

# Monthly Expenditure Report



Reporting Month: October 2021

Budget Fiscal Year: 2021-2022

NC Name: Bel Air-Beverly Crest  
Neighborhood Council

| Monthly Cash Reconciliation |             |                   |             |             |               |
|-----------------------------|-------------|-------------------|-------------|-------------|---------------|
| Beginning Balance           | Total Spent | Remaining Balance | Outstanding | Commitments | Net Available |
| \$33895.33                  | \$1586.55   | \$32308.78        | \$1098.40   | \$0.00      | \$31210.38    |

| Monthly Cash Flow Analysis            |                |                        |                        |                                  |               |
|---------------------------------------|----------------|------------------------|------------------------|----------------------------------|---------------|
| Budget Category                       | Adopted Budget | Total Spent this Month | Unspent Budget Balance | Outstanding                      | Net Available |
| Office                                | \$31450.00     | \$1586.55              | \$22843.66             | \$1098.40                        | \$21745.26    |
| Outreach                              |                | \$0.00                 |                        | \$0.00                           |               |
| Elections                             |                | \$0.00                 |                        | \$0.00                           |               |
| Community Improvement Project         | \$0.00         | \$0.00                 | \$0.00                 | \$0.00                           | \$0.00        |
| Neighborhood Purpose Grants           | \$550.00       | \$0.00                 | \$550.00               | \$0.00                           | \$550.00      |
| Funding Requests Under Review: \$0.00 |                | Encumbrances: \$0.00   |                        | Previous Expenditures: \$7019.79 |               |

| Expenditures     |   |            |   |                                      |              |                  |
|------------------|---|------------|---|--------------------------------------|--------------|------------------|
| #                | Vendor                                      | Date       | Description   | Budget Category                      | Sub-category | Total            |
| 1                | GOOGLE<br>GSUITE_babcnc.                    | 10/02/2021 | Google Workspace<br>10-01-2021 Receipt-Invoice.pdf  | General<br>Operations<br>Expenditure | Office       | \$235.60         |
| 2                | LOGMEIN<br>GoToConnect                      | 10/10/2021 | LogMeIn Receipt/Invoice<br>10-10-2021.pdf   | General<br>Operations<br>Expenditure | Office       | \$32.22          |
| 3                | FRONTIER COMM<br>CORP WEB                   | 10/12/2021 | Frontier Paid Receipt/ Invoice<br>10-08-2021.pdf  | General<br>Operations<br>Expenditure | Office       | \$60.98          |
| 4                | LLOYD STAFFING<br>/ LLOYD<br>STAFFING, INC. | 10/06/2021 | Payment to Lloyd Staffing for<br>Board Administrator Services<br>for the period of 09/6/21<br>through 09/19/2021. Invoice<br>Dated: 09/26/2021 Invoice<br>Number: 419706 in the<br>amount of \$1,257.75 | General<br>Operations<br>Expenditure | Office       | \$1257.75        |
| <b>Subtotal:</b> |   |            |   |                                      |              | <b>\$1586.55</b> |

| Outstanding Expenditures |        |      |             |                 |              |       |
|--------------------------|--------|------|-------------|-----------------|--------------|-------|
| #                        | Vendor | Date | Description | Budget Category | Sub-category | Total |

|                              |   |            |   |                                |        |                  |
|------------------------------|---|------------|---|--------------------------------|--------|------------------|
| 1                            | LLOYD STAFFING<br>/ LLOYD<br>STAFFING, INC. | 10/21/2021 | Payment to Lloyd Staffing for Board Administrator Services for the period of 10/4/21 through 10/17/2021. Invoice Dated: 10/17/2021 Invoice Number: 41990...           | General Operations Expenditure | Office | \$894.40         |
| 2                            | City of LA<br>Publishing Services           | 11/02/2021 | Payment to the City of Los Angeles - Publishing Services for the business cards printing. Invoice Dated: 10/31/2021 Invoice Number: 2200816 in the amount of \$204.00 | General Operations Expenditure | Office | \$204.00         |
| <b>Subtotal: Outstanding</b> |   |            |   |                                |        | <b>\$1098.40</b> |



