

# Monthly Expenditure Report



Reporting Month: March 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
\$26868.82	\$6571.07	\$20297.75	\$1644.81	\$0.00	\$18652.94

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$42700.00	\$6282.21	\$14458.54	\$1644.81	\$12813.73
Outreach		\$288.86		\$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: \$21670.39	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE BABCNC.O	03/01/2020	(Credit card transaction)	General Operations Expenditure	Office	\$210.00
2	THE WEB CORNER, INC	03/03/2020	(Credit card transaction)	General Operations Expenditure	Office	\$165.00
3	AMERICAN JEWISH UNIVER	03/09/2020	(Credit card transaction)	General Operations Expenditure	Outreach	\$190.70
4	AMERICAN JEWISH UNIVER	03/09/2020	(Credit card transaction)	General Operations Expenditure	Outreach	\$93.07
5	L.A. PRESS PRINTING IN	03/10/2020	(Credit card transaction)	General Operations Expenditure	Outreach	\$5.09
6	JIVE COMM/LOGMEIN	03/10/2020	(Credit card transaction)	General Operations Expenditure	Office	\$28.61
7	GOOGLE GOOGLE STORAGE	03/20/2020	(Credit card transaction)	General Operations Expenditure	Office	\$19.99
8	WEB NETWORKSOLUTIONS	03/26/2020	(Credit card transaction)	General Operations Expenditure	Office	\$75.98





# Payment Receipt

Payment date Mar 1, 2020  
Billing ID 7677-2853-5183  
Payment method Mastercard •••• 9270

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

Description	
Payment amount	\$210.00



# Invoice

Invoice number: 3703155516

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 .....3703155516

Invoice date .....Feb 29, 2020

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

Domain name .....babenc.org

## Google Cloud - G Suite

Total in USD

**\$210.00**

## Summary for Feb 1, 2020 - Feb 29, 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	Feb 1 - Feb 29	35	210.00
Subtotal in USD				\$210.00
Tax (0%)				\$0.00
Total in USD				<b>\$210.00</b>

# Invoice

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

Date	Invoice #	Due Date
3/1/2020	19865	3/1/2020

**PAID**  
**03/03/2020**

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



## Confirmation

Customer	Reservation:	12397	
Sam Levitt Neighborhood Council	Event Name:	Neighborhood Council Monthly Meeting	
	Status:	Confirmed	
	Phone:	Ext. 288	
	Event Type:	Meeting	
	2nd Contact:	Cathy Palmer	
	Phone:	323 304 7444	
Bookings / Details	Quantity	Price	Amount
<b><u>Tuesday, February 11, 2020</u></b>			
<b>7:00 PM - 9:00 PM BABCNC Planning/Land Use Mtg. (Confirmed) ADBR</b>			
Room Charge:	1	\$125.00	\$125.00
Catering:			
6:00 PM - 9:00 PM Refreshments			
SPECIAL INSTRUCTIONS:	1	\$65.70	\$65.70
<ul style="list-style-type: none"><li>Smaller Meeting / 2 trays = 8 sandwiches / cut into ¼'s / 32 pieces: new price for 2019-2020 is \$60.00 plus tax, \$5.70, total of \$65.70.</li></ul>			
Subtotal			\$190.70
Grand Total			\$190.70



## Confirmation

Customer	Reservation:	12397
Sam Levitt	Event Name:	Neighborhood Council Monthly Meeting
Neighborhood Council	Status:	Confirmed
	Phone:	Ext. 288
	Event Type:	Meeting
	2nd Contact:	Cathy Palmer
	Phone:	323 304 7444

Bookings / Details	Quantity	Price	Amount
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### Wednesday, February 26, 2020

#### **7:00 PM - 9:00 PM BABCNC Board Meeting (Confirmed) AD LIB 223**

Audio Visual:

Wired Microphone

2

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

Catering:

5:00 PM - 10:00 PM SEE DESCRIPTION

TABLE CLOTH (supply budget code)

1

Catering:

6:00 PM - 9:00 PM Refreshments

SPECIAL INSTRUCTIONS:

1

\$93.07

\$93.07

*3 large sandwich trays and water*

Setup Notes:

Set Up

a. Front of 223- U Shape of 5 tables with cloths/32 chairs around the U and microphone

b. Facing U Shape, 40 white chairs Theatre Style

c. 2 8' for catering against the wall

d. 30 extra chairs folded against the wall

Subtotal \$93.07

Grand Total \$93.07

CUSTOMER COPY



## Receipt from Jive Communications, Inc.

Receipt #1997-1817

AMOUNT PAID	DATE PAID	PAYMENT METHOD
\$28.61	March 10, 2020	<b>MasterCard</b> - 9270

### SUMMARY

Payment to Jive Communications, Inc. \$28.61

**Amount paid** \$28.61

If you have any questions, contact us at [billing@jive.com](mailto:billing@jive.com) or call at +1 801-980-1838.

