

# Monthly Expenditure Report



Reporting Month: November 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
\$32308.78	\$3080.47	\$29228.31	\$1593.15	\$0.00	\$27635.16

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$31450.00	\$3046.02	\$19763.19	\$1593.15	\$18170.04
Outreach		\$34.45		\$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: \$8606.34	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Google LLC GSUITE_babc	11/02/2021	Google Workspace 11-01-2021 Receipt/Invoice.pdf	General Operations Expenditure	Office	\$240.77
2	THE WEB CORNER, INC	11/04/2021	The Web Corner Receipt/Invoice 11-1-20021 # 22846.pdf	General Operations Expenditure	Office	\$150.00
3	FRONTIER COMM CORP WEB	11/08/2021	Frontier Paid Receipt/Invoice 11-08-2021.pdf	General Operations Expenditure	Office	\$60.98
4	LOGMEIN GoToConnect	11/10/2021	LogMeIn Receipt-Invoice 11-10-2021.pdf	General Operations Expenditure	Office	\$32.22
5	USPS PO 0545040048	11/12/2021	USPS Mailing Business Cards x5 Receipt/Invoice 11-12-2021.pdf	General Operations Expenditure	Outreach	\$34.45
6	THE WEB CORNER, INC	11/22/2021	The Web Corner BABCNC Transaction Invoice/Receipt 11-22-2021.pdf	General Operations Expenditure	Office	\$150.00
7	LLOYD STAFFING / LLOYD 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

8	City of LA 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
9	LLOYD STAFFING / LLOYD STAFFING, INC.	11/16/2021	Payment to Lloyd Staffing for Board Administrator Services for the period of 9/20/21 through 10/03/2021. Invoice Dated: 10/10/2021 Invoice Number: 41984...	General Operations Expenditure	Office	\$614.90
10	LLOYD STAFFING / LLOYD STAFFING, INC.	11/16/2021	Payment to Lloyd Staffing for Board Administrator Services for the period of 10/18/21 through 10/31/2021. Invoice Dated: 11/07/2021 Invoice Number: 4201...	General Operations Expenditure	Office	\$698.75
<b>Subtotal:</b>						<b>\$3080.47</b>

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	LLOYD STAFFING / LLOYD STAFFING, INC.	12/08/2021	Payment to Lloyd Staffing for Board Administrator Services for the period of 11/1/2021 through 11/21/2021. Invoice Date: 11/28/2021 Invoice Number: 420297 in the amount of \$1,034.15	General Operations Expenditure	Office	\$1034.15
2	LLOYD STAFFING / LLOYD STAFFING, INC.	12/09/2021	Payment to Lloyd Staffing for Board Administrator Services for the period of 11/22/2021 through 12/05/2021. Invoice Date: 12/05/2021 Invoice Number: 420368 in...	General Operations Expenditure	Office	\$559.00
<b>Subtotal: Outstanding</b>						<b>\$1593.15</b>



# Invoice

Invoice number: 4005153516

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 ..... 4005153516  
Invoice date ..... Oct 31, 2021  
Billing ID ..... 7677-2853-5183  
Domain name ..... babcnc.org

## Google Workspace

Total in USD **\$240.77**

## Summary for Oct 1, 2021 - Oct 31, 2021

Subtotal in USD \$240.77  
Tax (0%) \$0.00  
Total in USD \$240.77

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Oct 1 - Oct 27	40	209.03
G Suite Basic	Usage	Oct 28 - Oct 31	41	31.74
			Subtotal in USD	\$240.77
			Tax (0%)	\$0.00
			<b>Total in USD</b>	<b>\$240.77</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** Nov 1, 2021  
**Billing ID** 7677-2853-5183  
**Payment method** Mastercard \*\*\*\*9270  
**Payment number** A65936678673671092

**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	\$240.77

**The Web Corner, Inc.**

**Invoice**

15300 Ventura Blvd. Suite 400  
 Sherman Oaks, CA 91403  
 818-345-7443

**PAID**  
**11/04/2021**

Date	Invoice #	Terms
11/1/2021	22846	Due on Receipt

Bill To
Bel Air-Beverly Crest NC

Ship To

QTY	Description	Price Each	Amount
1	Monthly Maintenance: includes up to 1.5 hour for; phone support, web development, requests, & website adjustments	150.00	150.00
0	Monthly Hosting for babcnc.org (included in Maintenance)	15.00	0.00