# Invoice

Invoice number: 3992590639

Google LLC  
1600 Amphitheatre Pkwy  
Mountain View, CA 94043  
United States  
Federal Tax ID: 77-0493581

### Bill to

Robert Ringle  
Bel Air Beverly Crest Neighborhood Council  
PO Box 252007  
Los Angeles, CA 90025  
United States

### Details

Invoice number .....3992590639  
Invoice date .....Sep 30, 2021  
Billing ID .....7677-2853-5183  
Domain name .....babcnc.org

### Google Workspace

Total in USD **\$235.60**

### Summary for Sep 1, 2021 - Sep 30, 2021

Subtotal in USD \$235.60  
Tax (0%) \$0.00  
Total in USD \$235.60

You will be automatically charged for any amount due.

| Subscription  | Description | Interval        | Quantity            | Amount(\$)      |
|---------------|-------------|-----------------|---------------------|-----------------|
| G Suite Basic | Usage       | Sep 1 - Sep 22  | 39                  | 171.60          |
| G Suite Basic | Usage       | Sep 23 - Sep 30 | 40                  | 64.00           |
|               |             |                 | Subtotal in USD     | \$235.60        |
|               |             |                 | Tax (0%)            | \$0.00          |
|               |             |                 | <b>Total in USD</b> | <b>\$235.60</b> |

Need help understanding the charges on your invoice? [Click here for detailed explanations](#)

<https://support.google.com/a?p=gsuite-bills-and-charges>



# Payment Receipt

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

Payment date Oct 1, 2021  
Billing ID 7677-2853-5183  
Payment method Mastercard •••• 9270  
Payment number A03386779136212907

Tax identification number  
77-0493581

Bel Air Beverly Crest Neighborhood Council  
Robert Ringler  
PO Box 252007  
Los Angeles, CA 90025  
United States

| Description    |          |
|----------------|----------|
| Payment amount | \$235.60 |



LogMeIn Communications, Inc  
PO BOX 412252  
BOSTON, MA 02241-2252

# INVOICE

Invoice Date 10/01/2021  
Invoice # IN7100664695  
PO #  
Customer ID CN-631494-1701  
Terms **AutoPay Scheduled**  
Due Date 10/16/2021  
Currency US Dollar

### Bill To

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

| Billing Group | Description  | Quantity | Rate  | Amount  |
|---------------|--|----------|-------|---------|
| Primary       | GoToConnect 10/01/2021 - 10/31/2021                  | 1        | 22.21 | \$22.21 |
| Primary       | Standard Phone Numbers (DID) 10/01/2021 - 10/31/2021 | 1        | 4.55  | \$4.55  |
| Primary       | State and Local Regulatory Recovery Fee              | 1        | 2.73  | \$2.73  |
| Primary       | Universal Service Fee (USF)                          | 1        | 1.22  | \$1.22  |
| Primary       | Regulatory Recovery Fee                              | 1        | 1.51  | \$1.51  |

**Total \$32.22**

Your automatic payment is scheduled to be processed around the 10th of the month

View and Pay your invoices online: <https://my.jive.com/billing>  
Billing Support: <https://support.goto.com/connect/billing-user-guide>

\*With the recent rebrand of Jive, please note that Jive Communications, Inc. has been renamed LogMeIn Communications, Inc. Please review your payment system and if needed, update it to reflect these changes.

\*Certain audio Services are provided by the applicable [LogMeIn affiliate](#) who sets the rates, terms, and conditions for audio services. LogMeIn USA, Inc. presents this invoice and collects on behalf of the applicable LogMeIn affiliate as its agent.

\*Telecom fees (incl. USF and Regulatory Recovery Fees) are only applicable to Jive, GoToConnect, and OpenVoice Services. If you'd like to know more about how LogMeIn currently displays fees on your invoice, please visit [here](#).

