

Monthly Expenditure Report



Reporting Month: February 2020

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
\$30180.34	\$3311.52	\$26868.82	\$3485.31	\$2291.90	\$21091.61

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$42700.00	\$2785.52	\$21029.61	\$3485.31	\$17544.30
Outreach		\$526.00		\$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: \$2291.90		Encumbrances: \$0.00		Previous Expenditures: \$18358.87	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE BABCNC.O	02/02/2020	(Credit card transaction)	General Operations Expenditure	Office	\$210.00
2	THE WEB CORNER, INC	02/03/2020	(Credit card transaction)	General Operations Expenditure	Office	\$224.25
3	THE WEB CORNER, INC	02/04/2020	(Credit card transaction)	General Operations Expenditure	Office	\$165.00
4	JIVE COMM/LOGMEIN	02/10/2020	(Credit card transaction)	General Operations Expenditure	Outreach	\$28.57
5	AAA FLAG AND BANNER LA	02/10/2020	(Credit card transaction)	General Operations Expenditure	Outreach	\$464.81
6	L.A. PRESS PRINTING IN	02/11/2020	(Credit card transaction)	General Operations Expenditure	Outreach	\$11.00
7	BEST BUY 00003939	02/14/2020	(Credit card transaction)	General Operations Expenditure	Office	\$13.13
8	CTS FRONTIER ONLINEPAY	02/20/2020	(Credit card transaction)	General Operations Expenditure	Office	\$20.99



Payment Receipt

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

Tax identification number
77-0493581

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

Payment date Feb 2, 2020
Billing ID 7677-2853-5183
Payment method Mastercard **** 9270

Description	
Payment amount	\$210.00



Invoice

Invoice number: 3690178189

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 number3690178189

Invoice dateJan 31, 2020

Billing ID7677-2853-5183

Domain namebabnc.org

Google Cloud - G Suite

Total in USD

\$210.00

Summary for Jan 1, 2020 - Jan 31, 2020

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	Jan 1 - Jan 31	35	210.00
Subtotal in USD				\$210.00
Tax (0%)				\$0.00
Total in USD				\$210.00

The Web Corner, Inc.

19509 Ventura Blvd.
Tarzana, CA 91356

Invoice

		Date	Invoice #	Terms
		02/03/2020	19667	
Bill To		Ship To		
Bel Air-Beverly Crest NC				

QTY	Description	Price Each	Amount
0.33	Dec 2019 Hourly Rate Mahdi:	150.00	49.50
	Ticket 18549 Links Section		
0.83	Dec 2019 Hourly Rate Narine:	75.00	62.25
	Ticket 18885 Email Blast: Executive Committee Meeting 12/06/19		
	Ticket 18919 Email blast: Planning & Land Use Meeting 12/10/19		
2.25	Ticket 18549 Updating links	150.00	337.50
	Dec 2019 Hourly Rate Murid:		
	Ticket 18549 Links updates		
	Discount Maintenance	-225.00	-225.00
Please remit payment at your earliest convenience.		Total \$224.25	
Thank you for your business!		Payments/Credits -\$224.25	
		Balance Due \$0.00	

Invoice

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

Date	Invoice #	Due Date
2/1/2020	19718	2/1/2020

PAID
02/04/2020

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



BILLING



Invoices Payment Options

Accounts >

Invoice Details

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

Invoice IN6000577528

Total Due **\$0.00**

Date Due	Status	Date Paid	Payment Method
February 16, 2020	Paid	February 10, 2020	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	\$3.46	\$3.46
Universal Service Fee (USF)	1	\$1.0729	\$1.07
Regulatory Recovery Fee	1	\$2.3369	\$2.34
Total			\$28.57
Payments & Credits			\$28.57
Total Due			\$0.00



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

Checkout the Billing Portal!
my.jive.com/billing

INVOICE

Invoice Date 02/01/2020
Invoice # IN6000577528
PO #
Customer ID CN-631494-1701
Terms Net 15
Due Date 02/16/2020
Currency US Dollar

Bill To

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

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	3.46	\$3.46
Master	Universal Service Fee (USF)	1	1.07	\$1.07
Master	Regulatory Recovery Fee	1	2.34	\$2.34
Total				\$28.57

Please direct billing questions to the following:
855-848-0764 | 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. 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.



