

# Monthly Expenditure Report



Reporting Month: December 2019

Budget Fiscal Year: 2019-2020

NC Name: Bel Air-Beverly Crest  
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$36862.80	\$4418.22	\$32444.58	\$3429.75	\$0.00	\$29014.83

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$42700.00	\$4070.92	\$26605.37	\$3429.75	\$23175.62
Outreach		\$347.30		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$750.00	\$0.00	\$750.00	\$0.00	\$750.00
Neighborhood Purpose Grants	\$3500.00	\$0.00	\$3500.00	\$0.00	\$3500.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$11676.41	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE_babcnc.	12/01/2019	(Credit card transaction)	General Operations Expenditure	Office	\$210.00
2	JIVE COMM/LOGMEIN	12/10/2019	(Credit card transaction)	General Operations Expenditure	Office	\$28.59
3	L.A. PRESS PRINTING IN	12/10/2019	(Credit card transaction)	General Operations Expenditure	Office	\$3.18
4	THE WEB CORNER, INC	12/09/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$165.00
5	THE WEB CORNER, INC	12/10/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$165.00
6	L.A. PRESS PRINTING IN	12/18/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$17.30
7	Lloyd Staffing, Inc.	12/10/2019	Combined Oct/Nov 2019 Total Invoice from Lloy...	General Operations Expenditure	Office	\$3829.15
<b>Subtotal:</b>						<b>\$4418.22</b>

Outstanding Expenditures
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#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	THE WEB CORNER, INC.	10/28/2019	Motion to approve Web Corner Invoice 18836 for ser...	General Operations Expenditure	Office	\$165.00
2	THE WEB CORNER, INC.	10/28/2019	Motion to approve Web Corner Invoice 18973 for ser...	General Operations Expenditure	Office	\$165.00
3	THE WEB CORNER, INC.	10/28/2019	Motion to approve Web Corner Invoice 19118 for ser...	General Operations Expenditure	Office	\$165.00
4	Lloyd Staffing, Inc.	10/28/2019	Motion to approve the payment of the BABCNC admini...	General Operations Expenditure	Office	\$2934.75
	<b>Subtotal:</b> Outstanding					<b>\$3429.75</b>



# Invoice

Invoice number: 3664670859

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 number ..... 3664670859

Invoice date ..... Nov 30, 2019

Billing ID ..... 7677-2853-5183

Domain name ..... babcnc.org

## Google Cloud - GSuite

Total in USD **\$210.00**

## Summary for Nov 1, 2019 - Nov 30, 2019

Subtotal in USD \$210.00

Tax (0%) \$0.00

Total in USD \$210.00

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Nov 1 - Nov 30	35	210.00
Subtotal in USD				\$210.00
Tax (0%)				\$0.00
Total in USD				<b>\$210.00</b>



## BILLING



Invoices Payment Options

Accounts ▾

## Invoice Details

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

Invoice IN6000486575

Total Due **\$0.00**

Date Due	Status	Date Paid	Payment Method
<b>December 16, 2019</b>	Paid	December 10, 2019	MasterCard ** 9270 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	\$3.28	\$3.28
Universal Service Fee (USF)	1	\$1.2652	\$1.27
Regulatory Recovery Fee	1	\$2.3369	\$2.34

<b>Total</b>	<b>\$28.59</b>
<b>Payments &amp; Credits</b>	<b>\$28.59</b>
<b>Total Due</b>	<b>\$0.00</b>



Jive Communications, Inc.  
PO BOX 412252  
BOSTON, MA 02241-2252

Checkout the Billing Portal!  
[my.jive.com/billing](http://my.jive.com/billing)

## INVOICE

Invoice Date 12/01/2019  
Invoice # IN6000486575  
PO #  
Customer ID CN-631494-1701  
Terms Net 15  
Due Date 12/16/2019  
Currency US Dollar

### Bill To

BEL AIR BEVERLY CREST  
NEIGHBORHOOD COUNCIL  
PO BOX 252007  
LOS ANGELES CA 90025

**Please notice our new remittance information below**

Billing Group	Description	Quantity	Rate	Amount
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	3.28	\$3.28
Master	Universal Service Fee (USF)	1	1.27	\$1.27
Master	Regulatory Recovery Fee	1	2.34	\$2.34
<b>Total</b>				<b>\$28.59</b>

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

\*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.

