

Monthly Expenditure Report



Reporting Month: January 2019

Budget Fiscal Year: 2018-2019

NC Name: Sherman Oaks
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$30097.26	\$1324.86	\$28772.40	\$884.25	\$0.00	\$27888.15

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$31000.00	\$471.19	\$20272.40	\$634.25	\$19388.15
Outreach		\$853.67		\$250.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$3000.00	\$0.00	\$3000.00	\$0.00	\$3000.00
Neighborhood Purpose Grants	\$8000.00	\$0.00	\$5500.00	\$0.00	\$5500.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$11902.74	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	LA PUBLIC LIBRARY BUSI	01/09/2019	(Credit card transaction)	General Operations Expenditure	Office	\$-216.00
2	GOODWAY PRINT & COPY	01/15/2019	(Credit card transaction)	General Operations Expenditure	Office	\$85.30
3	Amazon.com MB4AZ7PX2	01/23/2019	(Credit card transaction)	General Operations Expenditure	Office	\$75.12
4	USPS PO 0581090401	01/23/2019	(Credit card transaction)	General Operations Expenditure	Office	\$50.00
5	COPY HUB LLC	01/30/2019	(Credit card transaction)	General Operations Expenditure	Office	\$46.36
6	RALPHS # 0222	01/13/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$60.40
7	SUBWAY 03018934	01/14/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$144.00
8	AMZN Mktp US MB2NL8621	01/25/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$17.79

9	Deatra	12/14/2018	A motion to approve a payment of \$47.94 to bo...	General Operations Expenditure	Outreach	\$47.94
10	City of Los Angeles Department of Recreation and Parks	01/04/2019	A Motion from the SONC Public Safety Committee for...	General Operations Expenditure	Outreach	\$462.00
11	LLOYD Staffing Inc	01/04/2019	A motion to approve up to \$4,500 to pay Lloyd...	General Operations Expenditure	Office	\$305.90
12	THE WEB CORNER, INC.	01/04/2019	A motion to approve up to \$1,500 to pay The W...	General Operations Expenditure	Outreach	\$102.50
13	Ron Ziff	01/15/2019	A. A motion to approve a board member reimburs...	General Operations Expenditure	Outreach	\$19.04
14	LLOYD Staffing Inc	01/15/2019	A motion to approve up to \$4,500 to pay Lloyd...	General Operations Expenditure	Office	\$109.25
15	AT&T Messaging	01/15/2019	A motion to approve up to \$185 to pay AT&...	General Operations Expenditure	Office	\$15.26
Subtotal:						\$1324.86

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	JCS CATERING COMPANY	02/01/2019	A motion to approve \$250 to JCS Catering for ...	General Operations Expenditure	Outreach	\$250.00
2	LLOYD Staffing Inc	02/01/2019	A motion to approve up to \$4,500 to pay Lloyd...	General Operations Expenditure	Office	\$546.25
3	City of Los Angeles Department of Recreation and Parks	02/08/2019	A motion to approve up to \$1,850 to pay Los A...	General Operations Expenditure	Office	\$88.00
Subtotal: Outstanding						\$884.25

Refund

**APPLICATION FOR REFUND
RELATED TO USE OF LIBRARY FACILITIES**

XXXXXXXXXXXX8480
MASTERCARD

Entry Method: Manual

Amount: \$ 216.00
Tax: \$ 0.00
Total: \$ 216.00

01/09/19 07:44:46
Inv #: 000000001
Apprvd: Online

Requestor Thomas Capps

200 N. Spring St. LA 90012

Requested by 1-17-2019

Requested by 1-3-2019

Date Made 12/28/18

Refund made via, Cash Check Credit Card

Refund approved by Business Office [Signature]

Refund amount 216.00

Refund sent out ~~1-09-19~~ or Credited Credit Card 1-09-19

I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)

X _____
Merchant Copy
THANK YOU!

Refund

XXXXXXXXXXXX8480
MASTERCARD

Entry Method: Manual

Amount: \$ 216.00
Tax: \$ 0.00
Total: \$ 216.00

01/09/19 07:44:46
Inv #: 000000001
Apprvd: Online

Customer Copy
THANK YOU!

**Fax this form to:
Library Business Office (213) 228-7449
Attn: Janet Lavilles
Or email form to lavilles@lapl.org**



XtraExport

Goodway Print & Copy

15121 Ventura Blvd.

Sherman Oaks, CA 91403

Phone: (818) 783-5172

Fax: (818) 783-8649

www.goodwayprintcopy.com

INVOICE LF

42282

1/14/2019

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

Transaction : Sale

Date : 1/14/2019

Time : 4:27:39 PM(EST)

Invoice # : 42282

Customer # : 3

PO / Order # : na

Card Type : Master Card

Card Number : XXXXXXXXXXXX8480

Entry Method : Keyed

Total Amount : 85.30

Authorization : Approved - 075584

Ref Note:

Signature

X _____

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

Thank You !

50	Agenda, 8.5 x 11 White sides	copied on 2	9.00
1	4 name signs, 8.5 x 11, copied on 1 side	5724A	5.00
50	Agenda Re-print, 8.5 x 11 copied on 2 sides	10TH,	9.00
35	Minutes, 8.5 x 11 White copied on 2 sides	sheets,	18.90
20	treasuree, 8.5 x 11 White copied on 2 sides	sheets,	29.80
1	20 Copy Machi copies of reports one s SMOOTH, 62 sheets, c	Multi	6.20

Taken by:
Account Type: Charge Account
PLEASE PAY FROM THIS INVOICE.

THANK YOU!

Ship Via:

77.90
7.40
85.30
85.30

Final Details for Order #113-9457998-6027420

Print this page for your records.

Order Placed: January 22, 2019
Amazon.com order number: 113-9457998-6027420
Order Total: \$75.12

Shipped on January 23, 2019

Items Ordered	Price
1 of: <i>HP Printer Paper, Multipurpose20, 8.5 x 11, Letter, 20lb, 96 Bright, 1,500 Sheets / 3 Ream Carton (112300C) Made In The USA</i> Sold by: Amazon.com Services, Inc Condition: New	\$18.71
1 of: <i>HP CC659FN 74/75 Ink Cartridges, Black & Tri-color, 2 pack</i> Sold by: Amazon.com Services, Inc Condition: New	\$49.89

Shipping Address:
Sherman Oaks Neighborhood Council
14930 VENTURA BLVD STE 210
SHERMAN OAKS, CA 91403-3458
United States

Item(s) Subtotal: \$68.60
Shipping & Handling: \$14.01
Free Shipping: -\$14.01

Total before tax: \$68.60
Sales Tax: \$6.52

Shipping Speed:
FREE Shipping

Total for This Shipment: \$75.12

Payment information

Payment Method:
MasterCard | Last digits: 8480

Item(s) Subtotal: \$68.60
Shipping & Handling: \$14.01
Free Shipping: -\$14.01

Billing address
Thomas Capps
200 N. Spring Street
Los Angeles, CA 90012
United States

Total before tax: \$68.60
Estimated tax to be collected: \$6.52

Grand Total: \$75.12

Credit Card transactions: MasterCard ending in 8480: January 23, 2019: \$75.12

To view the status of your order, return to [Order Summary](#).

=====
CIVIC CENTER VAN NUYS
6531 VAN NUYS BLVD
VAN NUYS
CA
91401-9998
0581090401
01/23/2019 (800)275-8777 10:33 AM
=====

Table with 3 columns: Product Description, Sale Qty, Final Price. Row 1: US Flag Coil/1 00, 1, \$50.00. Row 2: Total, \$50.00.

