

# Monthly Expenditure Report



Reporting Month: July 2018

Budget Fiscal Year: 2018-2019

NC Name: Sherman Oaks  
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$42000.00	\$2303.67	\$39696.33	\$0.00	\$467.36	\$39228.97

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$32000.00	\$1105.17	\$29696.33	\$0.00	\$29696.33
Outreach		\$1198.50		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$10000.00	\$0.00	\$10000.00	\$0.00	\$10000.00
Funding Requests Under Review: \$467.36		Encumbrances: \$0.00		Previous Expenditures: \$0.00	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	LA PUBLIC LIBRARY	07/06/2018	(Credit card transaction)	General Operations Expenditure	Office	\$216.00
2	GOODWAY PRINT & COPY	07/10/2018	(Credit card transaction)	General Operations Expenditure	Office	\$76.05
3	SUBWAY 03018934	07/09/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$96.00
4	PAYPAL SO CHAMBER	07/24/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$450.00
5	BEST BUBBLE PARTIES	07/25/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$550.00
6	AT&T Messaging	07/16/2018	A motion to approve up to \$185 to pay AT&...	General Operations Expenditure	Office	\$30.52
7	The Web Corner, inc.	07/16/2018	A motion to approve up to \$1,500 to pay The W...	General Operations Expenditure	Outreach	\$102.50
8	Ron Ziff	07/16/2018	A motion to approve a board member reimbursement t...	General Operations Expenditure	Office	\$61.55

9	Lloyds Staffing	07/16/2018	A motion to approve up to \$4,500 to pay Lloyd...	General Operations Expenditure	Office	\$721.05
<b>Subtotal:</b>						<b>\$2303.67</b>

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
<b>Subtotal: Outstanding</b>						<b>\$0.00</b>

**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:** July 19 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:**

**CARD TYPE** Mastercard

LA PUBLIC LIBRARY  
630 W FIFTH ST 4TH FL  
LOS ANGELES, CA 90071  
16:02:09  
MID: XXXXXXXXXXXX397 TID: XXXX778  
CREDIT CARD  
MC SALE  
Card # Token XXXXXXXXXXXXXXX8480  
SEQ #: 2  
Batch #: 131  
INVOICE 2  
Approval Code: 046904  
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)

MERCHANT COPY

AMOUNT TO BE CHARGED

**CARDHOLDER'S NAME** Thomas Capps

**AUTHORIZED SIGNATURE** Thomas Capps

Signature of Thomas Capps  
LIBRARY BUSINESS OFFICE  
630 W. FIFTH STREET  
LOS ANGELES, CA 90071  
213-228-7467

**DATE** 7/6/18

**Goodway Print & Copy**

15121 Ventura Blvd.

Sherman Oaks, CA 91403

Phone: (818) 783-5172

Fax: (818) 783-8649

www.goodwayprintcopy.com

Transaction : Sale

Date : 7/9/2018

Time : 5:51:23 PM(EST)

Invoice # : 41322

Customer # : 3

PO / Order # : na

Card Type : Master Card

Card Number : XXXXXXXXXXXX8480

Entry Method : Keyed

Total Amount : 76.05

Authorization : Approved - 099084

Ref Note:

Signature

X \_\_\_\_\_

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

Thank You I



# 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. **41322**

Date 7/9/2018

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
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
50	Agenda, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides 50 Copy Machine Stapling	20.50
50	Agenda re-order (06/11), 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides 50 Copy Machine Stapling	20.50
20	REF: 2018 SONC Treasure Report, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 3 sheets, copied on 2 sides 20 Copy Machine Stapling	11.80
1	expenditure report, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 32 sheets, copied on 2 sides	6.40

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

THANK YOU!

Ship Via:

SUBTOTAL	69.45
TAX	6.60
SHIPPING	
TOTAL	76.05
AMOUNT DUE	76.05

Trademarks of Subway® IP Inc. © 2018



# SUBWAY

Subway#1893-0 Phone 818-784-9804  
15053 Ventura Blvd.  
Sherman Oaks, CA, 91403  
Served by: padmini 7/9/2018 1:39:26 pm  
Term ID-Trans# 1/A-188151

Qty	Size	Item	Price
1		3FT Giant Sub	48.00
		-2 Roast Beef GSect	0.00
1		3FT Giant Sub	48.00
		-2 Tuna GSect	0.00
Sub Total			96.00
Total (Take Out)			96.00
Credit Card			96.00
Change			0.00

Approval No: 007754  
Reference No: 819020076379  
Card Issuer: Mastercard  
Account No: \*\*\*\*\*8480  
Acquired: Manual  
Amount: \$96.00  
Date/Time: 7/9/2018 1:39:24 PM

Signature: \_\_\_\_\_

I agree to pay above total amount

# Your Booking Request has been Approved!

## Order 87C8C0

Hello Jeffrey Hartsough,

Congratulations on being approved for Sherman Oaks Street Fair!  
Your payment info has now been processed, and should be reflected in your accounts.