Something wrong with the email? [View it in your browser.](#)

You're receiving this email because you made a purchase at Jive Communications, Inc., which partners with Stripe to provide invoicing and payment processing.





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

# INVOICE

Invoice Date 03/01/2020  
Invoice # IN6000635714  
PO #  
Customer ID CN-631494-1701  
Terms Net 15  
Due Date 03/16/2020  
Currency US Dollar

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

## Bill To

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

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	3.5	\$3.50
Master	Universal Service Fee (USF)	1	1.07	\$1.07
Master	Regulatory Recovery Fee	1	2.34	\$2.34
Total				\$28.61

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. 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](http://my.jive.com/billing)

## INVOICE

Invoice Date	03/01/2020
Invoice #	IN6000635714
PO #	
Customer ID	CN-631494-1701
Terms	Net 15
Due Date	03/16/2020
Currency	US Dollar

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

### 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 #:	IN6000635714
Amount Due:	\$28.61
Amount Paid:	_____





# BILLING



Invoices Payment Options

Accounts ▾

## Invoice Details

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

Invoice IN6000635714

Total Due **\$0.00**

Date Due **March 16, 2020** Status Paid Date Paid March 10, 2020 Payment Method 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	\$3.50	\$3.50
Universal Service Fee (USF)	1	\$1.073	\$1.07
Regulatory Recovery Fee	1	\$2.337	\$2.34

**Total \$28.61**  
**Payments & Credits \$28.61**  
**Total Due \$0.00**

3/25/2020

Your Google Play Order Receipt from Mar 20, 2020 - council@babenc.org - Bel Air/Beverly Crest Neighborhood Council Mail



# Thank you.

You've made a subscription purchase from Google LLC on Google Play. Your subscription will **automatically renew on Mar 20, 2021** unless you cancel before then. You can cancel at any time. [Manage your subscriptions.](#)

**Order number:** SOP.3315-7658-7364-32087

**Order date:** Mar 20, 2020 3:06:26 PM PDT

Item	Price
100 GB (Google Drive)	\$19.99/year
Yearly Subscription - Auto Renewals on Mar 20, 2021	

Tax: \$0.00  
Total: \$19.99/year  
Mastercard-9270

**Payment method:**

By subscribing you authorize us to charge you the subscription cost (as described above) automatically, charged yearly to the payment method provided until canceled. Keep this for your records.

You're subscribed with your account [council@babenc.org](mailto:council@babenc.org)

Questions? Visit [Google LLC](#).

3/20/2020  
Babenc  
Google Drive  
Storage space.



Google Play

Search

Search

Search

Search

Entertainment

Apps

Movies & TV

Music

Books

Devices

Account

Payment methods

Play Points

My subscriptions

Redeem

Buy gift card

My wishlist

My Play activity

Parent Guide

# Google Drive

100 GB

\$19.99/year

Renews on Mar 20, 2021

Subscriber since Mar 20, 2020



## Plan

100 GB

## Primary payment method

Mastercard-9270

Update

## Backup payment method

None

Set up

[Cancel subscription](#)

Close

**Network Solutions, LLC**  
**5335 Gate Parkway**  
**Jacksonville, FL32256**

**Account Name:** BABCNC  
**Account ID:** 31067262  
**Address:** BABCNC  
1465 Corinth Ave  
Los Angeles, CA90025

**Invoice #** 28135745

## Charges and Credits:

Date	Type	Product Type	Product Name	Term	Amount	Tax	Tax Type	Total Charges
03/26/20	Renewal	domain .ORG	Babcnc.org	2 Years	\$75.98	\$0.00		\$75.98
Total Invoice Amount					\$75.98	\$0.00		\$75.98

## Payments:

Date	Order Number	Payment Method	Check/Card#/PayPal ID	Total Payments
03/26/20	1029265186	CreditCard	****9270	\$75.98

## Please Note:

1. The payment information shown may not reflect the payment method used for each transaction, and all billing activity may not be shown here.
2. Order numbers may appear in multiple accounts if an order included services from more than one account.
3. Recent purchases may take 24 to 48 hours to appear in your billing information.
4. All .ca domain names are registered by Network Solutions Canada ULC (Business Number: 83624 3543 RT 0001). The amount charged for .ca domain names includes applicable Goods and Services Tax (GST) of 5%. Effective July 1, 2010, the amounts charged for .ca domain names are inclusive of Federal GST and, where applicable, also inclusive of Provincial HST. (GST Rate - 5%, Combined GST rate and HST rate for each Province - British Columbia - 12%, Ontario - 13%, Nova Scotia - 15%, Newfoundland and Labrador - 13%, New Brunswick - 13%)
5. Some products and services are subject to sales tax. Taxes charged reflect the jurisdiction of your business address.



