Monthly Expenditure Report



Reporting Month: March 2022 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
\$25038.46	\$4981.01	\$20057.45	\$0.00	\$3813.65	\$16243.80

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office		\$4981.01		\$0.00	
Outreach	\$31450.00	\$0.00	\$10592.33	\$0.00	\$10592.33
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: \$3813.65		Encumbrar	nces: \$0.00	Previous Expend	tures: \$15876.66

	Expenditures					
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE_babcnc.	03/02/2022	Google Workspace 03-01-2022 paid Receipt/Invoice.pdf	General Operations Expenditure	Office	\$251.35
2	GoTo GoToConnect	03/10/2022	LogMeIn GoToGo To Connect Receipt/Invoice 03-10-2022.pdf	General Operations Expenditure	Office	\$31.94
3	FRONTIER COMM CORP WEB	03/11/2022	Frontier Receipt and Statement Paid 03-11-2022.pdf	General Operations Expenditure	Office	\$65.98
4	GOOGLE GOOGLE STORAGE	03/19/2022	Google Play Order Receipt from Mar 20, 2022.pdf	General Operations Expenditure	Office	\$19.99
5	LLOYD STAFFING /LLOYD STAFFING, INC.	03/18/2022	Payment to Lloyd Staffing for Board Administrator Services for the period of 12/27/2021 through 1/16/2022. Invoice Date: 2/6/2022 Invoice Number: 420954	General Operations Expenditure	Office	\$1201.85
6	LLOYD STAFFING /LLOYD STAFFING, INC.	03/18/2022	Payment to Lloyd Staffing for Board Administrator Services for the period of 1/17/2021 through 2/26/2022. Invoice Date: 2/13/2022 Invoice Number: 421032	General Operations Expenditure	Office	\$1062.10

7	LLOYD STAFFING / LLOYD STAFFING, INC.	03/18/2022	Payment to Lloyd Staffing for Board Administrator Services for the period of 2/7/2022 through 2/20/2022. Invoice Date: 2/20/2022 Invoice Number: 421102	General Operations Expenditure	Office	\$1229.80
8	LLOYD STAFFING /LLOYD STAFFING, INC.	03/18/2022	Payment to Lloyd Staffing for Board Administrator Services for the period of 2/21/2022 through 3/6/2022. Invoice Date: 3/6/2022 Invoice Number: 421250 i	General Operations Expenditure	Office	\$1118.00
	Subtotal:			\$4981.01		

	Outstanding Expenditures					
#	Vendor	Date	Description	Budget Category	Sub-category	Total
Subtotal: Outstanding					\$0.00	



Invoice number: 4079925696

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

Bill to

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

Details

Invoice number	4079925696
Invoice date	Feb 28, 2022
Billing ID	7677-2853-5183
Domain name	babcnc.org

Google Workspace

Total in USD

\$251.35

Summary for Feb 1, 2022 - Feb 28, 2022

Subtotal in USD Tax (0%) Total in USD

\$251.35 \$0.00

\$251.35

You will be automatically charged for any amount due.





Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Feb 1 - Feb 3	41	26.35
G Suite Basic	Usage	Feb 4 - Feb 28	42	225.00
		Subtotal in USD Tax (0%)		\$251.35 \$0.00
		Total in USD		\$251.35

Need help understanding the charges on your invoice? Click here for detailed explanations https://support.google.com/a?p=gsuite-bills-and-charges



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

Tax identification number 77-0493581

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

Payment Receipt

Payment date Billing ID Payment method Payment number Mar 2, 2022 7677-2853-5183 Mastercard ••••9270 A66428575672682985

Description		
Payment amount	\$251.35	



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

INVOICE

Invoice Date Invoice # PO#

03/01/2022 IN7100979518

Customer ID Terms

CN-631494-1701 **AutoPay Scheduled**

Due Date

03/16/2022

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 03/01/2022 - 03/31/2022	1	22.21	\$22.21
Primary	Standard Phone Numbers (DID) 03/01/2022 - 03/31/2022	1	4.55	\$4.55
Primary	State and Local Regulatory Recovery Fee	1	2.7	\$2.70
Primary	Universal Service Fee (USF)	1	0.97	\$0.97
Primary	Regulatory Recovery Fee	1	1.51	\$1.51

Total		\$31.94
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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.

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Billed Call Details

Accounts ~

Invoice Details

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

Download Invoice

Invoice IN7100979518

Total Due **\$0.00**

Date Due March 16, 2022

Status Paid

Date Paid

March 10, 2022

Payment Method

MasterCard ** 9270 08/2023

PAID

Description	Qty	Rate	Total
GoToConnect - Monthly Service Charge - 03/01/2022 - 03/31/2022	1	\$22.21	\$22.21
Standard Phone Numbers (DID) - 03/01/2022 - 03/31/2022	1	\$4.55	\$4.55
State and Local Regulatory Recovery Fee	1	\$2.70	\$2.70
Universal Service Fee (USF)	1	\$0.974	\$0.97
Regulatory Recovery Fee	1	\$1.5067	\$1.51