NOTICE: Jive is changing how it presents its monthly invoices and fees. Beginning with this month's invoice, you will now see a separate line item for a Universal Service Fee (USF). It is important to note that USF is not a new fee as it was previously included as part of Jive's Regulatory Recovery Fee (RRF) line item. The USF charge is used to recover contributions Jive is required by law to make to the Federal Universal Service Fund (FUSF). The FUSF rate is set by the Federal Communications Commission or FCC on a quarterly basis and is accordingly subject to change. To learn more about these changes, please click [here](#) or if you'd like to know more about how Jive currently displays fees on your invoice, please visit [here](#).

To ensure prompt and proper payment receipt, before you release payment please take a moment to update your records to reflect our updated remittance details below.

If you are setup for Autopay your automatic payment will be processed around the 10th.



**Jive Communications, Inc.**  
PO BOX 412252  
BOSTON, MA 02241-2252

Checkout the Billing Portal!  
[my.jive.com/billing](http://my.jive.com/billing)

## INVOICE

<b>Invoice Date</b>	12/01/2019
<b>Invoice #</b>	IN6000486575
<b>PO #</b>	
<b>Customer ID</b>	CN-631494-1701
<b>Terms</b>	Net 15
<b>Due Date</b>	12/16/2019
<b>Currency</b>	US Dollar

**Online Payment Option:**

Go to [my.jive.com/billing](http://my.jive.com/billing) to make an online payment and/or to setup automatic monthly payment. \*This option may not be available to certain reseller customers.

**Payment by Wire Transfer Under Reference of Invoice #:**

Remit To Wire Info:  
Beneficiary: Jive Communications, Inc.  
Bank Name: Bank of America  
Bank Account #: 4451285234  
ACH Routing #: 111000012  
Wire Routing #: 026009593  
SWIFT Code: BOFAUS3N

To ensure accurate posting, please send remittance instructions to [remit@logmein.com](mailto:remit@logmein.com) when making payment.

.....  
Detach and Return with Payment

**Make Checks Payable To:**

Jive Communications Inc.  
PO BOX 412252  
Boston, MA 02241-2252

Customer:	Bel Air Beverly Crest Neighborhood Council
Customer #:	CN-631494-1701
Invoice #:	IN6000486575
Amount Due:	\$28.59
Amount Paid:	_____



CUSTOMER COPY



# Invoice

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

Date	Invoice #	Due Date
11/1/2019	19252	11/1/2019

**PAID**  
**12/09/2019**

Bill To
Bel Air-Beverly Crest NC

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1.5 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

# Invoice

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

Date	Invoice #	Due Date
12/1/2019	19406	12/1/2019

**PAID**  
**12/09/2019**

Bill To
Bel Air-Beverly Crest NC

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1.5 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

BARCNC 12/18/2019 Board Mtg. Agenda

# 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, Inc.

Serving the community since 1987

Date 12/18/19

Customer BARCNC

Address

Phone Cell

Quantity	Description	Price
27 x 4	Academy 1080	
4 x 9	Sch A 360	
4 x 16	Sch B 640	
4 x 8	Sch C 320	
4 x 5	Sch D 200	
4 x 2	Sch E 80	
4 x 9	Vacation 360	
4 x 3	Vacation 120	15.80
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:		
Sub Total		15.80
Tax		1.50
Total		17.30
Deposit		
Balance		

- ☐ Check #
- ☐ Charge
- ☐ Cash

Thank You!

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

## SALE

MID: 1368 Store: 8739 Term: 0001

REF#: 00000004

Batch #: 007 RRN: 935221200342

12/18/19 13:24:43

Trans ID: 1218MCPXPZ15N

APPR CODE: 011492

MASTERCARD

\*\*\*\*\*9270

Chip  
\*\*\*

AMOUNT

\$17.30

APPROVED

MASTERCARD

AID: A0000000041010

TVR: 00 00 08 80 00

TSI: E8 00

CUSTOMER COPY



# INVOICE

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

Please remit payment to:  
Lloyd Staffing, Inc.  
PO Box 780994  
Philadelphia, PA 19178-0994  
Billing inquiries: 631.370.7434

