

# Monthly Expenditure Report



Reporting Month: January 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
\$30011.31	\$2062.89	\$27948.42	\$704.96	\$0.00	\$27243.46

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$36360.00	\$1859.13	\$24448.42	\$277.46	\$23743.46
Outreach		\$203.76		\$427.50	
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: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$14598.69	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOODWAY PRINT & COPY	01/06/2018	(Credit card transaction)	General Operations Expenditure	Office	\$41.17
2	LA PUBLIC LIBRARY	01/09/2018	(Credit card transaction)	General Operations Expenditure	Office	\$216.00
3	GOODWAY PRINT & COPY	01/25/2018	(Credit card transaction)	General Operations Expenditure	Office	\$95.05
4	OFFICE DEPOT #902	01/25/2018	(Credit card transaction)	General Operations Expenditure	Office	\$9.02
5	RITE AID STORE - 5569	01/26/2018	(Credit card transaction)	General Operations Expenditure	Office	\$15.53
6	CORNER BAKERY 0210	01/28/2018	(Credit card transaction)	General Operations Expenditure	Office	\$302.50
7	CORNER BAKERY 0210	01/28/2018	(Credit card transaction)	General Operations Expenditure	Office	\$159.50
8	RITE AID STORE - 5569	01/08/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$9.38

9	7889 Dominos Pizza	01/08/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$91.88
10	Lloyd Staffing	12/07/2017	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$393.30
11	Lloyd Staffing	12/13/2017	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$87.40
12	The Web Corner, inc.	01/09/2018	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50
13	Lloyd Staffing	01/09/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$393.30
14	Lloyd Staffing	01/16/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$65.55
15	AT&T Messaging	01/22/2018	Approve up to \$200 to pay AT&T for SONC V...	General Operations Expenditure	Office	\$15.26
16	Lloyd Staffing	01/22/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$65.55
<b>Subtotal:</b>						<b>\$2062.89</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	JCS Catering Company	01/10/2018	Approve up to \$750 to pay JCS Catering at CBS...	General Operations Expenditure	Outreach	\$325.00
2	Lloyd Staffing	01/31/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$152.95
3	AT&T Messaging	02/12/2018	Approve up to \$200 to pay AT&T for SONC V...	General Operations Expenditure	Office	\$15.26
4	Lloyd Staffing	02/12/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$109.25
5	The Web Corner, inc.	02/12/2018	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50
<b>Subtotal: Outstanding</b>						<b>\$704.96</b>

**Goodway Print & Copy**

15121 Ventura Blvd.

Sherman Oaks, CA 91403

Phone: (818) 783-5172

Fax: (818) 783-8649

www.goodwayprintcopy.com

**Transaction :** Sale

**Date :** 1/5/2018

**Time :** 7:25:50 PM(EST)

**Invoice # :** 40284

**Customer # :** 3

**PO / Order # :** na

**Card Type :** Master Card

**Card Number :** XXXXXXXXXXXX8480

**Entry Method :** Keyed

**Total Amount :** 41.17

**Authorization :** Approved - 074842

**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](mailto:goodway@goodwayprintcopy.com)

No. **40284**

Date **1/5/2018**

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
35	Agenda one redo for change, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides	12.60
25	Minutes, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides 25 Copy Machine Stapling	10.25
25	budget, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 3 sheets, copied on 2 sides 25 Copy Machine Stapling	14.75
Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE.  THANK YOU!		Ship Via:  SUBTOTAL 37.60 TAX 3.57 SHIPPING TOTAL 41.17 AMOUNT DUE 41.17

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

FROM: Tom Capps

NAME OF EVENT SONC PLUM MTG LOCATION / BRANCH Sherman Oaks

EVENT DATE: 01/18/2018 TIME: 6PM - 10 PM

IN ORDER FOR US TO HANDLE YOUR REQUEST, WE NEED THE FOLLOWING INFORMATION FROM YOUR VISA OR MASTERCARD CHARGE CARD:

