

Monthly Expenditure Report



Reporting Month: April 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
\$20297.75	\$2209.16	\$18088.59	\$1956.50	\$0.00	\$16132.09

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$42700.00	\$2059.26	\$12249.38	\$1956.50	\$10292.88
Outreach		\$149.90		\$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: \$28241.46	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE_babcnc.	04/01/2020	Google receipted invoice 04-01-20	General Operations Expenditure	Office	\$210.00
2	THE WEB CORNER, INC	04/01/2020	Monthly Website Hosting and Maintenance	General Operations Expenditure	Office	\$165.00
3	ZOOM.US	04/04/2020	Zoom Video invoice/Receipt 4-4-20	General Operations Expenditure	Outreach	\$149.90
4	JIVE COMM/LOGMEIN	04/10/2020	Paid Invoice/Receipt Jive Communications 4-1-20	General Operations Expenditure	Office	\$28.51
5	OFFICE DEPOT #2303	04/15/2020	Office Depot Paid Receipt	General Operations Expenditure	Office	\$10.94
6	Ellen Evans	03/03/2020	Reimbursement of out of pocket expenditures to Ellen Evans for purchase of foam board material/ map of BABCNC territory.	General Operations Expenditure	Office	\$55.56



Payment Receipt

Payment date Apr 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: 3718041848

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 3718041848
Invoice date Mar 31, 2020
Billing ID 7677-2853-5183
Domain name babcnc.org

Google Cloud - G Suite

Total in USD **\$210.00**

Summary for Mar 1, 2020 - Mar 31, 2020

Subtotal in USD	\$210.00
Tax (0%)	\$0.00
Total in USD	\$210.00

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Mar 1 - Mar 31	35	210.00
Subtotal in USD				\$210.00
Tax (0%)				\$0.00
Total in USD				\$210.00

Invoice

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

Date	Invoice #	Due Date
4/1/2020	20036	4/1/2020

PAID
04/01/2020

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



INVOICE

Zoom Video Communications Inc.
55 Almaden Blvd, 6th Floor
San Jose, CA 95113
billing@zoom.us

Invoice Date: 04/04/2020
Invoice #: INV14377687
Payment Terms: Due Upon Receipt
Due Date: 04/04/2020
Account Number: 118481906
Currency: USD
Account Information: Department of Neighborhood Empowerment
200 N. Spring St.,
Los Angeles, California 90012
United States
rringler@babenc.org

Purchase Order #:

TaxExemptCertificateID:

[Zoom W-9](#)

CHARGE DETAILS

Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Annual Quantity: 1 Unit Price: \$149.90	04/04/2020-04/03/2021	\$149.90	\$0.00	\$149.90

INVOICE TOTALS

	Subtotal:	\$149.90
	Total (Including Tax):	\$149.90
	Invoice Balance:	\$0.00

TAX DETAILS

Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

TRANSACTIONS

Invoice Total				\$149.90
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
04/04/2020	P-15153057	Payment		(\$149.90)
Invoice Balance				\$0.00



Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc.



by LogMeIn

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

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

INVOICE

Invoice Date 04/01/2020
Invoice # IN6000664511
PO #
Customer ID CN-631494-1701
Terms Net 15
Due Date 04/16/2020
Currency US Dollar

Bill To

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

Billing Group	Description	Quantity	Rate	Amount
Master	Handsets - service charge	1	19.95	\$19.95
Master	DIDs - service charge, telephone numbers	1	1.75	\$1.75
Master	State and Local Regulatory Recovery Fee	1	3.48	\$3.48
Master	Universal Service Fee (USF)	1	0.99	\$0.99
Master	Regulatory Recovery Fee	1	2.34	\$2.34

Total **\$28.51**

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

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

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

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

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

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



by LogMeIn

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

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

INVOICE

Invoice Date	04/01/2020
Invoice #	IN6000664511
PO #	
Customer ID	CN-631494-1701
Terms	Net 15
Due Date	04/16/2020
Currency	US Dollar

Online Payment Option:

Go to my.jive.com/billing to make an online payment and/or to setup automatic monthly payment. *This option may not be available to certain reseller customers.

