

ATTACHMENT "C.i." Monthly Expenditure Report



Reporting Month: October 2018

Budget Fiscal Year: 2018-2019

**NC Name: Bel Air-Beverly Crest
Neighborhood Council**

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$36245.18	\$5476.09	\$30769.09	\$772.20	\$0.00	\$29996.89

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$39000.00	\$4340.18	\$27769.09	\$772.20	\$26996.89
Outreach		\$1135.91		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$750.00	\$0.00	\$750.00	\$0.00	\$750.00
Neighborhood Purpose Grants	\$2250.00	\$0.00	\$2250.00	\$0.00	\$2250.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$5754.82	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE BABCNC.O	10/01/2018	(Credit card transaction)	General Operations Expenditure	Office	\$175.00
2	AMERICAN JEWISH UNIVER	10/09/2018	(Credit card transaction)	General Operations Expenditure	Office	\$207.13
3	JIVE COMMUNICATIONS	10/10/2018	(Credit card transaction)	General Operations Expenditure	Office	\$28.07
4	MAILCHIMP MONTHLY	10/25/2018	(Credit card transaction)	General Operations Expenditure	Office	\$15.00
5	CTS FRONTIER ONLINEPAY	10/29/2018	(Credit card transaction)	General Operations Expenditure	Office	\$53.98
6	AMERICAN JEWISH UNIVER	10/09/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$179.75
7	AMERICAN JEWISH UNIVER	10/09/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$82.13
8	L.A. PRESS PRINTING IN	10/09/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$4.60

9	L.A. PRESS PRINTING IN	10/22/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$37.23
10	AAA FLAG AND BANNER LA	10/31/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$832.20
11	LLOYD STAFFING / LLOYD STAFFING, INC.	09/25/2018	Invoice from Lloyd's for Board Administrator ...	General Operations Expenditure	Office	\$1544.40
12	LLOYD STAFFING / LLOYD STAFFING, INC.	10/05/2018	Missed Invoice from Lloyd's for Board Adminis...	General Operations Expenditure	Office	\$1544.40
13	LLOYD STAFFING / LLOYD STAFFING, INC.	10/15/2018	Invoice from Lloyd's for Board Administrator ...	General Operations Expenditure	Office	\$772.20
Subtotal:						\$5476.09

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	LLOYD STAFFING / LLOYD STAFFING, INC.	10/29/2018	Invoice from Lloyd's for Board Administrator ...	General Operations Expenditure	Office	\$772.20
Subtotal: Outstanding						\$772.20



Payment Receipt

Google LLC
1600 Amphitheatre Pkwy
Mountain View, CA 94043
United States

Payment date Sep 1, 2018
Billing ID 7677-2853-5183
Payment method Mastercard •••• 5007

Tax identification number
77-0493581

Bel Air Beverly Crest Neighborhood Council
Alan G. Fine
PO Box 252007
Los Angeles, CA 90025
United States

Description	
Payment amount	\$175.00



American
Jewish
University

American Jewish University

AMERICAN JEWISH UNIV
15600 HOLLYWOOD BL
LOS ANGELES, CA. 90077-1519
310-476-9777

Phone Order

Confirmation

Customer	Reservation: 12397
Sam Levitt	Event Name: Neighborh
Neighborhood Council	Meeting
	Status: Confirmed
	Phone: Ext. 288
	Event Type: Meeting
	2nd Contact: Cathy Palr
	Phone: 323 304 74

XXXXXXXXXXXX5007

MASTERCARD

Entry Method: Manual

Amount: \$ 207.13

Tax: \$ 0.00

Total: \$ 207.13

10/09/18 14:34:54

Inv #: 000000003 Appr Code: 046820

Approved: Online

AVS Code: EXAC MATCH Y

CVV2 Code: MATCH N

Cust #: 1111

Customer Copy

THANK YOU!

Bookings / Details

Tuesday, October 09, 2018

6:00 PM - 9:00 PM Planning/Land Use (Confirmed) AD LIB 223

Room Charge:

1 \$125.00 \$125.00

Catering:

5:00 PM - 10:00 PM SEE DESCRIPTION

TABLE CLOTH (supply budget code)

1

Catering:

6:00 PM - 9:00 PM Refreshments

SPECIAL INSTRUCTIONS:

Food: \$75.00

Tax \$7.13

Total \$82.13

1 \$82.13 \$82.13

Setup Notes:

12 white chairs facing the tables.

3 tables with 4 chairs behind each in a U shape.

1 8' by slanted wall for materials

@\$125

Subtotal \$207.13

Grand Total \$207.13

Bel Air Beverly Crest Neighborhood Council (/billin/billing/pbxSelect) - CN-631494-1701

Billing History (/billin/billing/015a80c6-daf0-50ab-8c09-000100420002/billing-details) > #IN6000003003

Invoice # IN6000003003			October 1st, 2018
Description	Quantity	Rate	Total
Handsets - service charge	1	\$19.95	\$19.95
DIDs - service charge - telephone numbers	1	\$1.75	\$1.75
State and Local Regulatory Recovery Fee	1	\$3.37	\$3.37
Regulatory Recovery Fee	1	\$3.00	\$3.00
Total			\$28.07
Payments and Credits			\$28.07
Total Due			\$0.00

Date Due:

Tuesday, October 16th, 2018

Paid

Date Paid:

October 10th, 2018

Payment Method

Mastercard - Ending in **5007

For payment and billing questions call **855-848-0764**
or email us at **billing@jive.com**.



Your order has been processed.

Order MC07179597

Processed on Oct 24, 2018 11:01 pm Pacific Time.

Monthly plan

501 - 1000 subscribers.

\$15.00

Discounts

Save 10% on Mailchimp account charges by enabling [two-factor authentication](#)

Subtotal

\$15.00

Taxes

State and Local Tax

\$0.00

Total

\$15.00

Paid via Mast card ending in 5007 on October 24, 2018

\$15.00

Issued to

Bel Air/Beverly Crest Neighborhood Council
benedictcanyon

info@babcnc.org

Bel Air/Beverly Crest Neighborhood Council
PO Box 252007 Los Angeles, CA 90025-
8907
(310) 479-6247

Issued by

Mailchimp
c/o The Rocket Science Group, LLC
675 Ponce De Leon Ave NE
Suite 5000
Atlanta, GA 30308 USA
www.mailchimp.com
US EIN 58-2554149



Account Summary

New Charges Due Date	11/08/18
Billing Date	10/15/18
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	28.14
Payments Received Thru 9/20/18	-28.14
Thank you for your payment!	
Balance Forward	.00
New Charges	53.98
Total Amount Due	\$53.98

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 **Chat:** Frontier.com  **Online:** Frontier.com/helpcenter

 1.800.921.8102  **Email:** ContactBusiness@ftr.com

1 11



P.O. Box 5157, Tampa, FL 33675

----- manifest line -----



CITY OF LOS ANGELES
P O BOX 252007
LOS ANGELES, CA 90025

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To view your Auto Pay, please log in at www.frontier.com.

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PAYING YOUR BILL

Pay online, by phone, by mail or at any Authorized Payment Location. Paying by check authorizes Frontier to make a one-time electronic funds transfer from your account, as early as the day your check is received. Visit Frontier.com to set up recurring electronic payments to streamline bill payment.

LATE PAYMENTS, RETURNED CHECK FEES and PAST DUE BALANCES

You are responsible for all legitimate, undisputed charges on your bill. If you pay your bill after the due date, you may be charged a fee (including a Treatment Charge if your account has been delinquent for 3 consecutive months and your past due balance is greater than \$99), your service may be interrupted and you may have to pay a reconnection charge to restore service. A fee may be charged for a check that is returned by the bank for any reason. Continued nonpayment of undisputed charges (incl. 900 and long distance charges) may result in collection action and a referral to credit reporting agencies, which may affect your credit rating. When making an online payment, please allow time for the transfer of funds. If the funds are not received by Frontier by the due date, a fee may be assessed.