**Account Summary**

<b>New Charges Due Date</b>	<b>4/08/20</b>
Billing Date	3/15/20
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	20.99
Payments Received Thru 2/21/20	-20.99
Thank you for your payment!	
Balance Forward	.00
New Charges	60.98
<b>Total Amount Due</b>	<b>\$60.98</b>

Go paperless



**The trees will thank you.**

Receive your bill electronically and leave a lighter environmental footprint.

Simply visit [frontier.com/gopaperless](http://frontier.com/gopaperless)

**Manage Your Account**

**To Pay Your Bill**

**Online:** [Frontier.com](http://Frontier.com) 1.800.801.6652

**Pay by Mail**

**To Contact Us**

**Chat:** [Frontier.com](http://Frontier.com) **Online:** [Frontier.com/helpcenter](http://Frontier.com/helpcenter)  
**Call:** 1.800.921.8102 **Tech Support:** [Frontier.com/helpcenter](http://Frontier.com/helpcenter)  
**Email:** [ContactBusiness@ftr.com](mailto:ContactBusiness@ftr.com)



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**DO NOT PAY - You are currently signed up for Auto Pay.**  
**To view your Auto Pay, please log in at [www.frontier.com](http://www.frontier.com).**



CITY OF LOS ANGELES  
Date of Bill  
Account Number

Page 3 of 3  
3/15/20  
310-231-7288-081418-5

**CURRENT BILLING SUMMARY**

Local Service from 03/15/20 to 04/14/20

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 3/15	5.99
310/231-7288	<b>Subtotal</b>	<b>5.99</b>
	<b>Subtotal</b>	<b>5.99</b>



Hi Cathy, welcome to Frontier!

My Bills

# Current Bill

Compare Bills

Here is a detailed view of your current Frontier bill. Click the plus sign (+) to expand each section and reveal line item charges.

Account

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

Billing Date: Mar 15, 2020

Current Bill for 03/15/20 - 04/14/20

View Billing History

- Non Basic Charges		\$60.98
Internet 6 Dynamic IP		\$54.99
Other Charges-Detailed Below		\$5.99
Total Non Basic Charges		\$60.98
Balance Forward		\$0.00
New Charges		\$60.98
Total Bill Amount		\$60.98

Chat

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 21, 2020

#### Current Balance

New Charges Due Date Apr 8, 2020

\$60.98  
\$0.00  
\$20.99  
-\$20.99  
Feedback

\$0.00

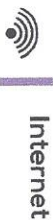
▶ View Current Bill

▶ View Payment History

▶ Manage Auto Pay

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

My Services



Internet



# Invoice

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

Date	Invoice #	Due Date
8/1/2019	18836	8/1/2019

Bill To
Bel Air-Beverly Crest NC

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1.5 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** \$0.00

**Balance Due** \$165.00

## 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: *Philip Enderwood*  
 Print/Type Name: Philip Enderwood, Treasurer

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

Date: September 25, 2019

Date: September 25, 2019



**Total:**

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>

# Invoice

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

Date	Invoice #	Due Date
9/1/2019	18973	9/1/2019

Bill To
Bel Air-Beverly Crest NC

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1.5 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** \$0.00

**Balance Due** \$165.00



## 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



**Total:**

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>

# Invoice

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

Date	Invoice #	Due Date
10/1/2019	19118	10/1/2019

Bill To
Bel Air-Beverly Crest NC

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1.5 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** \$0.00

**Balance Due** \$165.00



## 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;"><b>Neighborhood Council Annual Budget for Fiscal Year 2019-2020</b></p>	
<b>Annual Budget Funds</b>	42,000.00
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<b>Office/Operational Expenditures Category</b>	
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Website Hosting and Maintenance (Web Corner)	3,500.00
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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>

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<b>Outreach Expenditures Category</b>	
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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>

**Thank you for your part in our Placements with a Purpose program. Every placement generated by LLOYD supports JDRF with a donation to help fight diabetes.**

<b>Lloyd's STAFFING</b>		HD: 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 UNPAID HOURS BROKE	TOTAL HOURS
MON	8/19/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
TUES	9/20/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
WED	9/21/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
THURS	9/22/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
FRI	9/23/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SAT	9/24/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SUN	9/25/19	<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>		<b>PLEASE WRITE TOTAL HOURS WORKED HERE</b>	
		32hrs/19		32	
<b>INSTRUCTIONS:</b> 1. Please attach your bill packet. 2. Use separate statements for each new project. 3. List PERSONAL & BUSINESS ONLY NO LATE NO LEAVE FROM Friday night. 4. List CLIENT daily call up at all times. If you have a late arrival, please note it. 5. Incomplete assignments will be re-assigned. All hours must be submitted by 1st week of next month.					

