

Monthly Expenditure Report



Reporting Month: April 2019

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
\$16298.23	\$3947.64	\$12350.59	\$2449.20	\$0.00	\$9901.39

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$39000.00	\$3880.81	\$9350.59	\$2449.20	\$6901.39
Outreach		\$66.83		\$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: \$25701.77	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	AMERICAN JEWISH UNIVER	04/01/2019	(Credit card transaction)	General Operations Expenditure	Office	\$1130.17
2	GOOGLE GSUITE_babcnc.	04/02/2019	(Credit card transaction)	General Operations Expenditure	Office	\$170.00
3	THE WEB CORNER, INC	04/02/2019	(Credit card transaction)	General Operations Expenditure	Office	\$165.00
4	JIVE COMMUNICATIONS	04/10/2019	(Credit card transaction)	General Operations Expenditure	Office	\$28.06
5	MAILCHIMP MONTHLY	04/27/2019	(Credit card transaction)	General Operations Expenditure	Office	\$15.00
6	CTS FRONTIER ONLINEPAY	04/29/2019	(Credit card transaction)	General Operations Expenditure	Office	\$55.98
7	L.A. PRESS PRINTING IN	04/09/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$11.75
8	L.A. PRESS PRINTING IN	04/24/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$55.08

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

Phone Order

xxxxxxxxxxxx5007
MASTERCARD

Entry Method: Manual

Amount: \$ 1,130.17
Tax: \$ 0.00
Total: \$ 1,130.17

04/01/19 15:15:19
Inv #: 000000001 Appr Code: 075000
Apprvd: Online
AVS Code: EXAC MATCH Y
CVV2 Code: MATCH M
Cust #: 1111

Customer Copy
THANK YOU!

BABCNC Meeting Space @ AJU

Dates of Service

10/24/2018	\$82.13
11/28/2018	\$82.13
12/11/2018	\$179.88
12/19/2018	\$82.13
01/08/2019	\$179.88
01/23/2019	\$82.13
02/12/2019	\$179.88
02/27/2019	\$82.13
03/12/2019	\$179.88
Total:	\$1,130.17



AMERICAN JEWISH UNIVERSITY

15600 Mulholland Drive
Bel Air, CA 90077
(310)476-9777 fax (310)471-1278

Invoice No. BABCNC-10/24/18

INVOICE

Customer

Name BABCNC
Address _____
City Los Angeles State CA ZIP _____
Attn Robin Greenberg

Date 3/21/2019
Customer _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
0	Room Charge	\$125.00	\$0.00
3	Food Trays	\$25.00	\$75.00
RE: Food October 24, 2018			
SubTotal			\$75.00
Shipping & Handling			
Taxes			\$7.13
TOTAL			\$82.13

Payment Details

- ☒ **Never Send Cash**
☐ Check
☐ Credit Card

Name _____
CC # _____
CID # _____ Expires _____

SubTotal		\$75.00
Shipping & Handling		
Taxes		\$7.13
TOTAL		\$82.13

Office Use Only

Thank You



AMERICAN JEWISH UNIVERSITY

15600 Mulholland Drive
Bel Air, CA 90077
(310)476-9777 fax (310)471-1278

Invoice No. BABCNC-11/28/18

INVOICE

Customer

Name BABCNC

Address

City Los Angeles

State CA

ZIP

Attn Robin Greenberg

Date 3/21/2019

Customer

Rep

FOB

Qty	Description	Unit Price	TOTAL
0	Room Charge	\$125.00	\$0.00
3	Food Trays	\$25.00	\$75.00
RE: Food November 28, 2018			
SubTotal			\$75.00
Shipping & Handling			
Taxes State			\$7.13
TOTAL			\$82.13

Payment Details

☒ Never Send Cash

☐ Check

☐ Credit Card

Name

CC #

CID #

Expires

SubTotal
Shipping & Handling
Taxes State

TOTAL

Office Use Only

Thank You

**AMERICAN JEWISH UNIVERSITY**

15600 Mulholland Drive
Bel Air, CA 90077
(310)476-9777 fax (310)471-1278

Invoice No. BABCNC-12/11/18

INVOICE**Customer**

Name BABCNC
Address _____
City Los Angeles State CA ZIP _____
Attn Robin Greenberg

Date 3/21/2019
Customer _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
1	Room Charge	\$125.00	\$125.00
2	Food Trays	\$25.00	\$50.00
RE: Meeting & Food on December 11, 2018			
SubTotal			\$175.00
Shipping & Handling			
Taxes State			\$4.88
TOTAL			\$179.88