LA PUBLIC LIBRARY  
630 W FIFTH ST 4TH FL  
LOS ANGELES, CA 90071  
01/09/2018 14:35:33  
MID: XXXXXXXXXXXX397 TID: XXXX778  
CREDIT CARD  
MC SALE  
Card # Token XXXXXXXXXXXX8180  
SEQ #: 2  
Batch #: 103  
INVOICE 3  
Approval Code: 090671  
Entry Method: Manual  
Mode: Online  
Tax Amount: \$0.00  
Cust Code: YY  
Avis Code: M  
Card Code: M  
SALE AMOUNT \$216.00  
I agree to pay above total amount according to card issuer agreement. (Merchant agreement if Credit Voucher)  
X

MERCHANT COPY

Los Angeles, CA 90012

AMOUNT TO BE CHARGED 216.00

CARDHOLDER'S NAME Thomas Capps

AUTHORIZED SIGNATURE Thomas Capps DATE 01/04/2018

Digitally signed by Thomas Capps  
DN: cn=Thomas Capps, o=Sherman Oaks Neighborhood Council, ou, email=tom.capps.sonc@gmail.com, c=US  
Date: 2018.01.04 11:02:16 -0800



**INVOICE LF**

15121 Ventura Boulevard  
 Sherman Oaks, California 91403

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

No. **40392**

Date 1/24/2018

Customer P.O. No.

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

JILL BARAD  
 818 990 4002  
 818 990 4066

QUANTITY	DESCRIPTION	AMOUNT
20	Board Meeting Agenda, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, copied on 1 side	1.80
20	Standing Rules for all Committees, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, copied on 1 side	1.80
20	Standing Rules-Policies and Procedures, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 3 sheets, copied on 2 sides	11.80
20	20 Copy Machine Stapling Policies and Procedures, 8.5 x 11 White 20# B-KP Copy SMOOTH, 3 sheets, copied on 2 sides	11.80
20	20 Copy Machine Stapling Bylaws, 8.5 x 11 White 20# B-KP Copy, copied on 2 sides	40.60
20	20 Copy Machine Stapling Brown Act Guide, 8.5 x 11 White 20# B-KP Copy, 3 sheets, copied on 2 sides	19.00
	20 Copy Machine Stapling	
<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p><b>Goodway Print &amp; Copy</b></p> <p>15121 Ventura Blvd.</p> <p>Sherman Oaks, CA 91403</p> <p>Phone: (818) 783-5172            Fax: (818) 783-8649  <a href="http://www.goodwayprintcopy.com">www.goodwayprintcopy.com</a></p> </div>		
<div style="border: 1px solid black; padding: 10px;"> <p>Transaction : Sale</p> <p>Date : 1/24/2018</p> <p>Time : 2:29:02 PM(EST)</p> <p>Invoice # : 40392</p> <p>Customer # : 3</p> <p>PO / Order # : na</p> </div>		
<div style="border: 1px solid black; padding: 10px;"> <p>Card Type : Master Card</p> <p>Card Number : XXXXXXXXXXXX8480</p> <p>Entry Method : Keyed</p> <p>Total Amount : 95.05</p> <p>Authorization : Approved - 013253</p> </div>		AL 86.80 VX 8.25 G AL 95.05 IE 95.05
<p>Taken by: _____ Ship V</p> <p>Account Type: Charge Account            PLEASE PAY FROM THIS INVOICE.</p> <p>THANK YOU!</p>		

*Paid  
 Credit Card*

# Office DEPOT OfficeMax<sup>®</sup>

Taking care of business **Thank you for your order**

We appreciate your business and are now processing your order. You will receive an order confirmation email shortly.

Please save this email for your records. Your Credit Card will be charged when the order is picked up.

Please allow 1 hour for store pickup. Orders placed after 5PM may be picked up the following morning.

## - Create a Loyalty Account



Simple to use. Simple to save.

Simply for you.

Get 2% back in rewards on your favorite  
supplies, furniture, technology & more.