COMPANY NAME <b>BABCNC</b> (Please print)		P.O. # <b>90035</b>	
ADDRESS <b>P.O. Box 252007</b> CITY <b>TORONTO</b>		PHONE #	
REPORT TO <b>Robin Greenberg</b>	DESK # <b>5125</b>	JOB TITLE <b>fresh</b>	WORK STATUS <b>PT</b>
<b>FIRST TIME AT THIS CLIENT COMPANY?</b> <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 checked="" 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 already 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 Talmer</b>	EMPLOYEE SIGNATURE <i>Catherine Talmer</i>	SOCIAL SECURITY NO. _____	
CLIENT SIGNATURE OF ACCEPTANCE <b>Robin Greenberg</b>		PRINT NAME <b>Robin Greenberg</b>	
<b>IMPORTANT FOR CLIENT:</b> Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct so stated, that that 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 advise monies to employees. Maximum 4 hours per employee per day.			
Be sure to call Lloyd Staffing immediately when assignment ends or on call accounts 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 & BREAK	TOTAL HOURS
MON	8/26/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	8/27/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	8/28/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	8/29/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	8/30/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	8/31/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	9/1/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING 9/1/19					TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE <u>13</u>

INSTRUCTIONS:

1. Press firmly; use a ball point pen.
  2. Use separate timesheet for each assignment.
  3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
  4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
  5. Unsigned timesheets will be returned without payment.
- Altered timesheets will not be accepted. All hours must be indicated.

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

Minimum: 4 hours per employee, per day.

EMPLOYEE INFORMATION

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

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

TRAINING

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

BACK

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 or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

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

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

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

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

LLOYD 10-2007



HQ: 445 Broadhollow Road  
Melville, NY 11747, Suite 118  
Phone: 631-777-7600

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

DAY	DATE	TIME IN	TIME OUT	LESS UNLCH & BREAK	TOTAL HOURS
MON	9/2/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
TUES	9/3/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
WED	9/4/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
THURS	9/5/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
FRI	9/6/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SAT	9/7/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SUN	9/8/19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
WEEK ENDING	9/8/19	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE →			

INSTRUCTIONS:

1. Press firmly; use a ball point pen.
2. Use separate timesheet for each assignment.
3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
5. Unsigned timesheets will be returned without payment.

Allocated timesheets will not be accepted. All hours must be tracked.

IMPORTANT: All hours must be approved for each day worked. Hours will not be paid if not approved daily.  
Minimum: 4 hours per employee, per day.

EMPLOYEE INFORMATION

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ABSENCES - LATENESS

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

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

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

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I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on this 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 or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

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


I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entitle LLOYD's employees with unattended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, 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 by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle(s), or arising out of or involving violation by Customer of cause (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 be responsible for claims arising from work performed by LLOYD's employees and demands arising out of the Occupational Safety and Health Act as it relates to internally and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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

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

LLOYD 10-2007

COMPANY NAME (Please print)	BABSNC		TOWN	P.O.	ZIP
ADDRESS					
REPORT TO	DEPT.	JOB TITLE	WEEK ENDING		
Robin Greenberg		Print 9/8			
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review					
I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment, they can assume I am not available.					
EMPLOYEE NAME	EMPLOYEE SIGNATURE				
CATHERINE FARMER					
SOCIAL SECURITY NO.	PRINT NAME				
	Lloyd Greenberg				
CLIENT SIGNATURE OF ACCEPTANCE					
IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the total hours listed are correct. No 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.					



**HQ: 445 Broadhollow Road  
Melville, NY 11747, Suite 118  
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	9/9/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	9/10/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	9/11/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	9/12/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	9/13/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	9/14/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	9/15/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING 9/15					TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE: <b>45</b>

**INSTRUCTIONS:**

1. Press firmly; use a ball point pen.
2. Use separate timesheet for each assignment.
3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
5. Unsigned timesheets will be returned without payment.

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

BACK

### 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 released to use on a temporary basis. In the event two or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service with 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 satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entitle LLOYD's employees with untended penalties, 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 (b) LLOYD shall not entitle LLOYD's employees with any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (c) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD's employees, and Customer therefore accepts full responsibility for any 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 clause (b) above. (d) LLOYD is not responsible for claims made under the Federal Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence. (e) 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 (f) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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