Payment Details

- ☒ **Never Send Cash**
☐ Check
☐ Credit Card

Name _____
CC # _____
CID # _____ Expires _____

SubTotal		\$175.00
Shipping & Handling		
Taxes State		\$4.88
TOTAL		\$179.88

Office Use Only

Thank You



AMERICAN JEWISH UNIVERSITY

15600 Mulholland Drive
Bel Air, CA 90077
(310)476-9777 fax (310)471-1278

Invoice No. BABCNC-12/19/18

INVOICE

Customer

Name BABCNC
Address _____
City Los Angeles State CA ZIP _____
Attn Robin Greenberg

Date 3/21/2019
Customer _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
0	Room Charge	\$125.00	\$0.00
3	Food Trays	\$25.00	\$75.00
RE: Food December 19, 2018			
SubTotal			\$75.00
Shipping & Handling			
Taxes State			\$7.13
TOTAL			\$82.13

Payment Details

- ☒ Never Send Cash
☐ Check
☐ Credit Card

Name _____
CC # _____
CID # _____ Expires _____

SubTotal		\$75.00
Shipping & Handling		
Taxes State		\$7.13
TOTAL		\$82.13

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15600 Mulholland Drive
Bel Air, CA 90077
(310)476-9777 fax (310)471-1278

Invoice No. BABCNC-1/8/19

INVOICE

Customer

Name BABCNC
Address _____
City Los Angeles State CA ZIP _____
Attn Robin Greenberg

Date 3/21/2019
Customer _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
1	Room Charge	\$125.00	\$125.00
2	Food Trays	\$25.00	\$50.00
RE: Meeting & Food January 8, 2019			
SubTotal			\$175.00
Shipping & Handling			
Taxes			\$4.88
TOTAL			\$179.88

Payment Details

- ☒ **Never Send Cash**
☐ Check
☐ Credit Card

Name _____
CC # _____
CID # _____ Expires _____

SubTotal \$175.00
Shipping & Handling
Taxes State \$4.88
TOTAL \$179.88

Office Use Only

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AMERICAN JEWISH UNIVERSITY

15600 Mulholland Drive
Bel Air, CA 90077
(310)476-9777 fax (310)471-1278

Invoice No. BABCNC-1/23/19

INVOICE

Customer

Name BABCNC
Address _____
City Los Angeles State CA ZIP _____
Attn Robin Greenberg

Date 3/21/2019
Customer _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
0	Room Charge	\$125.00	\$0.00
3	Food Trays	\$25.00	\$75.00
RE: Food January 23, 2019			
SubTotal			\$75.00
Shipping & Handling			
Taxes			
State			\$7.13
TOTAL			\$82.13

Payment Details

- ☒ **Never Send Cash**
☐ Check
☐ Credit Card

Name _____
CC # _____
CID # _____ Expires _____

SubTotal		\$75.00
Shipping & Handling		
Taxes		
State		\$7.13
TOTAL		\$82.13

Office Use Only

Thank You



AMERICAN JEWISH UNIVERSITY

15600 Mulholland Drive
Bel Air, CA 90077
(310)476-9777 fax (310)471-1278

Invoice No. BABCNC-2/12/19

INVOICE

Customer

Name BABCNC
Address _____
City Los Angeles State CA ZIP _____
Attn Robin Greenberg

Date 3/21/2019
Customer _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
1	Room Charge	\$125.00	\$125.00
2	Food Trays	\$25.00	\$50.00
RE: Meeting & Food February 12, 2019			
SubTotal			\$175.00
Shipping & Handling			
Taxes			\$4.88
TOTAL			\$179.88

Payment Details

- ☒ **Never Send Cash**
☐ Check
☐ Credit Card

Name _____
CC # _____
CID # _____ Expires _____

Office Use Only

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AMERICAN JEWISH UNIVERSITY

15600 Mulholland Drive
Bel Air, CA 90077
(310)476-9777 fax (310)471-1278

Invoice No. BABNC-2/27/19

INVOICE

Customer

Name BABNC
Address _____
City Los Angeles State CA ZIP _____
Attn Robin Greenberg

Date 3/21/2019
Customer _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
0	Room Charge	\$125.00	\$0.00
3	Food Trays	\$25.00	\$75.00
RE: Food February 27, 2019			
SubTotal			\$75.00
Shipping & Handling			
Taxes			\$7.13
TOTAL			\$82.13