IMPORTANT CONSUMER MESSAGES

You must pay all basic local service charges to avoid basic local service disconnection. Failure to pay other charges will not cause disconnection of your basic service but this may cause other services to be terminated. Frontier Bundles may include charges for both basic and other services.

Frontier periodically audits its bills to ensure accuracy which may result in a retroactive or future billing adjustment.

Billing and service complaints may be submitted to the California Public Utilities Commission, Consumer Affairs Branch www.cpuc.ca.gov/complaints/; or 1-800-649-7570; or 505 Van Ness Ave., Room 2003, San Francisco, CA 94102.

SERVICE TERMS

Visit Frontier.com/terms, Frontier.com/tariffs or call Customer Service for information on applicable tariffs, price lists and other important Terms, Conditions and Policies ("Terms") related to your Frontier services - voice, internet and/or video - including limitations of liability, and early termination fees and the effective date of and billing for the termination of service(s). Frontier's Terms, include a binding arbitration provision to resolve customer disputes (Frontier.com/terms/arbitration). Subscribers to Frontier's TV and Internet services are billed one full month in advance. Unless otherwise required by applicable law, if you cancel your TV and/or Internet service subscription, termination of your service subscription(s) and any early termination fees will be effective on the last day of your Frontier billing cycle and no partial month credits or refunds will be provided for previously billed service subscriptions. Installation or setup fees paid at the initiation of the Service, if any, are not refundable. We encourage you to review the Terms as they contain important information about your rights and obligations, and ours. By using or paying for Frontier services, you are agreeing to these Terms and that disputes will be resolved by individual arbitration.

Hard of Hearing, Deaf, Blind, Vision and /or Mobility Impaired customers may call Frontier 1-877-462-6606 or dial 7-1-1 to reach a consultant trained to support their communication needs. Visit www.ddtp.org for more information.



CITY OF LOS ANGELES

Date of Bill

Account Number

Page 3 of 3

10/15/18

310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 10/15/18 to 11/14/18

Qty Description	310/231-7288.0	Charge
Non Basic Charges		
Internet 25M		149.99
Other Charges-Detailed Below		3.99
Partial Month Charges-Detailed Below		-100.00
Total Non Basic Charges		53.98

TOTAL 53.98**** ACCOUNT ACTIVITY ****

Qty Description	Order Number	Effective Dates	
1 Business High Speed Internet Fee	AUTOCH	10/15	3.99
310/231-7288		Subtotal	3.99
Partial Month Charges			
Internet Term Credit 1Yr	PROMOTION	10/15 11/14	-100.00
310/231-7288		Subtotal	-100.00
	Subtotal		-96.01







American
Jewish
University

American Jewish University

AMERICAN JEWISH UNIV
15600 MULHOLLAND DR
LOS ANGELES, CA. 90077-1613
310-476-9777

Phone Order

Confirmation

Customer

Sam Levitt
Neighborhood Council

Reservation: 12397

Event Name: Neighbor Meeting
Status: Confirmed
Phone: Ext. 288
Event Type: Meeting
2nd Contact: Cathy Pal
Phone: 323 304 7

XXXXXXXXXXXX5007
MASTERCARD

Entry Method: Manual

Amount: \$ 179.75

Tax: \$ 0.00

Total: \$ 179.75

10/09/18 14:33:38

Inv #: 000000001 Appr Code: 027406

Approved: OnLine

AVS Code: EXAC MATCH Y

CVV2 Code: MATCH N

Cust #: 1111

Bookings / Details

Wednesday, September 12, 2018

6:00 PM - 9:00 PM Planning/Land Use (Confirmed) AD LIB 223

Room Charge:

1 \$125.00 \$125.00

Catering:

5:00 PM - 10:00 PM SEE DESCRIPTION

TABLE CLOTH (supply budget code)

1

Catering:

6:00 PM - 9:00 PM Refreshments

SPECIAL INSTRUCTIONS:

Food: \$50.00

Tax: \$4.75

Total: 54.75

1 \$54.75 \$54.75

Setup Notes:

12 white chairs facing the tables.

3 tables with 4 chairs behind each in a U shape.

1 8' by slanted wall for materials

Subtotal \$179.75

Grand Total \$179.75

Customer Copy

THANK YOU!



American
Jewish
University

American Jewish University

AMERICAN JEWISH UNIV
15600 MULHOLLAND DR
LOS ANGELES, CA. 90077-1519
310-476-9777

Phone Order

XXXXXXXXXXXX5007
MASTERCARD

Entry Method: Manual

Amount: \$ 82.13
Tax: \$ 0.00
Total: \$ 82.13

10/09/18 14:34:18
Inv #: 000000002 Appr Code: 040608
Apprvd: Online
AVS Code: EXAC MATCH Y
CVV2 Code: MATCH N
Cust #: 1111

Customer Copy
THANK YOU!

Confirmation

Customer

Sam Levitt
Neighborhood Council

Reservation:

12397

Event Name: Neighbor
Meeting
Status: Confirmed
Phone: Ext. 288
Event Type: Meeting
2nd Contact: Cathy P
Phone: 323 304

Quant

Bookings / Details

Wednesday, September 26, 2018

7:00 PM - 9:00 PM Neighborhood Council (Confirmed) AD LIB 223

Audio Visual:

Microphone

standing mike for the audience/speakers and a free hand-held mike at the table

AJU In House/Tech @ Event

Catering:

5:00 PM - 10:00 PM SEE DESCRIPTION

TABLE CLOTH (supply budget code)

Catering:

6:00 PM - 9:00 PM Refreshments

SPECIAL INSTRUCTIONS:

Food: \$75.00

Tax \$7.13

Total \$82.13

Setup Notes:

Set Up

- Front of 223- U Shape of 5 tables with cloths/32 chairs around the U and microphone
- Facing U Shape, 40 white chairs Theatre Style
- 2 8' for catering against the wall

Subtotal \$82.13
Grand Total \$82.13

CUSTOMER COPY

RECEIPT

5476 Wilshire Boulevard Los Angeles, CA 90036
 323.936.8888 Fax 323.934.3298
 orders@lapressprinting.com
 www.lapressprinting.com



L.A. Press Printing,

Serving the community since 1987

Date

10-22-18

Customer

C Palmer

Address

BAACNC

Phone

Cell

Quantity	Description	Price
72	Trunc Cmta	3.60
30	X10 300	} Board 15.00 Cmtupj 1.50 9.99 3.00
30	X1 30	
30	X6 198	
30	X2 60	
	PLACECAD.	1.00
	PAID IN FULL	
	<input type="checkbox"/> CASH	
	<input type="checkbox"/> CHECK NO.	<input type="checkbox"/> DEBIT
	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX
	DATE:	

- ☐ Check #
- ☐ Charge
- ☐ Cash

Thank You!