Checkout the Billing Portal!
my.jive.com/billing

INVOICE

Invoice Date	02/01/2020
Invoice #	IN6000577528
PO #	
Customer ID	CN-631494-1701
Terms	Net 15
Due Date	02/16/2020
Currency	US Dollar

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

Online Payment Option:

Go to 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 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 #:	IN6000577528
Amount Due:	\$28.57
Amount Paid:	_____



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

TRANSACTION # **SO350304**
DATE **2/10/2020**
REFERENCE **QTE267977**
SALES TEAM **413 JEREMY & LEE**

**SALES ORDER
INVOICE**

CUSTOMER C200503

Bel Air Beverly Crest Neighborhood Council

PROJECT
retractable

PRIMARY CONTACT

Robin Greenberg
310-968-0605
robin@robingreenberg.com

DUE DATE

2/26/2020

SHIPPING METHOD

Customer Pick up - National

PAYMENT TERMS

Prepayment

CUSTOMER P.O.

Robin

BILL TO

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

SHIP TO

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

QTY	ITEM NAME / DETAIL	EACH	TOTAL
1	Rewind Retractable (Graphic) Rewind Retractable Graphic Rollup - White 36" W x 84" H	\$150.00	\$150.00 *
1	Rewind Retractable (Hardware) Rewind Banner Stand - Adjustable Height x 36", Silver	\$137.50	\$137.50 *
1	Art Setup Creative / Design Services	\$150.00	\$150.00

SUBTOTAL \$437.50

TAX (9.5%)* \$27.31

TOTAL \$464.81

DEPOSITS RECEIVED \$464.81

BALANCE \$0.00

PLEASE MAKE ALL PAYMENTS TO: AAA FLAG & BANNER MFG. CO. • 8955 NATIONAL BLVD • LOS ANGELES • CA • 90034

DESIGN • PRINT • INSTALL

A FINANCE CHARGE OF 1 % PER MONTH WHICH IS EQUIVALENT TO AN ANNUAL PERCENTAGE RATE OF 12% WILL BE APPLIED TO ACCOUNTS PAST DUE.

It is understood and agreed that in event it becomes necessary for AAA Flag & Banner, Mfg. Co to institute action to collect payment for merchandise sold herein, purchaser will pay all collection costs, including reasonable attorney's fees. The goods will be delivered, Ex-Works, to the agreed upon AAA Flag & Banner facility (Los Angeles, CA; San Francisco, CA; Miami, FL) and if the Customer desires that the goods be shipped to any other location, the Customer shall bear all cost and risks in shipment of the goods. Any Claims or Returns must be made within 2 days of receipt of goods. Upon approval, stock items will be issued a store credit. Custom products will either be repaired, replaced, or issued a credit upon approval. Goods must be picked up within 15 days of completion, as AAA will not be responsible after this point. AAA Flag & Banner Mfg. Co., Inc. shall not be responsible for shipping/freight costs or for loss of or damage to goods, whether or not Customer chooses to insure the goods. Customer shall have the responsibility for pursuing any such claim against any carrier and if Customer has chosen to insure the goods, then Customer shall have responsibility for pursuing any claim under said insurance. See accompanying Terms and Conditions for further details.



TERMS AND CONDITIONS

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

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

Indemnity: To the extent permitted by law, Customer shall indemnify, defend, and hold harmless AAA Flag, its officers, agents, employees and servants from all allegations, proceedings, claims, suits or actions of every name, kind, description, brought for, or on account of, injuries to or death of any person or damage to property resulting from or relating to any Site Conditions, and relating to the installation or delivery of the goods.