Credit Cards Accepted



**BILL TO:** Attention of: Jacqueline Le Kennedy  
Bel Air Beverly Crest Nc  
Po Box 252007  
Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
11/24/2019	413123	1	116863	Due Upon Receipt		
PERIOD			DESCRIPTION & EMPLOYEE	HOURS	RATE	AMOUNT
10/07/19-10/13/19			TRANSCRIPT Palmer, Catherine	15.00	27.95	\$419.25
10/14/19-10/20/19			TRANSCRIPT Palmer, Catherine	25.00	27.95	\$698.75
10/21/19-10/27/19			TRANSCRIPT Palmer, Catherine	15.00	27.95	\$419.25
10/28/19-11/03/19			TRANSCRIPT Palmer, Catherine	15.00	27.95	\$419.25
11/04/19-11/10/19			TRANSCRIPT Palmer, Catherine	20.00	27.95	\$559.00
11/11/19-11/17/19			TRANSCRIPT Palmer, Catherine	25.00	27.95	\$698.75
11/18/19-11/24/19			TRANSCRIPT Palmer, Catherine	22.00	27.95	\$614.90
				</		



<b>STAFFING</b>		HR: 445 Broadhollow Road Melville, NY 11747, Suite 115 Phone: 516-777-7600			
<b>EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.</b>					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH / ON BREAK	TOTAL HOURS
MON	10/14/19	7:30	4:00	1:00	2:30
TUES	10/15/19	7:30	4:00	1:00	2:30
WED	10/16/19	7:30	4:00	1:00	2:30
THURS	10/17/19	7:30	4:00	1:00	2:30
FRI	10/18/19	7:30	4:00	1:00	2:30
SAT	10/19/19	7:30	4:00	1:00	2:30
SUN	10/20/19	7:30	4:00	1:00	2:30
<b>WEEK ENDING</b> 10/20		<b>TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR</b> 13.75			<b>PLEASE WRITE TOTAL HOURS WORKED HERE</b> 13.75
<b>INSTRUCTIONS:</b> 1. Please provide a job description. 2. Use appropriate code for each assignment. 3. Use appropriate & accurate copy to be used on the day of the assignment. 4. Leave client copy with client company; retain employee copy for yourself. 5. All client copy will be checked against payroll.					

COMPANY NAME <b>BRASCO</b> (Please Print)		TAXID <b>10</b>		ZIP <b>90025</b>	
ADDRESS <b>PO BOX 252007</b>		CITY <b>LOS ANGELES</b>		STATE <b>CA</b>	
REPORT TO <b>Robert Greenberg</b>		DEPT <b>Private</b>		WEEK ENDING	
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		I Yes, Temporary Assignments must indicate they have received the following Orientation Training on this assignment. (Please check)		<input type="checkbox"/> Policy & Procedure Review	
I hereby certify that the hours shown were worked by me during the week ending above, and that I received the required training. I understand I am 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 <b>CATHERINE PARKER</b>		EMPLOYEE SIGNATURE <b>CATHERINE PARKER</b>		SOCIAL SECURITY NO.	
CLIENT SIGNATURE OF ACCEPTANCE <b>Robert Greenberg</b>		CLIENT SIGNATURE OF ACCEPTANCE <b>Robert Greenberg</b>		PAYMENT DATE	
<b>IMPORTANT FOR CLIENT:</b> 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 materials 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



EMPLOYEE PLEASE COMPLETE - Be sure to indicate AAG or PVA.				TOTAL HOURS	
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & NOT BREAK	TOTAL HOURS
MON	10/24/19	7:00 AM	3:00 PM	1:00 PM	4:00
TUES	10/22/19	7:00 AM	3:00 PM	1:00 PM	4:00
WED	10/23/19	7:00 AM	3:00 PM	1:00 PM	4:00
THURS	10/24/19	7:00 AM	3:00 PM	1:00 PM	4:00
FRI	10/25/19	7:00 AM	3:00 PM	1:00 PM	4:00
SAT	10/26/19	7:00 AM	3:00 PM	1:00 PM	4:00
SUN	10/27/19	7:00 AM	3:00 PM	1:00 PM	4:00
TOTAL HOURS FOR WEEK TO REQUEST PAY HOUR					24
PLEASE WRITE TOTAL HOURS WORKED HERE					24

INSTRUCTIONS:	
1. Please family get a full night rest.	
2. Use separate timesheet for each assignment.	
3. Use ORIGINAL & INVOICE copy in "Job", no later than Friday night.	
4. Leave CLIENT copy with client caregiver; retain EMPLOYEE copy for yourself.	
5. Assigned timesheets will be retained without payment.	
6. Altered timesheets will not be accepted. All hours must be tabular.	