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

**COMPANY NAME** (Please print) BPS INC

**ADDRESS** 20307 25 2007 **TOWN** P.O. **ZIP** 90015

**REPORT TO:** Robin Greenberg **DEPT.** Private **WEEK ENDING** 9/15

**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 & Procedures Review

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




**EMPLOYEE NAME** CATHERINE ALMUS **EMPLOYEE SIGNATURE** Catherine Almus

**SOCIAL SECURITY NO.** - - - - - **PRINT NAME** Robin Greenberg

**CLIENT SIGNATURE OF ACCEPTANCE** Robin Greenberg

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

 <b>STAFFING</b>		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		COMPANY NAME (Please print) <b>BARANC</b>		TOWN <b>P.O.</b>		ZIP <b>90025</b>			
EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.				ADDRESS <b>PO BOX 252007</b>		DEPT.		WEEK DURING <b>9/22</b>			
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS	REPORT TO	JOB TITLE				
MON	9/18/07	7 AM	3 PM			John Greenberg	Barista				
TUES	9/17/07	7 AM	3 PM								
WED	9/19/07	7 AM	3 PM								
THURS	9/19/07	7 AM	3 PM								
FRI	9/20/07	7 AM	3 PM								
SAT	9/21/07	7 AM	3 PM								
SUN	9/22/07	7 AM	3 PM								
WEEK ENDING <b>9/22</b>				TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE <b>15</b>		EMPLOYEE NAME <b>CATHERINE PRINCE</b>		EMPLOYEE SIGNATURE 			
INSTRUCTIONS: 1. Please bring a ball point pen. 2. Use separate timesheet for each assignment. 3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night. 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself. 5. Unsigned timesheets will be returned without payment. Altered timesheets will not be accepted. All hours must be totaled.						CLIENT SIGNATURE OF ACCEPTANCE 				PRINT NAME <b>John Greenberg</b>	
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.						SOCIAL SECURITY NO.				EMPLOYEE SIGNATURE	
Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.											

BACK

### 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 released to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, after (f) employ this person on a temporary or permanent basis, (g) use this person's services in a consulting or freelance capacity, or (h) 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 preauthorized compensation rate of the employee in the new capacity.

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

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entreat 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 with therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing, including of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damages, (b) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damages 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 abuse (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 to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to Lloyd by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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

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





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 & AM BREAK	TOTAL HOURS
MON	9/23/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	9/24/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	9/25/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	9/26/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	9/27/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	9/28/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	9/29/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	9/29	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE			

INSTRUCTIONS:  
1. Press firmly; use a ball point pen.  
2. Use separate timesheet for each assignment.  
3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.  
4. Leave CLIENT copy with client company. Retain EMPLOYEE copy for yourself.  
5. Unsigned timesheets will be returned without payment.  
Altered timesheets will not be accepted. All hours must be ticked.

IMPORTANT: Hours must be approved for each day worked. Hours will not be paid if not approved daily.  
Minimum: 4 hours per employer, per day.

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES - LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

COMPANY NAME  
(Please print)

ADDRESS

TOWN

P.O.

ZIP

REPORT TO

DEPT.

JOB TITLE

WEEK ENDING

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

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

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

EMPLOYEE NAME

EMPLOYEE SIGNATURE

SOCIAL SECURITY NO.

CLIENT SIGNATURE OF ACCEPTANCE

PRINT NAME

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.

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TERMS & CONDITIONS FOR LLOYD STAFFING

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LLOYD guarantees satisfaction 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 assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not attempt to employ LLOYD's employees with unattended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage; (b) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle(s); or arising out of or involving violation by Customer of clause (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 to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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LLOYD 10-7007

BACK



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 UNLUNCH & OR BREAK	TOTAL HOURS
MON	09/30/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	10/01/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	10/02/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	10/03/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRID	10/04/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	10/05/19	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	10/06/19	<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 PLEASE WRITE TOTAL HOURS WORKED HERE → 15			

INSTRUCTIONS:

1. Press firmly; use a ball point pen.
2. Use separate timesheet for each assignment.
3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
5. Unsigned timesheets will be returned without payment.

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

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES - LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

COMPANY NAME

BABSON

(Please print)

TOUR

P.O.

ZIP

ADDRESS

PO BOX 252007

70025

REPORT TO

DEPT.

JOB TITLE

WEEK ENDING

John Greenberg

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.

EMPLOYEE NAME

EMPLOYEE SIGNATURE

SOCIAL SECURITY NO.