Credit Card Remitd \$50.00
(Card Name:MasterCard)
(Account #:XXXXXXXXXXXX8480)
(Approval #:095856)
(Transaction #:629)
(AID:A0000000041010 Chip)
(AL:MASTERCARD)
(PIN:Verified)

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

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER
TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE

Go to:
https://postalexperience.com/Pos
840-5913-0060-002-00034-92479-01

or scan this code with
your mobile device:



or call 1-800-410-7420.
YOUR OPINION COUNTS

Bill #: 840-59130060-2-3492479-1
Clerk: 03

COPYHUB
SHERMAN OAKS
THANK YOU

01/30/2019 12:58PM 01
000000#5738 RAY

COPY HUB LLC
13270 MOORPARK ST
SHERMAN OAKS, CA. 91423
818-784-9999

DEPT. 01 146 @ \$0.29
MDSE ST TI \$42.34
TAX1 \$42.34
\$4.02

SALE

ITEMS 146Q
CASH \$46.36

REF#: 00000012

Batch #: 401

01/30/19

12:28:57

APPR CODE: 082742

Trace: 12

MASTERCARD

Chip

*****8480

AMOUNT

\$46.36

APPROVED

MASTERCARD

AID: A0000000041010

TVR: 04 00 08 80 00

TSI: E8 00

THANK YOU

CUSTOMER COPY

50 - CANDIDATE WANTED
FLYERS

2 (48PG) Policy GUIDELINES

40SETS Finance Committee
AGENDAS SUPPORT DOCS



14049 Ventura Blvd.
(747) 233-6100

Your cashier was SELENA

	AHMT WATER	XP	2.99	F
	CA REDEM VAL		1.20	F
SC	RALPHS SAVED YOU	2.00		
	AHMT WATER	XP	2.99	F
	CA REDEM VAL		1.20	F
SC	RALPHS SAVED YOU	2.00		
	AHMT WATER	XP	2.99	F
	CA REDEM VAL		1.20	F
SC	RALPHS SAVED YOU	2.00		
	AHMT WATER	XP	2.99	F
	CA REDEM VAL		1.20	F
SC	RALPHS SAVED YOU	2.00		
	AHMT WATER	XP	2.99	F
	CA REDEM VAL		1.20	F
SC	RALPHS SAVED YOU	2.00		
	AHMT WATER	XP	2.99	F
	CA REDEM VAL		1.20	F
SC	RALPHS SAVED YOU	2.00		
	AHMT WATER	XP	2.99	F
	CA REDEM VAL		1.20	F
SC	RALPHS SAVED YOU	2.00		
	KRO PLATES		5.99	T
	KRO PLATES		5.99	T
	AVRY BINDER 2IN WHRC		6.39	T
SC	RALPHS SAVED YOU	1.60		
	BLACK MARKER		3.59	T
	SCOTCH MAGIC TAPE RC		2.50	T
SC	RALPHS SAVED YOU	3.49		
	10 @ 0.00			
	Green Bag points	NP	0.00	F
DB	Green Bag Pts			5
DB	Green Bag Pts			5
DB	Green Bag Pts			5
DB	Green Bag Pts			5
DB	Green Bag Pts			5
DB	Green Bag Pts			5
DB	Green Bag Pts			5
DB	Green Bag Pts			5
DB	Green Bag Pts			5
MR	BAG FEE	NP	0.10	
	RALPHS rewards CUSTOMER	*****	6147	
	TAX		2.32	
	**** BALANCE		60.40	

Sherman Oaks CA 91423
MASTERCARD Purchase
*****8480 - C
REF#: 050088 TOTAL: 60.40
AID: A000000041010
TC: 6E3F28E4409D80B0
VERIFIED BY PIN

	MASTERCARD	60.40
	CHANGE	0.00
	TOTAL NUMBER OF ITEMS SOLD =	31
	RALPHS rewards SAVINGS	\$ 21.
	TOTAL COUPONS	\$ 21.09

01/13/19 10:49am 222 1 75 301

Tell Us How We Are Doing!
Earn 50 BONUS FUEL POINTS!
Plus, enter our monthly Sweepstakes;



Subway#1893-0 Phone 818-784-9804

15053 Ventura Blvd

Sherman Oaks, CA, 91403

Served by: 1025 1/14/2019 2:08:15 pm

Term ID-Trans# 1/A-213221

Qty	Size	Item	Price
1		3FT Giant Sub	48.00
		-2 Tuna GSsect	0.00
1		3FT Giant Sub	48.00
		-2 Turkey GSsect	0.00
1		3FT Giant Sub	48.00
		-2 Roast Beef GSsect	0.00

Sub Total	144.00
Total (Take Out)	144.00
Credit Card	144.00
Change	0.00

Approval No: 069336

Reference No: 901422240588

Card Issuer: Mastercard

Account No: *****8480

Acquired: Manual

Amount: \$144.00

Date/Time: 1/14/2019 2:08:14 PM

Signature:

X _____
I agree to pay above total amount
according to the Card Issuer Agreement.

CUSTOMER COPY

Host Order ID: 745-185-1365378

Hungry for more? Let us know how we did today by taking our 1 minute survey at www.subwaylistens.com, and receive a Subprise offer to use with your next purchase.

re-ceipt powered by **mobivity**

Final Details for Order #113-7438199-0755430

Print this page for your records.

Order Placed: January 22, 2019
Amazon.com order number: 113-7438199-0755430
Seller's order number: 263949079001
Order Total: \$17.79

Shipped on January 25, 2019

Items Ordered	Price
1 of: <i>Really Useful Boxes(R) Plastic Storage Box, 32 Liters, 12in.H x 14in.W x 19in.D, Clear, 32C</i>	\$16.25
Sold by: Office Depot, Inc. (seller profile)	
Condition: New	

Shipping Address:
Sherman Oaks Neighborhood Council
14930 VENTURA BLVD STE 210
SHERMAN OAKS, CA 91403-3458
United States

Item(s) Subtotal: \$16.25
Shipping & Handling: \$0.00

Total before tax: \$16.25
Sales Tax: \$1.54

Shipping Speed:
Standard Shipping

Total for This Shipment: \$17.79

Payment information

Payment Method:
MasterCard | Last digits: 8480

Item(s) Subtotal: \$16.25
Shipping & Handling: \$0.00

Billing address
Thomas Capps
200 N. Spring Street
Los Angeles, CA 90012
United States

Total before tax: \$16.25
Estimated tax to be collected: \$1.54

Grand Total: \$17.79

Credit Card transactions MasterCard ending in 8480: January 25, 2019: \$17.79

To view the status of your order, return to [Order Summary](#).



More saving.
More doing.

JULIO MEMBRENO@HOMEDEPOT.COM
7870 VAN NUYS BLVD. PANORAMA CITY, 91402

6644 00007 55165 10/04/18 02:34 PM
CASHIER ALEJANDRO

045899319918 SIGN <A>
CREATE A SIGN WHITE CORRUGATED 14X18
1103.98 43.78

SUBTOTAL 43.78
SALES TAX 4.16
TOTAL \$47.94

XXXXXXXXXXXX0700 DEBIT USD\$ 47.94

AUTH CODE 661279
AID A0000000980840 US DEBIT



6644 07 55165 10/04/2018 3970

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 01/02/2019

XX

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H88 117263 110626
PASSWORD: 18504 110619

Entries must be completed within 14 days
of purchase. Entrants must be 18 or



Sherman Oaks
Neighborhood Council

Garden Tour



City of Los Angeles Department of Recreation and Parks
Sherman Oaks East Valley Adult Center

Katie O'Kelley-Hendricks, Facility Director
5056 Van Nuys Blvd.
Sherman Oaks, CA 91403
(818) 386-9674

INVOICE

To: SONC

Invoice # SONC-19-19220

Invoice for the following:

Event Name: CERT 1 Training

Event Dates: Wednesdays, 6:00-9:00 p.m.