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



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

TRANSACTION # **SO350304**
DATE **2/10/2020**

9. Inspection and Non-Conforming Goods. Customer shall promptly inspect all goods and services provided by AAA Flag and shall notify AAA Flag, in writing within two (2) days after delivery of any nonconformance, including a detailed explanation of the nonconformance, and, if applicable, a statement of intent to reject the nonconforming goods or services. AAA Flag shall have the right and opportunity to inspect, remedy, correct, or replace any nonconforming goods or services prior to any cancellation by Customer.
10. Payment Terms and Conditions. Unless otherwise set forth in writing, prepared and/or signed by AAA Flag; Clients who do not have approved terms shall be required to provide full payment at the time of order approval. Clients who have been approved for credit terms, are required to provide a 50% deposit with the balance due as per the net terms approved for that client. Additionally, any invoice past due from approved terms will be charged a late payment charge of one percent (1%) per month, which is an annual rate of twelve percent (12%). The late payment charge will be calculated on the balance shown on our statement as being past due and payable.
11. Actions or Proceedings to Enforce. If it becomes necessary for AAA Flag to employ an attorney or a collector to collect any outstanding balance due from Customer, including any accrued interest or finance charge, or to defend against any action brought by or on behalf of Customer against AAA Flag arising from or related to any goods or services provided by AAA Flag, the attorney's fees and costs for such services incurred by AAA Flag in the successful prosecution or defense of such action shall be the responsibility of customer, and AAA Flag shall be entitled to an award of all such attorney's fees and costs it incurred in prosecuting or defending such action.
12. **DISCLAIMER OF WARRANTIES. ALL GOODS AND SERVICES ARE PROVIDED "AS IS," WITHOUT WARRANTY OR REPRESENTATION OF ANY KIND, EITHER EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY IMPLIED WARRANTIES OF MERCHANTABILITY, CAPACITY, FITNESS FOR A PARTICULAR PURPOSE OR NONINFRINGEMENT, AND ANY EXPRESS WARRANTIES BY REPRESENTATION, DESCRIPTION, OR OTHER AFFIRMATION OF FACT, SAMPLE, OR ILLUSTRATION, WHETHER ORAL, WRITTEN, OR CONTAINED IN ANY LETTER, BROCHURE, WEBSITE, IMAGE OR OTHER MEDIUM. AAA FLAG DOES NOT WARRANT THE PERFORMANCE OR RESULTS OF USING ITS GOODS OR SERVICES.**
13. **LIMITATION OF LIABILITY. IN NO EVENT SHALL AAA FLAG BE LIABLE FOR, AND THE CUSTOMER WAIVES SUCH LIABILITY FOR, ANY LOST PROFITS, INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL AND PUNITIVE DAMAGES, AND COST OF PROCUREMENT OF SUBSTITUTE PRODUCTS AND SERVICES, HOWEVER CAUSED AND UNDER ANY THEORY OF LIABILITY, WHETHER IN CONTRACT, TORT (INCLUDING NEGLIGENCE AND STRICT LIABILITY) OR OTHERWISE, ARISING OUT OF THE MANUFACTURE OR SUPPLY OF ANY GOODS OR SERVICES, INCLUDING INSTALLATION OR DELIVERY, VANDALISM OR THEFT, ACTS OF GOD, OR FORCES OF NATURE, EVEN IF AAA FLAG HAS ACTUAL OR IMPUTED KNOWLEDGE OF THE POSSIBILITY OF SUCH DAMAGES OR OF THE POSSIBILITY OF DIRECT OR INDIRECT CONSEQUENCES, AND NOTWITHSTANDING ANY FAILURE OF PURPOSE OF ANY LIMITED REMEDY. THE AGGREGATE LIABILITY OF AAA FLAG FOR CLAIMS ARISING HEREUNDER OR OTHERWISE SHALL NOT EXCEED THE AMOUNTS PAID BY CUSTOMER HEREUNDER. HOWEVER, THIS LIMITATION DOES NOT LIMIT OR EXCLUDE ANY LIABILITY TO THE EXTENT NOT PERMITTED BY APPLICABLE LAW. ANY ACTION ARISING OUT OF THE PURCHASE BY CUSTOMER OF GOODS OR SERVICES FROM AAA FLAG MUST BE COMMENCED WITHIN ONE YEAR AFTER THE CAUSE OF ACTION HAS ACCRUED.**
14. **EXCLUSIVE REMEDIES. CUSTOMER'S SOLE AND EXCLUSIVE REMEDY AGAINST AAA FLAG ARISING, DIRECTLY OR INDIRECTLY, OUT OF ANY GOODS OR SERVICES PROVIDED BY AAA FLAG IS THE REPLACEMENT OF ANY NONCONFORMING GOOD(S) OR SERVICES, OR AT AAA FLAG'S ELECTION, A REFUND OF THE PORTION OF THE PURCHASE PRICE ALLOCABLE TO THE NONCONFORMING GOOD(S) OR SERVICES. NOTHING HEREIN SHALL LIMIT EITHER PARTY'S LIABILITY FOR BODILY INJURY OF A PERSON.**
15. Severability. If any provision of these Terms and Conditions is determined to be illegal or unenforceable, it shall be disregarded and shall not affect the enforceability of any other provision of these Terms and Conditions. Waiver by AAA Flag of a breach of any provision hereof shall not be deemed a waiver of future compliance therewith.
16. Governing Law and Venue. The Terms and Conditions shall be governed and construed in accordance with the laws of the State of California without regard to its choice of law principles. All rights and obligations of the parties hereto shall be governed by the laws of the State of California and deemed to have occurred in Los Angeles, California. The sole jurisdiction and venue for the enforcement, interpretation or construction of any portion of a transaction between AAA Flag and Customer, including but not limited to these Terms and Conditions, shall lie in the federal and state courts located in Los Angeles County, California.
17. Independent Contractor Relationship. Customer agrees that the business conducted by AAA Flag with respect to Customer is that of an independent contractor and that such is the sole relationship between the parties. Customer is not the representative or agent of AAA Flag, and has no authority, right or ability to bind or commit AAA Flag in any way, and will not attempt to do so or imply that it may do so.