\*Connect Bundle is comprised of GoToConnect and GoToMeeting Pro. GoToConnect is provided by LogMeIn Communications, Inc.



Invoice Details  
Bel Air Beverly Crest Neighborhood Council - CN-63H94-1701

Invoice IN7100664695

Total Due **\$0.00**

Date Due Status Date Paid Payment Method  
October 16, 2021 Paid October 10, 2021 MasterCard \*\* 9270 08/2023

**PAID**

| Description  | Qty | Rate     | Total          |
|--|-----|----------|----------------|
| GovConnect - 10/01/2021 - 10/31/2021                   | 1   | \$22.21  | \$22.21        |
| Standard Phone Numbers (DID) - 10/01/2021 - 10/31/2021 | 1   | \$4.55   | \$4.55         |
| State and Local Regulatory Recovery Fee                | 1   | \$2.73   | \$2.73         |
| Universal Service Fee (USF)                            | 1   | \$1.295  | \$1.22         |
| Regulatory Recovery Fee                                | 1   | \$1.5067 | \$1.51         |
| <b>Total</b>   |     |          | <b>\$32.22</b> |
| <b>Payments &amp; Credits</b>                          |     |          | <b>\$32.22</b> |
| <b>Total Due</b>                                       |     |          | <b>\$0.00</b>  |

[Download Invoice](#)

**Account Summary**

|                                |                       |
|--------------------------------|-----------------------|
| <b>New Charges Due Date</b>    | <b>10/12/21</b>       |
| Billing Date                   | 9/15/21               |
| Account Number                 | 310-231-7288-081418-5 |
| PIN                            | 8389                  |
| Previous Balance               | 60.98                 |
| Payments Received Thru 9/08/21 | -60.98                |
| Thank you for your payment!    |                       |
| Balance Forward                | .00                   |
| New Charges                    | 60.98                 |
| <b>Total Amount Due</b>        | <b>\$60.98</b>        |

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- ✓ Reliable connection and crystal-clear voice quality
- ✓ Bundled savings
- ✓ Voice mail, caller ID, call forwarding and more

**1.844.232.3943 | [business.frontier.com/phone](http://business.frontier.com/phone)**

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**Manage Your Account**

**To Pay Your Bill**

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

 **By mail**

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**To Contact Us**

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

 1.800.921.8102  **Tech support:** [Frontier.com/helpcenter](http://Frontier.com/helpcenter)

 **Email:** [ContactBusiness@ftr.com](mailto:ContactBusiness@ftr.com)




**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)**





**CURRENT BILLING SUMMARY**

Local Service from 09/15/21 to 10/14/21

|                                  |                |              |
|----------------------------------|----------------|--------------|
| Qty Description                  | 310/231-7288.0 | Charge       |
| <b>Non Basic Charges</b>         |                |              |
| Internet 6 Dynamic IP            |                | 54.99        |
| \$5.00 Discount through 12/08/21 |                |              |
| Other Charges-Detailed Below     |                | 5.99         |
| <b>Total Non Basic Charges</b>   |                | <b>60.98</b> |

**TOTAL 60.98**

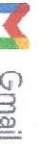
**\*\* ACCOUNT ACTIVITY \*\***

| Qty Description                    | Order Number | Effective Dates |             |
|------------------------------------|--------------|-----------------|-------------|
| 1 Business High Speed Internet Fee | AUTOCH       | 9/15            | 5.99        |
| 310/231-7288                       |              | <b>Subtotal</b> | <b>5.99</b> |
|                                    |              | <b>Subtotal</b> | <b>5.99</b> |

**CUSTOMER TALK**

Frontier is committed to keeping customers connected during this difficult time. California residential and small business customers with voice service that are experiencing a financial hardship as a result of COVID-19 may be qualified to defer Frontier payments through September 30, 2021. Please contact us at 1-800-921-8105 to let us know about your change in financial circumstances due to COVID-19 and discuss payment options for voice service. This protection does not apply to broadband or video services which may be subject to disconnection for non-payment. You can also visit [www.frontier.com/resources/covid-19](http://www.frontier.com/resources/covid-19) to learn more about the customer protections Californians may be entitled to. Questions? Contact Customer Service 1-800-921-8105.