1/9/19; 1/16/19; 1/23/19; 1/30/19;

2/6/19; 2/13/19; 2/20/19

Location: Sherman Oaks East Valley Adult Center

(Building C/#135 or Building A, Depending on the date)

Total Amount Due: \$462.00* (due upon receipt of invoice)

for staff fees: 21 hours total X \$22.00/hr: \$462.00

*Please make check or money order out to:

“City of L.A. Department of Recreation & Parks”

EVENT APPROVAL REQUEST REVIEW

Case# SONC - 003

NC Name: Sherman Oaks NC	Received Date: 12/19/18
Event Name: Cert 1 Training Course	Event Date: 01/9/19 - 02/19/19
NC is the: <input checked="" type="radio"/> Main Sponsor or <input type="radio"/> Co-Sponsor	Funding Rep: [Signature]

NC Sponsored/Co-Sponsored Events:

- NC Event Approval Form
 - NC Name
 - Contact Information
 - Event Information
 - Date
 - Time
 - Estimated # of Attendees
 - Event Budget
 - Venue information
 - Signature with contact information
- Board Action Certification (BAC):
 - NC Name
 - Budget Fiscal Year
 - Meeting Date
 - Agenda Item #
 - Board Vote Count Tally
 - 2 Authorized Signatures
 - Board Motion/Public Benefit Statement
- Itemized Detailed Event Budget:
 - Provides general expenditures categories
 - Provides specific vendors
 - If vendor invoices are provided,
 - Invoice is itemized
 - NC is listed as "Bill to"
 - A Contract/Service Agreement may be necessary (Please explain in Notes below)
 - A Permit may be necessary (Please explain in Notes below)

\$1000-

Reviewers' Notes:

Date	Staff	Notes/Recommendations/Actions
12/19/18	[Signature]	Received
12/21/18	[Signature]	Emailed NC about missing documents 1. Budget 2. Invoices 3. Copy of Flyer
1/2/19	[Signature]	Received The Budget & Copy of The Flyers



NEIGHBORHOOD COUNCIL EVENT APPROVAL REQUEST FORM



Office of the City Clerk – Neighborhood Council Funding Program
200 N. Spring Street, Rm 224, Los Angeles, CA 90012 • (213) 978-1058 or Toll-Free 3-1-1
E-mail: Clerk.NCFunding@LACity.org • www.Clerk.LACity.org

Events are great opportunities for Neighborhood Councils to interact with their stakeholders. There are, however, liability and permitting issues that must be handled prior to the event. The Office of the City Clerk, Administrative Services Division, NC Funding Program Section must approve all Neighborhood Council sponsored events before any payments can be processed.

Please complete, sign, and submit this form at least 30 days prior to your event. Missing or incomplete required information or documents will delay review.

Neighborhood Council: SHERMAN OAKS

The Neighborhood Council is the Main Sponsor or Co-Sponsor for the event.

Main sponsor: SONC PUBLIC SAFETY COMMITTEE

Contact Person: Melissa Menard

Phone: 310.729.9726

Email: melissa.menard.sonc@gmail.com

Co-Sponsor (if applicable): _____

Contact Person: _____

Phone: _____

Email: _____

Event Information

Event Title and Description: CERT 1 Training Course - 7 week course (1x/week) taught by LAFD for Emergency Preparedness & Response.

Date: Jan 9 - Feb 20 Time Frame: 3 HRS/WK Est. number of attendees: 65-70 Event Budget: \$ 500.00

Venue Name: SHERMAN OAKS EAST VALLEY ADULT CENTER

Venue Address: 5056 Van Nuys Blvd, Sherman Oaks 91403

Contact Person: Katie O'Kelley-Hendricks

Phone: 818.386.9674

Email: katie.okelley-hendricks@lacity.org

Please note: If the venue for the event is at a City or public facility, e.g. park, school, the venue approval may be easier and at little or no cost. If the venue for the event is not a City facility, a separate contract may be needed and can take up to 60 days to complete.

Please scan the following documents and email to Clerk.NCFunding@lacity.org for approval PRIOR to event:

- Neighborhood Council Event Approval Form** – Signed by Treasurer, 2nd Signer or Event Chair
- Board Action Request (BAC) Form** – Completed and signed by Treasurer and 2nd Signer, or Alternate Signer
- Itemized Detailed Event Budget** – Total budget with funding categories (food, entertainment, flyers, permits, etc.) and with specific vendors if available.

If a bank card credit limit increase will be necessary to pay for expenditures for this event, please contact your Funding Program Representative to submit a request to increase applicable limits.

CASE # : SONC-003

NCFP 106 (09/21/2018)

The City of Los Angeles provides Neighborhood Councils with event liability coverage in the amount of \$5 million. Depending on the type of event, there may be additional permits and liability issues that must be addressed prior to the event, or the Neighborhood Council will be liable for any penalties or injuries incurred at the event. There may be fees attached to obtaining permits and additional liability so please budget accordingly. It may be easier to partner with the City family or a community based organization or even hire an event planner (will require a contract prepared by the Department) so that they can obtain/handle the necessary permits and liability issues instead. The following must be obtained and submitted **PRIOR TO THE EVENT** if they are applicable to your event:

If FOOD is being purchased/provided/distributed/served at your event, you may be required to obtain the following PERMITS:

- LA County Public Health Department Permits – Community Event Organizer and Temporary Food Facility permits may be required. Permit fees may be waived by the County if requested.
- LA Fire Department – Permit may be necessary for temporary structures setup to prep/cook/serve food.

CERTIFICATES OF INSURANCE, SERVICE AGREEMENTS, and/or FACILITY USE PERMITS from Vendors providing the following types of services. Insurance Certificates need to list the "City of Los Angeles" as Additional Insured.

- Jumpers/Bouncers (Inflatables) – City Risk Management may need to review
- Games (e.g. dunk tank, other carnival style games, video game bus)
- Food (purchased, provided, distributed and/or served)
- Entertainers (e.g. DJs, musicians, face painting, balloon artists, etc.)
- Equipment Rentals (e.g. performing stage, mechanical rides, canopies)
- Event Venues (e.g. school auditoriums, private theaters and halls, parks, street block, etc.)

If RENTING a vehicle or truck to transport event materials:

- Renting and driving of vehicle/truck must be by a board member
- Additional Insurance offered by the rental company must be purchased in full

ADDITIONAL PERMITS may be required if the event has:

- Over 500 attendees, which may require LAPD presence - LAPD Special Events
- Street closures for block parties - Bureau of Street Services or LADOT for larger street closures, such as a parade
- Tents/canopies larger than 450 square feet or stages/platforms more than 30 inches above grade - Building and Safety

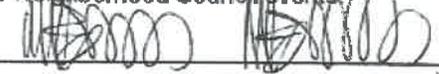
CONTACT INFORMATION for possible permits:

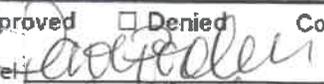
- Street Maintenance - (213) 847-2999
- Building and Safety - (213) 482-0387
- LADOT (Traffic Officers) - (323) 913-4652
- LADOT (Signs) - (213) 485-2298
- LADOT (Special Operations) - (323) 224-2124
- Risk Management - (213) 978-7475
- LAPD - (213) 486-0410
- LAFD - (213) 978-3640
- Sanitation - (213) 485-3612
- Street Services - <http://bsspermits.lacity.org/spevents/>
- LA County Public Health Dept. - <http://publichealth.lacounty.gov>

Documents to be submitted to NC Funding Program and filed for you records:

- Neighborhood Council Event Approval Form – Signed by Treasurer, 2nd Signer, Event Chair.
- Board Action Certification (BAC) Form – Completed and signed by Treasurer and 2nd Signer, or Alternate Signer
- Itemized Detailed Event Budget – Final total budget with funding categories and specific vendors.
- Vendor Invoices and Service/Facility Use Agreements
- Copies of Insurance Certificates
- Copies of Permits
- Proof of Sponsorships (e.g. event flyers, webpage copy, etc.)
- W-9 (for 1099 Individual Services (if applicable))

I have read and understand the requirements set forth in this document and agree to comply with the required paperwork necessary for Neighborhood Council events.