Payment Details

- ☒ **Never Send Cash**
☐ Check
☐ Credit Card

Name _____
CC # _____
CID # _____ Expires _____

SubTotal		\$75.00
Shipping & Handling		
Taxes		\$7.13
TOTAL		\$82.13

Office Use Only

Thank You



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15600 Mulholland Drive
Bel Air, CA 90077
(310)476-9777 fax (310)471-1278

Invoice No. BABCNC-3/12/19

INVOICE

Customer

Name BABCNC
Address _____
City Los Angeles State CA ZIP _____
Attn Robin Greenberg

Date 3/21/2019
Customer _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
1	Room Charge	\$125.00	\$125.00
2	Food Trays	\$25.00	\$50.00
RE: Meeting & Food March 12, 2019			

Payment Details

- ☒ **Never Send Cash**
☐ Check
☐ Credit Card

Name _____
CC # _____
CID # _____ Expires _____

SubTotal	\$175.00
Shipping & Handling	
Taxes	State \$4.88
TOTAL	\$179.88

Office Use Only

Thank You



Payment Receipt

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

Payment date
Billing ID
Payment method

Apr 1, 2019
7677-2853-5183
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	\$170.00



Invoice

Invoice number: 3568771758

Google LLC
1600 Amphitheatre Pkwy
Mountain View, CA 94043
United States
Federal Tax ID: 77-0493581

Bill to

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

Details

Invoice number3568771758
Invoice dateMar 31, 2019
Billing ID7677-2853-5183
Domain namebabnc.org

Google Cloud - GSuite

Total in USD **\$170.00**

Summary for Mar 1, 2019 - Mar 31, 2019

Subtotal in USD	\$170.00
Tax (0%)	\$0.00
Total in USD	\$170.00

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Mar 1 - Mar 31	34	170.00
Subtotal in USD				\$170.00
Tax (0%)				\$0.00
Total in USD				\$170.00

Invoice

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

Date	Invoice #	Due Date
4/1/2019	18242	4/1/2019

Bill To
Bel Air-Beverly Crest NC

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1 hour for; phone support, web development, requests, & website adjustments	150.00	150.00
1	Monthly Hosting for babcnc.org (included in Maintenance)	15.00	15.00

Please remit payment at your earliest convenience.	Total	\$165.00
Thank you for your business!	Payments/Credits	\$0.00
	Balance Due	\$165.00



Checkout the Billing Portal!

my.jive.com/billing

Invoice

Invoice #: IN6000182664
Invoice Date: 4/1/2019
Customer ID: CN-631494-1701

Jive Communications, Inc.

PO BOX 412252
Boston, MA 02241-2252

Bill To:
Bel Air Beverly Crest Neighborhood Council
PO Box 252007
Los Angeles CA 90025

Memo				
PO #		Terms		Due Date
		Net 15		4/16/2019
Description		Qty	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	3.36	3.36
Regulatory Recovery Fee		1	3.00	3.00
Total:				\$28.06

Customer: ID1219279 Bel Air Beverly Crest Neighborhood ...
Invoice #: IN6000182664

Total Amount Due: Autopay
Your automatic payment will be
processed around the 10th of the month.

Thanks for updating your phone number!

Mailchimp Receipt MC07718197

Issued to	Issued by	Details
Bel Air/Beverly Crest Neighborhood Council	Mailchimp	Order # MC07718197
Bel Air/Beverly Crest Neighborhood Council	c/o The Rocket Science Group, LLC	Date Paid: Apr 26, 2019 11:57 pm Pacific Time
info@babcnc.org	675 Ponce de Leon Ave NE	
Office phone: (310) 479-6247	Suite 5000	
PO Box 252007	Atlanta, GA 30308	
Los Angeles, CA 90025-8907	www.mailchimp.com	
	US EIN 58-2554149	

Billing statement

Monthly plan	501 - 1000 subscribers.	\$15.00
Subtotal		\$15.00
State and Local Tax		\$0.00

Total	\$15.00
<hr/>	
Paid via Mast ending in 5007 which expires 07/2020 on April 26, 2019	\$15.00
<hr/>	
Balance as of April 26, 2019	\$0.00
<hr/>	

Save 10% for 3 months on future purchases by enabling [two-factor authentication](#)

If a refund is required, it will be issued in the purchase currency for the amount of the original charge.

[Looking for our W-9?](#)

[Looking for our United States Residency Certificate?](#)

Account Summary

New Charges Due Date	5/09/19
Billing Date	4/15/19
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	53.98
Payments Received Thru 3/30/19	-53.98
Thank you for your payment!	
Balance Forward	.00
New Charges	55.98
Total Amount Due	\$55.98

Protect your vital business data with Frontier Secure.