Please remit payment at your earliest convenience.  Thank you for your business!	<b>Total</b>	<b>\$150.00</b>
	<b>Payments/Credits</b>	<b>-\$150.00</b>
	<b>Balance Due</b>	<b>\$0.00</b>



Catherine Palmer <council@babenc.org>

## Frontier Auto Pay Payment Confirmation

DoNotReplyFrontierBillPay@billmatrix.com  
<DoNotReplyFrontierBillPay@billmatrix.com>  
To: COUNCIL@babenc.org

Mon, Nov 8, 2021 at 2:30 AM



Dear Frontier Customer,

Your Auto Pay payment was successfully processed on 11/8/2021 for:

Frontier® Account Ending in: \*4185  
Payment Account Ending in: \*9270  
Confirmation Code: p21692KN84  
Payment Amount: \$60.98

To review your Auto Pay settings, please [sign into](#) your account.

Thank you,

Your Frontier Team

Please review [Payment Terms and Conditions](#)

Do Not Reply—This email is generated automatically and not monitored for responses.

[Legal Notice](#) | [Privacy Policy](#)

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2 attachments

Login





**Account Summary**

<b>New Charges Due Date</b>	<b>11/08/21</b>
Billing Date	10/15/21
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	60.98
Payments Received Thru 10/12/21	-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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- ✓ Bundled savings
- ✓ Voice mail, caller ID, call forwarding and more

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

Services subject to availability and all applicable Frontier terms and conditions. Frontier reserves the right to withdraw this offer at any time.

**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)



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

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



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

**You are all set with Auto Pay! To review your account, go to [Frontier.com](http://Frontier.com) or MyFrontier Mobile App.**





**CURRENT BILLING SUMMARY**

Local Service from 10/15/21 to 11/14/21

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>
	<b>TOTAL</b>	<b>60.98</b>

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

Qty Description	Order Number	Effective Dates	
1 Business High Speed Internet Fee	AUTOCH	10/15	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 December 31, 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.



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([https://frontier.com/shop/tv?cid=21jul22\\_national\\_myaccount\\_shoptv\\_banner](https://frontier.com/shop/tv?cid=21jul22_national_myaccount_shoptv_banner))

## Account Summary

### Billing

#### New Charges

Balance Forward ▾

Previous Balance

Payments Received *Thru Oct 12, 2021*

\$60.98  
\$0.00  
\$60.98  
-\$60.98

#### Current Balance

New Charges Due Date Nov 8, 2021

**\$0.00**

Feedback

▶ View Current Bill

▶ View Payment History

▶ Manage Auto Pay

Your autopayment will be charged the total amount due on Nov 8, 2021

## My Services

Internet

Internet 6 Dynamic IP



Chat



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

# INVOICE

Invoice Date 11/01/2021  
Invoice # IN7100741343  
PO #  
Customer ID CN-631494-1701  
Terms **AutoPay Scheduled**  
Due Date 11/16/2021  
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 - Monthly Service Charge 11/01/2021 - 11/30/2021	1	22.21	\$22.21
Primary	Standard Phone Numbers (DID) 11/01/2021 - 11/30/2021	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.



- Invoices
- Payment Options
- Billed Call Details
- Accounts ▾

### Invoice Details

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

[Download Invoice](#)

Invoice IN7100741343

Total Due **\$0.00**

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

**PAID**

Description	Qty	Rate	Total
GoToConnect - Monthly Service Charge - 11/01/2021 - 11/30/2021	1	\$22.21	\$22.21
Standard Phone Numbers (DID) - 11/01/2021 - 11/30/2021	1	\$4.55	\$4.55
State and Local Regulatory Recovery Fee	1	\$2.73	\$2.73
Universal Service Fee (USF)	1	\$1.2195	\$1.22
Regulatory Recovery Fee	1	\$1.5067	\$1.51