BAASCNC PLU Committee Agoda Pickets.

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 02/11/20

Customer _____

Address _____

Phone _____ Cell _____

Quantity	Description	Price
16 x 2	32	
7 x 7	49	
4 x 7	28	
1 x 92	92.	
201 Draw		
Copy 1		10.05
PAID IN FULL		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK NO. <input checked="" type="checkbox"/> VISA <input checked="" type="checkbox"/> MASTERCARD <input type="checkbox"/> DEBIT <input type="checkbox"/> AMEX DATE: 2/11/20		

- ☐ Check #
- ☐ Charge
- ☐ Cash

Thank You!

Sub Total 10.05
Tax 0.95
Total 11.00
Deposit
Balance

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

SALE

MID: 1368 Store: 8739 Term: 0001
REF#: 00000004
Batch #: 013 RRN: 004220400638
02/11/20 12:33:33

Trans ID: 021MCPYB2RHT
APPR CODE: 067052

MASTERCARD
*****9270 Chip

AMOUNT \$11.00

APPROVED

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

CUSTOMER COPY

2/14/2020 BABCNC new memory stick for transferring
voice recordings

BABCNC

Welcome to Best Buy #393

1015 N LA BREA AVE

WEST HOLLYWOOD, CA 90038



Val:100000-284953-581893-549938-661267-90912

0393 056 4612 02/14/20 13:45

1876003 P-FD64GBAT 11.99
PNY 64GB TURBO PLUS USB 3.0
19.99 Was Price
8.00- Sale Discount
Sales Tax 1.14

Subtotal 11.99
Sales Tax 1.14

=====
Total 13.13

*****9270 ChipRead USD\$ 13.13
MASTERCARD - MASTERCARD
RINGLER/ROBERT
Approval 024355

CARD ENTRY: Chip
MODE: Issuer
AID: A0000000041010

Other Savings: 8.00
Total Savings: 8.00



CITY OF LOS ANGELES
Your Monthly Invoice

Page 1 of 3

Account Summary

New Charges Due Date	3/10/20
Billing Date	2/15/20
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	-39.99
Payments Received Thru 2/15/20	.00
Balance Forward	-39.99
New Charges	60.98
Total Amount Due	\$20.99

Go paperless



The trees will thank you.

Receive your bill electronically and leave a lighter environmental footprint.