## + Designate a school Designate a School to Receive 5% of Your Purchase

Not applicable to schools in Puerto Rico

## + Order Summary example: Order number, Pickup date, view Order details

Pick up 1 Order Number: 102010856-001 Pick Up Date: 01/25/2018 View Order Details

## + Delivery Information / Payment Information example: Address, city, state, Payment Method etc.

### Payment Information

TOM CAPP  
200 N SPRING ST  
LOS ANGELES,  
CA  
90012-4801  
USA

### Payment Method

Debit/Credit Card  
(CARD-MC-8480)  
\*\*\*\*\*8480  
Amount: \$9.02

### In-store Pickup

Office DEPOT #902  
(Store Hours: ⓘ)  
6440 C SEPULVEDA BLVD.  
SEPULVEDA BLVD & VICTORY  
VAN NUYS, CA 91411  
(818) 780-9916

### Who will pick up this order?

Ron Ziff  
rziff@shermanoaksnc.org  
Show them the price? Yes

### Order Details

Store pickup 2 Items

Ready for pickup on **01/25/2018**

Office Depot® Brand Leatherette Twin-Pocket Portfolios, Dark  
Blue, Pack Of 10

Qty: 2

\$8.24 \$4.12 each



\*\*\* PACKING LIST \*\*\*

OFFICE DEPOT OFFICE MAX  
1-800-GO-DEPOT  
3366 EAST WILLOW STREET  
SIGNAL HILL, CA 90755

Order Number  
102010856-001

Shipping Address  
TOM CAPPS  
200 N SPRING ST  
LOS ANGELES, CA 90012-4801

Billing Address  
TOM CAPPS  
200 N SPRING ST  
LOS ANGELES, CA 90012-4801

Customer Information  
Customer #: 02417216  
Contact: TOM CAPPS  
Phone #: 888-000-0000



Additional Information--  
Carton: 1 of 1

Order Date: 01/25/2018

Qty	Units	Item Number	Description
2		433664	PORTFOLIO,POCKET,TWIN,10PK,BLU

Order Type: In-Store Pick Up	
Order ID:	102010856-001
Customer:	TOM CAPPS
Customer Phone:	888-000-0000
Customer Proxy:	
Additional Customer Data:	
Order Placement Date/Time:	01/25/2018 03:24 PM
Order Pick Date/Time:	01/25/2018 03:40 PM
Return to Stock Date:	02/01/2018
Hold Area:	OMNI STATION
Package Number:	1 of 1
Customer notes:	

**Return to Stock Instructions (OD Associates Only):**

1. Log into GMIL
2. Search order ID
3. Click Place Return/Credit
4. Select from drop downs "Credit Only", "Customer Related", "Customer Refused Delivery"
5. Click Return Items Selected
6. Click Place Order

**Store Associate Instructions:**

1. Select "GMIL Import"
2. Select "Import GMIL Order"
3. Scan Order barcode.



4. Scan attach items to the transaction



PHARMACY

With us, it's personal.

Store #05569  
13333 RIVERSIDE DR.  
SHERMAN OAKS, CA 91423  
(818) 907-1431

Register #3 Transaction #1119888  
Cashier #55699585 1/26/18 4:03PM

BRONZE SAVINGS

Dscnt Card#: 95XXXXX7882

1 COKE CLSC 12Z 12PK CN	6.49	TF
1 CRV TRANSACTION	0.60	TF
1 COKE CLSC 12Z 12PK CN	6.49	TF
1 CRV TRANSACTION	0.60	TF

2 Items	Subtotal	14.18
	Tax	1.35
	Total	15.53

\*MASTER\* 15.53  
 MASTER card #: #XXXXXXXXXXXX8480  
 App #AA APPROVAL AUTO  
 Ref # 045191  
 Entry Method: Chip

Verified by PIN  
 Application Label: MASTERCARD  
 AID: A0000000041010  
 TVR: 0000048000  
 TSI: E800  
 ARC:

Tendered	15.53
Cash Change	.00

wellness+ Status Points: 0  
 wellness+ Status: Bronze

Not a member of wellness+ with Plenti? Join for free in-store or at [riteaid.com/plenti](http://riteaid.com/plenti) and be on your way to savings! Plenti is a rewards program where you can earn points at one place and use them at another all with a



Invoice No: **187937**  
 Invoice Date: **Sat, Jan 27, 2018**  
 Store Code: **210**  
 Store: **Encino**