**Total \$32.22**  
**Payments & Credits \$32.22**  
**Total Due \$0.00**



BICENTENNIAL  
 7610 BEVERLY BLVD  
 LOS ANGELES, CA 90048-9998  
 (800)275-8777

11/12/2021 02:46 PM

Product	Qty	Unit Price	Price
Mailer 6 x 10	5	\$1.79	\$8.95
First-Class Mail® Package	1		\$5.10
Los Angeles, CA 90077 Weight: 0 lb 8.00 oz Estimated Delivery Date Mon 11/15/2021 Tracking #: 9500 1162 1419 1316 7143 41			
First-Class Mail® Package	1		\$5.10
Beverly Hills, CA 90210 Weight: 0 lb 8.00 oz Estimated Delivery Date Mon 11/15/2021 Tracking #: 9500 1162 1419 1316 7143 58			
First-Class Mail® Package	1		\$5.10
Los Angeles, CA 90024 Weight: 0 lb 8.00 oz Estimated Delivery Date Mon 11/15/2021 Tracking #: 9500 1162 1419 1316 7143 65			
First-Class Mail® Package	1		\$5.10
Los Angeles, CA 90077 Weight: 0 lb 8.00 oz Estimated Delivery Date Mon 11/15/2021 Tracking #: 9500 1162 1419 1316 7143 72			
First-Class Mail® Package	1		\$5.10
Los Angeles, CA 90077 Weight: 0 lb 8.00 oz Estimated Delivery Date Mon 11/15/2021 Tracking #: 9500 1162 1419 1316 7143 89			

Grand Total: \$34.45

Credit Card Remitted \$34.45

Card Name: MasterCard  
 Account #: XXXXXXXXXXXXX9270  
 Approval #: 093102  
 Transaction #: 914  
 AID: A0000000041010 Chip  
 AL: MASTERCARD  
 PIN: Not Required

## Merchant: The Web Corner, Inc

19509 Ventura Blvd.  
Tarzana, CA 91356  
US

8183457443

### Order Information

Description: 22686

Order Number:

P.O. Number:

Customer ID:

Invoice Number:

### Billing Information

Robert Allen Ringler  
Bel Air Beverly Crest NC

### Shipping Information

Shipping:	0.00
Tax:	0.00
<b>Total:</b>	<b>USD 150.00</b>

### Payment Information

Date/Time: 22-Nov-2021 11:03:49 MST  
Transaction ID: 63376836119  
Transaction Type: Authorization w/ Auto Capture  
Transaction Status: Captured/Pending Settlement  
Authorization Code: 026282  
Payment Method: MasterCard XXXX9270



# 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#


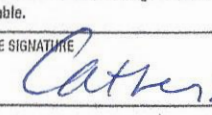
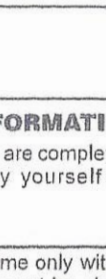
DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:	
10/17/2021	419907	1	116863	Due Upon Receipt	
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
10/04/21-10/10/21	TRANSCRIPT	Palmer, Catherine	20.00	27.95	\$559.00
10/11/21-10/17/21	TRANSCRIPT	Palmer, Catherine	12.00	27.95	\$335.40
<b>PAY THIS AMOUNT &gt;</b>				<b>TOTAL</b>	<b>\$894.40</b>

A 3% surcharge will be applied to any payments processed using a credit card. Thank you.

**PAY THIS AMOUNT >**

**TOTAL**




**\$894.40**

		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		<b>COMPANY NAME</b> (Please print) <b>BARSCNC</b>	
<b>EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.</b>		<b>ADDRESS</b>		<b>TOWN</b>	
P-0. Box 252007		LA		90025	
<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	10 4 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	10 5 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	10 6 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	10 7 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	10 8 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	10 9 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	10 10 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<b>WEEK ENDING</b> 10/10		<b>TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR</b> PLEASE WRITE TOTAL HOURS WORKED HERE → 20		<b>REPORT TO</b> Travis Longcore	
				<b>DEPT.</b>	
				<b>JOB TITLE</b> President	
				<b>WEEK ENDING</b> 10/10	
<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 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 Palmer			<b>EMPLOYEE SIGNATURE</b> 		
<b>SOCIAL SECURITY NO.</b>					
<b>CLIENT SIGNATURE OF ACCEPTANCE</b> 			<b>PRINT NAME</b> Travis Longcore		
<b>INSTRUCTIONS:</b> 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 totaled.					
<b>IMPORTANT...All hours must be approved for each day worked. Hours will not be paid if not approved daily.</b> Minimum: 4 hours per employee, per day.					
<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

<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>        You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. <b>WORK WEEK:</b> 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>        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>        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>        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>        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 entrust 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 employer-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 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.</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>
---	--