Simply visit frontier.com/gopaperless

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



P.O. Box 709, South Windsor, CT 06074-9998

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



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

PAYMENT STUB

Total Amount Due **\$20.99**

New Charges Due Date 3/10/20

Account Number 310-231-7288-081418-5

Please do not send correspondence with your payment. Make checks payable to Frontier.

Amount Enclosed \$.

To change your billing address, call 1-800-921-8102

FRONTIER
PO BOX 740407
CINCINNATI OH 45274-0407



1260003102317288081418000000000000000020995



CITY OF LOS ANGELES

Date of Bill

Account Number

Page 3 of 3

2/15/20

310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 02/15/20 to 03/14/20

Qty Description	310/231-7288.0	Charge
Non Basic Charges		
Internet 6 Dynamic IP		54.99
Other Charges-Detailed Below		5.99
Total Non Basic Charges		60.98

TOTAL 60.98**** ACCOUNT ACTIVITY ****

Qty Description	Order Number	Effective Dates	
1 Business High Speed Internet Fee	AUTOCH	2/15	5.99
310/231-7288		Subtotal	5.99
		Subtotal	5.99



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 9270 will be charged 10 day(s) before your due date.

▶ Manage Autopay

▶ Download Bill

Feedback

Payment Date	Status	Payment Method	Confirmation Number	Amount
Feb 20, 2020	Successful	MasterCard ending in 9270 <i>One Time Payment</i>	205353073	\$20.99
Oct 29, 2019	Failed	MasterCard3 ending in 5007 <i>Automatic Payment</i>	3415535	\$60.98
Sep 29, 2019	Successful	MasterCard3 ending in 5007 <i>Automatic Payment</i>	1706730	\$156.73
Aug 23, 2019	Successful	MasterCard3 ending in 5007 <i>One Time Payment</i>	219109	\$155.98

Hi Cathy, welcome to Frontier!

x

Account Summary

My Account

Here is your account summary and balance. Click [VIEW CURRENT BILL](#) below for more detailed information.

Summary

Account

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

New Charges

Balance Forward ▲

Previous Balance

Payments Received *Thru Feb 15, 2020*

\$60.98
-\$39.99
-\$39.99
\$0.00
Feedback

Current Balance

New Charges Due Date Mar 10, 2020

\$0.00

▶ View Current Bill

▶ View Payment History

▶ Manage Auto Pay

Your MasterCard ending in 9270 will be charged 10 day(s) before your due date.

My Services



BAB CNC Agenda Package for

2/26/2020 Board Mtg.

RECEIPT



L.A. Press Printing, Inc.

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

Serving the community since 1987

Customer

Address

Phone

Cell

Date

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

SALE

MID: 1368 Store: 8739 Term: 0001

REF#: 00000007

Batch #: 024 RRN: 005620400930

02/25/20 12:34:46

Trans ID: 0225MCPMAKD7H

APPR CODE: 068678

MASTERCARD

*****9270

Chip
/

AMOUNT \$21.62

APPROVED

MASTERCARD

AID: A0000000041010

TVR: 00 00 08 80 00

TS: E8 00

CUSTOMER COPY

Quantity	Description	Price
35	4 PGS 140	
3	39 117	
3	28 'B' 84	
3	1 'C' 3	
3	2 D 6	395
3	2 E 6	19.75
3	6 18	
3	4 12	
3	2 H 6	
3	1 X 3	

PAID IN FULL

CASH

CHECK NO.

VISA

DATE

MASTERCARD

DEBIT

AMEX

Check #

Charge

Cash

Thank You!