Signature:  Date: 11-25-2018
 Print Name: MELISSA MENARD Title: CO-CHAIR, PUBLIC SAFETY Committee
 Email: melissa.menard.sonc@gmail.com Phone: 310.729.9726

For Staff Use Only: Approved Denied Code: SDNC-003
 Reviewers Signatures: 1st Level  2nd Level 
 Reviewers Names: 1st Level Paola Forada 2nd Level Janet Hernandez



City of Los Angeles Department of Recreation and Parks

Sherman Oaks East Valley Adult Center

Katie O'Kelley-Hendricks, Facility Director

5056 Van Nuys Blvd.

Sherman Oaks, CA 91403

(818) 386-9674

INVOICE

To: SONC

Invoice # SONC-19-19220

Invoice for the following:

Event Name: CERT 1 Training

Event Dates: Wednesdays, 6:00-9:00 p.m.

1/9/19; 1/16/19; 1/23/19; 1/30/19;

2/6/19; 2/13/19; 2/20/19

Location: Sherman Oaks East Valley Adult Center

(Building C/#135 or Building A, Depending on the date)

Total Amount Due: \$462.00* (due upon receipt of invoice)

for staff fees: 21 hours total X \$22.00/hr: \$462.00

*Please make check or money order out to:

"City of L.A. Department of Recreation & Parks"

Case # ~~SONC~~-003



LOS ANGELES FIRE DEPARTMENT CERT PROGRAM

Community Emergency Response Team Training

The Los Angeles Fire Department's CERT program was developed because of a need for a well-trained civilian emergency response force. The CERT program provides for community self-sufficiency through the development of multifunctional response teams who act as an adjunct to the city's emergency services during major disasters.

<http://www.cert-la.com/>

Registration & more information:

tinyurl.com/SOCERT2019



LAFD CERT Training Class

Free class every Tuesday for 7 weeks

January 9, 2019 - February 20, 2019

6:30 PM - 9:00 PM

Sherman Oaks East Valley Adult Center

5056 Van Nuys Blvd

Sherman Oaks, CA 91403

Sponsored by



**Sherman Oaks
Neighborhood Council**

ShermanOaksNC.org

Case # SONE-003

SONC ONLINE ORDERS-BY VENDOR - Estimates

Order No.	VENDOR	DESCRIPTION	ITEM #	QTY	UNIT \$	EXT \$	TAX	SET UP\$	FREIGHT \$	TOTAL	ORDER #	DEL DATE
1	AnyPromo.com	Carabiner Flashlight	736050	200	1.7	\$340.00	\$32.30	\$87.00	\$20.02	\$479.32		
2	AnyPromo.com	Flash Drive 1 GB	724548	25	5.31	\$132.75	\$12.61	\$0.00	\$0.00	\$145.36		
3	AnyPromo.com	Drawstring Bag	654187	100	1.67	\$167.00	\$15.87	\$50.00	\$38.76	\$271.63		
4	AnyPromo.com	First Aid Kit	692803	100	2.23	\$223.00	\$21.19	\$55.00	\$10.96	\$310.15		
5	AnyPromo.com	Head Lamp	716806	100	3.74	\$374.00	\$35.53	\$55.00	\$18.72	\$483.25		
TOTAL						\$1,236.75	\$117.49	\$247.00	\$88.46	\$1,689.70		

Case# SONC-003

CERT Classes Budget

- Room Rental at the SOEVAC = \$462 ✓
- Printing Cost for 1000 fliers = \$120 ✓
- Refreshments: bottled water/snacks for 1st class = \$60 ✓
- Branded Merchandise = \$358 ✓

Case # S0NC-003

Officers:

Ron Ziff, President Bus-6
Jeff Hartsough, 1st Vice Pres.CI-2
Sue Steinberg, 2nd Vice Pres Bus.4
Tom Capps, Treasurer, Res. 2
Avo Babian, Secretary, Bus. 5

Board Members:

Candy Williams, Res. 1
Levon Baronian, Bus. 1
Kristin Sales, CI 1
Vacant Bus. 2
Howard Katchen, Res. 3
Raphael Morozov, Bus.3
Deatra Yatman, CI 3
Lisa Petrus, Res. 4
Sidonia Lax, CI 4
Sarah Olds, Res 5
Richard Marciniak, CI 5
Jill Banks Barad, Res. 6
Melissa Menard, CI 6
Michael Binkow, Res. 7
Neal Roden, Bus. 7
Jeffrey Kalban, CI 7

CALIFORNIA



Sherman Oaks Neighborhood Council

SONC REGULAR

BOARD MEETING

Monday, December 10, 2018

6:30 p.m.

Sherman Oaks Elementary School
Auditorium
14780 Dickens Street
Sherman Oaks

**SHERMAN OAKS
NEIGHBORHOOD
COUNCIL**

P O Box 5721
Sherman Oaks, CA
91413
(818) 503-2399

www.shermanoaksnsc.org

OR CONTACT

Department of
Neighborhood
Empowerment linked
through our website under
"Resources"

Youth Committee
Elinor Oren
Marcus Zimmerman

The public is requested to fill out a "Speaker Card" to address the Board on any item of the agenda prior to the Board taking action on an item. Comments from the public on Agenda items will be heard only when the respective item is being considered. Comments from the public on other matters not appearing on the Agenda that are within the Board's subject matter jurisdiction will be heard during the Public Comment period. Public comment will be limited to 1 or 2 minutes per speaker, unless waived by the presiding officer of the Board. The right to combine speaking time if multiple requests are made into a single limited time is reserved. As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and upon request, will provide reasonable accommodation to ensure equal access to its programs, services, and activities. Sign language interpreters, assistive listening devices, or other auxiliary aids and/or services may be provided upon request. Requests must be made within a reasonable time to the telephone number above or to the "contact us" at the website above. Reports and other committee reference materials may be seen on our website under each committee's meeting agenda. Agendas are posted publicly in the window of the Sherman Oaks Public Library, 14245 Moorpark St., Sherman Oaks, CA 91423. Printed copies of Board and committee agendas can be obtained by sending a written public records request after the document has been published to PO Box 5721, Sherman Oaks 91413. A check for \$1 plus 10 cents per page plus 49 cents postage made out to the City of Los Angeles must be included with the request. If additional payment is required, you will be notified.

AGENDA

1. **Welcome and Call to Order - Ron Ziff, President**
2. **Pledge of Allegiance**
3. **Roll Call**
4. **Approval of Minutes of previous meeting**
5. **Comments by LAPD SLO's, Public Officials and staff**
6. **President's Report**
7. **Guest Speakers - Public Scooter Program**
Lime Scooters - Karla Martinez
Razor Scooters – Taylor Strand
Q&A of both scooter companies
- 8.. **Nomination of Fran Kerzner to the remaining term of the Business Seat representing Area 3.**
Public Comments
Q&A by the Board
Vote

Case # SONC-003

9. Consent Calendar All items listed under the Consent Calendar are considered to be routine and may be enacted by one vote. Prior to the motion to consider any action by the Board, any public comments on any of the Consent Calendar items will be heard. There will be no separate action unless members of the Board request specific items to be removed from the Consent Calendar.