-  **Protect**
Helps protect your computers and mobile devices against viruses and malware.
-  **Connect**
Cloud-based storage to save and share data from any Internet-connected device.
-  **Support**
24/7 phone support from U.S.-based experts for hardware, networking and Windows software issues.



1.844.563.7079
business.frontier.com/secure


Frontier
SECURE

Requires Internet access. Internet access service and charges not included. Frontier does not warrant that the services will be error-free or uninterrupted. Taxes, governmental and Frontier imposed surcharges, minimum system requirements and other terms and conditions apply.

Manage Your Account

To Pay Your Bill

 **Online:** Frontier.com  **1.800.801.6652**

 **Pay by Mail**

To Contact Us

-  **Chat:** Frontier.com  **Online:** Frontier.com/helpcenter
-  **Call:** 1.800.921.8102  **Tech Support:**
Frontier.com/helpcenter
-  **Email:** ContactBusiness@ftr.com

11

DO NOT PAY - You are currently signed up for Auto Pay.
To view your Auto Pay, please log in at www.frontier.com.



CITY OF LOS ANGELES

Page 3 of 3

Date of Bill

4/15/19

Account Number

310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 04/15/19 to 05/14/19

Qty Description	310/231-7288.0	Charge
Non Basic Charges		
Internet 25M		149.99
Other Charges-Detailed Below		5.99
Partial Month Charges-Detailed Below		-100.00
Total Non Basic Charges		55.98

TOTAL 55.98**** ACCOUNT ACTIVITY ****

Qty Description	Order Number	Effective Dates	
1 Business High Speed Internet Fee	AUTOCH	4/15	5.99
310/231-7288		Subtotal	5.99
Partial Month Charges			
Internet Term Credit 1Yr	PROMOTION	4/15 5/14	-100.00
310/231-7288		Subtotal	-100.00
		Subtotal	-94.01

CUSTOMER TALK

Effective March 24, 2019, your Business High Speed Internet Fee increased \$2.00 per month. Questions? Please contact customer service.

Frontier print directories may be reduced in certain areas. In those areas, you can obtain a print copy of your local directory at no charge by calling 800-888-8448 or access a free digital version at www.dexpages.com. You can opt out of receiving a printed directory by visiting www.yellowpagesoptout.com

Hi Cathy, welcome to Frontier!

x

My Payments

Payment History

Here is a record of all your payments. Any payments marked as "Scheduled" can still be changed. Simply click [EDIT](#).

Account

310-231-7288-081418-5 CITY OF LOS ANGELES .

You are currently signed up for auto pay

Your MasterCard ending in 5007 will be charged 10 day(s) before your due date.

[Manage Autopay](#)[Download Bill](#)[Feedback](#)

Payment Date	Status	Payment Method	Confirmation Number	Amount
Apr 29, 2019	Successful	MasterCard ending in 5007 Automatic Payment	94388829	\$55.98
Mar 29, 2019	Successful	MasterCard ending in 5007 Automatic Payment	92697195	\$53.98
Mar 1, 2019	Successful	MasterCard ending in 5007 Automatic Payment	90980964	\$53.98
Jan 29, 2019	Successful	MasterCard ending in 5007 Automatic Payment	89142428	\$53.98



L.A. Press Printing, Inc.

FULL SERVICE PRINTING

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

Date _____

4/24/19

Customer

Be / Air Beverly Crest NC

Address

Phone

Cell

Quantity	Description	Price
16x50 SET 9 1/2x4 C/ST		4/0.00
14 Files 103x2 SETS Each C/ST		10.50
PAID IN FULL		
<input type="checkbox"/> CASH	<input type="checkbox"/> DEBIT	
<input type="checkbox"/> CHECK NO.	<input type="checkbox"/> AMEX	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	
DATE:		

PAID IN FULL

CASH

U CHECK NO.

