

Monthly Expenditure Report



Reporting Month: June 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
\$8699.45	\$2160.24	\$6539.21	\$0.00	\$0.00	\$6539.21

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$39000.00	\$2160.24	\$3539.21	\$0.00	\$3539.21
Outreach		\$0.00		\$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: \$33300.55	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE_babcnc.	06/01/2019	(Credit card transaction)	General Operations Expenditure	Office	\$204.00
2	THE WEB CORNER, INC	06/05/2019	(Credit card transaction)	General Operations Expenditure	Office	\$165.00
3	JIVE COMM/LOGMEIN	06/10/2019	(Credit card transaction)	General Operations Expenditure	Office	\$28.06
4	L.A. PRESS PRINTING IN	06/11/2019	(Credit card transaction)	General Operations Expenditure	Office	\$8.65
5	L.A. PRESS PRINTING IN	06/19/2019	(Credit card transaction)	General Operations Expenditure	Office	\$77.53
6	LLOYD STAFFING / LLOYD STAFFING, INC.	05/29/2019	nvoice from Lloyd's for Board Administrator s...	General Operations Expenditure	Office	\$1677.00
Subtotal:						\$2160.24

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

6/8/2019

https://payments.google.com/payments/apis-secure/u/0/read_document?cn=%24p_6hd3fy5curv41&hostOrigin=aHR0cHM6Ly9hZG1pbi5nb29nbC



Payment Receipt

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

Payment date Jun 1, 2019
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	\$204.00

https://payments.google.com/payments/apis-secure/u/0/read_document?cn=%24p_6hd3fy5curv41&hostOrigin=aHR0cHM6Ly9hZG1pbi5nb29nbGUuY29t&ipi=ywa



Invoice

Invoice number: 3592227532

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 number3592227532
Invoice dateMay 31, 2019
Billing ID7677-2853-5183
Domain namebabcnc.org

Google Cloud - GSuite

Total in USD

\$204.00

Summary for May 1, 2019 - May 31, 2019

Subtotal in USD	\$204.00
Tax (0%)	\$0.00
Total in USD	\$204.00

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	May 1 - May 31	34	204.00
Subtotal in USD				\$204.00
Tax (0%)				\$0.00
Total in USD				\$204.00

Invoice

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

Date	Invoice #	Due Date
6/1/2019	18572	6/1/2019

PAID
06/05/2019

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.

Thank you for your business!

Total \$165.00

Payments/Credits -\$165.00

Balance Due \$0.00



BILLING



Invoices

Payment Options

Accounts ▾

Invoice Details

Bel Air Beverly Crest Neighborhood Council - CN-631494-1701

Invoice IN6000247418

Total Due **\$0.00**

Date Due	Status	Date Paid	Payment Method
June 16, 2019	Paid	June 10, 2019	MasterCard ** 5007 7/2020

PAID

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
Payments & Credits			\$28.06
Total Due			\$0.00



Checkout the Billing Portal!

my.jive.com/billing

Invoice

Invoice #: IN6000247418
Invoice Date: 6/1/2019
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	6/16/2019	
Billing Group	Description	Qty	Rate	Total
Master	Handsets - service charge	1	19.95	19.95
Master	DIDs - service charge, telephone numbers	1	1.75	1.75
Master	State and Local Regulatory Recovery Fee	1	3.36	3.36
Master	Regulatory Recovery Fee	1	3.00	3.00

Please direct billing questions to the following:
855-848-0764 | billing@jive.com | <http://www.jive.com>

Total: \$28.06

*GoToMeeting online meeting services are provided by LogMeIn USA, Inc. and its affiliates; LogMeIn sets the rates, terms and conditions for GoToMeeting services. Jive Communications presents this invoice and collects on behalf of LogMeIn as its agent.

*Telecom fees (incl. USF and Regulatory Recovery Fees) are only applicable to the Jive Services.

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



FULL SERVICE PRINTING

Date _____

Address

Phone

Cell

[illegible]

☐ Check #

☐ Charge

☐ Cash

Sub Total

Tax

Total

Deposit

Balance

Thank You

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

MID: 1368 Store: 8739 Term: 0001
REF#: 00000006
Batch #: 002 RRN: 916222400875
06/11/19 15:51:27
Trans ID: 0611MCPXUOQXH
APPR CODE: 071150
MASTERCARD
*****5007
Chip

AMOUNT	\$8.65
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APPROVED

MASTERCARD
AID: A0000000041010
TVR: 00 00 08 80 00
TSI: E8 00

CUSTOMER COPY

CUSTOMER COPY

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.