**Frontier Auto Pay Payment Confirmation**

DoNotReply.FrontierBillPay@billmatrix.com <DoNotReply.FrontierBillPay@billmatrix.com>  
To: COUNCIL@babcnc.org

Tue, Oct 12, 2021 at 1:25 AM



Login



Dear Frontier Customer,  
Your Auto Pay Payment was successfully processed on 10/12/2021 for:  
Frontier Account Number ending in: \*4185  
Payment Account Number ending in: \*9270  
Confirmation Code: P2168H1W82  
Payment Amount: \$90.99  
To review your Auto Pay settings, please [click here](#) your account.  
Thank you.

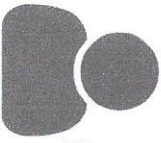
Frontier Communications®  
Please review Payment [Terms and Conditions](#)

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2 attachments

**Frontier** no name  
COMMUNICATIONS 18K



no name  
8K



# INVOICE

Please remit payment to:

**Lloyd Staffing, Inc.**

PO Box 780994

Philadelphia, PA 19178-0994

Questions: [AR@LloydStaffing.com](mailto:AR@LloydStaffing.com)

Pay by ACH/wire to:

Wells Fargo Bank, N.A.

Routing #: 121000248

Account #: 4060542594

**BILL TO:**

Attention of: Vadim Levotman & Travis Longcore

Bel Air Beverly Crest Nc




Po Box 252007

Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing

PO#

| DATE   | INVOICE NO.            | PAGE              | ACCOUNT NO. | TERMS:                      |                   |  |
|--|------------------------|-------------------|-------------|-----------------------------|-------------------|--|
| 09/26/2021   | 419706                 | 1                 | 116863      | Due Upon Receipt            |                   |  |
| PERIOD   | DESCRIPTION & EMPLOYEE |                   | HOURS       | RATE                        | AMOUNT            |  |
| 09/06/21-09/12/21  | TRANSCRIPT             | Palmer, Catherine | 15.00       | 27.95                       | \$419.25          |  |
| 09/13/21-09/19/21  | TRANSCRIPT             | Palmer, Catherine | 30.00       | 27.95                       | \$838.50          |  |
|  |                        |                   |             | <b>TOTAL</b>                | <b>\$1,257.75</b> |  |
| A 3% surcharge will be applied to any payments processed using a credit card. Thank you. |                        |                   |             | <b>PAY THIS AMOUNT &gt;</b> |                   |  |