A motion to approve the monthly expense report for the period ending October 31, 2018

A. A motion to approve a payment of \$11.19 to board member Abo Babian for reimbursement for the purchase of bottled water for the SONC sponsored home garden event;

B. A motion to approve a payment of \$47.94 to board member Deatra Yatman for reimbursement for the purchase of yard signs for the SONC sponsored home garden event;

C. A motion from the SONC Public Safety Committee for funding of up to \$1,000 for three (3) emergency preparedness workshops. Funding shall include facility rental fees, marketing material, branded give-a-ways, refreshments and the purchase of up to six A-Frame directional signs with SONC branding.

~~D. A Motion from the SONC Public Safety Committee for funding of up to \$1,000 for seven (7) CERT training classes. Funding shall include facility rental fees, marketing material, SONC branded give-a-ways, CERT kits and refreshments.~~

E. A Motion from the SONC Public Safety Committee for funding of up to \$1,000 for three Neighborhood Watch forums

F. A motion to approve \$250 to JCS Catering for refreshments at the Valley Alliance Of Neighborhood Council Annual Mixer event to be held on March 14, 2019 at CBS-Studio City;

G. A motion to approve the revision of the approved budget of the Sherman Oaks Neighborhood Council based on anticipated expenditures for the 2018-2019 fiscal year as follows:

Office & Administration	\$13,445
Outreach	\$12,555
Elections	\$5,000
Community Improvement	\$3,000
NPGs	\$8,000
TOTAL	\$42,000

10. Treasurer's Report – Tom Capps, Treasurer

CASE # SONC-003

A motion to approve a Neighborhood Purposes Grant by Hope Mill, Inc, a 501 3.C non profit corporation for up to \$2,500 for the purchase of 500 backpacks, which will then be filled with food, water, clothing, and essential personal care items, and distributed at 6 Homeless Connect events in the San Fernando Valley.;

11. Committee reports

A. Planning & Land Use Committee Report- Jeff Kalban, Chair

1. **Updates** on pending development projects in Sherman Oaks
2. New Senate Bill on Housing near “existing job centers and public transportation

B. Rules and Elections Committee Sue Steinberg

C. Traffic & Transportation Committee – Avo Babian, Chair

D. Outreach Committee- Jeff Hartsough, Chair

Update on “Hello to Spring” free tree giveaway

E. Green & Beautification Committee – Avo Babian, Chair

The Sherman Oaks Neighborhood Council resolves to call on the City of Los Angeles, and the Los Angeles City Council specifically to establish a human health and safety buffer that prohibits oil drilling within 2,500 feet of sensitive land uses including homes, schools, early childhood centers, senior centers, hospitals and medical clinics, parks, etc.

The Sherman Oaks Neighborhood Council resolves to submit a Community Impact Statement to Council File 17-0447 and to communicate support to our City Council member expressing support for this position.

F. Public Safety Committee – Kristin Sales & Melissa Menard, Co-chairs

G. Purposeful Aging Liaison- Deatra Yatman, SONC Liaison

H. Homeless Outreach Committee – Michael Binkow

I. Budget Advocates – Howard Katchen, SONC representative

12. Public Comment: Comments by the public on non-agenda items within SONC’s jurisdiction

13. Announcements on items within SONC’s jurisdiction

14. Adjourn

Case # SONC-003

CAS _____

(insurance verification)

PERMIT # _____

City of Los Angeles - Department of Recreation and Parks
APPLICATION FOR USE OF FACILITIES (THIS IS NOT A PERMIT)

PERMITTEE MAY NOT PUBLICIZE THE EVENT UNTIL A PERMIT HAS BEEN ISSUED

PLEASE READ AND COMPLETE ITEMS 1 THRU 13 AND SIGN THE DOCUMENT (SIGNATURE OF APPLICANT)

1. Recreation Center Sherman Oaks East Valley Adult Center (SOEVAC)
 2. Name Of Organization lad cert battalion 10 Representative's Name Sally Thompson
 4. Mailing Address 9006 Geyser Ave City Northridge Zip 91324
 5. Contact Evening (818) 5544463 Cell (818) 5544463 e-mail _____
 6. Type of Event review and drills for cert

7. Date and Time of Event

Day(s)	Month/Date(s)	Time(s)
Sunday	<u>Jan 27, 2019, Feb 24, March 24, April 28, 2019</u>	<u>11:30</u> to <u>2:45</u>
Monday	_____	to _____
Tuesday	_____	to _____
Wednesday	_____	to _____
Thursday	_____	to _____
Friday	_____	to _____
Saturday	_____	to _____

8. Charging Fee(s)? Yes No \$ _____ Will food sales be conducted? Yes No No. Participants: Adult 80 Youth _____

9. Facilities/Services Requested (check all that apply):

Auditorium Kitchen Outdoor Area Baseball Diamond # _____ Other _____
 Gymnasium Meeting Room Utility Hookup Picnic Area # _____ Field # _____

10. Is this a Fundraiser? Yes No Refreshments? Yes No Canopies/Tents? Yes No

11. Moon Bounce Yes No Company Name lad-cert N/A
 Contact Name Sally Thompson Phone No. 818-554-4463

12. Will you require electrical set-ups? Yes No Will you be erecting/assembling any structure? Yes No

13. There is a possibility that this event may need insurance, please check with the Facility director

HOLD HARMLESS/WAIVER OF DAMAGES

Permittee hereby expressly agrees on its behalf and that of its dependents, heirs, assigns and legal representatives: That the City of Los Angeles, its officers, agencies, employees and volunteers shall not be responsible or liable for any injury (physical or mental), death, damage, loss or expense (including legal costs and reasonable attorney fees) either to Permittee, its invitees, or either party's property incurred while Permittee is exercising the above permission or is engaged in activities related thereto.

PERMITTEE HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISK OF INJURY, DEATH OR PROPERTY DAMAGE

Arising out of said activities. Permittee further agrees to indemnify and hold harmless the City, its officers, agencies, employees, and volunteers from all loss or liability, actual or alleged, that may arise from Permittee's conduct, either intentional or negligent, while participating in the above described activities. However, neither the waiver nor the indemnity agreement exempts the City or its officers, agencies, employees or volunteers from acts of gross negligence or willful misconduct.

PERMITTEE HERBY REPRESENTS THAT:

Permittee is aware of the condition of the public premises and accepts the premises in their present condition. Permittee agrees to abide by all safety regulations. Permittee has carefully reviewed this document, understands its contents, and signs it voluntarily, without being subject to coercion.

THE SALE, SERVING AND CONSUMPTION OF ALCOHOLIC BEVERAGES IS NOT PERMITTED. SOUND AMPLIFYING SYSTEMS ARE PROHIBITED. (MC63.44)
 certify that all statements on this application are complete and correct.

Signature of Applicant/Permittee

Sally Thompson

Date 11-12-18

Revised: January '21

Case #SONC-003

TO BE COMPLETED BY DIRECTOR IN CHARGE

APPLICATION MUST BE FILLED OUT COMPLETELY, GIVEN IMMEDIATELY TO THE DISTRICT SUPERVISOR FOR APPROVAL WITH ALL FEES PAID IN FULL OR RESERVATIONS REQUIRE AN ADVANCE DEPOSIT OF 50% OF THE TOTAL FEES (PER RATES AND FEES MANUAL). ALL APPLICATIONS ARE TO BE SUBMITTED TO THE REGION OFFICE AT LEAST TWO WEEKS PRIOR TO EVENT.

