHT WHITE 5724A , 4 sheets, copied on 1 side	20.00
<div data-bbox="852 945 1213 1226" data-label="Text"> <p><b>Goodway Print &amp; Copy</b>            15121 Ventura Blvd.            Sherman Oaks, CA 91403            Phone: (818) 783-5172            Fax: (818) 783-8649  <a href="http://www.goodwayprintcopy.com">www.goodwayprintcopy.com</a></p> </div>		
<div data-bbox="792 1371 1174 1709" data-label="Text"> <p>Transaction : Sale            Date : 4/9/2018            Time : 2:27:10 PM(EST)            Invoice # : 40809            Customer # : 3            PO / Order # : na            Card Type : Master Card</p> </div>		
<div data-bbox="289 1570 771 1717" data-label="Text"> <p><i>Paid Credit Card</i></p> </div>		
<div data-bbox="87 1745 526 1835" data-label="Text"> <p>Taken by:            Account Type: Charge Account            PLEASE PAY FROM THIS INVOICE.</p> </div>		
<div data-bbox="87 1860 258 1892" data-label="Text"> <p>THANK YOU!</p> </div>		
<div data-bbox="686 1745 776 1778" data-label="Text"> <p>Ship V</p> </div>		
<div data-bbox="776 1724 1219 1900" data-label="Text"> <p>Card Number : XXXXXXXXXXXX8480            Entry Method : Keyed            Total Amount : 47.91            Authorization : Approved - 059891</p> </div>		<div data-bbox="1279 1761 1500 1942" data-label="Text"> <p>L 43.75            X 4.16            G            L 47.91</p> </div>
<div data-bbox="1130 1953 1312 1982" data-label="Text"> <p>AMOUNT DUE</p> </div>		<div data-bbox="1395 1953 1495 1990" data-label="Text"> <p><b>47.91</b></p> </div>

74 Refreshments  
Board Meeting 4/9/18

#94.37



14049 Ventura Blvd.  
(747) 233-6100  
Your cashier was JOSEPH

5 @ 2.99	WATER 24PK	14.95	F
5 @ 1.20	CA REDEM VAL	6.00	F
	KRO PPR NPKN	3.79	T
	KRO PPR NPKN	3.79	T
	KRO PLATES	5.99	T
	KRO PLATES	5.99	T
	XL VEG TRAY W/ CIP	8.49	F
	XL VEG TRAY W/ CIP	16.99	F
	BKRY COOKIES	9.99	F
	BKRY COOKIES	9.99	F
	TABLEWARE	1.99	T
	TABLEWARE	1.99	T
	TABLEWARE	1.99	T
	RALPHS rewards CUSTOMER	*****6147	
	TAX	2.43	
	*** BALANCE	94.37	

Sherman Oaks CA 91423  
MASTERCARD Purchase  
\*\*\*\*\*8480 - C  
REF#: 018141 TOTAL: 94.37  
AID: A000000041010  
TC: B07DA27382A811D2  
VERIFIED BY PIN

MASTERCARD	94.37
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 21  
04/09/18 10:02am 222 7 120 325

\*\*\*\*\*

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.krugerfeedback.com](http://www.krugerfeedback.com)  
within 7 days.

Enter the information below:

73-  
Refreshments- Board Meeting  
4/9/18  
\$7.44



14049 Ventura Blvd.  
(747) 233-6100  
Your cashier was JOSEPH

OW LEGAL PAD 6.79 T  
RALPHS rewards CUSTOMER \*\*\*\*\*6147  
TAX 0.65  
\*\*\* BALANCE 7.44

Sherman Oaks CA 91423  
MASTERCARD Purchase  
\*\*\*\*\*8480 - C  
REF#: 024958 TOTAL: 7.44  
AID: A000000041010  
TC: 2427AA1D856CC3F5

VERIFIED BY PIN

MASTERCARD 7.44  
CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 1

04/09/18 10:04am 222 7 122 325

APRIL FUEL POINTS

REDEEM 100PTS TO SAVE .10 PER GAL.  
ON ONE PURCHASE OF UP TO 35 GAL.  
SAVE UP TO \$1 PER GAL AT RALPHS  
OR SHELL ON 1 FILL-UP.

FUEL POINTS THIS ORDER = 7  
FUEL POINTS THIS MONTH = 104

THIS MONTHS POINTS EXPIRE 5/31/18.  
VISIT WWW.RALPHS.COM FOR DETAILS

NEAREST PARTICIPATING LOCATIONS

SHELL COMPANY (0.66 mi.)

4441 VAN NUYS BLVD  
SHERMAN OAKS, CA 91403

SHELL COMPANY (1.53 mi.)