## INVOICE

<p><b>Billing/Client Information</b></p> <p>Credit Card: MASTERCARD(...8480)</p> <p>Client: RON ZIFF        Client Phone: (818) 693-5561</p>	<p><b>Delivery Information</b></p> <p>Delivery: <b>01/27/2018 (11:30 - 11:45 AM)</b></p> <p>SHERMAN OAKS HOSPITAL        4929 VAN NUYS        SHERMAN OAKS, CA 91403</p> <p>RON ZIFF        Phone: (818) 693-5561</p> <p>Number of Guests: 20</p>
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**External Client Message:** SOMEONE IN THE FRONT WILL GUIDE YOU TO THE DR CONFERENCE RM

Order entered by: Store

Printed: 01/28/2018 03:16 AM CST

	Price	Amount
<b>Lunch / Dinner - Corner Classic Combos</b>		
<b>1 Large Corner Classic Combo Sandwich Basket</b>	275.00	275.00
Choose Your First Side*		Bakery Chips - Lg
Choose Your Second Side*		Mixed Greens Salad - Lg
Choose Your Dessert:*		Large Cookie Basket

\*Total for all items ordered

<p><b>FOOD SAFETY TIPS</b></p> <p>Consume or refrigerate below 41F/5C within 2 hours        Reheat food to 165F/74C only once</p>	<p>All credit card payments are pre-authorized up to 30 days in advance and are final-processed on the day of pick-up/delivery.</p>	<p><b>Subtotal:</b> 275.00  <b>Tax:</b> 0.00  <b>Delivery Fee:</b> 27.50  <b>Total:</b> 302.50  <b>Payment:</b> <b>302.50</b>        (Master Card)  <b>Balance Due:</b> <b>0.00</b></p>
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Corner Bakery | 15626 Ventura Blvd | Encino, CA 91436 | Phone: 818-981-7514  
 Please remit House Account payments to: CBC Restaurant Corp | PO Box 203881 | Dallas, TX 75320-3881

Powered by MonkeyMedia Software



Invoice No: **187949**  
 Invoice Date: **Sat, Jan 27, 2018**  
 Store Code: **210**  
 Store: **Encino**

## INVOICE

<p><b>Billing/Client Information</b></p> <p>Credit Card: MASTERCARD(...8480)        Client: RON ZIFF        Client Phone: (818) 693-5561</p>	<p><b>Delivery Information</b></p> <p>Delivery: <b>01/27/2018 (8:00 - 8:15 AM)</b></p> <p>SHERMAN OAKS HOSPITAL        4929 VAN NUYS        SHERMAN OAKS, CA 91403</p> <p>RON ZIFF        Phone: (818) 693-5561</p> <p>Number of Guests: 20</p>
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**External Client Message:** SOMEONE IN THE FRONT WILL GUIDE YOU TO THE DR CONFERENCE RM  
**Order entered by:** Store **Printed:** 01/28/2018 03:16 AM CST

	<b>Price</b>	<b>Amount</b>
<b>Breakfast - Corner Breakfast Combo</b>		
<b>1 LG Corner Breakfast w/ Breakfast Basket</b>	125.00	125.00
Fruit Choice*	Large Fresh Fruit Tray	
Add Coffee?*	1 Small Box Bakers Blend	+10.00 +10.00
	1 Small Box Sumatra Decaf	+10.00 +10.00

\*Total for all items ordered

<p><b>FOOD SAFETY TIPS</b></p> <p>Consume or refrigerate below 41F/5C within 2 hours        Reheat food to 165F/74C only once</p>	<p>All credit card payments are pre-authorized up to 30 days in advance and are final-processed on the day of pick-up/delivery.</p>	<p><b>Subtotal:</b> 145.00  <b>Tax:</b> 0.00  <b>Delivery Fee:</b> 14.50  <b>Total:</b> 159.50  <b>Payment:</b> <b>159.50</b>        (Master Card)  <b>Balance Due:</b> <b>0.00</b></p>
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Corner Bakery | 15626 Ventura Blvd | Encino, CA 91436 | Phone: 818-981-7514  
 Please remit House Account payments to: CBC Restaurant Corp | PO Box 203881 | Dallas, TX 75320-3881

Powered by MonkeyMedia Software

#47 - REFRESHMENTS - WATER  
BOARD MEETING - 01.08.2018



With us, it's personal.