☐ VISA ☐ MASTERCARD

DATE:

☐ DEBIT

Check #

 Charge

 Cash

Sub Total

Tax

Total

Deposit

Balance

Thank You

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

SALE

MID: 1368 Store: 8739 Term: 0001

REF#: 00000006

Batch #: 034 RRN: 911419603196

04/24/19 12:30:46

Trans ID: 0424MCPB78ZKM

APPR CODE: 098659

MASTERCARD

5007

Chip

*** / ***

AMOUNT

\$55.08

APPROVED

MASTERCARD

AID: A00000000041010

TVR: 00 00 08 80 00

TS: E8 00


CUSTOMER COPY

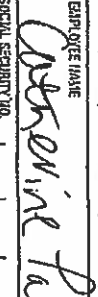



You may pay by ACH/wire to:
Wells Fargo Bank, N.A.
Routing #: 121000248
Account #: 4060542594

BILL TO:

PO#[illegible]

 EMPLOYEE STAFFING		HR: 445 Broadhollow Road Melville, NY 11747, Suite 118 Phone: 516-777-7600			
EMPLOYEE PLEASE COMPLETE - Be sure to indicate ALL or PM.					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH (1.00 HOUR)	TOTAL HOURS
MON	2/4/14	7 AM	3 PM		
TUES	2/5/14	7 AM	3 PM		
WED	2/6/14	7 AM	3 PM		
THURS	2/7/14	7 AM	3 PM		
FRI	2/8/14	7 AM	3 PM		
SAT	2/9/14	7 AM	3 PM		
SUN	2/10/14	7 AM	3 PM		
WEEK ENDING		2/10		TOTAL HOURS FOR WEEK TO NEAREST 1/2 HOUR	
				PLEASE WRITE TOTAL HOURS WORKED HERE 15	
INSTRUCTIONS: 1. Please keep this a best paid job. 2. Use only one time sheet for each assignment. 3. Use DEDUCTIBLE LUNCH only to lunch, no other than Friday night. 4. Leave CLIENT copy, retention company, retain BSA OFFICE copy for poster. 5. Unpaid time sheet will be returned for full payment. 6. Unpaid time sheet will be returned. All hours must be worked.				IMPORTANT: All hours must be approved for and be paid if not approved only. Addition: 4 hours per employee, per day.	

COMPANY NAME BRYANALC	ADDRESS 252007	REPORT TO John Weeber	REPL President	WEEK ENDING 2/10
FIRST TIME AT THIS CLIENT COMPANY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 I do not contact the office upon completion of an assignment they can assume I am not available.				
EMPLOYEE NAME Catherine Palmer	EMPLOYEE SIGNATURE 	CLIENT SIGNATURE OF ACCEPTANCE 	CLIENT NAME BryanALC	CLIENT ADDRESS 252007
SPECIAL SECURITY NO.				
TERMS & CONDITIONS: 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 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's.

TRAINING

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 last hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorized to be the named Client. We understand that this person is an employee of LLOYD and is required to be on a temporary basis. In the event we at any of our offices, or any company to whom we assign, either (a) employ this person on a permanent basis, or (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 this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation of the employee to the new employer.

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 certify the agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not employ LLOYD's employees with unexcused absences, sick, nonproductive or other violations or otherwise 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 limitation 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 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 damage, including fire, collision, cargo damage, or other public liability 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 adding out or otherwise violating by Customer of driver (b) above, (c) LLOYD is not responsible for claims made under its fidelity bond and such claims are reported in writing to LLOYD by Customer within thirty (30) days after the date of the claim, (d) Customer shall indemnify and hold LLOYD harmless from claims and lawsuits arising out of the Occupational Safety and Health Act as it relates to particular events or 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 date of the claim, (e) and accepts the obligation to discuss all matters concerning the employment, job assignment, pay, procedure, etc. with LLOYD.

Temporary employees assigned to Customer who are based upon the job description given and the assignment specifications of the employee, UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY EMPLOYEE EMPLOYED BY LLOYD WHILE ASSIGNING IN UNAUTHORIZED WORK (ANY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE).

Customer acknowledges its understanding that LLOYD's services are for labor and agrees to pay such services upon receipt. If any services remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD's full payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amount. Customer also agrees to pay LLOYD for reasonable costs of collection, including its reasonable attorney's fees and disbursements.

EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.					
STAFFING					
DAY	DATE	TITLE III	TITLE OUT	LESS LUNCH & ON CALL	TOTAL HOURS
MON	2/11/14	AM	AM		
TUES	2/12/14	AM	AM		
WED	2/13/14	AM	AM		
THURS	2/14/14	AM	AM		
FRI	2/15/14	AM	AM		
SAT	2/16/14	AM	AM		
SUN	2/17/14	AM	AM		
WEEK ENDING	2/17	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR			
		PLEASE WRITE TOTAL HOURS WORKED HERE: 15			

DISTINCTIONS:	
1. First time on a bid roll.	APPROPRIATE AND REASONABLE
2. Use original handwritten for cash assignment.	Not to be signed for cash assignment. If not signed, it will not be paid if not approved.
3. Use original & invoice copy to level on law firm bid right.	Approved only.
4. Leave client copy with client manager. If cash assignment, copy to yourself.	Approved only.
5. Unsigned invoices will be returned without payment.	Approved only.
6. All invoices must be approved.	Approved only.