Payment by Wire Transfer Under Reference of Invoice #:

Remit To Wire Info:

Beneficiary: Jive Communications, Inc.

Bank Name: Bank of America

Bank Account #: 4451285234

ACH Routing #: 111000012

Wire Routing #: 026009593

SWIFT Code: BOFAUS3N

To ensure accurate posting, please send remittance instructions to remit@logmein.com when making payment.

.....
Detach and Return with Payment

Make Checks Payable To:

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

Customer:	Bel Air Beverly Crest Neighborhood Council
Customer #:	CN-631494-1701
Invoice #:	IN6000664511
Amount Due:	\$28.51
Amount Paid:	_____

4/15/2020
BARBCNC Manila Folders for
PLU & Board

BARBCNC Folders
Office DEPOT
OfficeMax®

LOS ANGELES - (323) 965-0637

04/15/2020 6:15 PM



VTVTYAQP5U34E6BF6

SALE	2303-4-9948-871632-20.2.2	
810838	FLDR,1/3CUT,10	9.99 SS
	Subtotal:	9.99
	Sales Tax:	0.95
	Total:	10.94
	MasterCard 9270:	10.94

AUTH CODE 043564

TDS Chip Read

AID A0000000041010 MASTERCARD

TVR 0400088000

CVS No Signature Required

CATHERINE PALMER 1723471494

Please create your online rewards
account at officedepot.com/rewards.
You must complete your account to
claim your rewards and view your
status.

Shop online at www.officedepot.com

WE WANT TO HEAR FROM YOU!

Visit survey.officedepot.com
and enter the survey code below:

15PV NVJD A6W6

Order Details | Order # RWKXB-Q5A07-2P4

Order Date: 2/11/2020 1:26 PM

Estimated Date of Arrival: 2/14/2020

Order Status: **Delivered**

Shipping Address

Ellen Evans
1320 N. Doheny Dr.
Los Angeles, CA 90069
United States of America
3102710573

Billing Address

Ellen Evans
1320 N. Doheny Dr.
Los Angeles, CA 90069
United States of America
3102710573

Delivery Speed

Express

Payment Information

VISA ****2774
Exp. 5/2021

Order Total

Product Total \$25.75

You Saved 50% (\$25.77)!

Shipping & Processing
Express - Est. Arrival Feb 14 \$24.99

Sales Tax \$4.82

You Paid: **\$55.56**

1 Item(s)

Reorder

Cancel Items

Reset

24" x 36" Foam boards

Status: **Delivered on February 14, 2020 at 11:25 AM**

Carrier Notes: **SIDE DOOR**

Track: **1Z37580X0304735144**

Carrier: **UPS**

Details: None

Qty 1

Base Price ~~\$51.52~~ **\$25.75**

Item Total * **\$25.75**



*State sales tax is required on this item.

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: 02-26-2020

Budget Fiscal Year: 2019-2020

Agenda Item No: 17.JI.

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

Page 1 of 2: To authorize expenditure retroactively and reimbursement to Ellen Evans of \$55.56 for 24x36" Foam board @ \$25.75 + Shipping @ \$24.99 + Sales Tax \$4.82 for a map of the BABCNC territory. (Attachment D)

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.	✓					
Mark Goodman, M.D.	Bel Air District Rep.	✓					
Gail Sroloff	Bel Air District Rep.	✓					
Larry Leisten	Bel Air Glen District Rep.	✓					
Robin Greenberg	Bel Air Hills Assn. (RVA) Rep.	✓					
Wendy Morris	Bel Air Hills Assn. (RVA) Rep.				✓		
Andre Stojka	Bel Air Ridge Assn. Rep.	✓					
Robert Schlesinger	Benedict Cyn. Assn. Rep.	✓					
Don Loze	Benedict Cyn. Assn. Rep.	✓					
Nickie Miner	Benedict Cyn. Assn. Rep.	✓					
Mindy Mann	Benedict Cyn. Assn. Rep.	✓					
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.				✓		
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	✓					
Jackie DeFede	Faith-Based Organizations Rep.				✓		
Maureen Smith	Franklin Coldwater District Rep.				✓		
Teresa Lee	K-6 Private Schools Rep.				✓		
Jon Wimbish	7-12 Private Schools Rep.				✓		
Kristie Holmes	Public Ed. Institutions Rep.	✓					
Jason Spradlin	Holmby Hills Assn. Rep.				✓		
Jamie Hall	Laurel Cyn. Assn. Rep.	✓					
Stephanie Savage	Laurel Cyn. Assn. Rep.	✓					
Cathy Wayne	Laurel Cyn. Assn. Rep.	✓					
Heather Roy	Laurel Cyn. Assn. Rep.	✓					
Chuck Maginnis	At Large Rep.	✓					
Marcia Hobbs	At Large Rep.	✓					
Shawn Bayliss	At Large Rep.				✓		
Philip Enderwood	At Large: Youth Seat Rep.	✓					
Robert Kennedy J.L. Kennedy	Commercial/Office District Rep.	✓					
Board Quorum: 15	Total:						