Store #05569  
13333 RIVERSIDE DR.  
SHERMAN OAKS, CA 91423  
(818) 907-1431

Register #3 Transaction #1116330  
Cashier #55699585 1/08/18 5:46PM

1 BW PURIFIED WATER 24/16.9	3.49	F
1 CRV TRANSACTION	1.20	F
1 BW PURIFIED WATER 24/16.9	3.49	F
1 CRV TRANSACTION	1.20	F

2 Items	Subtotal	9.38
	Tax	.00
	Total	9.38

\*MASTER\* 9.38  
MASTER card \* #XXXXXXXXXXXX8480  
App #AA APPROVAL AUTO  
Ref # 038691  
Entry Method: Chip

Verified by PIN  
Application Label: MASTERCARD  
AID: A0000000041010  
TVR: 0000048000  
TSI: E800  
ARC:

Tendered	9.38
Cash Change	.00

THANK YOU FOR SHOPPING AT RITE AID



F - Food Stamp Eligible

\*\*\*\*\*

#46 - REFRESHMENTS  
SONC BOARD MEETING  
01/08/18

CREDIT CARD  
ORDER

Payment Status: Approved

7889  
Domino's Pizza  
(818) 783-3900

1/8/2018 11:18 AM  
Order 655707 Server 2111

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

Mastercard  
CREDIT CARD # XXXXXXXXXXXXX8480  
REFERENCE 65111751801  
APPROVAL CODE 068906

Amount \$91.88

Tip  
Total 91.88

  
SIGNATURE

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

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

DEL EXPS ID \_\_\_\_\_

ANY DELIVERY CHARGE IS NOT A TIP  
PAID TO YOUR DRIVER

RE-PRINT

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

1/8/2018 6:30 PM  
Server 0289  
Order 655707

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-----  
3 14" HandToss Pizza \$36.47  
Pepperoni  
12 CUT  
2 14" HandToss Pizza \$22.73  
Sandwich Salami  
12 CUT  
2 14" HandToss Pizza \$20.98  
12 CUT  
2 14" HandToss Pizza \$27.98  
Mushrooms  
Onions  
Green Peppers  
Black Olives  
12 CUT  
Set the price \$28.24-  
(STP)  
1 Delivery Charge \$3.99  
Sub Total \$83.91  
Tax 1 \$7.97  
Total \$91.88

-----Payments-----  
Amount Tendered \$91.88  
Balance Due \$0.00

Join our Piece of the Pie



**INVOICE**

You may pay by ACH/wire to:  
 Sterling National Bank  
 Routing # - 026007773  
 Account # - 3852541548

Credit cards accepted:



Please remit payment to:  
 LLoyd Staffing  
 445 Broadhollow Road, Suite 119  
 Melville, NY 11747  
 Billing inquiries:  
 631-370-7433

**BILL TO:** TOM CAPPS, TREASURER  
 SHERMAN OAKS NEIGHBORHOOD COUNCIL  
 BOX 5721  
 SHERMAN OAKS, CA 91413

PO#

Thank you for choosing Lloyd Staffing

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
11/05/2017	400556	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
10/30/17-11/05/17	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.





# INVOICE

You may pay by ACH/wire to:  
 Sterling National Bank  
 Routing # - 026007773  
 Account # - 3852541548

Credit cards accepted:



Please remit payment to:  
 LLoyd Staffing  
 445 Broadhollow Road, Suite 119  
 Melville, NY 11747  
 Billing inquiries:  
 631-370-7433

**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:		
11/12/2017	400664	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
11/06/17-11/12/17	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.

# CALIFORNIA

**Felloyd**

11380 Ardmore Boulevard, Suite A  
 Chatsworth, CA 91311  
 Phone: 805-484-2205 Fax: 805-484-2111

Company Name: **Sherman Oaks Delightful Food Council**  
 Project: **Donair**  
 Manager: **Admin. Assst.**

DATE	TIME IN	TIME OUT	TIME OFF	TIME ON	TIME OFF
11/6	10:00	8:00			1/2
11/7					
11/8	1:00	1:30			1/2
11/9	1:00	3:00			2
11/10	4:00	5:00			1