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are accurate and 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**

RD: 445 Broadhollow Road  
Melville, NY 11747, Suite 119  
Phone: 631-777-7600

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & OR BREAK	TOTAL HOURS
MON	10/28	15	15	1 PM	
TUES	10/29	15	15	1 PM	
WED	10/30	15	15	1 PM	
THURS	10/31	15	15	1 PM	
FRI	11/1	15	15	1 PM	
SAT	11/2	15	15	1 PM	
SUN	11/3	15	15	1 PM	
WEEK ENDING	11/3				

**INSTRUCTIONS:**

- Please fill out a bill packet too.
- Use separate timesheet for each assignment.
- Use ORIGINAL & duplicate copy to Lloyd, no later than Friday a.m.
- Leave client copy with client company, retain EMPLOYEE copy for yourself.
- Unsigned timesheets will be returned without payment.
- Altered timesheets will not be accepted. All hours must be labeled.

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

**Minimum: 4 hours per employee, per day.**

**REPORT TO:** COBEN GREENBERG **DEPT:** PRIVATE **WEEK ENDING:** 11-3

**EMPLOYEE NAME:** CATHERINE PALMER **EMPLOYEE SIGNATURE:** [Signature]

**SOCIAL SECURITY NO.:** [Redacted] **PRIVACY NOTICE:** [Redacted]

**CLIENT SIGNATURE OF ACCEPTANCE:** [Signature] **CLIENT NAME:** COBEN 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 to 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 you 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**

HR: 445 Broadway Road  
 Mahwah, NY 17477, Suite 119  
 Phone: 633-777-7600

COMPANY NAME (Please Print) **BRATSON**

ADDRESS **PO Box 252007**

CITY **P.O.**

STATE **90025**

REPORT TO **John Greenberg**

DEPT

POSITION **President**

WEEK ENDING **11-10**

EMPLOYEE NAME **CATHERINE PALMER**

EMPLOYEE SIGNATURE *Catherine Palmer*

SOCIAL SECURITY NO.

LESS WHICH  
& NOT BREAK

TIME IN

DATE

TIME OUT

TOTAL  
HOURS

DAY

MON

TUES

WED

THURS

FRI

SAT

SUN

WEEK ENDING

DAY	DATE	TIME IN	TIME OUT	TOTAL HOURS
MON	11/4/19	7:00	3:00	4:00
TUES	11/5/19	7:00	3:00	4:00
WED	11/6/19	7:00	3:00	4:00
THURS	11/7/19	7:00	3:00	4:00
FRI	11/8/19	7:00	3:00	4:00
SAT	11/9/19	7:00	3:00	4:00
SUN	11/10/19	7:00	3:00	4:00
WEEK ENDING		11/10		

EMPLOYEE SIGNATURE **CATHERINE PALMER**

SOCIAL SECURITY NO.

CLIENT SIGNATURE OF ACCEPTANCE **John Greenberg**

PRINT NAME **John Greenberg**

**IMPORTANT FOR CLIENT:** Execution of this form by the client constitutes a certification that the TOTAL HOURS listed and 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 claims to employees. Minimum 4 hours per employee per day.

Do sign to call Lloyd Staffing immediately upon assignment ends or you will assume you are no longer available for work.

**INSTRUCTIONS:**

- Print name, use a ball point pen.
- Use separate timesheet for each assignment.
- Leave OREGON & IDAHO'S early to report no later than Friday night.
- Leave CLIENT copy with client company and keep one copy for yourself.
- Unpaid time sheets will be returned unpaid.
- Unpaid time sheets will be returned. All hours must be tracked.

**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

<b>STAFFING</b>		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600			
<b>EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.</b>					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH (2 HR BREAK)	TOTAL HOURS
MON	11/11/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
TUES	11/12/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
WED	11/13/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
THURS	11/14/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
FRI	11/15/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SAT	11/16/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SUN	11/17/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
<b>TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR</b> PLEASE WRITE TOTAL HOURS WORKED HERE: <b>25</b>					<b>IMPORTANT!</b> Hours must be approved each day worked. Hours will not be paid if not approved daily.
<b>INSTRUCTIONS:</b> 1. Please verify use of suit prior to work. 2. Use separate timesheet for each day worked. 3. All employees & service crew is Lloyd, no other company name. 4. Leave client only with client company, when employee left for transport. 5. Unexcused absences will be reported without payment. 6. Absence must be called.					