Sub Total

Tax

Total

Deposit

Balance

33.09
 3.14
 36.23
 36.23
 37.23

L.A. PRESS PRINTING INC
 5476 WILSHIRE BLVD
 LOS ANGELES, CA 90036

SALE

MID: 1368 Store: 8739 Term: 0001
 REF#: 00000003
 Batch #: 001 RRN: 829516001132
 10/22/18 09:51:09
 Trans ID: 1022MCPUKZRX9
 APPR CODE: 017906
 MASTERCARD
 *****5007
 Chip
 /

AMOUNT

\$37.23

APPROVED

MASTERCARD

AID: A0000000041010
 TVR: 00 00 08 80 00
 TS: E8 00

CUSTOMER COPY



Corporate Office
8955 National Blvd
Los Angeles, CA 90034
310-836-3200

TRANSACTION # **QTE245047**
DATE **8/31/2018**
EXPIRES **11/29/2018**
SALES TEAM **413 JEREMY & LEE**

QUOTE

CUSTOMER C200503

Bel Air Beverly Crest Neighborhood Council

Attachment "F" Quote One-Year Permit Renewal of Pole Banners for One Year

PROJECT

Pole Banners permit renewal

PRIMARY CONTACT

Robin Greenberg
3109680605
robin@robingreenberg.com

DUE DATE

9/7/2018

SHIPPING METHOD

Installation - AAA Factory

PAYMENT TERMS

COD

BILL TO

Bel Air Beverly Crest Neighborhood Council
Po Box252007
Los Angeles CA 90025

SHIP TO

Bel Air Beverly Crest Neighborhood Council
Po Box252007
Los Angeles CA 90025

QTY			EACH	TOTAL
4	Description	Permits - Four 90 day - non event	\$140.00	\$560.00 *
	Item	Miscellaneous Item		
1	Description	Permit Processing	\$200.00	\$200.00 *
	Item	Miscellaneous Item		

Shipping charges are not included, and will be billed at the time of invoice unless listed.

SUBTOTAL	\$760.00
EST. SHIPPING	TBD
TAX (9.5%)*	\$72.20
TOTAL	\$832.20

- Artwork setup and graphic design are billed at an hourly rate of \$150.00
- Unless specified, installation and mounting hardware are not included
- Unless specified, packaging and shipping are not included

***** IMPORTANT *** PROOF APPROVAL TIMELINE *****

In order for AAA to meet your deadline requirements, please be sure to approve the proofs immediately upon receipt. Delays in proof approval will cause equal delays in production or expedited service fees may be incurred. Our standard production time is 3-5 business days, Monday through Friday.

- Orders approved less than 72 hours prior to the due date can be subjected to a 25% priority service fee
- Orders approved less than 48 hours prior to the due date can be subjected to a 50% priority service fee
- Orders approved less than 24 hours prior to the due date can be subjected to a 100% priority service fee



Corporate Office
8955 National Blvd
Los Angeles, CA 90034
310-836-3200

TRANSACTION **QTE245047**
DATE **8/31/2018**

QUOTE AGREEMENT

I acknowledge that all items in the Quote are correct and that I have read this Quote Agreement and the Terms and Conditions affixed hereto. I am authorized by the Customer to agree, and by my signature the Customer agrees, to the Quote Agreement and to those Terms and Conditions, and to authorize AAA Flag & Banner Mfg. Co., Inc. ("AAA Flag") to perform the work after AAA Flag receives the Customer's Approval of Artwork Proof. This Quote and accompanying Terms and Conditions, and any Change Orders, may be agreed to by use of original signatures, e-mail (pdf) signatures, or signatures sent via fax machine, or may be agreed to by text message or e-mail confirmation, or by telephone or verbal confirmation, and the Customer shall not later dispute or contest the authority of the Customer's signatory or of the Customer's agent (who enters into any of the aforementioned agreements by e-mail, fax machine, text message, telephone or verbal confirmation).

With regard to custom orders (not items in stock), the Customer acknowledges that to provide color accuracy, correct content and timely delivery, AAA Flag requires color callouts, a proof and timely approval of the Customer's artwork. AAA Flag cannot start production until after it receives the Customer's Approval of Artwork Proof. Normal production time is 3 to 5 business days after AAA Flag's receipt of the Customer's Approval of Artwork Proof. RUSH production will be subject to additional charges. RUSH production occurs when the Customer requests faster-than-normal production time, when the Customer delays in providing timely Approval of Artwork Proof resulting in faster-than-normal production time, or when situations or forces beyond AAA Flag's control require or cause faster-than-normal production time. Any delay in the timeliness of any Customer approvals or delivery of artwork or other requirements of the order will result in an equivalent delay in delivery of the order or, at AAA Flag's sole discretion, cancellation of the order due to insufficient time to produce or deliver the order.

If it becomes necessary for AAA Flag to employ an attorney or a collector to collect any outstanding balance due from Customer, including any accrued interest or finance charge, arising from or related to any goods or services provided by AAA Flag, the attorney's, collector's fees and costs for such services incurred by AAA Flag in the successful prosecution of such action shall be the responsibility of Customer, and AAA Flag shall be entitled to an award of all such fees and costs it incurred in prosecuting such action.

Date

Signature

Print Name



Corporate Office
8955 National Blvd
Los Angeles, CA 90034
310-836-3200

TRANSACTION **QTE245047**
DATE **8/31/2018**

TERMS AND CONDITIONS

1. **Acknowledgement and Agreement.** The Terms and Conditions set forth herein apply to any sale of goods or services by AAA Flag & Banner Mfg. Co., Inc. ("AAA Flag") to Customer. By signing the Quote, Customer acknowledges that it has read, understands and agrees to these Terms and Conditions. In addition, by agreeing to place an order with AAA Flag, and by accepting the goods and services ordered from and supplied by AAA Flag, Customer shall be deemed to have full knowledge of the Terms and Conditions set forth herein, shall be deemed to have accepted all such Terms and Conditions without objection, and such Terms and Conditions shall be binding in all respects on Customer.
2. **Inconsistency and Modification.** In the event of any conflict or inconsistency between the Terms and Conditions set forth herein and any term or condition set forth in any Order or in any offer or other form issued by Customer, whether or not such offer or other form is accepted by AAA Flag, the Terms and Conditions set forth herein shall prevail. No waiver, alteration, or modification of the Terms and Conditions set forth herein shall be valid or binding on AAA Flag unless made in writing and signed by a duly authorized representative of AAA Flag.
3. **Variations.** Customer acknowledges that, due to differences in equipment, materials, inks and other conditions between color proofing and actual production operations, a reasonable variation in color, clarity, brightness, and tone may exist between the proofs provided to Customer and the completed, manufactured goods supplied by AAA Flag. Customer further acknowledges and agrees a variation in appearance from the Order submitted by Customer and from any sample provided by AAA Flag is expected and reasonable, is acceptable to Customer, and shall not be deemed to be non-conforming or defective.
4. **Site Survey and Indemnity.**

Site Survey: In order for AAA Flag to accomplish its work, AAA Flag might require a survey of the site prior to installation or delivery of the goods. The sole purpose of the survey will be for AAA Flag to assess the logistics of installation or delivery, not to assess any risks or hazards of injury or damage. Prior to the date of installation or delivery of the goods, the Customer shall advise AAA Flag in writing or e-mail of any risks or hazards, patent or latent, associated with the site, including but not limited to any structures or conditions on, below, or adjacent to the site ("Site Conditions"), and relating to the installation or delivery of the goods. At no time shall AAA Flag be responsible for the Site Conditions, for remediation of Site Conditions, or for notifying the Customer or third-parties of any Site Conditions.