**EMPLOYEE INFORMATION**

NAME: **Felloyd**  
 ADDRESS: **[Redacted]**  
 PHONE: **[Redacted]**  
 SOCIAL SECURITY NO: **[Redacted]**

**TRAINING**

DATE: **[Redacted]**  
 COURSE: **[Redacted]**

**TERMS & CONDITIONS FOR EMPLOYMENT**

By signing this contract, the employee agrees to the following terms and conditions of employment:

**EMPLOYEE INFORMATION**

NAME: **Felloyd**  
 ADDRESS: **[Redacted]**  
 PHONE: **[Redacted]**  
 SOCIAL SECURITY NO: **[Redacted]**

**TERMS & CONDITIONS FOR EMPLOYMENT**

By signing this contract, the employee agrees to the following terms and conditions of employment:

**TRAINING**

DATE: **[Redacted]**  
 COURSE: **[Redacted]**

**EMPLOYEE INFORMATION**

NAME: **Felloyd**  
 ADDRESS: **[Redacted]**  
 PHONE: **[Redacted]**  
 SOCIAL SECURITY NO: **[Redacted]**

**TERMS & CONDITIONS FOR EMPLOYMENT**

By signing this contract, the employee agrees to the following terms and conditions of employment:

**TRAINING**

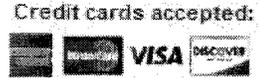
DATE: **[Redacted]**  
 COURSE: **[Redacted]**



**INVOICE**

You may pay by ACH/wire to:  
 Sterling National Bank  
 Routing # - 026007773  
 Account # - 3852541548

Please remit payment to:  
 LLoyd Staffing  
 445 Broadhollow Road, Suite 119  
 Melville, NY 11747  
 Billing inquiries:  
 631-370-7433



**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:			
11/19/2017	400788	1	117247	Due Upon Receipt			
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT	
11/13/17-11/19/17	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.

# CALIFORNIA

**Felloyd**

17300 Avenue Industrial, Suite A  
 Chula Vista, CA 92015  
 Phone: 619-441-1234 Fax: 619-441-1234

DATE	TIME IN	TIME OUT	REGULAR HOURS	OVERTIME HOURS
11/13	7:00	4:00	1	0
11/14	7:00	12:00	1	0
11/15	7:00	4:00	1	0
11/16	7:00	4:00	1	0
11/17	7:00	4:00	1	0

**EMPLOYEE INFORMATION**

Employee Name: Sheelma Chav Department: Neighborhood Council

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Signature: [Signature] Date: \_\_\_\_\_

Supervisor: [Signature] Date: \_\_\_\_\_

TERMS & CONDITIONS: I have read and understand the terms and conditions of this contract and agree to accept the same.

**EMPLOYEE INFORMATION**

To avoid delays in your payments, we request that you provide the following information:

**OVERTIME**

You are permitted to work overtime only with the approval and agreement of your supervisor. Overtime must be requested in writing at least 24 hours in advance. Overtime will be paid at 1.5 times the regular rate.

**LUNCH**

Your lunch break will be 30 minutes. You are not to be paid for this time.

**ABSENCES - LATENESS**

Call us before starting your shift if you are unable to work. We will accept a maximum of 3 absences per month. Absences in excess of 3 will be considered resignation.

**ON-THE-JOB SAFETY**

Employees are responsible for their own safety. We will provide safety training and equipment. Employees must follow all safety rules and regulations.

**TRAINING**

We provide training for all employees. Training is mandatory and will be provided at no cost to the employee.

**TERMS & CONDITIONS**

This contract is entered into by and between the Employer and the Employee. The terms and conditions of this contract are as follows:

1. The Employee shall be employed by the Employer as a [Job Title].

2. The Employee shall be paid [Salary] per [Month/Year].

3. The Employee shall be entitled to [Vacation/PTO] days per year.

4. The Employee shall be entitled to [Health Insurance/Retirement] benefits.

5. The Employee shall be required to work [Hours] per week.

6. The Employee shall be required to follow all safety rules and regulations.

7. The Employee shall be required to maintain confidentiality of company information.

8. The Employee shall be required to sign a non-compete clause.

9. The Employee shall be required to sign a non-solicitation clause.

10. The Employee shall be required to sign a non-disparagement clause.

11. The Employee shall be required to sign a release of claims clause.

12. The Employee shall be required to sign a waiver of rights clause.

13. The Employee shall be required to sign a release of all claims clause.

14. The Employee shall be required to sign a release of all rights clause.

15. The Employee shall be required to sign a release of all obligations clause.

16. The Employee shall be required to sign a release of all liabilities clause.

17. The Employee shall be required to sign a release of all damages clause.

18. The Employee shall be required to sign a release of all losses clause.

19. The Employee shall be required to sign a release of all expenses clause.

20. The Employee shall be required to sign a release of all costs clause.

21. The Employee shall be required to sign a release of all fees clause.

22. The Employee shall be required to sign a release of all charges clause.

23. The Employee shall be required to sign a release of all penalties clause.

24. The Employee shall be required to sign a release of all fines clause.

25. The Employee shall be required to sign a release of all sanctions clause.

26. The Employee shall be required to sign a release of all disciplinary actions clause.

27. The Employee shall be required to sign a release of all termination actions clause.

28. The Employee shall be required to sign a release of all dismissal actions clause.

29. The Employee shall be required to sign a release of all discharge actions clause.

30. The Employee shall be required to sign a release of all release actions clause.

# 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: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: <u>Tom Capps</u>	Print/Type name: <u>Jeff Harsough</u>
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 _____



# INVOICE

You may pay by ACH/wire to:  
Sterling National Bank  
Routing # - 026007773  
Account # - 3852541548

Please remit payment to:  
Lloyd Staffing  
445 Broadhollow Road, Suite 119  
Melville, NY 11747  
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:		
12/03/2017	401002	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
11/27/17-12/03/17	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 JDRC 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: \_\_\_\_\_

# Invoice

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

Date	Invoice #	Due Date
1/1/2018	15975	1/1/2018

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>	

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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 _____



**INVOICE**

You may pay by ACH/wire to:  
 Sterling National Bank  
 Routing # - 026007773  
 Account # - 3852541548

Please remit payment to:  
 LLoyd Staffing  
 445 Broadhollow Road, Suite 119  
 Melville, NY 11747  
 Billing inquiries:  
 631-370-7433



**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:		
12/17/2017	401226	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT	
12/04/17-12/10/17	EXASST	Salter, Jolie A	4.00	21.85	\$87.40	
12/11/17-12/17/17	EXASST	Salter, Jolie A	7.00	21.85	\$152.95	
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$240.35</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.







**INVOICE**

You may pay by ACH/wire to:  
 Sterling National Bank  
 Routing # - 026007773  
 Account # - 3852541548

Please remit payment to:  
 Lloyd Staffing  
 445 Broadhollow Road, Suite 119  
 Melville, NY 11747  
 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:		
12/24/2017	401336	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
12/18/17-12/24/17	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.



# 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: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: <u>Tom Capps</u>	Print/Type name: <u>Jeff Harsough</u>
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:  
 Sterling National Bank  
 Routing # - 026007773  
 Account # - 3852541548

Please remit payment to:  
 LLoyd Staffing  
 445 Broadhollow Road, Suite 119  
 Melville, NY 11747  
 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:		
12/31/2017	401451	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
12/25/17-12/31/17	EXASST Salter, Jolie A			3.00	21.85	\$65.55
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$65.55</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.



11000 Arroyo Boulevard, Suite A  
 Garden, CA 90703  
 Phone: 662-600-2305 Fax: 662-600-0111

EMPLOYEE PLEASE COMPLETE - BE SURE TO INDICATE AM OR PM.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH / 15 MIN BREAK	TOTAL HOURS
MON	12/25	7:00 AM	4:00 PM		
TUES	12/26	7:00 AM	4:00 PM		
WED	12/27	7:00 AM	4:00 PM		
THURS	12/28	7:00 AM	5:00 PM		
FRI	12/29	7:00 AM	5:00 PM		
SAT					
SUN					

TOTAL HOURS FOR WEEK TO BE SURE IN HOUR USE THREE DECIMAL POINTS WORKED HERE **3**

**INSTRUCTIONS:**  
 1. Print name on each paid per.  
 2. Use accurate time for each assignment.  
 3. Mail original, 8:00 AM copy to Lloyd, an after than Friday night.  
 4. Leave CLIENT copy in my shirt; company's Mailbox/MAIL ROOM copy by Friday.  
 5. Undeposited checks will be returned without pay stub.