5161 VAN NUYS BLVD  
SHERMAN OAKS, CA 91403

Participating locations subject  
to change

\*\*\*\*\*

TRY OUR PHARMACY (747) 233-6108  
MGR: AL SANTILLO (747) 233-6100  
THANK YOU FOR SHOPPING AT RALPHS!

www.ralphs.com

75- Refreshments  
 Board Meeting  
 4/9/18

# 144.<sup>00</sup>

**ORDER AHEAD.  
 PICKUP QUICK.**

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 Subway.com/order**







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**SUBWAY®**

**SUBWAY®**

Subway#1893-0 Phone 818-784-9804  
 15053 Ventura Blvd  
 Sherman Oaks, CA, 91403  
 Served by: SUPREET 4/9/2018 4:44:30 pm  
 Term ID-Trans# 1/A-176052

Qty	Size	Item	Price
1		3FT Giant Sub	48.00
		-2 Cold Cut Combo GSsect	0.00
1		3FT Giant Sub	48.00
		-2 Tuna GSsect	0.00
1		3FT Giant Sub	48.00
		-2 Roast Beef GSsect	0.00
		<b>Sub Total</b>	<b>144.00</b>
		<b>Total (Take Out)</b>	<b>144.00</b>
		<b>Credit Card</b>	<b>144.00</b>
		<b>Change</b>	<b>0.00</b>

Thanks for visiting Subway®! To view your Subway MyWay™ Rewards token balance or to join the program please visit [www.subwaymyway.com](http://www.subwaymyway.com)

Approval No: 002583  
 Reference No: 809923148174  
 Card Issuer: Mastercard  
 Account No: \*\*\*\*\*8480  
 Acquired: Manual  
 Amount: \$144.00  
 Date/Time: 4/9/2018 4:44:29 PM



# INVOICE

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



**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:		
03/11/2018	402556	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT	
03/05/18-03/11/18	EXASST	Salter, Jolie A	7.00	21.85	\$152.95	
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$152.95</b>

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.



Council

**Lloyd**  
CORPORATION

11050 Artoles Boulevard, Suite A  
Cerritos, CA 92623  
Phone: 562-660-2385 Fax: 562-663-4111

EMPLOYEE PLEASE COMPLETE - Do not sign to indicate job or pay

DAY	DATE	TIME IN	TIME OUT	WORKING HOURS	TOTAL HOURS
MON	3/5	08:00	04:00	08:00 - 04:00	3
TUES	3/6	08:00	04:00	08:00 - 04:00	1
WED	3/7	08:00	04:00	08:00 - 04:00	1
THURS	3/8	08:00	04:00	08:00 - 04:00	1
FRI	3/9	08:00	04:00	08:00 - 04:00	1
SAT					
SUN					

WEEK TOTAL: 7

INSTRUCTIONS:  
1. Time In/Out must be signed for each assignment.  
2. EMPLOYER: If you are not to be paid for an assignment, please do not sign for it.  
3. If you are not to be paid for an assignment, please do not sign for it.

COMPANY NAME: **Sherman Oaks Neighborhood Council**

REPORT TO: **RON Ruff**

JOB TITLE: **Admin Assst**

FIRST TIME AT THIS CLIENT COMPANY?  Yes  No

If Yes, Temporary Associates must indicate why from the following Orientation Training or this assignment. (Please check)

Emergency Evaluation Procedures  Job Site & General Safety Rules  Policy & Procedure Review

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

EMPLOYEE SIGNATURE: *[Signature]*

EMPLOYER SIGNATURE: *[Signature]*

DATE: *[Date]*

By signing this Lloyd Staffing Form, you are not being available for work.

**TERMS & CONDITIONS FOR LLOYD STAFFING**

Lloyd Staffing is pleased to begin on behalf of the named company ("Customer"), the first hours above on the number of the attached invoice. The work was performed at a valid company location, and any LLOYD employee who worked for the named Customer. We understand that the work was performed by an employee of LLOYD and is intended to be for a temporary basis. In the event we are not able to provide the services as described, we will contact you within 24 hours of the date of the invoice to discuss the situation. If you are unable to provide the services as described, we will contact you within 24 hours of the date of the invoice to discuss the situation. If you are unable to provide the services as described, we will contact you within 24 hours of the date of the invoice to discuss the situation.

**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 expected 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.

# Department of Neighborhood Empowerment Funding Request Form



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

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

Agenda Item: Item 8J

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

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

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

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

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

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

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

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

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

Department Use Only

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

Staff Initials: \_\_\_\_\_

1st Level   
 \_\_\_\_\_  
 2nd Level   
 \_\_\_\_\_

Authorization Code: \_\_\_\_\_



# 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:		
03/18/2018	402655	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT	
03/05/18-03/11/18	EXASST	Salter, Jolie A	2.00	21.85	\$43.70	
03/12/18-03/18/18	EXASST	Salter, Jolie A	2.00	21.85	\$43.70	
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$87.40</b>

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.





# FORNIA

**Lloyd**

11000 Atlantic Boulevard, Suite A  
 Fullerton, CA 92630  
 Phone (949) 800-2105 Fax (949) 800-6111

EMPLOYEE PLEASE COMPLETE - BE SURE TO INDICATE AM or PM

DATE	TIME IN	TIME OUT	EST. LUNCH	TOTAL HOURS
3/12	9:00 AM	10:00 PM	-	11
3/13	9:00 AM	10:00 PM	-	11
3/14	9:00 AM	10:00 PM	-	11
3/15	9:00 AM	10:00 PM	-	11
3/16	9:00 AM	10:00 PM	-	11

1. Do not use hand tools or any other tools.  
 2. Do not use any power tools or equipment.  
 3. Do not use any equipment, machinery or tools.  
 4. Do not use any equipment, machinery or tools.  
 5. Do not use any equipment, machinery or tools.