Sub Total

Tax

Total

Deposit

Balance

19.75
1.87
21.62



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:		
01/19/2020	413832	1	116863	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
11/25/19-12/01/19	TRANSCRIPT	Palmer, Catherine		15.00	27.95	\$419.25
12/02/19-12/08/19	TRANSCRIPT	Palmer, Catherine		15.00	27.95	\$419.25
12/09/19-12/15/19	TRANSCRIPT	Palmer, Catherine		17.00	27.95	\$475.15
12/16/19-12/22/19	TRANSCRIPT	Palmer, Catherine		10.00	27.95	\$279.50
12/23/19-12/29/19	TRANSCRIPT	Palmer, Catherine		5.00	27.95	\$139.75
12/30/19-01/05/20	TRANSCRIPT	Palmer, Catherine		5.00	27.95	\$139.75
01/06/20-01/12/20	TRANSCRIPT	Palmer, Catherine		10.00	27.95	\$279.50
</						

Lloyd STAFFING

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

COMPANY NAME: BARBONE

ADDRESS: Box 252007

TOWN: 90025

REPORT TO: Robert Greenberg

DEPT: President

DATE: 12/1/19

WEEK ENDING: 12/1/19

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH (1/2 OR OTHER)	TOTAL HOURS
MON	12/25/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	12/26/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	12/27/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	12/28/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	12/29/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	12/30/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	12/31/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR					
PLEASE WRITE TOTAL HOURS WORKED HERE		<u>15</u>			

INSTRUCTIONS:

1. Please submit a bill per job.
2. Use separate timesheet for each assignment.
3. Use separate bill for each assignment.
4. When client only with client company, retain EMPLOYEE copy for yourself.
5. Unpaid timesheets will be returned without payment.
6. All times must be verified.

EMPLOYEE NAME: Catherine Palmer

EMPLOYEE SIGNATURE: Catherine Palmer

SOCIAL SECURITY NO.: - - - - -

CLIENT SIGNATURE OF ACCEPTANCE: Robert 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 add 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.


TERMS & CONDITIONS FOR LLOYD STAFFING

Lloyd Staffing is authorized to sign on behalf of the named company ("Customer"), the total hours shown on the timesheet of this contract are correct. 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 add 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.

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 add 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.

 STAFFING		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600	
COMPANY NAME: BOBUNC			
ADDRESS: P.O. Box 252007		CITY: MIAMI	
REPORT TO: Robin Greenberg		DEPT.: PHYSICIAN	
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)	
<input type="checkbox"/> Emergency Evacuation Procedures		<input type="checkbox"/> Job Site & General Safety Rules	
<input type="checkbox"/> Policy & Procedure Review		<input type="checkbox"/> Other:	
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: <i>Catherine Palmer</i>	
SOCIAL SECURITY NO.:		PHOTO:	
CLIENT SIGNATURE OF ACCEPTANCE: <i>Robin Greenberg</i>		PRINT NAME: Robin Greenberg	
IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.			
Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.			

DAY	DATE	TIME IN	TIME OUT	LESS UNLICH 5 MIN INTERVALS	TOTAL HOURS
MON	12-2-19	7 AM	3 PM		
TUES	12-3-19	7 AM	3 PM		
WED	12-4-19	7 AM	3 PM		
THURS	12-5-19	7 AM	3 PM		
FRI	12-6-19	7 AM	3 PM		
SAT	12-7-19	7 AM	3 PM		
SUN	12-8-19	7 AM	3 PM		
WEEK ENDING 12/8		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR		15	

INSTRUCTIONS:

1. Please bring this to a call upon arrival.
2. Use this form for each assignment.
3. This ORIGINAL & INVOICE copy to Lloyd, to have this Friday night.
4. Lost CLIENT copy with client company, retain EMPLOYEE copy for personal.
5. Unapproved timecards will be returned without payment.

Approved: 4 hours per employee, per day.

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES - LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is a certification to the named Customer. We understand that this person is an employee of LLOYD and is not to be used as a temporary or permanent employee of our affiliate, or any company to whom we assign this person, either if they are a permanent or temporary basis. (b) use of this person's services in a consulting or freelance capacity; or (c) 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 unutilized compensation rate of the employee in the new capacity.