|   |             |  |                 |   |                    |
|---|-------------|--|-----------------|---|--------------------|
|    |             | HQ: 445 Broadhollow Road<br>Melville, NY 11747, Suite 110<br>Phone: 631-777-7600   |                 | <b>COMPANY NAME</b><br>(Please print) <b>ISABCNC</b>  |                    |
| <b>EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.</b>   |             |  |                 | <b>ADDRESS</b> <b>TOWN</b> <b>P.O.</b> <b>ZIP</b><br><b>PO BOX 252007</b> <b>LA</b> <b>90025</b>  |                    |
| <b>DAY</b>  | <b>DATE</b> | <b>TIME IN</b>   | <b>TIME OUT</b> | <b>LESS LUNCH &amp;/OR BREAK</b>  | <b>TOTAL HOURS</b> |
| MON   | 9/6/21      | J AM   | J AM            |   |                    |
| TUES  | 9/7/21      | J AM   | J AM            |   |                    |
| WED   | 9/8/21      | J AM   | J AM            |   |                    |
| THURS   | 9/9/21      | J AM   | J AM            |   |                    |
| FRI   | 9/10/21     | J AM   | J AM            |   |                    |
| SAT   | 9/11/21     | J AM   | J AM            |   |                    |
| SUN   | 9/12/21     | J AM   | J AM            |   |                    |
| <b>WEEK ENDING</b> 9/12   |             | <b>TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE</b>   |                 | <input checked="" type="checkbox"/> 15  |                    |
| <b>INSTRUCTIONS:</b><br>1. Press firmly; use a ball point pen.<br>2. Use separate timesheet for each assignment.<br>3. Use ORIGINAL & DUPLICATE copy to Lloyd, no later than Friday night.<br>4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.<br>5. Unsigned timesheets will be returned without payment.<br>Altered timesheets will not be accepted. All hours must be logged.  |             |  |                 | <b>IMPORTANT - All hours must be approved for each day worked. Hours will not be paid if not approved daily.</b><br>Minimum: 4 hours per employee, per day. |                    |
| <b>REPORT TO</b> Travis Longcore  |             | <b>DEPT.</b>   |                 | <b>JOB TITLE</b> President  |                    |
| <b>WEEK ENDING</b> 9-12   |             | <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)<br><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. |             |  |                 |   |                    |
| <b>EMPLOYEE NAME</b> CATHERINE PALMISTO   |             |  |                 | <b>EMPLOYEE SIGNATURE</b>    |                    |
| <b>SOCIAL SECURITY NO.</b>  |             |  |                 |   |                    |
| <b>AGENT SIGNATURE OF ASSIGNANCE</b>    |             |  |                 | <b>PRINT NAME</b> Travis Longcore   |                    |
| <b>IMPORTANT FOR CLIENT:</b> Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.  |             |  |                 |   |                    |
| Be sure to call Lloyd Staffing immediately when assignment ends or 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 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 to employ this person on a permanent or temporary basis, (B) use this person's services in a consulting or freelance capacity, or (C) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation 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, 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-employee relationships 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 attorney's fees and expenses.

|   |             |  |   |   |             |
|---|-------------|--|---|---|-------------|
|    |             | HQ: 445 Broadhollow Road<br>Melville, NY 11747, Suite 119<br>Phone: 631-777-7600 |   | COMPANY NAME <b>BABSONC</b><br>(Please print)                             |             |
| EMPLOYEE PLEASE COMPLETE -- Be sure to indicate AM or PM.   |             |  |   | ADDRESS <b>PO Box 252007</b> <b>TWIN</b> <b>LA</b> <b>CA</b> <b>90025</b> |             |
| DAY   | DATE        | TIME IN  | TIME OUT  | LESS LUNCH & /OR BREAK  | TOTAL HOURS |
| MON   | 9   13   21 | <input type="checkbox"/> AM <input type="checkbox"/> PM                          | <input type="checkbox"/> AM <input type="checkbox"/> PM   |   |             |
| TUES  | 9   14   21 | <input type="checkbox"/> AM <input type="checkbox"/> PM                          | <input type="checkbox"/> AM <input type="checkbox"/> PM   |   |             |
| WED   | 9   15   21 | <input type="checkbox"/> AM <input type="checkbox"/> PM                          | <input type="checkbox"/> AM <input type="checkbox"/> PM   |   |             |
| THURS   | 9   16   21 | <input type="checkbox"/> AM <input type="checkbox"/> PM                          | <input type="checkbox"/> AM <input type="checkbox"/> PM   |   |             |
| FRI   | 9   17   21 | <input type="checkbox"/> AM <input type="checkbox"/> PM                          | <input type="checkbox"/> AM <input type="checkbox"/> PM   |   |             |
| SAT   | 9   18   21 | <input type="checkbox"/> AM <input type="checkbox"/> PM                          | <input type="checkbox"/> AM <input type="checkbox"/> PM   |   |             |
| SUN   | 9   19   21 | <input type="checkbox"/> AM <input type="checkbox"/> PM                          | <input type="checkbox"/> AM <input type="checkbox"/> PM   |   |             |
| WEEK ENDING   | 9   19      | TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE    |   | 30  |             |
| INSTRUCTIONS:<br>1. Please print; use a ball point pen.<br>2. Use separate timesheet for each assignment.<br>3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.<br>4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.<br>5. Unsigned timesheets will be returned without payment.<br>Altered timesheets will not be accepted. All hours must be totaled.   |             |  | IMPORTANT: All hours must be approved for each day worked. Hours will not be paid if not approved daily.<br>Minimum: 4 hours per employee, per day. |   |             |
| REPORT TO <b>TRAVIS LONGCORE</b>  |             | DEPT.  |   | JOB TITLE <b>Friend V</b> WEEK ENDING <b>9-19</b>                         |             |
| 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)<br><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 <b>Catherine Palmer</b>   |             |  | EMPLOYEE SIGNATURE   |   |             |
| SOCIAL SECURITY NO.   |             |  |   |   |             |
| CLIENT SIGNATURE OF ACCEPTANCE   |             |  | PRINT NAME <b>Travis Longcore</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.   |             |  |   |   |             |
| Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.   |             |  |   |   |             |