CATHERINE PARNELL

PRINT NAME

Signature of Catherine Parnell

Signature of Catherine Parnell

Signature of Catherine Parnell

Signature of Catherine Parnell

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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 related 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 or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

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

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not attempt LLOYD's employees with unattended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage; (b) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle(s); or arising out of or involving violation by Customer of cause (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 to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to observe all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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

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

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



☐ Board Member Reimbursement

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>



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

**Credit Cards Accepted**



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

**PO#**

<b>DATE</b> 03/01/2020	<b>INVOICE NO.</b> 414419	<b>PAGE</b> 1	<b>ACCOUNT NO.</b> 116863	<b>TERMS:</b> Due Upon Receipt
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PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
01/13/20-01/19/20	TRANSCRIPT	Palmer, Catherine	15.00	27.95	\$419.25
01/20/20-01/26/20	TRANSCRIPT	Palmer, Catherine	15.00	27.95	\$419.25
01/27/20-02/02/20	TRANSCRIPT	Palmer, Catherine	10.00	27.95	\$279.50
02/03/20-02/09/20	TRANSCRIPT	Palmer, Catherine	10.00	27.95	\$279.50
02/10/20-02/16/20	TRANSCRIPT	Palmer, Catherine	17.00	27.95	\$475.15
02/17/20-02/23/20	TRANSCRIPT	Palmer, Catherine	15.00	27.95	\$419.25

**Thank you for your part in our Placements with a Purpose program. Every placement generated by LLOYD supports JDRF with a donation to help fight diabetes.**

**PAY THIS AMOUNT >**

**TOTAL**

**\$2,291.90**



## Tracy Crocco

---

**From:** Luly Santana  
**Sent:** Tuesday, March 3, 2020 2:50 PM  
**To:** Tracy Crocco; \*PAYROLL  
**Subject:** Pre Bill & Time  
**Attachments:** Pre Bill 030120.pdf; Catherine Palmer BABCNC 6 time cards.pdf; COO 030120.docx; Farber Robibson GPNC 030120.jpeg; LAFD Temps 030120.pdf; Robinson Farber WANC 030220.pdf

*Hi,*

*Catherine Palmer JOB ID 254433  
Hours 15 Pay \$19.25 Bill \$27.95 w/e 01/19/20*

*Catherine Palmer JOB ID 254433  
Hours 15 Pay \$19.25 Bill \$27.95 w/e 01/26/20*

*Catherine Palmer JOB ID 254433  
Hours 10 Pay \$19.25 Bill \$27.95 w/e 02/02/20*

*Catherine Palmer JOB ID 254433  
Hours 10 Pay \$19.25 Bill \$27.95 w/e 02/09/20*

*Catherine Palmer JOB ID 254433  
Hours 17 Pay \$19.25 Bill \$27.95 w/e 02/16/20*

*Catherine Palmer JOB ID 254433  
Hours 15 Pay \$19.25 Bill \$27.95 w/e 02/23/20*

*My best,*

**Luly Santana**  
18000 Studebaker Road, Suite 700  
Cerritos, CA 90703  
[LSantana@LLoydStaffing.com](mailto:LSantana@LLoydStaffing.com)



Office: 562.402.4597



[www.lloydstaffing.com](http://www.lloydstaffing.com)

*All things are possible...*



**LLOYD**  
STAFFING

HQ: 445 Broadhollow Road  
Melville, NY 11747, Suite 110  
Phone: 631-777-7600

EMPLOYEE PLEASE COMPLETE - So save to indicate A22 or PM.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & BREAK	TOTAL HOURS
MON	1/20/76	7:00	4:00	1:00	3:00
TUES	1/21/76	7:00	4:00	1:00	3:00
WED	1/22/76	7:00	4:00	1:00	3:00
THURS	1/23/76	7:00	4:00	1:00	3:00
FRI	1/24/76	7:00	4:00	1:00	3:00
SAT	1/25/76	7:00	4:00	1:00	3:00
SUN	1/26/76	7:00	4:00	1:00	3:00
WEEK ENDING		1/26			

**INSTRUCTIONS:**

1. This form is to be filled out by the employee.
2. Use a separate timesheet for each assignment.
3. Use ORIGINAL & INVOICE copy to Lloyd; no later than Friday of the week.
4. Leave blank if you will not be paid for this assignment.
5. Attached timesheets will be returned without payment.

Attached timesheets will not be accepted. All hours must be tracked.

COMPANY NAME: **BABCO**

ADDRESS: **PO Box 252007**

REPORT TO: **Robin Greenberg**

DEPT: **Engineering**

JOINTED: **1/26**

YORK ENDING: **1/26**

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

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

I hereby certify that the hours shown were worked by me during the week ending 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: *Catherine Palmer*

SOCIAL SECURITY NO.:

CLIENT SIGNATURE OF ACCEPTANCE: *Robin Greenberg*

CLIENT 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. 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**

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner and my signature is authorized to 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 or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service, within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total actualized compensation rate of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a ten (10) day guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first ten (10) days worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first ten (10) days, 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 employ LLOYD's employees with unexcused absences, cash responsibilities, or other violations or authorized 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 agreement, including LLOYD's insurance resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability; (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 hereby accepts full responsibility for any damage, including the defense thereof, involving LLOYD's employees and any fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle, or arising out of or involving violation by any driver, including the defense thereof, involving LLOYD's employees and any fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle; (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 applies to LLOYD's employees and to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee's relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE 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 agree 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 of the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.