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: Jacqueline Le Kennedy, Treasurer

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

Date: 02/26/2020

Date: 02/26/2020



Date: 02/26/2020



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

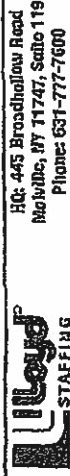
Credit Cards Accepted



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

Thank you for choosing Lloyd Staffing

PO#[illegible]



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 & OR BREAK	TOTAL HOURS
MON	2/24/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
TUES	2/25/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
WED	2/26/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
THURS	2/27/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
FRI	2/28/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SAT	2/29/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SUN	3/1/20	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
WEEK ENDING		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR		PLEASE WRITE TOTAL HOURS WORKED HERE	
31		40.00		40.00	

INSTRUCTIONS:
1. Please print; use a ball point pen.
2. Use separate timesheet for each assignment.
3. Mail ORIGINAL & XEROX copy to Lloyd, no later than Friday night.
4. Leave XEROX copy with client company. Retain EMPLOYEE copy for yourself.
5. Unassigned timesheets will be returned without payment.
6. All times must be indicated.

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)	BAACNC		2.0	27
ADDRESS	P.O. Box 252007		DEPT.	90008
REPORT TO	Robin Greenberg	JOB TITLE	President	WEEK ENDING
FIRST TIME AT THIS CLIENT COMPANY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review				
I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that 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.		PRINT NAME	Catherine Palmer	
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. It is stated that this work was performed in a satisfactory manner and approved 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 upon assignment ends or you will assume you are no longer available for work.				

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 bill the named Customer. We understand that this person is an employee of LLOYD and is authorized to act as a temporary basis, in the event we or any of our affiliates, or any company to whom we assign this person, enter into employment or temporary basis, (a) use this person's services in a consulting or freelance capacity, or (b) use the person's services through another temporary services within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total unassigned 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 for each 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 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 cash advance 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 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 vehicles by Customer of claims (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 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 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 each unpaid amount. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorney's fees and expenses.

Lloyd's		HQ: 445 Broadhollow Road Melville, NY 11747; Sales 119 Phone: 631-777-7600			
STAFFING					
EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & OR BREAK	TOTAL HOURS
MON	3 2	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
TUES	3 3	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
WED	3 4	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
THURS	3 5	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
FRI	3 6	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SAT	3 7	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
SUN	3 8	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
WEEK ENDING		3/8		TOTAL HOURS FOR WEEK TO NEXTEST 14 HOUR PLEASE WRITE TOTAL HOURS WENT HERE	
				15	

INSTRUCTIONS: 1. Please timely, use a ball point pen. 2. Use separate line 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. Unfilled time slots will be charged without payment. 6. Unfilled time slots will not be accepted. All hours must be booked.		IMPORTANT: All hours must be approved for each day verified. Hours will not be paid if not approved by:
--	--	--

COMPANY NAME (Please print) BAACNC	TOWN P.O.	ZIP 90008
ADDRESS P.O. BOX 252007	DEPT. Robin Greenburg	JOB TITLE President
REPORT TO Robin Greenburg		
FIRST TIME AT THIS CLIENT COMPANY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Excursion Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> 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 Cathy	
SOCIAL SECURITY NO.	CLIENT SIGNATURE OF ACCEPTANCE Robin Greenburg	
CLIENT SECURITY NO.	PRINT NAME Robin Greenburg	