Please complete any required documents via the Document Manager, accessed by

selecting the  folder icon within in your order summary.

## Invoice

Jeffrey Hartsough  
[jeffrey.hartsough.sonc@gmail.com](mailto:jeffrey.hartsough.sonc@gmail.com)  
3106149804

Sherman Oaks Chamber of  
Commerce  
14827 Ventura Blvd Suite 207  
Sherman Oaks, CA 91403  
[vicki@shermanoakschamber.org](mailto:vicki@shermanoakschamber.org)

ORDER #: 87C8C0  
Booked Date: Jul 24 2018

Product	Price	Qty	Total
Booth Profile: Sherman Oaks Neighborhood Council Sherman Oaks Street Fair Basic 10x10	\$800.00	1	(\$800.00) \$300.00
10 by 10 canopy package (no walls) with one 8' table and two chairs	\$150.00	1	\$150.00
		<b>Subtotal</b>	<b>\$950.00</b>
		<b>Discounts</b>	<b>\$500.00</b>
		<b>Total</b>	<b>\$450.00</b>



Best Bubble Parties / Best Bubble Learning  
13654 Victory Blvd #545  
Van Nuys, CA 91401

(818) 350-2825  
info@bestbubbleparties.com

Bill to:  
Tom Capps  
200 N Spring St.  
Los Angeles, CA 90012

Party Location (if different):  
Tom Capps  
14201 Huston St.  
Sherman Oaks, CA 91423

**INVOICE / CONTRACT**

**Account Number** 14206  
**Invoice Number** 142067633  
**Issue Date** 7/24/2018  
**Due Date** On or before day of event

Date	Service	QTY	Price	Total
7/28/2018	Festibubble Program - 2 hours Festibubble Outdoor <b>Hands-on bubble play</b> Everyone gets to make their own amazing bubbles! (no going inside of bubbles or other specialty bubble tricks in our show that require zero airflow) 7/28/2018 6:15 PM	1 Each	319.00/Each	319.00
8/25/2018	Festibubble Program - 2 hours Festibubble Outdoor <b>Hands-on bubble play</b> Everyone gets to make their own amazing bubbles! (no going inside of bubbles or other specialty bubble tricks in our show that require zero airflow) 8/25/2018 6:15 PM	1 Each	319.00/Each	319.00

Sub-Total:	\$638.00
VIP Discount	-88.00
<b>Total:</b>	<b>\$550.00</b>
Total Payments:	\$0.00
Balance Due:	\$550.00

**\*\*\*\*Important\*\*\*\***

All balances due on the day of your event are due in cash, company check (payable to "Best Bubble Parties"), credit card, or PayPal. For credit card charges, just let your bubblist know you'd like to charge the card on file or give them a new card for the balance.

For PayPal, you can pay right on your phone by going to [paypal.me/bubblefun](https://paypal.me/bubblefun)

Please note that our performers are on a very specific schedule. Please make sure the start time works for you. If it is possible for us to stay longer at your request, additional time is billed at \$30/15 minutes.

\*\*Parking must be provided. Please reimburse your performer directly for any parking payments. Thank you.

[Rain & Refund Policy](#)

Please note that you may take all the still photographs you want, but video recording indoor bubble **show** is not allowed until the 'Grand Finale.'

You **MAY** video record kids going in bubbles and/or outdoor bubble play.

Thank you for your cooperation and have an awesome time!

Gratuities for your performers are never required, but always appreciated!