COMPANY NAME		ADDRESS		TOWN		STATE		ZIP	
BPPACAL		PO BOX		252007		PA		19005	

REPORT TO		DEPT.		JOB TITLE		WEEK ENDING	
John Breach		DEPT.		President		2/17	

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 attach)	
<input type="checkbox"/> Emergency Evacuation Procedures		<input type="checkbox"/> Job Site & General Safety Rules		<input type="checkbox"/> Policy & Procedure Review			

EMPLOYEE NAME		EMPLOYEE SIGNATURE	
Christine Palmer	Christine Palmer		

CLIENT SIGNATURE OF ACCEPTANCE		PRINT NAME	
John Breach	John Breach		

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours billed are correct as stated, that the work was performed in a satisfactory manner and dependent on the client in 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.

OVERVIEW

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.

LEARNING OBJECTIVES

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 - LAT ENCES

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 currently have implemented the sign on behalf of the named company ("Customer A"), which is shown on the reverse side of the temporary tax contract. The work was performed as a subcontractor, and my signature is also the guarantee of Customer A. We understood that this person is an employee of LLOTTD and is referred to us on a temporary basis. In the event we are asked, we may explain to whom we refer this person, assign it to company, the person on a permanent or temporary basis, (employee or not) and we may explain that this person is referred through another temporary service provider. This person's services in a contracting or freelance capacity, or (b) use this person's services through another temporary service provider. (c) New staff this person's temporary assignment, we agree to pay LLOTTD a fee of 25% of the total embedded compensation of the individual in the new contract.

LLOYD questioned solicitation with its employee's services by executing a letter (a) that guaranteed payment, in the first instance, for the employee's services for the first four (b) hours worked by such employee, and (c) thereafter, for the employee's services for the first four (d) hours. The letter provided that LLOYD replaces the individual assigned. Unless we contract LLOYD before the end of the first four (e) hours, we agree that the employee assigned by LLOYD is solicitation.

[illegible]

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

Cushman's attorneys acknowledges its understanding that LLOYD's invoices are for labor and agrees to pay such invoices upon receipt. It may, however, withhold unpaid labor (GL) days after invoice date. Cushman agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Cushman also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.



HQ: 405 Broadhollow Road
Melville, NY 11747, Suite 110
Phone: 631-771-7600

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & ON BREAK	TOTAL HOURS
MON	2/13/14	7 AM	4 PM		
TUES	2/14/14	7 AM	4 PM		
WED	2/20/14	7 AM	4 PM		
THURS	2/21/14	7 AM	4 PM		
FRI	2/22/14	7 AM	4 PM		
SAT	2/23/14	7 AM	4 PM		
SUN	2/24/14	7 AM	4 PM		
WEEK ENDING	2/24	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR			
		PLEASE WRITE TOTAL HOURS WORKED HERE			

COMPANY NAME BRACAL **DOWN** PO BOX 252007 **P.O.** 90045

REPORT TO John Mearns **DEPT.** President **DATE** 2/24

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 can be contacted 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.

CLIENT SIGNATURE OF SUPERVISOR John Mearns **CLIENT NAME** John Mearns

IMPORTANT FOR CLIENT: Execution of this form by two 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.

TERMS & CONDITIONS FOR LLOYD STAFFING

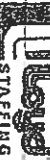
I certify that I am authorized to sign on behalf of the named company ("Customer"). The solid hours shown on the reverse side of this timesheet are correct. The work was performed in a satisfactory manner, and my signature is authorized to bind the named Customer. We understand that the present is on employee of LLOYD and is referred to as a temporary associate. In the event we or any of our associates, or any company to which we assign the present, shall be found to be in violation of any applicable law, statute, or regulation, we shall be responsible for any damages, including reasonable attorney's fees, incurred by the Customer. We agree to indemnify the Customer for any damages, including reasonable attorney's fees, incurred by the Customer. We agree to indemnify the Customer for any damages, including reasonable attorney's fees, incurred by the Customer.

LLOYD guarantees satisfaction with the employee's services by extending a 14-day (14) hour guarantee. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first hour (1) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD within the end of the first hour (1) hour, we agree that the employee assigned by LLOYD is satisfactory.