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

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

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES - LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

COMPANY NAME: **BADENC** P.O. **9008** ZIP **9008**

ADDRESS: **P.O. Box 252007** TOWN **DET.** JOB TITLE **President**

REPORT TO: **Robin 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: **Catherine Palmer** EMPLOYEE SIGNATURE: *Catherine Palmer*

SOCIAL SECURITY NO. **---** PHID-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.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & NON-BREAK	TOTAL HOURS
MON	3/9/20	7 AM	3 PM	8 AM	
TUES	3/10/20	7 AM	3 PM	8 AM	
WED	3/11/20	7 AM	3 PM	8 AM	
THURS	3/12/20	7 AM	3 PM	8 AM	
FRI	3/13/20	7 AM	3 PM	8 AM	
SAT	3/14/20	7 AM	3 PM	8 AM	
SUN	3/15/20	7 AM	3 PM	8 AM	
WEEK ENDING	3/15	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE 115			

INSTRUCTIONS:

- Print clearly; use a ball point pen.
- Use separate timesheet for each assignment.
- Use ORIGINAL & APPROVE copy to Lloyd, no later than Friday night.
- Leave CLIENT copy with client company. Make EMPLOYEE copy for yourself.
- Unapproved timesheets will be returned without payment.
- Altered timesheets will not be accepted. All errors must be initialed.

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.

BADENC

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 a certification to bill the named Customer. We understand that the person is an employee of LLOYD and is entitled to be 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 employee 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 warrant the 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 without the prior written consent of LLOYD in such instances 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 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, or arising out of or 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 owned or controlled by Customer and in which LLOYD's temporary 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 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 invoice is for labor and agrees to pay such invoice upon receipt. If any invoice remains unpaid thirty (30) days after sending date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorney's fees and expenses.

LLOYD 10-2007

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 09-25-2019

Budget Fiscal Year: 2019-2020

Agenda Item No: 10.f.

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

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

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

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

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

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Authorized Signature:

Print/Type Name: Philip Enderwood, Treasurer

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

Date: September 25, 2019

Date: September 25, 2019

☐ Board Member Reimbursement

Date: September 25, 2019

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

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

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

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

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

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

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

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

Publishing Services

General Services Department

City of Los Angeles - Publishing Services

DEPT. 40, FUND 706, APPR 40000A

REVENUE SOURCE 4591

555 Ramirez St. Space 200

Los Angeles, CA 90012

Phone: (213) 473-8400

Fax: (213) 473-8416

INVOICE

Invoice #	2002899
Invoice Date	2/26/20
Date Shipped	
Ship Via	Will Call
Fund Number	DIRECT PAY
Terms	Net 30 Days
P.O. Number	20BABC01
Job Number	20BABC01

Bel Air Beverly Crest Neighborhood Council

Catherine Palmer

1645 Corinth Ave. Room 103-4

Los Angeles, CA 90025

Quantity	Description	Unit Price	UM	Amount
2,600	Business Cards : 2/C CITY SEALS - BEL AIR BEVERLY CREST NC BUS CARDS 2/C 8UP 1 SIDED 13 NAMES 1 LOT EA C/O CATHERINE PALMER 310-479-6247	\$331.50		\$331.50
Thank you for your Business!!		Subtotal		\$331.50
		Sales Tax		\$0.00
		Total Due		\$331.50

Customer Code : NC-BABC

Invoice Number : 2002899

Invoice Date : 2/26/20

Invoice Amount : \$331.50

Amount Paid : _____

Remit To:

City of Los Angeles - Publishing Services
DEPT. 40, FUND 706, APPR 40000A
REVENUE SOURCE 4591
555 Ramirez St. Space 200
Los Angeles, CA 90012

Remitter:

Bel Air Beverly Crest Neighborhood Council
Catherine Palmer
1645 Corinth Ave. Room 103-4
Los Angeles, CA 90025

Office of the City Clerk

Administrative Services Division

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Board Action Certification (BAC) Form



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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					
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