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

CUSTOMER NUMBER
<b>8607823</b>
INVOICE DATE
<b>07/01/2018</b>

Bill-To Customer:

 SHERMAN OAKS NC 1711  
 PO BOX 5721 T8 P1  
 SHERMAN OAKS, CA 91413-5721



Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	07/01/2018 07/31/2018	07/30/2018	\$15.26	\$0.00	\$0.00	\$15.26	\$30.52

Payments - Thank You

Description of Current Charges & Credits	Qty	Unit Price	Ext. Price
UM Standard-Discount Rate	July service	1	\$14.00
8185032399			\$14.00
City Utility Users Tax			\$1.26

CUSTOMER NUMBER	
<b>8607823</b>	
INVOICE NUMBER	
<b>7383944</b>	
DUE DATE	AMOUNT PAID
<b>07/30/2018</b>	

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



# Invoice

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

Date	Invoice #	Due Date
7/1/2018	16948	7/1/2018

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

P.O. No.	Terms	Project

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

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





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

REG#03 TRN#7858 CSHR#0000010 STR#9707

**\$61.55 TOTAL DUE  
BM Reimbursement**

ExtraCare Card #: \*\*\*\*\*0023

M 1 HP 74 INK-CART EACH 20.24T **SAVED 6.75**

SUBTOTAL 20.24  
CA 9.5% TAX 1.92  
**TOTAL 22.16**  
DEBIT 22.16  
\*\*\*\*\*7744 CH

US DEBIT \*\*\*\*\*7744  
REF# 038582  
TRAN TYPE: SALE  
AID: A000000980840  
TC: 7E1B39E24B016773  
TERMINAL# 85227462  
PIN VERIFIED ONLINE  
CVM: 420000  
TVR(95): 8080048000  
TSI(9B): 6800

CHANGE .00



2509 7078 1597 8580 36  
Returns with receipt, subject to  
CVS Return Policy, thru 08/07/2018

JUNE 8, 2018 10:56 AM

**TRIP SUMMARY:**  
Today You Saved 6.75  
Savings Value 25%

THANK YOU. OPEN 24 HOURS 7 DAYS A WEEK

ExtraCare Card balances as of 05/31

Year to Date Savings 56.70

2% of your Spring 2018 Spend  
Spring 2018 Spending 126.04

Buy 6 Coca Cola single serve!  
Coca-Cola Points 1

Buy 7 Get One FREE!  
Select Hair Color  
Quantity Toward Free Extra 1  
Quantity Needed for Free Extra 6

\*\*\*\*\*

For every coupon necker redeemed in  
store, Josh Cellars will donate \$1  
, up to \$100,000 to support  
Operation Gratitude and the  
National Volunteer Fire Council.  
Learn more and get involved at  
[www.joshcellars.com/non-profit-partnerships!](http://www.joshcellars.com/non-profit-partnerships!)

\*\*\*\*\*



More saving.  
More doing.™

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

6644 00056 46385 06/28/18 10:58 AM  
SELF CHECK OUT

731161048180 26IN MOBILE <A> <M> 39.97  
HUSKY CONNECT 26IN MOBILE TOOL BOX  
MAX REFUND VALUE \$35.97  
-----10% off Military Discount-----  
39.97 10% off Military Discount -4.00  
MUST RETURN ALL ITEMS FOR A FULL REFUND  
-----

SUBTOTAL 35.97  
SALES TAX 3.42  
TOTAL \$39.39

XXXXXXXXXXXX3579 VISA

USD\$ 39.39  
TA

AUTH CODE 30402C/9564070  
Chip Read  
AID A0000000031010  
TVR 8080008000  
IAD 06010A03600000  
TSI 6800  
ARC 00

VISA CREDIT

<M> = Military Appreciation



6644 56 46385 06/28/2018 5193

RETURN POLICY DEFINITIONS  
POLICY ID DAYS POLICY EXPIRES ON  
A 1 90 09/26/2018  
THE HOME DEPOT RESERVES THE RIGHT TO  
LIMIT / DENY RETURNS. PLEASE SEE THE  
RETURN POLICY SIGN IN STORES FOR  
DETAILS.

\*\*\*\*\*



Lloyds Staffing

Item.	Invoice Date	Period	Invoice No.	Hours	Total	COMMENT
1	04/29/18	4/23-4/29/18	403325	2.00	\$43.70	4/24-4/28
2	06/10/18	6/4-6/10/18	404062	3.00	\$65.55	6/4,6/5,6/6/6/7,6/8
3	06/17/18	6/11-6/17/18	404211	18.00	\$393.30	6/9,6/10,6/11-6/15
4	06/24/18	6/18-6/24/18	404306	7.00	\$152.95	6/18-6/22
6	07/08/18	7/2-7/8/18	404558	3.00	\$65.55	7/2-7/5
<b>TOTAL</b>					<b>\$721.05</b>	



**INVOICE**

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

Please remit payment to:  
LLoyd Staffing, Inc.  
PO Box 780994  
Philadelphia, PA 19178-0994  
Billing inquiries: **631.370.7433**