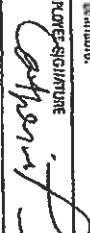
Confirm the proper agreement between LLOYD and Customer with respect to the services performed hereunder and any future work, that (a) Customer shall not claim LLOYD's employees with unexcused absences, such as, regardless of other variables or authority such employees to obtain machinery or motor vehicle 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 because of the foregoing; (b) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (c) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (d) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (e) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (f) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (g) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (h) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (i) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (j) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (k) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (l) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (m) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (n) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (o) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (p) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (q) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (r) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (s) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (t) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (u) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (v) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (w) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (x) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (y) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer; (z) LLOYD's employees shall not be held responsible for any damages, including reasonable attorney's fees, incurred by the Customer.

Customer acknowledges its understanding that LLOYD's services are for labor and agrees to pay such services upon receipt. If any invoice for such unpaid bills (90) days after invoice date. Customer agrees to pay LLOYD's late payment charges 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.

UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY PROHIBITED. ANY TEMPORARY EMPLOYEE INFRINGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

 STAFFING						HC-445 Broadhollow Road Medford, NY 11763, Suite 116 Phone: 631-777-7600	
EMPLOYEE PLEASE COMPLETE - Do not to indicate AM or PM.							
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & ON BREAK	TOTAL HOURS		
MON	2 25 14	J A41	J A31				
TUES	2 26 15	J A41	J A41				
WED	2 27 15	J A41	J A41				
THURS	2 28 14	J A41	J A41				
FRI	3 1 14	J A41	J A41				
SAT	3 2 14	J A41	J A41				
SUN	3 3 14	J A41	J A41				
WEEK ENDING	3/3	TOTAL HOURS FOR WEEK TO REENTER IN HOUR		TOTAL HOURS WORKED HERE =>			

INSTRUCTIONS: 1. Please identify each shift with initials. 2. Use separate timesheet for each assignment. 3. Attach ORIGINAL & MAKEUP COPY TO LLOYD, no later than Friday night. 4. Leave CLIENT copy with client company. Return EXACT DUE COPY for yourself. 5. Missed time sheets will be required without payment. Attached timesheets not to be accepted. All times must be indicated.		APPROVAL: All hours must be approved for each day worked. Hours will not be paid for unapproved shifts. Minimum: 4 hours per employee, per day.
--	--	--

COMPANY NAME (Please print) PO BOX 252007		ADDRESS (Please print) PO BOX 252007		PHONE (Please print) 92005	
CLIENT NAME (Please print) John Greenberg		DEPT (Please print) President		WEED EMPLOYEES (Please print) 3/3	
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. - - - - -		DATE - - - - -			
CLIENT SIGNATURE OF ACCEPTANCE John Greenberg		PRINT NAME John Greenberg			
SUPPORT STATE FOR CLIENT: Executives of this firm by the client certifies a certification that the TOTAL hours listed are correct as stated, that the work was performed to a satisfactory manner and agreement by the client to the TERMS and CONDITIONS printed on this reverse side of this form. Please do not reference inquiries to employees. Minimum 4 hours per employee per day. Be sure to call Lloyd's Staffing immediately when assignment ends or you will assume you are no longer available for work.					

COMPANY NAME BPMAC INC
 ADDRESS PO BOX 252007 MAIL 90015 RD
 (please print)
 REPORT TO John Greenberg DEPT President VEP/ENR/SG
 FIRST TIME AT THIS CLIENT COMPANY? Yes ☐ No If yes, Temporary Assignments 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 and to contact the office after completion of 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	DATE
<u>Christine Palmer</u>	<u>Catherine</u>	

SOCIAL SECURITY NO.

		-				-			

CLIENT SIGNATURE OF ACCEPTANCE DATE 10/14/15
John 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 address inquiries to employees. Minimum 4 hours per employee per day.
 Be sure to call Lloyd Staffing immediately when assignment ends or you will assume you are no longer available for work.

EMPLOYEE INFORMATION

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

OFFICIAL USE ONLY

[illegible]

Appendix

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.

தமிழ்நாடு

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

TERMS & CONDITIONS FOR I.L.O.V.D STAFFING

I hereby (USA) I am authorized to sign on behalf of the named company ("Customer"), the total (royalty stream or the royalty slice of this transaction) is, in general, the entire net amount attributable to a satisfactory, permanent, and any significant is authorized to sell the named Customer, who represents and warrants that the product is an improvement of LLOYD and is covered to be on a permanent or temporary basis. In the event we, or any of our affiliates, or any company in which we own 25% or more, either directly or indirectly, own, control, manage, or have any significant financial interest in, is a person's services in a consulting or technical capacity, or (b) we use the person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annual temporary compensation within the employee in the new capacity.