Indemnity: To the extent permitted by law, Customer shall indemnify, defend, and hold harmless AAA Flag, its officers, agents, employees and servants from all allegations, proceedings, claims, suits or actions of every name, kind, description, brought for, or on account of, injuries to or death of any person or damage to property resulting from or relating to any Site Conditions, and relating to the installation or delivery of the goods.
5. **Permits and Authorizations.** Where and as applicable, Customer shall ultimately be responsible for obtaining all necessary permits and authorizations required for the delivery and/or installation of any goods provided by AAA Flag to Customer, and for maintaining such permits and authorizations in full force and effect. AAA Flag's performance shall be excused as a result of, and AAA Flag shall have no responsibility for, any delays arising or resulting from the failure to obtain or maintain such permits or authorizations.
6. **Delivery of Goods.** The goods will be delivered, Ex-Works, to the agreed upon AAA Flag's facility (Los Angeles, CA; San Francisco, CA; Miami, FL), and if the Customer desires that the goods be shipped to any other location, the Customer shall bear all cost and risks in shipment of the goods. AAA Flag shall not be responsible for shipping/freight costs or for loss of or damage to goods, whether or not Customer chooses to insure the goods. Customer shall have the responsibility for pursuing any such claim against any carrier and if Customer has chosen to insure the goods, then Customer shall have responsibility for pursuing any claim under said insurance.
7. **Rental Hardware.** AAA Flag's rental hardware remains the property of AAA Flag. In the event of damage to or loss of rental hardware, AAA Flag reserves the right to charge for any repairs to, or replacement of, that rental hardware. Also, city light pole banner hardware is considered rental hardware and at the end of the term the pole banner hardware returns to AAA Flag. AAA Flag reserves the right to charge additional rental fees for pole banner hardware rentals exceeding 90 days.
8. **Cost Reimbursement.** **If AAA Flag's work, including site survey, site access, installation, or delivery of the goods, is delayed, restricted, obstructed or prevented for any reason, other than by AAA Flag's sole negligence and regardless of whether installation or delivery is by AAA Flag or third-party, then the Customer shall be responsible to pay or reimburse AAA Flag for all related expenses, including rental equipment, labor, materials, etc., within thirty (30) days of presentment of proof of those costs.**



Corporate Office
8955 National Blvd
Los Angeles, CA 90034
310-836-3200

TRANSACTION **QTE245047**
DATE **8/31/2018**

9. Inspection and Non-Conforming Goods. Customer shall promptly inspect all goods and services provided by AAA Flag and shall notify AAA Flag, in writing within two (2) days after delivery of any nonconformance, including a detailed explanation of the nonconformance, and, if applicable, a statement of intent to reject the nonconforming goods or services. AAA Flag shall have the right and opportunity to inspect, remedy, correct, or replace any nonconforming goods or services prior to any cancellation by Customer.
10. Payment Terms and Conditions. Unless otherwise set forth in a writing prepared and/or signed by AAA Flag, payment for all goods and services provided by AAA Flag shall be net due and payable upon receipt. AAA Flag's terms are that an invoice rendered for the work performed and services provided shall be net due upon receipt and if not paid within thirty (30) days of the date of the invoice, a late payment charge of one percent (1%) per month, which is an annual rate of twelve percent (12%), will be calculated on the balance shown on our statement as being past due and payable.
11. Actions or Proceedings to Enforce. If it becomes necessary for AAA Flag to employ an attorney or a collector to collect any outstanding balance due from Customer, including any accrued interest or finance charge, or to defend against any action brought by or on behalf of Customer against AAA Flag arising from or related to any goods or services provided by AAA Flag, the attorney's fees and costs for such services incurred by AAA Flag in the successful prosecution or defense of such action shall be the responsibility of customer, and AAA Flag shall be entitled to an award of all such attorney's fees and costs it incurred in prosecuting or defending such action.
12. **DISCLAIMER OF WARRANTIES. ALL GOODS AND SERVICES ARE PROVIDED "AS IS," WITHOUT WARRANTY OR REPRESENTATION OF ANY KIND, EITHER EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY IMPLIED WARRANTIES OF MERCHANTABILITY, CAPACITY, FITNESS FOR A PARTICULAR PURPOSE OR NONINFRINGEMENT, AND ANY EXPRESS WARRANTIES BY REPRESENTATION, DESCRIPTION, OR OTHER AFFIRMATION OF FACT, SAMPLE, OR ILLUSTRATION, WHETHER ORAL, WRITTEN, OR CONTAINED IN ANY LETTER, BROCHURE, WEBSITE, IMAGE OR OTHER MEDIUM. AAA FLAG DOES NOT WARRANT THE PERFORMANCE OR RESULTS OF USING ITS GOODS OR SERVICES.**
13. **LIMITATION OF LIABILITY. IN NO EVENT SHALL AAA FLAG BE LIABLE FOR, AND THE CUSTOMER WAIVES SUCH LIABILITY FOR, ANY LOST PROFITS, INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL AND PUNITIVE DAMAGES, AND COST OF PROCUREMENT OF SUBSTITUTE PRODUCTS AND SERVICES, HOWEVER CAUSED AND UNDER ANY THEORY OF LIABILITY, WHETHER IN CONTRACT, TORT (INCLUDING NEGLIGENCE AND STRICT LIABILITY) OR OTHERWISE, ARISING OUT OF THE MANUFACTURE OR SUPPLY OF ANY GOODS OR SERVICES, INCLUDING INSTALLATION OR DELIVERY, VANDALISM OR THEFT, ACTS OF GOD, OR FORCES OF NATURE, EVEN IF AAA FLAG HAS ACTUAL OR IMPUTED KNOWLEDGE OF THE POSSIBILITY OF SUCH DAMAGES OR OF THE POSSIBILITY OF DIRECT OR INDIRECT CONSEQUENCES, AND NOTWITHSTANDING ANY FAILURE OF PURPOSE OF ANY LIMITED REMEDY. THE AGGREGATE LIABILITY OF AAA FLAG FOR CLAIMS ARISING HEREUNDER OR OTHERWISE SHALL NOT EXCEED THE AMOUNTS PAID BY CUSTOMER HEREUNDER. HOWEVER, THIS LIMITATION DOES NOT LIMIT OR EXCLUDE ANY LIABILITY TO THE EXTENT NOT PERMITTED BY APPLICABLE LAW. ANY ACTION ARISING OUT OF THE PURCHASE BY CUSTOMER OF GOODS OR SERVICES FROM AAA FLAG MUST BE COMMENCED WITHIN ONE YEAR AFTER THE CAUSE OF ACTION HAS ACCRUED.**
14. **EXCLUSIVE REMEDIES. CUSTOMER'S SOLE AND EXCLUSIVE REMEDY AGAINST AAA FLAG ARISING, DIRECTLY OR INDIRECTLY, OUT OF ANY GOODS OR SERVICES PROVIDED BY AAA FLAG IS THE REPLACEMENT OF ANY NONCONFORMING GOOD(S) OR SERVICES, OR AT AAA FLAG'S ELECTION, A REFUND OF THE PORTION OF THE PURCHASE PRICE ALLOCABLE TO THE NONCONFORMING GOOD(S) OR SERVICES. NOTHING HEREIN SHALL LIMIT EITHER PARTY'S LIABILITY FOR BODILY INJURY OF A PERSON.**
15. Severability. If any provision of these Terms and Conditions is determined to be illegal or unenforceable, it shall be disregarded and shall not affect the enforceability of any other provision of these Terms and Conditions. Waiver by AAA Flag of a breach of any provision hereof shall not be deemed a waiver of future compliance therewith.
16. Governing Law and Venue. The Terms and Conditions shall be governed and construed in accordance with the laws of the State of California without regard to its choice of law principles. All rights and obligations of the parties hereto shall be governed by the laws of the State of California and deemed to have occurred in Los Angeles, California. The sole jurisdiction and venue for the enforcement, interpretation or construction of any portion of a transaction between AAA Flag and Customer, including but not limited to these Terms and Conditions, shall lie in the federal and state courts located in Los Angeles County, California.
17. Independent Contractor Relationship. Customer agrees that the business conducted by AAA Flag with respect to Customer is that of an independent contractor and that such is the sole relationship between the parties. Customer is not the representative or agent of AAA Flag, and has no authority, right or ability to bind or commit AAA Flag in any way, and will not attempt to do so or imply that it may do so.

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.