LLOYD 10-1007

**LLOYD STAFFING**  
 HQ: 443 Broadway Road  
 Metairie, NY 11747, Suite 119  
 Phone: 637-777-7600

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

DAY	DATE	TIME IN	TIME OUT	LESS UNLAWFUL & NON-BREAK	TOTAL HOURS
MON	1 27 76	AM	PM		
TUES	1 28 76	AM	PM		
WED	1 29 76	AM	PM		
THURS	1 30 76	AM	PM		
FRI	1 31 76	AM	PM		
SAT	2 1 76	AM	PM		
SUN	2 2 76	AM	PM		
TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR					212
PLEASE WRITE TOTAL HOURS WORKED HERE					210

**INSTRUCTIONS:**  
 1. Each entry is a full shift.  
 2. Each entry is a full shift.  
 3. Each entry is a full shift.  
 4. Each entry is a full shift.  
 5. Each entry is a full shift.

**COMPANY NAME** BACALC  
**ADDRESS** PO Box 25200  
**REPORT TO** Robin Greenberg  
**DEPT.** President  
**JOE TRO** President  
**WEEK ENDING** 2/2

**FIRST TIME AT THIS CLIENT COMPANY?** ☐ Yes ☒ No If yes, Temporary Assignments must indicate they have received the following Orientation Training on this assignment. (Please check)  
☐ Emergency Evacuation Procedures ☐ Job Site & General Safety Rules ☐ Policy & Procedure Review

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment 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** [Signature]  
**SOCIAL SECURITY NO.** [Redacted]  
**CLIENT SIGNATURE OF ACCEPTANCE** [Signature]  
**IMPORTANT FOR CLIENT:** Extension 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.

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

**ABSENCES - LATENESS**  
 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 the named Customer. We understand that this person is an employee of LLOYD and is released 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 if employed by LLOYD on a permanent or temporary basis, (a) use this person's services in a consulting or freelance capacity; or (b) 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 unadjusted compensation rate of the employee in the new capacity.

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

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not assign LLOYD's employees with unadjusted penalties, cash, negotiable or other valuable or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing including 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 vehicles by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, loss, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD employee driving such vehicle; or arising out of or from the operation of machinery or equipment owned or leased by Customer; (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 to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within thirty (30) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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LLOYD 14-235

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

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & NOT BREAK	TOTAL HOURS
MON	2 3 20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
TUES	2 4 20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
WED	2 5 20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
THURS	2 6 20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
FRI	2 7 20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SAT	2 8 20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SUN	2 9 20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
WEEK ENDING	24	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE		10	

**INSTRUCTIONS:**  
 1. Please indicate time in and out for each assignment.  
 2. Use nearest 15 minutes for each assignment.  
 3. LUNCH PERIODS MUST BE INDICATED BY CHECKING THE LUNCH BOX.  
 4. LUNCH PERIODS MUST BE INDICATED BY CHECKING THE LUNCH BOX.  
 5. Approved timesheets will be returned without payment.

COMPANY NAME: **BARBAC**  
 ADDRESS: **PO Box 252007**  
 CITY: **LA 90025**  
 REPORT TO: **Robin Greenberg**  
 DEPT: **President**  
 YEARS EMPLOYED: **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 Reviews

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

EMPLOYEE NAME: **Catherine Palmer** EMPLOYEE SIGNATURE: *Catherine Palmer*  
 SOCIAL SECURITY No: **123-45-6789** PRINT NAME: **Robin 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 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 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 authorized to sign on behalf of the Customer. We understand that this person is an employee of LLOYD and is related to us on a temporary basis. In the event of any dispute, or any company to whom we assign this person, either if employee this person on a permanent or temporary basis, (a) we agree that this person's services in a consulting or freelance capacity, or (b) we use this person's services through another temporary services firm, and (c) we agree that 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 satisfaction 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 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 personnel, such as negotiators or other variables, or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing at the time of the breach, (b) LLOYD's employees shall not be responsible for any damage, loss, theft, collision, cargo damage or other public liability damage, (c) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer therefore accepts full responsibility for any 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, or arising out of or involving violation by Customer of clause (b) above, (d) LLOYD is not responsible for claims made under its Policy Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence, (e) 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 to which LLOYD's employees are assigned and (f) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to defend all matters concerning such employment, job assignment, pay procedures, etc., with LLOYD.

Temporary employees, as assigned to Customer's job site located 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 remains unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorney's fees and expenses.