COMPANY NAME: <b>BACON</b>		P.O. # <b>90021</b>	
(Please print)		(Please print)	
ADDRESS: <b>PO Box 252077</b>		CITY: <b>MIAMI</b>	
REPORT TO: <b>Ryan Greenberg</b>		JOB TITLE: <b>Assistant</b>	
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 checked="" type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Proceeding 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: <b>CATHERINE PRINCE</b>		EMPLOYEE SIGNATURE: _____	
SOCIAL SECURITY NO. _____		PRINT NAME: _____	
CLIENT SIGNATURE OF ACCEPTANCE: <b>Ryan Greenberg</b>		PRINT NAME: <b>Ryan Greenberg</b>	
<b>IMPORTANT FOR CLIENT:</b> 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 you 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

**LLOYD STAFFING**  
 HQ: 445 Broadhollow Road  
 Melville, NY 11747, Suite 118  
 Phone: 631-777-7500

EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.  
 LESS UNPAID  
 / ON WEEK  
 TOTAL  
 HOURS

DAY	DATE	TIME IN	TIME OUT	LESS UNPAID / ON WEEK	TOTAL HOURS
SUN	11/18/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	11/19/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	11/20/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	11/21/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	11/22/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	11/23/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	11/24/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING		11-24		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE <b>37.25</b>	

**INSTRUCTIONS:**

1. Please provide a full social card.
2. Use separate timesheet for each assignment.
3. Attach ORIGINAL & DUPLICATE copy to Lloyd's, no later than Friday 5:00 PM.
4. Leave CLIENT copy with client company; retain EMPLOYEE copy for payroll.
5. Unpaid timesheets will be returned without payment.
6. Altered timesheets will not be accepted. All times must be marked.

**COMPANY NAME** BATSUNC **TOWN** PO Box 252007 **P.O.** 9005 **ZIP** 33107

**ADDRESS**

**REPORT TO** Robin Greenberg **DEPT** President **WEEK ENDING** 11-24

**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 am to contact the office after completing the Assignment to determine if there is either 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 & ACCEPTANCE** Robin Greenberg **PRINT NAME** Robin Greenberg

**IMPORTANT FOR CLIENT:** Execution of this form by the client constitutes a certification that the TOTAL hours indicated on this form 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.

So 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 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 authentic 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 this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation (a) of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's conduct 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 said 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 contract. That (a) Customer shall not employ LLOYD's employees with unmet outstanding pay, cash, or other obligations or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will reimburse LLOYD for any and all LLOYD's expenses from any such claim arising out of a breach of the foregoing, including but not limited to attorney's fees, property damage, loss, theft, litigation, cargo damage or other claims payable to LLOYD's insurers, does not cover loss or damage caused by the conduct of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer shall remain responsible for any claims, including but not limited to the defense thereof, involving such injury, property damage, loss, theft, litigation, cargo damage or other claims payable to LLOYD's insurers, arising out of a LLOYD's employee's driving such vehicle(s), or acting out of or involving violation by Customer of clause (b) above. (b) LLOYD is not responsible for claims made under its Fidelity Bond under such claims as reported to LLOYD by Customer within thirty (30) days after occurrence. (c) 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 (d) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are contained 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 shall reimburse LLOYD's employee's 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 PROHIBITED. 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 workers are for labor and agrees to pay each invoice 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 attorney's fees and expenses.

LLOYD 10-2007



## Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 09-25-2019

Budget Fiscal Year: 2019-2020

Agenda Item No: 10.f.

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: f. Motion to approve \$6,539.21 rollover funds and amended budget reflecting rollover funds with budget allocations reflecting our total annual allocation of \$48,539.21 for 2019-2020 Fiscal Year. (Attachment F)