HQ: 445 Broadhollow Road
Melville, NY 11747, Suite 119
Phone: 631-777-1600

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & OR BREAK	TOTAL HOURS
MON	8/20/16	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	8/21/16	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	8/22/16	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	8/23/16	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	8/24/16	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	8/25/16	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	8/26/16	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	8/26	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR			
		PLEASE WRITE TOTAL HOURS WORKED HERE 8:15			

INSTRUCTIONS:
1. Please arrive on time for each assignment.
2. Use separate timesheet for each assignment.
3. All ORIGINAL & DUPLICATE copy to Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company; retain EMPLOYEE copy for year-end.
5. Unsigned timesheets will be returned without payment.
Altered timesheets will not be accepted. All hours must be tabulated.
Minimum: 4 hours per employee, per day.

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 go to a new assignment.

COMPANY NAME EA BARBANC
ADDRESS 20 BOX 252007 98005
REPORT TO Robin Greenberg
DEPT. President
WEEK ENDING 8/26
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 upon completion of an assignment, I am assuming I am not available.
EMPLOYEE NAME Catherine Palmer
EMPLOYEE SIGNATURE Catherine Palmer
SOCIAL SECURITY NO.
PRINT NAME Robin Greenberg
CLIENT SIGNATURE OF ACCEPTANCE Robin Greenberg
IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are accurate 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.

TERMS & CONDITIONS FOR LLOYD STAFFING

Lloyd Staffing is an authorized agent to represent 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 the 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 employ this person on a permanent or temporary basis, (a) use this person's services in a consulting or freelance capacity, or (b) use the person's services through another temporary service within one (1) year after the 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 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 such 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 attempt to employ LLOYD's employees with unattended premises, cash, negotiables or other valuables 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 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 riding in or on a vehicle(s) operated by Customer or claims (a) above. (c) LLOYD is not responsible for claims made under its fidelity bond or 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 thirty (30) 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 known 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.

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 amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.

		HC: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 516-777-1000			
EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & AM DISK	TOTAL HOURS
MON	8/27/16	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
TUES	8/28/16	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
WED	8/29/16	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
THURS	8/30/16	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
FRI	8/31/16	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SAT	9/1/16	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SUN	9/2/16	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE:					15
WEEK ENDING 9/2					

INSTRUCTIONS:

1. Please 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. Unassigned timesheets will be returned without payment.

Altered timesheets will not be accepted. All hours must be totaled.

COMPANY NAME (Please print) BALANCE	ADDRESS P.O. Box 252007	CITY MIAMI	STATE FL	ZIP 33125	WEEK ENDING 9/2
REPORT TO Robin Greenberg		JOB TITLE President		WEEK ENDING 9/2	
FIRST TIME AT THIS CLIENT COMPANY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)					
<input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> 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 upon completion of an assignment they can assume I am not available.					
EMPLOYEE NAME Catherine Palmer		EMPLOYEE SIGNATURE 		SOCIAL SECURITY NO. - -	
CLIENT SIGNATURE OF ACCEPTANCE 		PRINT NAME Robin Greenberg		SOCIAL SECURITY NO. - -	
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 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

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 go to a new assignment.



STAFFING

HQ: 445 Broadhollow Road
Melville, NY 11747, Suite 119
Phone: 516-777-7600

COMPANY NAME (Please print) BA'S CNC **TOWN** P.O. Box 252007 **P.O.** 70225

ADDRESS Robin Veerburg **DEPT.** President **WEEK ENDING** 5/9

REFUSED TO 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 upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME Catherine Palmer **EMPLOYEE SIGNATURE** Catherine Palmer

SOCIAL SECURITY NO. 123-45-6789 **PRINT NAME** Robin Veerburg

CLIENT SIGNATURE OF ACCEPTANCE Robin Veerburg **PRINT NAME** Robin Veerburg

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 advance notices to employees. Minimum 4 hours per employee per day.

Do not call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & OR BREAK	TOTAL HOURS
MON	5/3/16	7 AM	3 PM	1 PM	1
TUES	5/4/16	7 AM	3 PM	1 PM	1
WED	5/5/16	7 AM	3 PM	1 PM	1
THURS	5/6/16	7 AM	3 PM	1 PM	1
FRI	5/7/16	7 AM	3 PM	1 PM	1
SAT	5/8/16	7 AM	3 PM	1 PM	1
SUN	5/9/16	7 AM	3 PM	1 PM	1
WEEK ENDING <u>5/9</u>					TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR <u>7</u>

INSTRUCTIONS:

- Please print; use a ball point pen.
- Use separate timesheets for each assignment.
- Non-assignable & irrevocable copy to Lloyd, no later than Friday night.
- Leave client copy with client company; retain EMPLOYEE copy for yourself.
- Unassigned timesheets will be returned without payment.

IMPORTANT: All hours must be approved for each day worked. Hours will not be paid if not approved daily.

Minimums: 4 hours per employee, per day.

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 go to a new 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 (a) employ this person on a permanent or temporary basis, (b) use this person's services in a consulting or freelance capacity, or (c) use this person's services through another temporary service within one (1) year after the 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 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 such 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 entitle LLOYD's employees with outstanding promises, cash, negotiable or other valuable assets, and shall not entitle LLOYD's employees with any other benefits or advantages, and (b) LLOYD shall not be liable for any damages, including but not limited to, property damage, fire, theft, collision, cargo damage or other damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer shall accept full responsibility for any claims, including the defense thereof, resulting from a claim against LLOYD's employees, or arising out of or involving violation by Customer of claims (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 damages, including 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 thirty (30) days after the last date of the temporary employee's assignment to the Customer. Customer shall indemnify LLOYD's employees' relationship with its personnel and accept the obligation to defend 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 employees. **UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INCURRED 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 invoice remains 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 amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.

EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.									
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & OFF BREAK	TOTAL HOURS				
MON	9/10	7 AM	3 PM						
TUES	9/11	7 AM	3 PM						
WED	9/12	7 AM	3 PM						
THURS	9/13	7 AM	3 PM						
FRI	9/14	7 AM	3 PM						
SAT	9/15	7 AM	3 PM						
SUN	9/16	7 AM	3 PM						
WEEK ENDING 9/16					TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR	PLEASE WRITE TOTAL HOURS WORKED 15			

INSTRUCTIONS: 1. Press firmly; use a ball point pen. 2. Use separate timesheet for each assignment. 3. Mail ORIGINAL & INVOICE copy to Lloyd, on last day of pay night. 4. Leave CLIENT copy with client company; make EMPLOYEE copy for yourself. 5. Unsigned timesheets will be returned without payment. 6. Altered timesheets will not be accepted. All hours must be indicated.		IMPORTANT - All hours must be approved for each day worked. Hours will not be paid if not approved daily. Minimum: 4 hours per employee, per day.	
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COMPANY NAME (Please print) 3PSCNC ADDRESS P.O. Box 25007 CITY JOHN STATE P.O. ZIP 212		REPORT TO Don Greenberg DEPT. President WEEK ENDING 9/16	
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> 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 upon completion of an assignment they can assume I am not available.	
EMPLOYEE NAME Catherine Palmer SOCIAL SECURITY NO. 111-111-1111		EMPLOYEE SIGNATURE Catherine Palmer PRINT NAME Don Greenberg	
CLIENT SIGNATURE OF ACCEPTANCE Don Greenberg PRINT NAME Don Greenberg		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 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

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

OVERTIME

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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

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ON-THE-JOB SAFETY

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

TRAINING

You must complete the Training Orientation every time you go to a new assignment.

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification Form



NC Name: BEL AIR-BEVERLY CREST NEIGHBORHOOD COUNCIL

Meeting Date: 06-27-2018

Budget Fiscal Year: 2017-2018

Agenda Item No: 10.c.