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

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

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

Customer acknowledges its understanding that LLOYD's employees are for labor and agrees to pay such invoices upon receipt. If any invoice within 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 (15% 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 STAFFING

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

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

COMPANY NAME: **BATSONE** P.O. **2P**

ADDRESS: **P.O. Box 252007**

REPORT TO: **Robin Greenberg** DEPT. **President** WEEK ENDING **12/22/19**

FIRST TIME AT THIS CLIENT COMPANY? ☐ Yes ☒ No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)

☐ Emergency Evacuation Procedures ☐ Job Site & General Safety Rules ☐ Policy & Procedure Review

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & JOB BREAKS	TOTAL HOURS
MON	12/16/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	12/17/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	12/18/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	12/19/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	12/20/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	12/21/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	12/22/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING 12/22		TOTAL HOURS FOR WEEK TO NEAREST 1/2 HOUR		(10)	

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

SOCIAL SECURITY NO. **- - - - -** PRINT NAME: **- - - - -**

CLIENT SIGNATURE OF ACCEPTANCE: *Robin Greenberg* PRINT NAME: **Robin Greenberg**

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.

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

INSTRUCTIONS:

1. Please bring a ball point pen.
2. Use separate timesheet for each assignment.
3. Use initials and INVOICE copy to Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
5. Unrecorded timesheets will not be accepted. All hours must be tracked.

Additional timesheets will not be accepted. 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 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 authentication to all the named Customers. We understand that this person is an employee of LLOYD and is released to use on a temporary basis in the event we or any of our affiliates or any company to whom we assign this person on a permanent or temporary basis, (B) sign this person's services in a consulting or freelance capacity, or (C) use this person's services through another temporary staffing company (D) after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total standard compensation rate of the employee in the next category.


LLOYD guarantees satisfaction with its employees' services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by each employee provided that LLOYD replaces the individual assignee. 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 agreement between LLOYD and Customer with respect to the services performed hereunder and any future services. (a) Customer shall not attempt LLOYD's employees with unauthorized premises, cash, negotiable or other valuable or valuable such employee is operating machinery or major vehicles without the prior written consent of LLOYD a total release and release from liability for property damage, fire, theft, collision, cargo damage or other public liability damage. (b) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer agrees to accept full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle, or arising out of or involving violation by Customer of clause (a) above, (c) LLOYD is not responsible for claims made under its fidelity bond which each claim is reported in writing to it by Customer within thirty (30) days after occurrence. (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within thirty (30) days after the last date of the temporary employee's assignment. In the Customer's Customer recognizes LLOYD's employees' relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc. with LLOYD.

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

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

LLOYD 10-2007

		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE 52.5		INSTRUCTIONS: 1. Please timely, on a bad point pen. 2. Use separate document for each assignment. 3. ADD OVERTIME & TRAVEL TO TOTAL, not later than Friday night. 4. Leave OVERTIME only with client company. (Add EMPLOYEE copy for yourself). 5. Unassigned time periods with no time period indicated. 6. All times indicated will not be accepted. All times must be worked.	
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & NOT BREAK	TOTAL HOURS				
MON	12/23/19	7 AM 7 PM	7 AM 7 PM						
TUES	12/24/19	7 AM 7 PM	7 AM 7 PM						
WED	12/25/19	7 AM 7 PM	7 AM 7 PM						
THURS	12/26/19	7 AM 7 PM	7 AM 7 PM						
FRI	12/27/19	7 AM 7 PM	7 AM 7 PM						
SAT	12/28/19	7 AM 7 PM	7 AM 7 PM						
SUN	12/29/19	7 AM 7 PM	7 AM 7 PM						
WEEK ENDING 12/24					TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE 52.5				

COMPANY NAME BATSONE		TOVN P.O. Box 252007		ZIP 90025	
ADDRESS P.O. Box 252007		JOB TITLE Client		WEEK ENDING 12/24/19	
REPORT TO Robin Greenberg	DEPT. Client	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
I 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 may assume I am not available.					
EMPLOYEE NAME Catherine Talbot		EMPLOYEE SIGNATURE <i>Catherine Talbot</i>			
SOCIAL SECURITY NO.					
CLIENT SIGNATURE OF ACCEPTANCE Robin Greenberg		PRINT NAME Robin 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 approved by the client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Maximum 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.