### EMPLOYEE INFORMATION

To avoid delays be sure timeliness 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 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, one hour for 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.

EMPLOYEE NAME: **Sherman Oaks Detachment Council**  
 PHONE: (949) 800-2105  
 FAX: (949) 800-6111

REPORT TO: **Don Ziff** DEPT: **Admin** TITLE: **Admin**

FIRST TIME AT THIS CLIENT COMPANY?  Yes  No  Yes Temporary Associates must indicate yes from previous client. Please check!

Employer certifies that the hours stated were worked by the client on the work order. Employer certifies that the hours stated were worked by the client on the work order. Employer certifies that the hours stated were worked by the client on the work order.

EMPLOYEE SIGNATURE: **Jolie Satter** EMPLOYEE NAME: **Jolie Satter**

CLIENT SIGNATURE: **Ronald Ziff** CLIENT NAME: **Ronald Ziff**

Be sure to call Lloyd Staffing immediately when an internal order or we will ensure you are not being available for work.

### FORM A CONDITIONS FOR LLOYD STAFFING

I hereby certify that I am employed by the named company, "Customer". I have been advised on the terms and conditions of my employment by the named company, "Customer". I have been advised on the terms and conditions of my employment by the named company, "Customer". I have been advised on the terms and conditions of my employment by the named company, "Customer".

I hereby certify that I am employed by the named company, "Customer". I have been advised on the terms and conditions of my employment by the named company, "Customer". I have been advised on the terms and conditions of my employment by the named company, "Customer". I have been advised on the terms and conditions of my employment by the named company, "Customer".

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# Department of Neighborhood Empowerment Funding Request Form



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 Budget Fiscal Year: 2017-18  
 Request Date: 10-Jul-17  
 Meeting Date: 7/10/2017

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 Vendor: Lloyd's Staffing  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Amount: \$ Up to \$4,500.00  
 # of payments     

Agenda Item: Item 8J

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

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

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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>	<b>Grand Total (including page 2):</b>	<u>16</u>		<u>1</u>		<u>3</u>	

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

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

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

Department Use Only

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

Staff Initials: \_\_\_\_\_

1st Level   
 \_\_\_\_\_  
 2nd Level   
 \_\_\_\_\_

Authorization Code: \_\_\_\_\_

# Invoice

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

Date	Invoice #	Due Date
4/1/2018	16436	4/1/2018

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

P.O. No.	Terms	Project

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

Please remit payment at your earliest convenience.  Thank you for your business!	<b>Total</b>	\$102.50
	<b>Payments/Credits</b>	\$0.00
	<b>Balance Due</b>	\$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	<del>✓</del>				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	<del>✓</del>		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	<b>Grand Total (including page 2):</b>	<b>16</b>		<b>1</b>		<b>3</b>	

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>
<b>Department Use Only</b> <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 _____






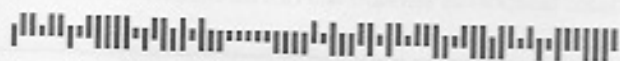
AT&T MESSAGING  
PO BOX 480010  
CHARLOTTE, NC 28269-5300

CUSTOMER NUMBER
<b>8607823</b>
INVOICE DATE
<b>04/01/2018</b>

Page 1 of 1

Bill-To Customer:

 SHERMAN OAKS NC 1753  
PO BOX 5721  
SHERMAN OAKS, CA 91413-5721 T7 P1



Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	04/01/2018 04/30/2018	04/30/2018	\$15.26	\$15.26	\$0.00	\$15.26	\$15.26

Payments - Thank You

Description of Current Charges & Credits

UM Standard-Discourt Rate

8185032399

City Utility Users Tax

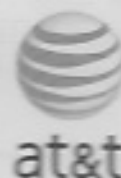
03/20/2018

\$15.26

	Qty	Unit Price	Ext. Price
April service	1	\$14.00	\$14.00
			\$1.26

CUSTOMER NUMBER
<b>8607823</b>
INVOICE NUMBER
<b>7362686</b>
DUE DATE
<b>04/30/2018</b>
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 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>	<b>Grand Total (including page 2):</b>	<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>
<b>Department Use Only</b> <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____



# INVOICE

You may pay by ACH/wire to:  
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

**PO#**

**Thank you for choosing Lloyd Staffing**

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:			
03/25/2018	402743	1	117247	Due Upon Receipt			
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT	
03/19/18-03/25/18	EXASST	Salter, Jolie A		4.00	21.85	\$87.40	
					<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$87.40</b>

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





# Department of Neighborhood Empowerment Funding Request Form



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

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

Agenda Item: Item 8J

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

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

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

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

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

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

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

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

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

Department Use Only

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

Staff Initials: \_\_\_\_\_

1st Level   
 \_\_\_\_\_  
 2nd Level   
 \_\_\_\_\_

Authorization Code: \_\_\_\_\_