Board Motion and/or Public Benefit
Statement (CIP and NPG):Page 1 of 2: To approve the 2018-2019 Budget "Fiscal Year
Administrative Packet" (Attachment C)

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Board Member	X					
Maureen Levinson	Board Member	X					
Leslie Weisberg	Board Member	X					
Larry Leisten	Bylaws Chair	X					
Robin Greenberg	President	X					
Michael Kemp	Board Member				X		
Andre Stojka	Board Member	X					
Robert Schlesinger	PLUC Chair	X					
Don Loze	Board Member				X		
Nickie Miner	Vice President	X					
Mindy Mann	Board Member	X					
Sam Sanandaji	Board Member				X		
Jacqueline Le Kennedy	Treasurer	X					
Travis Longcore	Board Member	X					
Maureen Smith	Board Member	X					
John Amato	Board Member				X		
Jon Wimbish	Board Member				X		
Kathy Copcutt	Board Member	X					
Jason Spradlin	Board Member				X		
Jamie Hall	Board Member	X					
Stephanie Savage	Board Member	X					
Cathy Wayne	Board Member	X					
Tony Tucci	Board Member				X		
Dan Love	Board Member	X					
Chuck Maginnis	Board Member	X					
Pamela Pierson, M.D.	Board Member	X					
Robinson (Rob) Farber	Board Member	X					
Luis Pardo	Board Member	X					
Quorum: 15	Total:	21	24		8		

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature

Second Signer's Signature

Print/Type Name: Jacqueline Le Kennedy

Print/Type Name: Robert A. Ringler

Date: June 27, 2018

Date: June 27, 2018



Date: June 27, 2018



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

Credit Cards Accepted

**BILL TO:**

Thank you for choosing Lloyd Staffing

PO#[illegible]



110-448 Broadway Road
Metairie, NY 11747, Suite 110
Phone 877-777-7688

EMPLOYER PLEASE COMPLETE - Do not send to Metairie, NY or PH.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & BREAKS	TOTAL HOURS
MON	6/25/18	7 AM	4 PM		
TUE	6/26/18	7 AM	4 PM		
WED	6/27/18	7 AM	4 PM		
THUR	6/28/18	7 AM	4 PM		
FRI	6/29/18	7 AM	4 PM		
SAT	6/30/18	7 AM	4 PM		
SUN	7/1/18	7 AM	4 PM		
WEEK EARNING	71				

1. Please provide a full paid day.
2. Use optional timesheet for each assignment.
3. If you are not working, please call us at 877-777-7688.
4. Less OVERTIME pay (1.5x) for overtime hours.
5. Less OVERTIME pay (1.5x) for overtime hours.
6. Less OVERTIME pay (1.5x) for overtime hours.
7. Less OVERTIME pay (1.5x) for overtime hours.
8. Less OVERTIME pay (1.5x) for overtime hours.
9. Less OVERTIME pay (1.5x) for overtime hours.
10. Less OVERTIME pay (1.5x) for overtime hours.

COMPANY NAME: **RABCNC**
Address: **PO Box 252007**
City: **Metairie**
State: **LA**
Zip: **70002**

PERMIT TO: **John Greener**
Job Title: **President**
Week Ending: **7/1**

FIRST TIME AT THIS CLIENT COMPANY? ☐ Yes ☐ No
If you are Temporary Assignment must indicate they have received the following Orientation Training on the assignment. (Please attach)

☐ Emergency Orientation ☐ Job Site & General Safety Rules ☐ Policy & Procedure Review

I hereby certify that the hours shown were worked by me during the week ending 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 upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME: **CATHERINE FARMER**
EMPLOYEE SIGNATURE: *Catherine Farmer*

SOCIAL SECURITY NO.: **123-45-6789**
CLIENT SIGNATURE OF ACCEPTANCE: *John Greener*

TEMPORARY FOR CLIENT: **John Greener**
No other, that the work was performed in a satisfactory manner and agreement by the client to the terms and conditions of the assignment is hereby acknowledged. Please do not hesitate to contact the office for any questions or concerns.

Do not to call Lloyd Staffing immediately when assignment ends or you will become your own employer available for hire.

EMPLOYEE INFORMATION

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

OVER TIME
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.

TERMINATION
You must complete the Training Orientation every time you go to a new assignment.

TERMS & CONDITIONS FOR LLOYD STAFFING

I hereby 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 and certify that the work was performed in a satisfactory manner and agreement by the client to the terms and conditions of the assignment is hereby acknowledged. Please do not hesitate to contact the office for any questions or concerns.

1. I understand that the work was performed in a satisfactory manner and agreement by the client to the terms and conditions of the assignment is hereby acknowledged. Please do not hesitate to contact the office for any questions or concerns.

2. I understand that the work was performed in a satisfactory manner and agreement by the client to the terms and conditions of the assignment is hereby acknowledged. Please do not hesitate to contact the office for any questions or concerns.


3. I understand that the work was performed in a satisfactory manner and agreement by the client to the terms and conditions of the assignment is hereby acknowledged. Please do not hesitate to contact the office for any questions or concerns.

4. I understand that the work was performed in a satisfactory manner and agreement by the client to the terms and conditions of the assignment is hereby acknowledged. Please do not hesitate to contact the office for any questions or concerns.

5. I understand that the work was performed in a satisfactory manner and agreement by the client to the terms and conditions of the assignment is hereby acknowledged. Please do not hesitate to contact the office for any questions or concerns.

6. I understand that the work was performed in a satisfactory manner and agreement by the client to the terms and conditions of the assignment is hereby acknowledged. Please do not hesitate to contact the office for any questions or concerns.

7. I understand that the work was performed in a satisfactory manner and agreement by the client to the terms and conditions of the assignment is hereby acknowledged. Please do not hesitate to contact the office for any questions or concerns.

SECURITY VOUCHER (Please print) BARBNC	
ADDRESS PO Box 252007	CITY ATLANTA
DEPARTMENT Robin Greubler	JOB TITLE President
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Temporary Assignment must indicate they have received the following Orientation Training on this assignment. (Please attach) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedures Review	WEEK ENDING 7-8
I hereby certify that the items shown were viewed by me during the week ending above, and were properly certified by an authorized representative of the facility named above and that I received the required training. (Attachment) 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 upon completion of an assignment they can reassign me and that available.	
EMPLOYEE NAME CATHY ELINE FARMER	EMPLOYEE SIGNATURE 
SOCIAL SECURITY NO. <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
CLIENT SIGNATURE OF ACCEPTANCE Robin Greubler	PRINT NAME Robin Greubler
IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOWA has read the contract in detail, that the work was performed in a satisfactory manner and agreement by the client to the TERMS and CONDITIONS printed on this reverse side of this form. Please do not attach this relative to completion. Attachment & Return per employee per city.	
Do not to call Lloyd Smith's immediately when assignment ends or you will receive your area no longer available for work.	

You must complete the Training Orientation every time you go to a new assignment.

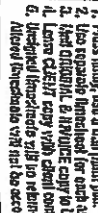
[illegible]



LLOYD guarantees satisfaction with its employer's service by obtaining a test (a) prior to contract period, if, for any reason, we are dissatisfied with the employer assigned to us, LLOYD will not charge for the test; (b) during contract by such employer, provided that LLOYD registers the incident assigned. Unless we contact LLOYD within two and of the first (a) (b) hour, we agree that the employer assigned by LLOYD is satisfactory.

[illegible]

Temporarily employees are assigned to Category 2 jobs also listed upon the job description given and theington qualifications of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY EMPLOYEES EMPLOYED IN THE CATEGORY 2 WORK ARE NOT TO BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD'S insures and for whom the request to pay such amounts upon receipt. If any insured is demonstrably liable, (20) days after insolvency, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorney's fees and expenses.