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

## Vote Count

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

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Bel Air Crest Master Assn. Rep.	X					
Mark Goodman, M.D.	Bel Air District Rep.				X		
Gail Sroloff	Bel Air District Rep.	X					
Larry Leisten	Bel Air Glen District Rep.	X					
Robin Greenberg	Bel Air Hills Assn. (RVA) Rep.	X					
Wendy Morris	Bel Air Hills Assn. (RVA) Rep.	X					
Andre Stojka	Bel Air Ridge Assn. Rep.	X					
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X					
Don Loze	Benedict Cyn. Assn. Rep.	X					
Nickie Miner	Benedict Cyn. Assn. Rep.	X					
Mindy Mann	Benedict Cyn. Assn. Rep.	X					
Sam Sanandaji	Casiano Estates Assn. Rep.				X		
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	X					
Jackie DeFede	Faith-Based Organizations Rep.	X					
Maureen Smith	Franklin-Coldwater District Rep.				X		
Teresa Lee	K-6 Private Schools Rep.	X					
Jon Wimbish	7-12 Private Schools Rep.	X					
Kristie Holmes	Public Ed. Institutions Rep.	X					
Jason Spradlin	Holmby Hills Assn. Rep.				X		
Jamie Hall	Laurel Cyn. Assn. Rep.	X					
Stephanie Savage	Laurel Cyn. Assn. Rep.	X					
Cathy Wayne	Laurel Cyn. Assn. Rep.	X					
Heather Roy	Laurel Cyn. Assn. Rep.				X		
Chuck Maginnis	At Large Rep.	X					
Marcia Hobbs	At Large Rep.	X					
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.				X		
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	24			8		

We, the authorized signers 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.

Authorized Signature

Authorized Signature:

Print/Type Name: Philip Enderwood, Treasurer

Print/Type Name: Robert A. Ringler, Second Signatory

Date: September 25, 2019

Date: September 25, 2019





<p style="text-align: center;">Bel Air-Beverly Crest</p> <hr/> <p style="text-align: center;"><b>Neighborhood Council Annual Budget for Fiscal Year 2019-2020</b></p>	
<b>Annual Budget Funds</b>	42,000.00
<b>Rollover Funds***</b>	6,539.21
<b>Total Annual Budget Funds</b>	\$48,539.21

<b>Office/Operational Expenditures Category</b>	
Temporary Staff for Admin, Agenda, and Minutes (LLoyd Staffing)	21,000.00
Meeting Facilities, Space Rental, and Refreshments (AJU)	3,500.00
Website Hosting and Maintenance (Web Corner)	3,500.00
Email Provider for Board Members (Google Apps for Work)	2,200.00
WLA Municipal Building Office Internet (Frontier Communications)	1,950.00
Printed Materials for Board and Committee Meetings (LA Press Printing)	800.00
Office Supplies	550.00
Board Member Badges (NiceBadge) and Business Cards	500.00
Council P.O. Box Rental (USPS)	400.00
Telephone Answering Service (Jive Communications)	350.00
<b>Total Office/Operational Expenditures</b>	<b>\$34,750.00</b>

\*\*\*The Funding Program will notify each NC of their Fiscal Year closing balance including available rollover funds, if any, on August 1st or next business day. Depending on when an NC submits its Admin Packet/annual budget, the NC may need to revise and resubmit its annual budget to account for any rollover funds received.

<b>Outreach Expenditures Category</b>	
Council Website Design Refresh and Updates (Web Corner)	3,000.00
Special Events, Speakers, and Outreach Activities	2,000.00
Banner and Billboard Advertisements (AAA Flag and Banner)	1,250.00
Council Marketing Materials and Swag	1,250.00
Council Email Newsletter Delivery (Mailchimp)	250.00
Online Advertisement Space for Facebook, Twitter, Nextdoor, et al.	200.00
<b>Total Outreach Expenditures</b>	<b>\$7,950.00</b>

<b>Election Expenditures Category</b>	
N/A for 2019-2020 FY	0.00
<b>Total Election Expenditures</b>	<b>\$0.00</b>

<b>Neighborhood Purposes Grants (NPG) Expenditures Category</b>	
Neighborhood Purpose Grants	3,500.00
<b>Total NPG Expenditures</b>	<b>\$3,500.00</b>

<b>Community Improvement Projects (CIP) Expenditures Category</b>	
Community Improvement Projects	750.00
<b>Total CIP Expenditures</b>	<b>\$750.00</b>

<b>TOTAL BUDGET ALLOCATIONS</b>	
<b>Office/Operational Expenditures</b>	<b>\$34,750.00</b>
<b>Outreach Expenditures</b>	<b>\$7,950.00</b>
<b>Elections Expenditures</b>	<b>\$0.00</b>
<b>General and Operational Expenditures</b>	<b>\$42,700.00</b>
<b>Neighborhood Purposes Grants (NPG) Expenditures</b>	<b>\$3,500.00</b>
<b>Community Improvement Project (CIP) Expenditures</b>	<b>\$750.00</b>
<b>TOTAL EXPENDITURES FOR FISCAL YEAR 2019-2020</b>	<b>\$46,950.00</b>