LOYD guarantees satisfaction with the employee's services by offering it for 14 hours government guarantee. If, for any reason, we are dissatisfied with the employee assigned to us, LOYD will not charge for the first hour (a) hours worked by such employee, provided that LOYD replaces the dissatisfied assigned. Unless we contact LOYD before the end of the first hour (a) hour, we agree that the employee assigned by LOYD is satisfactory.

[illegible]

Temporary employees are assigned to Customer's job site. Even upon the job assignment given and the duration of the assignment, UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY VIOLATION OF THIS POLICY WILL BE CONSIDERED A BREACH OF THE EMPLOYEE AGREEMENT AND WILL BE TREATED AS SUCH. EMPLOYEES ASSIGNED TO CUSTOMER'S JOB SITE ARE NOT TO BE CONSIDERED UNDER LLOYD'S EMPLOYMENT OR COMPENSATION PROGRAMS.

Customer demographics: It is understanding that LLOYD's interests are for older and suggest a few small interests about race. If any surveys request specifically (by age) after business data, Customer suggests to pay LLOYD a fee equivalent change of the rate of 1-1.25% per month (10% per annum) on such related matters. Customer also suggests to pay LLOYD for a reasonable costs of application, reviewing its, relevant documents, fees and expenses.

EMPLOYEE PLEASE COMPLETE - Do sure to indicate AM or PM.					EMPLOYEE SIGNATURE	
DAY	DATE	TIME IN	TIME OUT	LESS UNLAWFUL HOURS	TOTAL HOURS	EMPLOYEE SIGNATURE
MON	4	7:00 AM	3:00 PM			
TUES	5	7:00 AM	3:00 PM			
WED	6	7:00 AM	3:00 PM			
THURS	7	7:00 AM	3:00 PM			
FRI	8	7:00 AM	3:00 PM			
SAT	9	7:00 AM	3:00 PM			
SUN	10	7:00 AM	3:00 PM			
TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR					15	
PLEASE WRITE TOTAL HOURS WORKED HERE					15	

COMPANY NAME		PO BOX 252007		CITY		STATE		ZIP	
ADDRESS		PO BOX 252007		CITY		STATE		ZIP	
DEPT		DEPT		TITLE		DATE		WEEK END	
DEPT		DEPT		TITLE		DATE		WEEK END	
DEPT		DEPT		TITLE		DATE		WEEK END	

☒ 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 and I agree that if I do not contact the office after completing the assignment to determine if there is other work available for me, I agree that I will not contact the office upon completion of an assignment. I am not available.

EMPLOYEE NAME	EMPLOYEE SIGNATURE
Christine Palmer	Christine Palmer

SOCIAL SECURITY NO. _____

CURRENT SIGNATURE OF ACCEPTANCE _____

EMPLOYEE SIGNATURE _____

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. Substantiated 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.

OVERVIEW

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.

Index

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.

ABSTRACTS - LATE NEWS

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 enroll in a new assignment.

TERMS & CONDITIONS FOR LLOYD STAFFING

[illegible]

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

[illegible]

These employees are not precluded from being reclassified as non-unionized and assigned to Customer's job, so long as their job description, given and the known industry standards and assigned to Customer's job, do not exceed those of the non-unionized employees. WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN, ANY VIOLATION OF WHICH WILL BE CONSIDERED A VIOLATION OF THE NON-UNIONIZED EMPLOYEES' AGREEMENT. LLOYD'S EMPLOYEES WILL NOT BE COVERED UNDER LLOYD'S QUALIFICATIONS OF THE EMPLOYEES' AGREEMENT. LLOYD'S EMPLOYEES WILL NOT BE COVERED UNDER LLOYD'S QUALIFICATIONS OF THE EMPLOYEES' AGREEMENT. LLOYD'S EMPLOYEES WILL NOT BE COVERED UNDER LLOYD'S QUALIFICATIONS OF THE EMPLOYEES' AGREEMENT.

Customer acknowledges its understanding that LLOYD'S provides no (or for that we agree to pay) such reduced rates or rebates. If any provider (which would likely be any direct line broker) other than LLOYD's line manager charges at the rate of 1+1/2% per month (18% per annum) on any unpaid amounts, Customer also agrees to pay LLOYD's its reasonable costs of collection, including its reasonable attorney's fees and expenses.

LLOYD 10-202

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