				1100 Ave. Deschamps Road Redwood, NY 11947, Section 110 Phone: 631-777-7660			
EMPLOYEE PLEASE COMPLETE - Do not give to another ADJ or PFI.							
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & MR. OTHER	TOTAL HOURS		
MON	7 9 13	7 AM	3 PM	1 PM			
TUES	7 10 13	7 AM	3 PM	1 PM			
WED	7 11 13	7 AM	3 PM	1 PM			
THURS	7 12 13	7 AM	3 PM	1 PM			
FRI	7 13 13	7 AM	3 PM	1 PM			
SAT	7 14 18	7 AM	3 PM	1 PM			
SUN	7 15 18	7 AM	3 PM	1 PM			
WEEK ENDING 7-15		TOTAL HOURS FOR WEEK TO BE PAID BY HOUR		PLEASE WRITE TOTAL HOURS WORKED HERE		(15)	
INSTRUCTIONS: 1. Please bring in a full paid pay. 2. Use separate line item for each assignment. 3. List ASSIGNMENT & HOURS COPY TO DAILY, no less than Friday night. 4. Leave CLEAR copy with client company, retain EMPLOYEE copy for payroll. 5. Unpaid hours charged will go toward unpaid assignment. 6. Always checkable with the assignment. All hours must be listed.							

EMPLOYER NAME (Please print)		ADDRESS		CITY		STATE		ZIP	
RABONE		PO Box 252007		252007		FL		33155	
DEPT. TO		HRT.		JOB TITLE		WEEK ENDING			
Robin Greubler				President		7-15			
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Temporary Assignments must indicate they have received the following Orientation Training on this assignment. (Please attach)									
<input type="checkbox"/> Emergency Suspension Procedure <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review									
I hereby certify that the hours shown were worked by me during the week ending above, and were properly certified by an authorized representative of the facility named above and that I received the correct working conditions I am to conduct the office upon completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment, they can assume I am not available.									
EMPLOYEE NAME		EMPLOYEE SIGNATURE							
Catherine Palmer									
SOCIAL SECURITY NO.									
CLIENT SIGNATURE or AUTHORITY		POWER OF ATTORNEY							
Robin Greubler									
IMPORTANT! FOR ALL NEW ASSIGNMENT of this form by the client constitutes a certification that the TOTAL hours listed are correct no other, 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 instruct people to employ you. (Minimum 1 hour per employee per day). Do not to call legal instantly immediately when management calls or you will assume you are no longer available for work.									

www.mcafee.com

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

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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.

11-11-11-11-11

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.

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

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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.

THESE

You must complete the Training Orientation every time you go to a new assignment.

TERMS & CONDITIONS FOR LOVE STARTING

[illegible]

LLDVO signed a non-interference with its employees agreement by annulling a rule by non-unionized LLDVO, it, for any reason, you was discharged with the employees assigned to an LLDVO will not change for the first four (4) years thereafter, provided that LLDVO replaces the benefits assigned. Unless you contract LLDVO before the end of the first four (4) years, you agreed that the employees assigned by LLDVO is additional.

[illegible]

Temporary employees are assigned to Cushman's job site based upon their job description, given and the needs of the employer. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY EMPLOYEES WHO VIOLATE WILL BE IMMEDIATELY FIRED. UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD'S insurance are for shorter and agreed to pay their invoices upon receipt. If any invoice remains 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 each unpaid invoice. Customer also agrees to pay LLOYD for reasonable costs of collection, including its reasonable attorney's fees and expenses.

EMPLOYEE PLEASE COMPLETE - Go direct to Buffalo A.M. or P.H.									
STAFFING									
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & DR. BREAK	TOTAL HOURS				
MON	7/16/18	7:00 AM	3:00 PM	1:00 PM	5:00				
TUES	7/17/18	7:00 AM	3:00 PM	1:00 PM	5:00				
WED	7/18/18	7:00 AM	3:00 PM	1:00 PM	5:00				
THURS	7/19/18	7:00 AM	3:00 PM	1:00 PM	5:00				
FRI	7/20/18	7:00 AM	3:00 PM	1:00 PM	5:00				
SAT	7/21/18	7:00 AM	3:00 PM	1:00 PM	5:00				
SUN	7/22/18	7:00 AM	3:00 PM	1:00 PM	5:00				
WEEK ENDING		TOTAL HOURS FOR WEEK TO MEMBER VIA HOUR		TOTAL HOURS WORKED HERE					
7-22		7-22		7-22					

EMPLOYEE INFORMATION									
<p>1. Please bring a valid photo ID.</p> <p>2. Use separate sheet for each assignment.</p> <p>3. Leave all assignments to the client, no later than Friday night.</p> <p>4. Leave all assignments to the client, no later than Friday night.</p> <p>5. Leave all assignments to the client, no later than Friday night.</p> <p>6. Leave all assignments to the client, no later than Friday night.</p> <p>7. Leave all assignments to the client, no later than Friday night.</p> <p>8. Leave all assignments to the client, no later than Friday night.</p> <p>9. Leave all assignments to the client, no later than Friday night.</p> <p>10. Leave all assignments to the client, no later than Friday night.</p>									
<p>EMPLOYEE NAME: <u>Robert Greenberg</u></p> <p>EMPLOYEE ADDRESS: <u>PO Box 252007</u></p> <p>EMPLOYEE PHONE: <u>7-22</u></p> <p>EMPLOYEE TITLE: <u>President</u></p> <p>EMPLOYEE SOCIAL SECURITY NO.: <u>7-22</u></p>									

CLIENT INFORMATION									
<p>CLIENT NAME: <u>Catherine Palmer</u></p> <p>CLIENT ADDRESS: <u>7-22</u></p> <p>CLIENT PHONE: <u>7-22</u></p> <p>CLIENT TITLE: <u>7-22</u></p> <p>CLIENT SOCIAL SECURITY NO.: <u>7-22</u></p>									

ASSIGNMENT INFORMATION									
<p>ASSIGNMENT DATE: <u>7-22</u></p> <p>ASSIGNMENT TIME: <u>7-22</u></p> <p>ASSIGNMENT LOCATION: <u>7-22</u></p> <p>ASSIGNMENT DESCRIPTION: <u>7-22</u></p>									

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

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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.

H. H. H. H. H.

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.

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

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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.

CONCLUSIONS

You must complete the Training Orientation every time you go to a new assignment.

TERMS & CONDITIONS FOR LOWE'S SWAFFING

[illegible][illegible]

working employees are studied in Customer's job also based upon the job description given and the qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY PROHIBITED. ANY EMPLOYEE VIOLATING THE ABOVE POLICY WILL BE CONSIDERED AS A CAUSE FOR DISCIPLINARY ACTION. EMPLOYEES CANNOT BE EMPLOYED IN UNAUTHORIZED WORK NOR NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer understands and acknowledges that LLOYD'S Insurers are for hire and agree to pay such benefits upon the occurrence of a claim. If any employee claims disability, LLOYD's does still have duties, Customer agrees to pay LLOYD's the amount of disability benefits payable by LLOYD's for the period of 1-1/2 years (not less than 1 year) as such unpaid amounts. Customer also agrees to pay LLOYD's the reasonable costs of collection, including its reasonable attorneys' fees and disbursements.

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification Form



NC Name: BEL AIR-BEVERLY CREST NEIGHBORHOOD COUNCIL

Meeting Date: 06-27-2018

Budget Fiscal Year: 2017-2018

Agenda Item No: 10.c.