[illegible]

EMPLOYEE SATISFACTION

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.

FRANC

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.

ABSENCE - LATENCY

ESSENCES - LEO 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

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

TERMS & CONDITIONS FOR LLOYD STAFFING

[illegible]

LLOYD guarantees satisfaction with its employee's services by extending a 14-day "Satisfaction Period." If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first hour (1) hour worked by each employee, provided that LLOYD replace the individual assigned. Unless we contact LLOYD within 60 days of the initial hour (1) hour, we assure that the employee assigned by LLOYD is satisfactory.

[illegible]

Temporary employees are assigned to Customer's job and based upon the job description given and the instructions of the employer, UNAUTHORIZED WORK PERFORMED BY EMPLOYEES IS STRICTLY FORBIDDEN, ANY EMPLOYEE PERFORMING UNAUTHORIZED WORK MAY BE CONSIDERED TO BE WORKING UNDER EMPLOYER'S TEMPORARY EMPLOYEE INSURANCE.

[illegible]

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.

TRAINING

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

[illegible]



100-445 Grandchester Road
Middletown, NY 11761, Suite 119
Phone: 631-771-7600

COMPANY NAME
Please Print
ADDRESS

BRACAL
PO BOX 252007
TOWN
252007

DATE
9/20/15

OFFICE
President 5/12

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

DAY	DATE	TIME IN	TIME OUT	2.00 PM BREAK	HOURS
MON	5/16/15	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> PM		
TUES	5/17/15	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> PM		
WED	5/18/15	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> PM		
THURS	5/19/15	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> PM		
FRI	5/20/15	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> PM		
SAT	5/21/15	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> AM		
SUN	5/22/15	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> PM		
WEEK ENDING	5/12	TOTAL HOURS FOR WEEK TO BE ENTERED IN HOUR			15
PLEASE WRITE TOTAL HOURS WORKED HERE					15

INSTRUCTIONS:

1. Please timely sign a valid punch card.
2. Use company timecard for each assignment.
3. Make OVERTIME & VACANCE entry to Labor & Man Friday night.
4. Leave CLIENT copy with each company. Return EXACT OVERTIME copy for yourself.
5. Unapproved timesheet will be returned without payment.
6. Absent timesheet will not be accepted. 15 hours must be reached.

IMPORTANT: All hours must be approved by your supervisor. Hours worked may not be paid if not approved daily.

Minimum: 4 hours per employee, per day.

EMPLOYEE NAME
Robertine Holmes

EMPLOYEE SIGNATURE
Robertine Holmes

SOCIAL SECURITY NO.
[Redacted]

CLIENT SIGNATURE OF ACCEPTANCE
[Signature]

PRINT NAME
Robertine Holmes

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.

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 authorized to be the named side of this timesheet. I am certifying 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.

Temporary employees are assigned to Customer's job site based upon the job description given and the terms and conditions of the assignment. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY VIOLATION OF LLOYD'S EMPLOYMENT POLICY WILL BE CONSIDERED A BREACH OF LLOYD'S EMPLOYMENT AGREEMENT. LLOYD'S EMPLOYEES ARE NOT TO BE USED FOR ANY OTHER PURPOSES WITHOUT LLOYD'S WRITTEN PERMISSION. LLOYD'S EMPLOYEES ARE NOT TO BE USED FOR ANY OTHER PURPOSES WITHOUT LLOYD'S WRITTEN PERMISSION. LLOYD'S EMPLOYEES ARE NOT TO BE USED FOR ANY OTHER PURPOSES WITHOUT LLOYD'S WRITTEN PERMISSION.

Customer acknowledges its understanding that LLOYD's services are for hire and agrees to pay such services upon receipt of invoice. LLOYD's services are not to be used for any other purpose without LLOYD's written permission. LLOYD's services are not to be used for any other purpose without LLOYD's written permission. LLOYD's services are not to be used for any other purpose without LLOYD's written permission.

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