**IMPORTANT:** All hours must be approved by each day needed. Hours will not be paid if not approved daily. Alternative: 4 hours per week/week per day.

COMPANY NAME **Sherman Oaks Neighborhood**  
 ADDRESS **10000 Arroyo Boulevard, Suite A, Garden, CA 90703**  
 PHONE **662-600-2305** P.O. **217**

REPORT TO **Ron Ziff** DEPT. **Admin** JOB TITLE **Admin Asst.**

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

- Emergency Evacuation Procedures
- Job Site & General Safety Rules
- Facility & 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 I do not conduct the work upon completion of an assignment they can assume I am not available.

EMPLOYEE SIGNATURE **Jolie Salter** EMPLOYEE STRUCTURE **Jolie Salter**

SOCIAL SECURITY NO. **[REDACTED]**

CLIENT SIGNATURE OF ACCEPTANCE **[Signature]** MANAGER **Ronald Ziff**

Initial and print name of employee on this form by the client certifies a certification that the Total hours listed are correct as stated, and 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 affix stamps to receipts. Maximum 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.

# 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: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: <u>Tom Capps</u>	Print/Type name: <u>Jeff Harsough</u>
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 28269-5300

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

Bill-To Customer:

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

456  
 T3 P1



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

Payments - Thank You

12/21/2017

\$15.26

Description of Current Charges & Credits

Qty

Unit Price

Ext. Price

UM Standard-Discount Rate

January service

1

\$14.00

\$14.00

8185032399

City Utility Users Tax

\$1.26

CUSTOMER NUMBER

**8607823**

INVOICE NUMBER

**7341448**

DUE DATE

AMOUNT PAID

**01/30/2018**

Please detach & enclose with payment



at&t

REMIT TO:

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

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:  
 Sterling National Bank  
 Routing # - 026007773  
 Account # - 3852541548

Please remit payment to:  
 LLoyd Staffing  
 445 Broadhollow Road, Suite 119  
 Melville, NY 11747  
 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:		
01/07/2018	401546	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
01/01/18-01/07/18	EXASST Salter, Jolie A			3.00	21.85	\$65.55
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$65.55</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.



11600 Antelope Boulevard, Suite A  
 Centennial, CO 80015  
 Phone: 303-400-2050 Fax: 303-400-0111

EMPLOYEE PLEASE COMPLETE - See also to indicate AM or PM.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH (STAR BRIDGE)	TOTAL HOURS
MON	1/1	AM	PM	AM	
TUES	1/2	AM	PM	AM	
WED	1/3	AM	PM	AM	
THURS	1/4	AM	PM	AM	
FRI	1/5	AM	PM	AM	
SAT		AM	PM	AM	
SUN		AM	PM	AM	

WEEK ENDING 1/7/18 TOTAL HOURS FOR WEEK TO REPORT IN HOUR 3  
 BASE WAGE TOTAL HOURS WORKED HERE

INSTRUCTIONS:  
 1. Please verify use a ball point pen.  
 2. Use separate line item for each assignment.  
 3. All ORIGINAL & DUPLICATE copy to be kept on file for future audit.

COMPANY NAME Sherman Oaks Neighborhood  
 (Please Print) P.O. #  
 ADDRESS 10 AM

REPORT TO Ron Ziff DEPT. Admin  
 Job Title Admin

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 in contact via other after completing the Assignment to determine if there is other work available for me. I agree that I will be in contact via other upon completion of an assignment they can assure I am not available.

EMPLOYEE NAME Jolie Salter  
 SOCIAL SECURITY NO. [REDACTED]

CLIENT REMARKS OR COMMENTS [REDACTED]

IMPORTANT: Location of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, and the work was performed in a satisfactory manner and approved by the Client in the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance material to employees. Maximum 4 hours per employee per day.

# 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   
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 Out of State   
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  One Time Expense   
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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>	

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Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: <u>Tom Capps</u>	Print/Type name: <u>Jeff Harsough</u>
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 _____