		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		COMPANY NAME (Please print) <b>BASICMC</b>	
EMPLOYEE PLEASE COMPLETE -- Be sure to indicate AM or PM.		ADDRESS <b>P.O. BOX 252007</b> TOWN <b>LA</b> P.O. <b>90025</b> ZIP		REPORT TO <b>Travis Longcore</b> DEPT. <b>President</b> WEEK ENDING <b>10/17</b>	
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	10   11   21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	10   12   21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	10   13   21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	10   14   21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	10   15   21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	10   16   21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	10   17   21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	<b>10/17</b>	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE <b>12</b>		EMPLOYEE NAME <b>Catherine Palmot</b> EMPLOYEE SIGNATURE 	
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 totaled.		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.		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>        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>        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>        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>        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>        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 entrust 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 employer-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





**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 #	2200816
Invoice Date	10/31/21
Date Shipped	
Ship Via	Will Call
Fund Number	DIRECT PAY
Terms	Net 30 Days
P.O. Number	22BABC01
Job Number	22BABC01

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

Quantity	Description	Unit Price	UM	Amount
1,600	Business Cards : 2/C CITY SEALS - BEL AIR BEVERLY CREST NC BUS CARDS 2/C 8UP W/BLACK NC LOGO 1 SIDED 8 NAMES 1 LOT EA C/O CATHERINE PALMER 310-479-6247	\$204.00		\$204.00
<b>Thank you for your Business!!</b>		<b>Subtotal</b>		<b>\$204.00</b>
		<b>Sales Tax</b>		<b>\$0.00</b>
		<b>Total Due</b>		<b>\$204.00</b>

Customer Code : **NC-BABC**  
 Invoice Number : **2200816**  
 Invoice Date : **10/31/21**  
 Invoice Amount : **\$204.00**  
 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

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



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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





# 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:		
10/10/2021	419842	1	116863	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT	
09/20/21-09/26/21	TRANSCRIPT	Palmer, Catherine	15.00	27.95	\$419.25	
09/27/21-10/03/21	TRANSCRIPT	Palmer, Catherine	7.00	27.95	\$195.65	
				<b>TOTAL</b>	<b>\$614.90</b>	

A 3% surcharge will be applied to any payments processed using a credit card. Thank you.

**PAY THIS AMOUNT >**

**TOTAL**

**\$614.90**



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

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH FROM BREAK	TOTAL HOURS
MON	9/20/21	7 AM	3 PM		
TUES	9/21/21	7 AM	3 PM		
WED	9/22/21	7 AM	3 PM		
THURS	9/23/21	7 AM	3 PM		
FRI	9/24/21	7 AM	3 PM		
SAT	9/25/21	7 AM	3 PM		
SUN	9/26/21	7 AM	3 PM		
TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE					15

**COMPANY NAME:** IBAISCNC  
**ADDRESS:** PO BOX 252007 LA 90025  
**REPORT TO:** TRAVIS LONGCORE  
**DEPT:** RESURGENT  
**JOB TITLE:** RESURGENT  
**WEEK ENDING:** 9/20

Yes  No  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:** ANTHELINE PHAMIERE  
**EMPLOYEE SIGNATURE:** [Signature]  
**SOCIAL SECURITY NO.:** [Redacted]  
**CLIENT SIGNATURE OF ACCEPTANCE:** [Signature]  
**CLIENT NAME:** Travis Longcore

**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 the 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.

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 authentication to bill the named Customer. We understand that the 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, or in the event we or any of our affiliates, or any company to whom we assign this person's services in a consulting or freelance capacity, or (b) use this person's services through another temporary service will not be liable for the 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 the 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 replacement assignment. 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 service performed hereunder and any future services, that (a) Customer shall not unilaterally terminate LLOYD's employment with unextended provision, cash, penalties or other remedies or utilizing such employees to provide machinery or other vehicles without the prior written consent of LLOYD in each instance and will, hereinafter indemnify and hold LLOYD harmless from any such claim arising out of or from, or the foregoing including a liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other risks 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's insurance accepts full responsibility for any claim, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or other risks liability damage; (c) LLOYD is not responsible for claims made under the liability bond unless such claims are reported in writing to a by Customer within thirty (30) days after occurrence; (d) Customer shall indemnify and hold LLOYD harmless from claims and demands relating to 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 required to pay 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 permanent and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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SUN	10/3/21	9 AM	4 PM		
WEEK ENDING		10/3	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR		10.3
			PLEASE WRITE TOTAL HOURS WORKED HERE		10.3