Facility is Normally: Open Closed Staff Coverage Required: Yes No Hrs Staffed: AM PM to AM PM

Is Insurance Required: Yes No Multiple days used, activity involves risk, or large event/number of people CAOS / Insurance verification Top of front page

Fees: Non-Fee Permit Fee Generating Permit Proof of Non-Profit status attached Yes No

<input type="checkbox"/> Basic Room Fee (1 st 3 hours)				=	\$	
<input type="checkbox"/> # of Staff	x	# of Hours requested	=	Total Staff Hrs	x Hourly Rate \$ = \$	
<input type="checkbox"/> No. of Additional Hours Needed (Rates & Fees)		x	Hourly Rate	\$	= \$	
<input type="checkbox"/> Additional Rooms (Rates & Fees)		x	\$		= \$	
<input type="checkbox"/> Use of Kitchen (Rates & Fees)				=	\$	
<input type="checkbox"/> Refreshment Fee (Rates & Fees)				=	\$	
<input type="checkbox"/> Field & Gymnasium Rental Fee (Rates & Fees)		# of Hours	x	\$	= \$	
<input type="checkbox"/> Picnic Reservation Fee:	<input type="checkbox"/> 1-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> 101-200	<input type="checkbox"/> 201-400 **see note	<input type="checkbox"/> 400+ **see note	= \$
<input type="checkbox"/> Non-Refundable Permit Fee (All reservations) - deposited into (MRP 500)				=		
<input type="checkbox"/> Picnic Maintenance Fee (MRP 501)				=		
<input type="checkbox"/> Moon Bounce Fee (Special Fund)				=		
<input type="checkbox"/> Rental: <input type="checkbox"/> Chairs	#	x	\$	<input type="checkbox"/> Tables	# x \$ = \$	
<input type="checkbox"/> Utility Hookup Fee				=	\$	
<input type="checkbox"/> Clean-up Breakage Refundable Deposit				=	\$	
<input type="checkbox"/> Other Charges (Please List)				=	\$	

TOTAL CHARGES: = \$

LESS DEPOSIT: Receipt No. Date = \$

Date Balance Due By: **TOTAL:** = \$

Approval of Director In Charge: John O'Kelly - District Supervisor Date: 11/20/18

Approval of District Supervisor: _____ Date: _____

Approval of Principal Recreation Supervisor: _____ Date: _____

Approval of Principal Maintenance Supervisor: _____ Date: _____

** Supervisor Please Note: For LARGE SPECIAL EVENTS (200 persons or more) contact Principal Supervisor and Superintendent.

** Approval of Regional Superintendent (200 persons or more)

Comments: Free community with LAFD CERT training Date: _____

Case # SONC-003

City of Los Angeles
CALIFORNIA

OFFICE OF THE
CITY CLERK

HOLLY L. WOLCOTT
CITY CLERK

SHANNON HOPPE
EXECUTIVE OFFICER



Administrative Services Division
200 N. Spring Street, Room 224
Los Angeles, CA 90012
(213) 978-1100
FAX: (213) 978-1107

PETTY SANTOS
DIVISION MANAGER

cityclerk.lacity.org

ERIC GARCETTI
MAYOR

Date: January 3, 2019

To: Ronald Ziff
President, Sherman Oaks Neighborhood Council

From: Petty Santos 
Division Chief, Office of the City Clerk

Re: Authorization for Agreement

This memo authorizes the Sherman Oaks Neighborhood Council (SONC) to enter into the attached Application for Use of Facility with City of Los Angeles Department of Recreation and Parks (RAP) for the Sherman Oaks East Valley Adult Center on behalf of the City of Los Angeles, Office of the City Clerk. Please ensure that an authorized SONC Board Member for the SONC completes the application, i.e. the application should not be with a SONC Board Member in a private (non-board) capacity and the City of Los Angeles, Department of Recreation and Parks, and that the SONC board approved this service prior to completing the application.

SONC must abide with all the City of Los Angeles, Department of Recreation and Parks Terms and Conditions.

Payments for City of Los Angeles, Department of Recreation and Parks must be pursuant to the Neighborhood Council Funding Program policies and procedures.

Please contact Melvin Canas at melvin.canas@lacity.org or by calling (213) 978-1058 if you have any further questions.

Email attachments – 3 pages

PS:MC:PP

Case # SONC-003

CA# _____ (insurance verification)

PERMIT# _____

City of Los Angeles • Department of Recreation and Parks • Valley Region
APPLICATION FOR USE OF FACILITIES (THIS IS NOT A PERMIT)

APPLICATIONS NOT SUBMITTED TWO WEEKS PRIOR TO EVENT, ARE SUBJECT TO A \$50.00 LATE PROCESSING FEE

PLEASE PRINT AND COMPLETE ITEMS 1 THRU 13 AND SIGN THE DOCUMENT (SIGNATURE OF APPLICANT)

1. Recreation Center Sherman Oaks East Valley Adult Center
2. Name Of Organization Sherman Oaks Neighborhood Council Representative's Name Tom Capps - Treasurer
4. Mailing Address PO Box 5721 City Sherman Oaks Zip 91413
5. Contact Evening # _____ Cell # 818-601-7971 e-mail tcapps@shermanoaknc.org

6. Type of Event LAFD CERT Training Class

7. Date and Time of Event

Day(s)	Month/Date(s)	Time(s)
Sunday	_____	_____ to _____
Monday	_____	_____ to _____
Tuesday	_____	_____ to _____
Wednesday	<u>2019 - Jan 9, Jan 16, Jan 23, Jan 30, Feb 6 Feb 13, Feb 20</u>	<u>6 P.M</u> to <u>9 P.M</u>
Thursday	_____	_____ to _____
Friday	_____	_____ to _____
Saturday	_____	_____ to _____

8. Refreshments? Yes No 50/Class No. Participants: Adult: 50 Youth: _____

9. Facilities/Services Requested (check all that apply):
 Auditorium Kitchen Outdoor Area Other _____
 Gymnasium Meeting Room Picnic Area Utility Hook-up Field # _____

10. Is this a Fundraiser? Yes No Will catered food be served? Yes No Canopies/Tents? Yes No

11. Moon Bounce Yes No Company Name _____
Contact Name _____ Phone No. _____

12. Will you require electrical set-ups? Yes No Will you be erecting/assembling any structures? Yes No

13. If you said "yes" to one or more of the above questions, your event may need insurance, check with the Facility Director.

HOLD HARMLESS/WAIVER OF DAMAGES

Permittee hereby expressly agrees on its behalf and that of its dependents, heirs, assigns and legal representatives: That the City of Los Angeles, its officers, agencies, employees and volunteers shall not be responsible or liable for any injury (physical or mental), death, damage, loss or expense (including legal costs and reasonable attorney fees) either to Permittee, its invitees, or either party's property incurred while Permittee is exercising the above permission or is engaged in activities related thereto.

PERMITTEE HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISK OF INJURY, DEATH OR PROPERTY DAMAGE arising out of said activities. Permittee further agrees to indemnify and hold harmless the City, its officers, agencies, employees, and volunteers from all loss or liability, actual or alleged, that may arise from Permittee's conduct, either intentional or negligent, while participating in the above described activities. However, neither the waiver nor the indemnity agreement exempts the City or its officers, agencies, employees or volunteers from acts of gross negligence or willful misconduct.

Permittee hereby represents that:
Permittee is aware of the condition of the public premises and accepts the premises in their present condition. Permittee agrees to abide by all safety regulations. Permittee has carefully reviewed this document, understands its contents, and signs it voluntarily, without being subject to coercion.

THE SALE, SERVING AND CONSUMPTION OF ALCOHOLIC BEVERAGES IS NOT PERMITTED. SOUND AMPLIFYING SYSTEMS ARE PROHIBITED. (MC63.44)

I certify that all statements on this application are complete and correct.