		HQ: 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 (2 FOR BREAK)	TOTAL HOURS
MON	12/30/19	7 AM 7 PM	7 AM 7 PM		
TUES	12/31/19	7 AM 7 PM	7 AM 7 PM		
WED	1/1/20	7 AM 7 PM	7 AM 7 PM		
THURS	1/2/20	7 AM 7 PM	7 AM 7 PM		
FRI	1/3/20	7 AM 7 PM	7 AM 7 PM		
SAT	1/4/20	7 AM 7 PM	7 AM 7 PM		
SUN	1/5/20	7 AM 7 PM	7 AM 7 PM		
WEEK ENDING 1/5/20		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE			5

INSTRUCTIONS:

1. Please family use a ball point pen.
2. Use separate line sheet for each assignment.
3. Issued ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company; retain EMPLOYEE copy for journal.
5. Unassigned time sheets will not be accepted without explicit approval.

Additional: 4 hours per employee, per day.

COMPANY NAME BASCONC		TOWN PO BOX 252007		ZIP 90025	
ADDRESS PO BOX 252007		DEF1		WEEK ENDING 1/5/20	
REPORT TO Robin Greenberg		NO TITLE President		If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)	
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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 that we can assume I am not available.					
EMPLOYEE NAME Catherine Salant		EMPLOYEE SIGNATURE Catherine Salant			
SOCIAL SECURITY NO.		PRINT NAME Robin Greenberg			
CLIENT SIGNATURE OF ACCEPTANCE Robin Greenberg		PRINT NAME Robin Greenberg			
IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as claimed, 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's Staffing immediately upon assignment ends or we will assume you are no longer available for work.					

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES - LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

TERMS & CONDITIONS FOR LLOYD STAFFING

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


LLOYD guarantees substitution with its employee's services by attending 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 substituted. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.


I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not contact LLOYD's employees with unauthorized promises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such action arising out of a breach of the foregoing inclusion of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damages by LLOYD's employees and does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of LLOYD's employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above, (b) LLOYD is not responsible for claims made under its Facility Bond unless such claims are reported in writing to it by the 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 practices owned or controlled by Customer and is willing 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 reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer LLOYD's employee's employment relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc. with LLOYD.

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

Customer acknowledges its understanding that LLOYD's services are for labor and agrees to pay each invoice upon receipt. If any invoice, which is 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 (1 1/2% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its recoverable costs of collection, including its recoverable attorney's fees and expenses.

LLOYD 10-2007

 STAFFING HQ: 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 & ON BREAK	TOTAL HOURS				
MON	1/6/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM						
TUES	1/7/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM						
WED	1/8/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM						
THURS	1/9/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM						
FRI	1/10/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM						
SAT	1/11/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM						
SUN	1/12/20	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM						
WEEK ENDING					TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR				
1/12/20					PLEASE WRITE TOTAL HOURS WORKED HERE 10				

 STAFFING HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600									
EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.									
IMPORTANT: All hours must be approved for each day worked. Hours not paid if not approved daily. Minimum: 4 hours per employee, per day.									

EMPLOYEE INFORMATION COMPANY NAME: BASCONC (Please print) ADDRESS: P.O. Box 252007 CITY: TOHW STATE: IL ZIP: 60025									
REPORT TO		DEPT		JOB TITLE		WEEK ENDING			
Robin Greenberg				President		1/12/20			
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input checked="" 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 verified 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 my compensation I am not available.									
EMPLOYEE NAME		EMPLOYEE SIGNATURE		SOCIAL SECURITY NO.		CLIENT SIGNATURE OF ACCEPTANCE		PRINT NAME	
Catherine Palmer		<i>Catherine Palmer</i>				Robin Greenberg		Robin Greenberg	
IMPORTANT FOR CLIENT: Execution of this form by 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.

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

☐ Board Member Reimbursement

Date: September 25, 2019

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

Office/Operational Expenditures Category	
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
Total Office/Operational Expenditures	\$34,750.00

***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.

Outreach Expenditures Category	
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
Total Outreach Expenditures	\$7,950.00

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

Neighborhood Purposes Grants (NPG) Expenditures Category	
Neighborhood Purpose Grants	3,500.00
Total NPG Expenditures	\$3,500.00

Community Improvement Projects (CIP) Expenditures Category	
Community Improvement Projects	750.00
Total CIP Expenditures	\$750.00

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