**COMPANY NAME** SHS INC  
**ADDRESS** PO BOX 252007  
**TOWN** WY  
**STATE** WY  
**ZIP** 82002

**REPORT TO** TRAVIS LONGCORE  
**DEPT**  
**JOB TITLE** Truck Driver  
**WEEK ENDING** 10-3

**EMPLOYEE NAME** Catherine Palmer  
**EMPLOYEE SIGNATURE** [Signature]  
**SOCIAL SECURITY NO.**  
**CLIENT SIGNATURE OF ACCEPTANCE** [Signature]  
**CLIENT NAME** Travis Longcore

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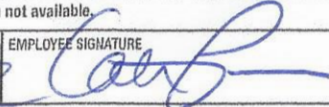

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LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by each employee, provided that LLOYD replaces the 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 or other valuables 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 possible liability damages, (b) LLOYD's insurance does not cover fire or damage caused by the possession of Customer's owned or leased motor vehicles by LLOYD's employees, and Customer hereby 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 LLOYD's employees acting upon, whether in or arising out of or involving, whether by Customer or others (a) above, (b) 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, (c) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of or from the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD's employees are assigned and (d) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are 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-customer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.


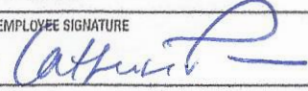

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARILY EMPLOYED INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER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

		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		COMPANY NAME (Please print) <b>BABSCNC</b>	
ADDRESS <b>PO BOX 252007</b>		TOWN <b>LA</b>		P. O. ZIP <b>90025</b>	
EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH &/OR BREAK	TOTAL HOURS
MON	9 20 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	9 21 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	9 22 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	9 23 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	9 24 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	9 25 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	9 26 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	9/26	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE		<b>15</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 totaled.			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.		COMPANY NAME (Please print) <b>BABSCNC</b> ADDRESS <b>PO BOX 252007</b> TOWN <b>LA</b> P. O. ZIP <b>90025</b> REPORT TO <b>TRAVIS LONGCORE</b> DEPT. <b>PRESIDENT</b> WEEK ENDING <b>9/26</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) <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>        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>        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>        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>        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>        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. 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		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		<b>COMPANY NAME</b> (Please print) <u>BABSON</u>																																																	
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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





# 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:	
11/07/2021	420107	1	116863	Due Upon Receipt	
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
10/18/21-10/24/21	TRANSCRIPT	Palmer, Catherine	10.00	27.95	\$279.50
10/25/21-10/31/21	TRANSCRIPT	Palmer, Catherine	15.00	27.95	\$419.25
<b>PAY THIS AMOUNT &gt;</b>				<b>TOTAL</b>	<b>\$698.75</b>

A 3% surcharge will be applied to any payments processed using a credit card. Thank you.

**PAY THIS AMOUNT >**

**TOTAL**

**\$698.75**





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 & NOT BREAK	TOTAL HOURS
MON	10/25/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	10/26/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	10/27/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	10/28/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	10/29/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	10/30/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	10/31/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING 10/31		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR			15
		PLEASE WRITE TOTAL HOURS WORKED HERE			15

**COMPANY NAME** BASKINC  
**ADDRESS** PO BOX 252007  
**DEPT** JOHN  
**JOB TITLE** PRESIDENT  
**WEEK ENDING** 10/31

**REPORT TO** TRAVIS LONGCORE

**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 a multifaceted representative of the facility named above and that I received the required training. I understand and am to contact the office after completion of the assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment, they can assume I am not available.

**EMPLOYEE NAME** CATHERINE PALMSK  
**EMPLOYEE SIGNATURE** [Signature]  
**SOCIAL SECURITY NO.** [Redacted]

**CLIENT SIGNATURE OF ACCEPTANCE** [Signature]  
**PRINT NAME** Travis Longcore

**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.

Special Plumbing  
Boards

**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 employ this person on a permanent or temporary basis, (I) use this person's services in a consulting or freelance capacity, or (II) 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 specific performance, transfer and any future services, that (a) Customer shall not enjoin 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 or from a branch of the ongoing liability 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 clause (a) above; (c) LLOYD is not responsible for claims made under its liability and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD's employees are assigned and (d) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are 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 employer-employee 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, and the known qualifications of the employee. 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 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.

BACK



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