LLOYD 10-2007



**LLOYD STAFFING**

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

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & MPA BREAK	TOTAL HOURS
MON	2-10-20	7 AM	3 PM		
TUES	2-11-20	7 AM	3 PM		
WED	2-12-20	7 AM	3 PM		
THURS	2-13-20	7 AM	3 PM		
FRI	2-14-20	7 AM	3 PM		
SAT	2-15-20	7 AM	3 PM		
SUN	2-16-20	7 AM	3 PM		
WEEK ENDING 2-16					TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE 21.75

**INSTRUCTIONS:**

- Print name, use a ball point pen.
- Use request, indicated for each assignment.
- Leave ORIGINAL & duplicate copy to Lloyd Staffing (copy for your file).
- Leave CLIENT copy with client company, retain duplicate copy for your file.
- Discard time sheets with no returned time payment.
- Approved time sheets will not be accepted. All time must be indicated.

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

Attendance changes per employee, per day.

**COMPANY NAME** BABCOCK

**ADDRESS** PO Box 252007

**REPORT TO** Robin Greenberg

**DEPT** DEPT

**WEEK ENDING** 2/16

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

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

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

**EMPLOYEE NAME** Catherine Palmer

**EMPLOYEE SIGNATURE** [Signature]

**SOCIAL SECURITY NO.** [Redacted]

**CLIENT SIGNATURE OF ACCEPTANCE** [Signature]

**PRINT NAME** Robert Greenberg

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

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

**EMPLOYEE INFORMATION**

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

**OVERTIME**

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

**LUNCH**

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

**ABSENCES - LATENESS**

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

**ON-THE-JOB SAFETY**

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

**TRAINING**

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

**TERMS & CONDITIONS FOR LLOYD STAFFING**

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorized to bill the named Customer. We understand that this person is an employee of LLOYD and is retained to us on a temporary basis. In the event one or more of our associates, or any company to whom we assign our person, either if employ this person on a permanent or temporary basis, (a) use this person's services in a consulting or freelance capacity, or (b) 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 rate at the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by refunding 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 provided by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer will not contact LLOYD's employees with unsolicited premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing liability or resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage, (b) LLOYD's employee does not carry less or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD's employee, 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 sustained as a result of a LLOYD's employee driving such vehicle(s) or taking out of involving violation by Customer of clause (a) above, (c) LLOYD is not responsible for claims made under its liability 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 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 the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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

Customer acknowledges its understanding that LLOYD's invoices are for labor and travel and do not include payment 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 1.5% per month (18% per annum) on the unpaid amount. Customer also agrees to pay LLOYD its reasonable costs at collection, including its reasonable attorneys' fees and expenses.

LLOYD 10-207

**LLOYD STAFFING**  
HQ: 445 Broadway Road  
Mobile, 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 & OFF BREAK	TOTAL HOURS
MON	2 17 20	J AM	J PM		
TUES	2 13 20	J AM	J PM		
WED	2 14 20	J AM	J PM		
THURS	2 20 20	J AM	J PM		
FRI	2 21 20	J AM	J PM		
SAT	2 22 20	J AM	J PM		
SUN	2 23 20	J AM	J PM		
WEEK ENDING 2/23		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE		13	

**INSTRUCTIONS:**

- Print name, date & time.
- Use separate timesheet for each assignment.
- Use ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
- Leave CLIENT copy with client company, retain EMPLOYEE copy for yourself.
- Unsigned timesheets will be returned without payment.

Approved timesheets will be accepted. All hours must be indicated. Minimum: 4 hours per employee, per day.

COMPANY NAME: BABCO  
(Please print)

ADDRESS: PO Box 252007  
TOWN: LA 90025

REPORT TO: Robin Greenberg  
DEPT: President

WEEK ENDING: 2/23

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 & Procedures Review

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

EMPLOYEE NAME: Catherine Palmer  
EMPLOYEE SIGNATURE: [Signature]

SOCIAL SECURITY NO: [Redacted]

CLIENT SIGNATURE OF SUPERVISOR: Robin Greenberg  
CLIENT 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 in the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.

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

## EMPLOYEE INFORMATION

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

## 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 reverse side of this timesheet are correct. The work was performed in a satisfactory manner, and my signature is a certification to bill the named Customer. We understand that this person is an employee of LLOYD and is returned 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 if employ this person on a permanent or temporary basis, (a) we will provide a copy of this assignment to the named company, (b) we will provide a copy of this assignment to the named company, (c) we will provide a copy of this assignment to the named company, and (d) we will provide a copy of this assignment to the named company.

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 each employee, provided that LLOYD replaces the assigned employee. 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 respect to the services performed hereunder and any future services, and (b) LLOYD shall not contact Customer's employees with respect to the services performed hereunder and any future services.

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 each employee, provided that LLOYD replaces the assigned employee. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

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 each employee, provided that LLOYD replaces the assigned employee. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

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 each employee, provided that LLOYD replaces the assigned employee. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

## 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;"><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>