Board Motion and/or Public Benefit
Statement (CIP and NPG):Page 1 of 2: To approve the 2018-2019 Budget "Fiscal Year
Administrative Packet" (Attachment C)

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Board Member	X					
Maureen Levinson	Board Member	X					
Leslie Weisberg	Board Member	X					
Larry Leisten	Bylaws Chair	X					
Robin Greenberg	President	X					
Michael Kemp	Board Member				X		
Andre Stojka	Board Member	X					
Robert Schlesinger	PLUC Chair	X					
Don Loze	Board Member				X		
Nickie Miner	Vice President	X					
Mindy Mann	Board Member	X					
Sam Sanandaji	Board Member				X		
Jacqueline Le Kennedy	Treasurer	X					
Travis Longcore	Board Member	X					
Maureen Smith	Board Member	X					
John Amato	Board Member				X		
Jon Wimbish	Board Member				X		
Kathy Copcutt	Board Member	X					
Jason Spradlin	Board Member				X		
Jamie Hall	Board Member	X					
Stephanie Savage	Board Member	X					
Cathy Wayne	Board Member	X					
Tony Tucci	Board Member				X		
Dan Love	Board Member	X					
Chuck Maginnis	Board Member	X					
Pamela Pierson, M.D.	Board Member	X					
Robinson (Rob) Farber	Board Member	X					
Luis Pardo	Board Member	X					
Quorum: 15	Total:	21	24		8		

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature

Second Signer's Signature

Print/Type Name: Jacqueline Le Kennedy

Print/Type Name: Robert A. Ringler

Date: June 27, 2018

Date: June 27, 2018

Date: June 27, 2018



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

Thank you for choosing Lloyd Staffing

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:
10/07/2018	406103	1	116863	Due Upon Receipt

[illegible]



HC: 445 Broadview Road
Methville, NY 11747, Suite 119
Phone: 631-773-7800

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & OR BREAK	TOTAL HOURS
MON	9/7/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	9/12/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	9/13/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	9/20/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	9/21/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	9/22/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	9/23/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	9/23	TOTAL HOURS FOR WEEK TO REQUEST 1st HOUR PLEASE WRITE TOTAL HOURS WORKED HERE: 15			

COMPANY NAME: **BRANC**
ADDRESS: **PO Box 252007** DEPT: **DP**
CITY: **90225**
STATE: **FL**
COUNTRY: **USA**

REASON FOR THIS CLIENT COMPANY: ☐ Yes ☐ No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please attach)
☐ 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 upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME: **CAROLINE PRINCE** EMPLOYEE SIGNATURE: *[Signature]*
SOCIAL SECURITY NO.: **---**

CLIENT SIGNATURE OF ACCEPTANCE: *[Signature]* PRINT NAME: **Tom Greenberg**

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 reference mistakes 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

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 go to a new assignment.

TERMS & CONDITIONS FOR LLOYD STAFFING

1. I hereby 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 two 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 this person's services in a consulting or freelance capacity, or (iii) use this 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 projected 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 such 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 attempt to circumvent LLOYD's employees with unauthorized premises, cash, negotiable or other valuable or substituted assets to obtain services or other 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 obligation 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 driving such vehicle(s); or arising out of or involving violation by Customer of clause (b) above; (c) LLOYD is not responsible for claims made under its fidelity bond unless such claims are supported 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 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 known qualifications of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INCURRED 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 invoice remains unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD the payment charge at the rate of 1-1/2% (per month) (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorney's fees and expenses.



HC 445 Broadhollow Road
Melville, NY 11747, Suite 119
Phone: 631-777-7800

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & MIN BREAK	TOTAL HOURS
MON	9/24/07	9 AM	5 PM		
TUES	9/25/07	9 AM	5 PM		
WED	9/26/07	9 AM	5 PM		
THURS	9/27/07	9 AM	5 PM		
FRI	9/28/07	9 AM	5 PM		
SAT	9/29/07	9 AM	5 PM		
SUN	9/30/07	9 AM	5 PM		
WEEK ENDING	9/30	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR			
PLEASE WRITE TOTAL HOURS WORKED HERE		15			

INSTRUCTIONS:	IMPORTANT REMARKS:
1. Please timely use a valid point gun.	
2. Use accurate timecard for each assignment.	
3. MAN ORIGNAL 2 MINUTE COPY TO FILED, no later than Friday night.	
4. LEAVE 15 MIN copy with client company, attach EXCEL OFFER copy for payroll.	
5. Incomplete timecards will not be accepted. All hours must be included.	
	Maximum 4 hours per company per day.

COMPANY NAME: **PARSONS**
ADDRESS: **P.O. Box 252007** P.O. **90025**
CITY: **Atlanta** STATE: **GA** ZIP: **30302**
REPORT TO: **Robin breaking** DEPT: **HR** JOB TITLE: **Recruiter** WEEK ENDING: **9/30**
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 I do not contact the office upon completion of an assignment they can assume I am not available.
EMPLOYEE NAME: **CATHARINE PRINCE** EMPLOYEE SIGNATURE: **Catharine Prince**
SOCIAL SECURITY NO.: **123-45-6789** PAYEE NAME: **John Green**
CLIENT SIGNATURE OF AGENT: **John Green** PAYEE SIGNATURE: **John Green**
IMPORTANT FOR CLIENT: Exception of this form by the client constitutes a certification that the TOTAL hours listed are correct and 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 allow anyone to modify this form. 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

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 go to a new 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 (a) employ this person on a permanent or temporary basis, (b) use this person's services in a consulting or freelance capacity, or (c) use this person's services through another temporary services provider, we agree to pay LLOYD a fee of 25% of the total invoice 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 such 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 contract LLOYD's employees with unauthorized practices, cash, negotiable or other instruments 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 or in connection with the foregoing and (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 driving such vehicle, or arising out of or involving violation by Customer of (a) above, (b) LLOYD is not responsible for claims made under its Policy Bond under such claims 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 temporary employees are assigned and (c) 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 known 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.

Customer acknowledges its understanding that LLOYD's invoices are for labor and agrees to pay such invoices upon receipt. If any invoice remains 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 amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorney's fees and expenses.

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification Form



NC Name: BEL AIR-BEVERLY CREST NEIGHBORHOOD COUNCIL

Meeting Date: 06-27-2018

Budget Fiscal Year: 2017-2018

Agenda Item No: 10.c.

Board Motion and/or Public Benefit
Statement (CIP and NPG):Page 1 of 2: To approve the 2018-2019 Budget "Fiscal Year
Administrative Packet" (Attachment C)

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Board Member	X					
Maureen Levinson	Board Member	X					
Leslie Weisberg	Board Member	X					
Larry Leisten	Bylaws Chair	X					
Robin Greenberg	President	X					
Michael Kemp	Board Member				X		
Andre Stojka	Board Member	X					
Robert Schlesinger	PLUC Chair	X					
Don Loze	Board Member				X		
Nickie Miner	Vice President	X					
Mindy Mann	Board Member	X					
Sam Sanandaji	Board Member				X		
Jacqueline Le Kennedy	Treasurer	X					
Travis Longcore	Board Member	X					
Maureen Smith	Board Member	X					
John Amato	Board Member				X		
Jon Wimbish	Board Member				X		
Kathy Copcutt	Board Member	X					
Jason Spradlin	Board Member				X		
Jamie Hall	Board Member	X					
Stephanie Savage	Board Member	X					
Cathy Wayne	Board Member	X					
Tony Tucci	Board Member				X		
Dan Love	Board Member	X					
Chuck Maginnis	Board Member	X					
Pamela Pierson, M.D.	Board Member	X					
Robinson (Rob) Farber	Board Member	X					
Luis Pardo	Board Member	X					
Quorum: 15	Total:	21	24		8		

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature

Second Signer's Signature

Print/Type Name: Jacqueline Le Kennedy

Print/Type Name: Robert A. Ringler

Date: June 27, 2018

Date: June 27, 2018



Date: June 27, 2018