BACK

|  |  |
|--|--|
| <p align="center"><b>EMPLOYEE INFORMATION</b></p> <p>To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.</p> <p><b>OVERTIME</b><br/>       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.</p> <p><b>LUNCH</b><br/>       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.</p> <p><b>ABSENCES - LATENESS</b><br/>       Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.</p> <p><b>ON-THE-JOB SAFETY</b><br/>       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.</p> <p><b>TRAINING</b><br/>       You must complete the Training Orientation every time you go to a new assignment.</p> | <p align="center"><b>TERMS &amp; CONDITIONS FOR LLOYD STAFFING</b></p> <p>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.</p> <p>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.</p> <p>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 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-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.</p> <p>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.</p> <p>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.</p> |
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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: 06/30/2021

Budget Fiscal Year: 2021-2022

Agenda Item No: 11.b.

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

Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (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.  | X   |    |         |        |            |         |
| Mark Goodman, M.D.                 | Bel Air District Rep.            |     |    |         |        | X          |         |
| Gail Sroloff                       | Bel Air Association Rep.         |     |    |         | X      |            |         |
| Larry Leisten                      | Bel Air Glen District Rep.       | X   |    |         |        |            |         |
| Robin Greenberg                    | Bel Air Hills Assn. Rep.         | X   |    |         |        |            |         |
| Wendy Morris                       | Bel Air Hills Assn. 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   |    |         |        |            |         |
| Dr. Robert Garfield, DDS           | 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   |    |         |        |            |         |
| Maureen Levinson                   | 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   |    |         |        |            |         |
| <b>Board Quorum: 15</b>            | <b>Total:</b>                    | 23  | 1  |         | 6      | 3          |         |

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

*Nicole Miner*

Authorized Signature:

*Robert A. Ringler*

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 07/02/2021

Date: 07/02/2021

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: 06/30/2021

Budget Fiscal Year: 2021-2022

Agenda Item No: 11.b.

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

Page 2 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

Method of Payment: (Select One)

Check

Credit Card

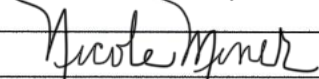
Board Member Reimbursement

**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 |
|------------------------------------|--|-----|----|---------|--------|------------|---------|
| Yves Mieszala                      | North of Sunset District Rep.          |     |    |         | X      |            |         |
| Ellen Evans                        | Doheny-Sunset Plaza Neighborhood Assn. | X   |    |         |        |            |         |
| Patricia Murphy                    | North of Sunset District Rep..         | X   |    |         |        |            |         |
| Robert A. Ringler                  | Residents of Beverly Glen Rep.         | X   |    |         |        |            |         |
| Dan Palmer                         | Residents of Beverly Glen Rep..        | X   |    |         |        |            |         |
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|                                    |  |     |    |         |        |            |         |
| <b>Board Quorum: 15</b>            | <b>Total:</b>                          |     |    |         |        |            |         |

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: 

Print/Type Name: Nicole Miner, Treasurer

Date: 07/02/2021

Authorized Signature: 

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

Date: 07/02/2021