Signature of Applicant/Permittee Ronald Ziff Digitally signed by Ronald Ziff Date: 2019.01.03 05:57:46 -08'00' Date _____

case# SONC-003

TO BE COMPLETED BY DIRECTOR IN CHARGE

APPLICATION MUST BE FILLED OUT COMPLETELY, GIVEN IMMEDIATELY TO THE DISTRICT SUPERVISOR FOR APPROVAL WITH ALL FEES PAID IN FULL OR RESERVATIONS REQUIRE AN ADVANCE DEPOSIT OF 50% OF THE TOTAL FEES (PER RATES AND FEES MANUAL). ALL APPLICATIONS ARE TO BE SUBMITTED TO THE REGION OFFICE AT LEAST TWO WEEKS PRIOR TO EVENT.

Facility is Normally : Open Closed Staff Coverage Required: Yes No Hrs Staffed: _____ AM PM to _____ AM PM

Is Insurance Required : Yes No Multiple days used, activity involves risk, or large event/number of people CAO# / Insurance verification
Top of front page

Fees: Non-Fee Permit Fee Generating Permit Fee Waiver Requested? Yes No Proof of Non-Profit status attached Yes No

Basic Room Fee (1st 3 hours) = \$

<input type="checkbox"/>	# of Staff		x	# of Hours requested	=	Total Staff Hrs	x	Hourly Rate	\$		=	\$
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<input type="checkbox"/>	No. of Additional Hours Needed (Rates & Fees)		x	Hourly Rate	\$		=	\$
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<input type="checkbox"/>	Additional Rooms (Rates & Fees)		x	\$		=	\$
--------------------------	--	--	----------	-----------	--	----------	-----------

<input type="checkbox"/>	Use of Kitchen (Rates & Fees)					=	\$
--------------------------	--	--	--	--	--	----------	-----------

<input type="checkbox"/>	Refreshment Fee (Rates & Fees)					=	\$
--------------------------	---	--	--	--	--	----------	-----------

<input type="checkbox"/>	Field & Gymnasium Rental Fee (Rates & Fees)			# of Hours	x	\$		=	\$
--------------------------	--	--	--	-------------------	----------	-----------	--	----------	-----------

<input type="checkbox"/>	Picnic Reservation Fee:	<input type="checkbox"/> 1-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> 101-200	<input type="checkbox"/> 201-400 <small>**see note</small>	<input type="checkbox"/> 400+ <small>**see note</small>		=	\$
--------------------------	--------------------------------	-------------------------------	---------------------------------	----------------------------------	--	---	--	----------	-----------

<input type="checkbox"/>	Non-Refundable Permit Fee (All reservations) - deposited into (MRP 500)					=	
--------------------------	--	--	--	--	--	----------	--

<input type="checkbox"/>	Picnic Maintenance Fee (MRP 501)					=	
--------------------------	---	--	--	--	--	----------	--

<input type="checkbox"/>	Moon Bounce Fee (Special Fund)					=	
--------------------------	---------------------------------------	--	--	--	--	----------	--

<input type="checkbox"/>	Rental:	<input type="checkbox"/> Chairs	#	x	\$	<input type="checkbox"/> Tables	#	x	\$		=	\$
--------------------------	----------------	---------------------------------	----------	----------	-----------	---------------------------------	----------	----------	-----------	--	----------	-----------

<input type="checkbox"/>	Utility Hookup Fee					=	\$
--------------------------	---------------------------	--	--	--	--	----------	-----------

<input type="checkbox"/>	Clean-up Breakage Refundable Deposit			Receipt No.		=	\$
--------------------------	---	--	--	--------------------	--	----------	-----------

<input type="checkbox"/>	Other Charges (Please List)					=	\$
--------------------------	------------------------------------	--	--	--	--	----------	-----------

						TOTAL CHARGES:		=	\$
--	--	--	--	--	--	-----------------------	--	----------	-----------

LESS DEPOSIT:	Receipt No.		Date			=	\$
----------------------	--------------------	--	-------------	--	--	----------	-----------

Date Balance Due By:					TOTAL:	=	\$
-----------------------------	--	--	--	--	---------------	----------	-----------

Approval of Director In Charge _____ Date _____

Approval of District Supervisor _____ Date _____

Approval of Principal Recreation Supervisor _____ Date _____

Approval of Principal Maintenance Supervisor _____ Date _____

**** Supervisor Please Note: For LARGE SPECIAL EVENTS (200 persons or more) contact Principal Supervisor and Superintendent.**

**** Approval of Regional Superintendent (200 persons or more)** _____ Date _____

Comments: _____

Case # SONG-003

VENDOR: Lloyds

1/4/2019

CHECK SUMMARY

Item.	Invoice Date	Period	Invoice No.	Hours	Total
1	12/16/18	WE 12/14/18	407447	12.00	\$262.20
2	12/30/18	WE 12/18/18	407760	2.00	\$43.70
3					
TOTAL					\$305.90



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: 631.370.7434

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:
12/16/2018	407447	1	117247	Due Upon Receipt

PERIOD	DESCRIPTION & EMPLOYEE	HOURS	RATE	AMOUNT
12/10/18-12/14/18	EXASST Salter, Jolie A	12.00	21.85	\$262.20

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

PAY THIS AMOUNT >

TOTAL

\$262.20



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: 631.370.7434

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:
12/30/2018	407760	1	117247	Due Upon Receipt

PERIOD	DESCRIPTION & EMPLOYEE	HOURS	RATE	AMOUNT
12/24/18-12/28/18	EXASST Salter, Jolie A	2.00	21.85	\$43.70

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

PAY THIS AMOUNT >

TOTAL

\$43.70

Employee Timesheet Submission

Employee Name	Salter, Jolie A	Customer Name	LA Dept Neighborhood Empowerment
Assignment Number	251697	Department	
Period Ending Date	12/30/2018 12:00:00 AM	Report To	Ron Ziff
Timesheet Approved By	rziff@shermanoaksnc.org	Timesheet Approved On	12/29/2018 7:42:48 AM

Date	IN 1	OUT 1	IN 2	OUT 2	IN 3	OUT 3	IN 4	OUT 4	Total Hours	Expenses	Pay Code	Approval
12/26/2018	01:00 PM	02:00 PM							1.00	0.00	R	APPROVED
12/28/2018	12:00 PM	01:00 PM							1.00	0.00	R	APPROVED
Totals									2.00	0.00		

Employee Comments	
Client Comments	

Invoice

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

Date	Invoice #	Due Date
1/1/2019	17836	1/1/2019

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

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1 hour for; phone support, web development, requests, & website adjustments	99.00	99.00
1	Email accounts (2 included) Total 3 for shermanoaksnc.org	3.50	3.50
0	Monthly Hosting for shermanoaksnc.org (Included in maintenance)	15.00	0.00

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



Store #: 11 Reg: 13 Zaragoza Jr, Antonio
 2311 N. Hollywood Way 178284
 Burbank, CA 91505 BEAR:E74904
 PHN:(818) 526-8100 FAX:(818) 526-8118
 Inv. Date - Sun Dec 02 11:22:30 2018



INVOICE#: 25280114

MERCHANT: 174034900996 F301 M2

XXXXXXXXXXXX3579 VISA

ZIFF/RONALD

SALE: \$2.83 70511C 19000976

Chip Read

Mode: Issuer

VISA CREDIT

AID: A0000000031010

TVR: 8080000000

IAD: 06010A03600000

TSI: 6800

ARC: 00

CVM: 1E0300

8826192 A1 Copy Paper 1 @ 1.29
 A1 Copy Paper Ream 95/20 D2 T
 20lb, 95 Brightness
 500 Sheets
 A1-Ream
 UPC: 8852413540879