Credit Cards Accepted



**BILL TO:** Attention of: Tom Capps,  
SHERMAN OAKS NEIGHBORHOOD COUNCIL  
P.O. BOX 5721  
SHERMAN OAKS, CA 91413

**Thank you for choosing Lloyd Staffing**

**PO#**

<b>DATE</b> 04/29/2018	<b>INVOICE NO.</b> 403325	<b>PAGE</b> 1	<b>ACCOUNT NO.</b> 117247	<b>TERMS:</b> Due Upon Receipt
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PERIOD	DESCRIPTION & EMPLOYEE	HOURS	RATE	AMOUNT
04/23/18-04/29/18	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**





**INVOICE**

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Wells Fargo Bank, N.A.  
Routing #: 121000248  
Account #: 4060542594

Please remit payment to:  
LLoyd Staffing, Inc.  
PO Box 780994  
Philadelphia, PA 19178-0994  
Billing inquiries: **631.370.7433**

Credit Cards Accepted



**BILL TO:** Attention of: Tom Capps,  
SHERMAN OAKS NEIGHBORHOOD COUNCIL  
P.O. BOX 5721  
SHERMAN OAKS, CA 91413

**Thank you for choosing Lloyd Staffing**

**PO#**

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
06/10/2018	404062	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
06/04/18-06/10/18	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.

**CALIFORNIA**

**Lloyd**  
CONNECTED. ALWAYS.

11066 Artesia Boulevard, Suite A  
Cerritos, CA 90703  
Phone: 562-860-2555 Fax: 562-860-0111

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & FOR BREAK	TOTAL HOURS
MON	6/4/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	6/5/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	6/6/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		1
THURS	6/7/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		1
FRI	6/8/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		1
SAT		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	6/8/18	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE			3

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

**COMPANY NAME**  
(Please Print) **SONC**

**Address**

**REPORT TO**  
Name: **RON WIFE** Dept: **Admin** Date: **6/8/18**

**EMPLOYEE NAME**  
**JO**

**SOCIAL SECURITY NO**

**CLIENT SCHEDULE OR**

**IMPORTANT FOR CLIENT:** Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advise months to employees. Misstatements & hours per employee per day.

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

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

**OVERTIME**  
You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. **WORK WEEK:** Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.

**LUNCH**  
Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.

**ABSENCES - LATENESS**  
Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.

**ON-THE-JOB SAFETY**  
Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.

**TERMS & CONDITIONS FOR LLOYD STAFFING**

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

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

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not instruct LLOYD's employees with unauthorized premises, plant, materials or other reliable or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim, arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage; (b) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee acting with negligence, or arising out of or involving violation by Customer of clause (a) above; (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence; (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it applies to premises owned or controlled by Customer and to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the general qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.



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Account #: 4060542594

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LLoyd Staffing, Inc.  
PO Box 780994  
Philadelphia, PA 19178-0994  
Billing inquiries: **631.370.7433**

Credit Cards Accepted



**BILL TO:** Attention of: Tom Capps,  
SHERMAN OAKS NEIGHBORHOOD COUNCIL  
P.O. BOX 5721  
SHERMAN OAKS, CA 91413

**Thank you for choosing Lloyd Staffing**

**PO#**

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
06/17/2018	404211	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
06/11/18-06/17/18	EXASST Salter, Jolie A			18.00	21.85	\$393.30
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$393.30</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.



11060 Ardenia Boulevard, Suite A  
Cerritos, CA 90703  
Phone: 562-860-2555 Fax: 562-860-0111

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	6/11/18	2:00 AM	10:00 PM		8
TUES	6/12/18	2:00 AM	4:00 PM		2
WED	6/13/18	4:00 AM	5:00 PM		1
THURS	6/14/18	2:00 AM	4:00 PM		2
FRI	6/15/18	4:00 AM	5:00 PM		1
SAT	6/16/18	1:00 AM	2:00 PM		1
SUN	6/17/18	2:00 AM	5:00 PM		3
WEEK ENDING	6/15/18	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE			18

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

**EMPLOYEE INFORMATION**

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

**OVERTIME**

You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. WORK WEEK: Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.

**LUNCH**

Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.

**ABSENCES - LATENESS**

Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.

**ON-THE-JOB SAFETY**

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

**TRAINING**

You must complete the Training Orientation every time you an

COMPANY NAME **SONC**  
 (Please print)  
 ADDRESS  
 P. O.  
 ZIP

REPORT TO **RON ZIFF** DEPT.  
 JOB TITLE **ADMIN ASST 6/15**  
 WEEK ENDING

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.

As stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.

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

**TERMS & CONDITIONS FOR LLOYD STAFFING**

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

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee. If we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that LLOYD replaces the individual assigned. I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder. I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder. (a) Customer shall not entrust LLOYD's employees with unattended premises, cash, negotiables or other valuable items. LLOYD's employees shall not be authorized to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance. LLOYD shall not be held liable for any loss or damage to property or equipment of the Customer or its affiliates resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above. (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence. (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer, and to which LLOYD'S employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid invoices.



**INVOICE**

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

Please remit payment to:  
LLoyd Staffing, Inc.  
PO Box 780994  
Philadelphia, PA 19178-0994  
Billing inquiries: 631.370.7433

Credit Cards Accepted



**BILL TO:** Attention of: Tom Capps,  
SHERMAN OAKS NEIGHBORHOOD COUNCIL  
P.O. BOX 5721  
SHERMAN OAKS, CA 91413

**Thank you for choosing Lloyd Staffing**

**PO#**

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
06/24/2018	404306	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
06/18/18-06/24/18	EXASST	Salter, Jolie A		7.00	21.85	\$152.95
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$152.95</b>

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





# INVOICE

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

Please remit payment to:  
LLoyd Staffing, Inc.  
PO Box 780994  
Philadelphia, PA 19178-0994  
Billing inquiries: 631.370.7433

Credit Cards Accepted



**BILL TO:** Attention of: Tom Capps,  
SHERMAN OAKS NEIGHBORHOOD COUNCIL  
P.O. BOX 5721  
SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
07/08/2018	404558	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
07/02/18-07/08/18	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.



11060 Artesia Boulevard, Suite A  
Cerritos, CA 90703  
Phone: 562-960-2655 Fax: 562-960-0111

COMPANY NAME **SONC** TOWN P.O. ZIP  
ADDRESS DEPT. JOB TITLE **ADMIN** WEEK ENDING **6/5**

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH &/OR BREAK	TOTAL HOURS
MON	6/1/18	2:30 PM	3:00 PM		1
TUES	6/2/18				
WED	6/3/18				
THURS	6/4/18				
FRI	6/5/18	2:30 PM	4:00 PM		2
SAT					
SUN					

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

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

TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE **3**

**INSTRUCTIONS:**  
- Use a ball point pen.  
- Use a separate timesheet for each assignment.  
- ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.  
- CLIENT copy with client company, retain EMPLOYEE copy for yr.  
- Signed timesheets will be returned without payment.

**IMPORTANT FOR CLIENT:** Execution of this form by the client constitutes a certification that the work as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.  
Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

**EMPLOYEE INFORMATION**

void delays be sure timesheets are completely filled out. Includes required signatures by yourself and authorized representative of the client.

**WORK WEEK**

are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by client. WORK WEEK: Work in excess of (40) forty hours in 2 week (Monday-Sunday) will be paid at one and one-half (1.5) your regular rate.

Lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.

**ARRIVAL - LATENESS**

Immediately if you must be absent or late. Do not call Lloyd STAFFING will call the client.

**SAFETY**

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

complete the Training Orientation every time you go on assignment.

**TERMS & CONDITIONS FOR LLOYD STAFFING**

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

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to you, LLOYD will not charge for the first hour (4 hours worked by such employee) provided that LLOYD replaces the employee assigned. Unless we replace LLOYD before the end of the first 3 1/2 (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the bill agreement between LLOYD and Customer with respect to the services performed hereunder and any future services. This bill agreement shall not be enforceable against LLOYD's employees with outstanding promises, debts, negotiable or other instruments or authorize such employees to generate negotiable instruments without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless against such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, theft, collision, cargo damage or other public liability damage. (b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD'S employees, and Customer indemnifies LLOYD against liability arising therefrom, including the delivery thereof. (c) LLOYD'S employee driving such motor vehicle or operating such equipment shall be deemed to be acting as a result of a LLOYD'S employee driving such motor vehicle or operating such equipment. (d) LLOYD is not responsible for claims made under the Federal Bond and other policies which are required to be carried by Customer when they are in the course of their duties. (e) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of or under the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer, and to which LLOYD'S employees are assigned and (f) under no circumstances will LLOYD be responsible for claims arising from acts performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employee-employer relationship with its primary employer and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INQUIRED WHILE PERFORMING UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1.2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.