8826192 A1 Copy Paper 1 @ 1.29
 A1 Copy Paper Ream 95/20 D2 T
 20lb, 95 Brightness
 500 Sheets
 A1-Ream
 UPC: 8852413540879

SUBTOTAL 2.58
 SALES TAX @ 9.500% 0.25
 TOTAL DUE 2.83

VISA XXXXXXXXXXXXX3579 2.83

TOTAL TENDER 2.83

CHANGE DUE 0.00

Handwritten calculations:
 2.83
 2.83
 5.00

 10.66
 8.38

 19.04

VENDOR: Ron Ziff

1/14/2019

CHECK SUMMARY

Item.	Invoice Date	Period	Invoice No.	Hours	Total
1	12/02/19	FRYS	25280224		\$2.83
2	12/08/18	FRYS	25288521		\$2.83
3	12/08/18	FRYS	25288537		\$5.00
4	12/10/2018	CVS	226012		\$8.38
TOTAL					\$19.04



Store #: 11 Reg: 15 Aikins, Ebenezer K.
 2311 N. Hollywood Way 187798
 Burbank, CA 91505 BEAR:E74904
 PHN:(818) 526-8100 FAX:(818) 526-8118
 Inv. Date - Sat Dec 08 10:49:37 2018



INVOICE#: 25288521
 MERCHANT: 174034900996 F301 M3
 xxxxxxxxxxxx3579 VISA
 ZIFF/RONALD
 SALE: \$2.83 11498C 18001065
 Chip Read
 Mode: Issuer
 VISA CREDIT
 AID: A0000000031010
 TVR: 8080001000
 IAD: 06010A03600000
 TSI: 6800
 ARC: 00
 CVM: 1E0300

8826192 A1 Copy Paper 1 @ 1.29
 A1 Copy Paper Ream 95/20 D2 T
 20lb, 95 Brightness
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 UPC: 8852413540879

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 A1 Copy Paper Ream 95/20 D2 T
 20lb, 95 Brightness
 500 Sheets
 A1-Ream
 UPC: 8852413540879

SUBTOTAL 2.58
 SALES TAX @ 9.500% 0.25
 TOTAL DUE 2.83

VISA xxxxxxxxxxxx3579 2.83

TOTAL TENDER 2.83

~~CHANGE DUE 0.00~~

ITEM COUNT 2

INV#: 25288521 Sat Dec 08 10:49:37 2018



Store #: 11 Reg: 14 Mirzakhonian, Klarik
 2311 N. Hollywood Way 161859
 Burbank, CA 91505 BEAR:E74904
 PHN:(818) 526-8100 FAX:(818) 526-8118
 Inv. Date - Sat Dec 08 10:59:02 2018



INVOICE#: 25288537
 MERCHANT: 1740349C0396 F301 M3
 xxxxxxxxxxxx3579 VISA
 ZIFF/RONALD
 SALE: \$5.00 22893C 18001143
 Chip Read
 Mode: Issuer
 VISA CREDIT
 AID: A0000000031010
 TVR: 8080008000
 IAD: 06010A036000C0
 TSI: 6800
 ARC: 00
 CVM: 1E0300

8826192 A1 Copy Paper 1 @ 1.29
 A1 Copy Paper Ream 95/20 D2 T
 20lb, 95 Brightness
 500 Sheets
 A1-Ream
 UPC: 8852413540879

8826192 A1 Copy Paper 1 @ 1.29
 A1 Copy Paper Ream 95/20 D2 T
 20lb, 95 Brightness
 500 Sheets
 A1-Ream
 UPC: 8852413540879

9694563 Rhino RT-4MBL 1 @ 1.99
 Rhino Masking D1 T
 Tape-Blue(L) 1.88" x 60
 YD Rubber Crepe Paper
 Professional/Home uses
 UPC: 854190C05334

SUBTOTAL 4.57
 SALES TAX @ 9.500% 0.43
 TOTAL DUE 5.00

VISA xxxxxxxxxxxx3579 5.00

TOTAL TENDER 5.00

~~CHANGE DUE 0.00~~



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

REG#01 TRN#1226 CSHR#0819042 STR#9707

Helped by: ARCELI

ExtraCare Card #: *****8734

1 JTB URFD WTR 24P	16.9	2.99F	
ORIGINAL PRICE			4.39
2.99 EACH			1.40 -
1 BOTTLE DEPOSIT		1.20F	
1 JTB URFD WTR 24P	16.9	2.99F	
ORIGINAL PRICE			4.39
2.99 EACH			1.40 -
1 BOTTLE DEPOSIT		1.20F	

4 ITEMS		
TOTAL		8.38
CHARGE		8.38

*****3579 CH

VISA CREDIT *****3579
 APPROVED# 94433C
 REF# 012266
 TRAN TYPE: SALE
 AID: A000000031010
 TC: C699982087A84A21
 TERMINAL# 84258838
 NO SIGNATURE REQUIRED
 CVM: 1E0300
 TVR(95): 8080008000
 TSI(9B): 6800

CHANGE .00



3509 7078 3441 2260 12

Returns with receipt, subject to
CVS Return Policy, thru 02/08/2019
Refund amount is based on price
after all coupons and discounts.

DECEMBER 10, 2018 5:16 PM

TRIP SUMMARY:

Today You Saved	2.80
Savings Value	25%

THANK YOU. OPEN 24 HOURS 7 DAYS A WEEK

ExtraCare Card balances as of 01/29

Year to Date Savings 7.00

Fill 10 prescriptions Get \$5EB Pharmacy and Health ExtraBucks	
Quantity Toward this Reward	1
Quantity Needed to Earn Reward	9

Pharmacy & Health Rewards Enrollment Status	
Active Members	1



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: 631.370.7434

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:		
01/06/2019	407829	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
12/17/18-12/21/18	EXASST	Salter, Jolie A		3.00	21.85	\$65.55
12/31/18-01/04/19	EXASST	Salter, Jolie A		2.00	21.85	\$43.70
				PAY THIS AMOUNT >	TOTAL	\$109.25

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.

Employee Timesheet Submission

Employee Name	Salter, Jolie A	Customer Name	LA Dept Neighborhood Empowerment
Assignment Number	251697	Department	
Period Ending Date	12/23/2018 12:00:00 AM	Report To	Ron Ziff
Timesheet Approved By	rziff@shermanoaksnc.org	Timesheet Approved On	12/29/2018 7:41:23 AM

Date	IN 1	OUT 1	IN 2	OUT 2	IN 3	OUT 3	IN 4	OUT 4	Total Hours	Expenses	Pay Code	Approval
12/19/2018	12:00 PM	02:00 PM							2.00	0.00	R	APPROVED
12/21/2018	01:00 PM	02:00 PM							1.00	0.00	R	APPROVED
Totals									3.00	0.00		

Employee Comments	
Client Comments	



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

CUSTOMER NUMBER
8607823
INVOICE DATE
01/01/2019

Bill-To Customer:

 SHERMAN OAKS NC 1652
 PO BOX 5721 T7 P1
 SHERMAN OAKS, CA 91413-5721



Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	01/01/2019 01/31/2019	01/30/2019	\$30.52	\$30.52	\$0.00	\$15.26	\$15.26

Payments - Thank You

12/24/2018 \$30.52

Description of Current Charges & Credits

	Qty	Unit Price	Ext. Price
UM Standard-Discount Rate	1	\$14.00	\$14.00
8185032399			
City Utility Users Tax			\$1.26

CUSTOMER NUMBER	
8607823	
INVOICE NUMBER	
7428930	
DUE DATE	AMOUNT PAID
01/30/2019	

Please detach & enclose with payment



REMIT TO:

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

AT&T MESSAGING
 PO BOX 840486
 DALLAS, TX 75284-0486