Total \$31.94

Payments & Credits \$31.94

Total Due \$0.00



CITY OF LOS ANGELES Your Monthly Invoice

Account Summary

New Charges Due Date	3/11/22
Billing Date	2/15/22
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	65.98
Payments Received Thru 2/08/22	-65.98
Thank you for your payment!	
Balance Forward	.00.
New Charges	65.98
Total Amount Due	\$65.98



Ways to pay your bill



frontier.com/pay



800.801.6652 TTY: 877.462.6606



Auto Pay

Frontier.com/SignUpForAutopay

1



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

business.frontier.com/referral-program

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milippipipipilipilipipilipilipilipilipipilipipilipipilipipilipipilipipilipipilipipilipipilipipilipipilipipipipi P O BOX 252007 LOS ANGELES, CA 90025 You are all set with Auto Pay! To review your account, go to Frontier.com or MyFrontier Mobile App.



CITY OF LOS ANGELES

Date of Bill

Account Number

Page 3 of 3 2/15/22 310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 02/15/22 to 03/14/22 Oty Description Non Basic Charges Internet 6 Dynamic IP Other Charges-Detailed Below Total Non Basic Charges

310/231-7288.0

Charge

59.99 5.99 **65.98**

TOTAL

65.98

** ACCOUNT ACTIVITY **

Qty Description

Order Number Effective Dates

1 Business High Speed Internet Fee 310/231-7288

AUTOCH 2/15 Subtotal 5.99 **5.99**

Subtotal

5.99

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 February 15, 2022. 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 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

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

Fri, Mar 11, 2022 at 12:18 AM

Frontier

Login



Dear Frontier Customer,

Your Auto Pay payment was successfully processed on 3/11/2022 for:

Frontier® Account Ending in: *4185 Payment Account Ending in: *9270 Confirmation Code: p225DTLTFS

Payment Amount: \$65.98

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

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Feedback

Cut the cord with cable-free live TV Save \$120 on a one year subscription to YouTube TV Learn More

(https://frontier.com/offer/youtube-tv?icid=21dec06_national_myaccount_shoptv_banner)

W20010000000000000000000000000000000000	_
Account	Summary

Billing

New Charges Balance Forward 🔺

Previous Balance

Payments Received Thru Mar 11, 2022

Current Balance

New Charges Due Date Apr 8, 2022

\$65.98

\$65.98

\$0.00

\$65.98

-\$65.98

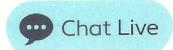
- ▶ View Current Bill
- ▶ View Payment History
- ▶ Manage Auto Pay

Your autopayment will be charged the total amount due on Apr 8, 2022

My Services

Internet

Internet 6 Dynamic IP





Your Google Play Order Receipt from Mar 20, 2022

Google Play <googleplay-noreply@google.com>
Reply-To: Google Play <googleplay-noreply@google.com>

To: council@babcnc.org

Sun, Mar 20, 2022 at 3:06 PM



Thank you

Your subscription from Google on Google Play continues and you've been charged. Manage your subscriptions.

Order number: SOP.3315-7658-7364-32087..1 **Order date:** Mar 20, 2022 3:06:21 PM PDT

Your account: council@babcnc.org

Item Price

100 GB (Google Drive) (by Google LLC) \$19.99/year

Auto-renewing subscription

Tax: \$0.00

Total: \$19.99/year

Payment method: Mastercard-9270

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

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View the Google Play Refund Policy and the Terms of Service.

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

Please don't reply to this email, as we are unable to respond from this email address. If you need support, visit the Google Play Help Center.

INVOICE



LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Questions: AR@LLoydStaffing.com Pay by ACH/wire to:

Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

Attention of: Vadim Levotman & Travis Longcore

BILL TO: Bel Air Beverly Crest Nc

Po Box 252007

Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing

PO#

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DATE	INVOICE NO.	PAGE	ACCOUNT NO.	D. TERMS:				
02/06/2022	420954	1	116863	Due Upon Receip	ot			
PERIOD	DESCRIPTION & EN	//PLOYEE		HOURS	RATE	AMOUNT		
12/27/21-01/02/22	TRANSCRIPT F	Palmer, Cathe	rine	7.00	27.95	\$195.65		
01/03/22-01/09/22		Palmer, Cathe		16.00	27.95	\$447.20		
01/10/22-01/16/22		Palmer, Cathe		20.00	27.95	\$559.00		
A 3% surcharge will be applied	to any payments processed using a c	redit card. Thank y	ou. PAY THIS	AMOUNT >	TOTAL	\$1,201.85		

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	STA	FFING	ace conc		11747, Sui 31-777-76	te 119 00	200	COMPANY NAME BABONC (Ploase print) ADDRESS O COL 2 TOWN P.O. A 92005				
DAV	EMPLO	A Additional Action and April 1999	ASE COIVI	PLETE - Bo s	TIME OUT	LESS LUNCH	TOTAL	REPORT TO DEPT. JOB TITLE WEEK ENDING.				
DAY		DATE		TIME IN	-	& /OR BREAK	HOURS	Transi long care the O. Menats 1/3/				
MON	12	27	21	⊃ bW □ VW	U A			FIRST TIME AT THIS CLIENT COMPANY?				
TUES	17	2	13	MALL	ML	-		received the following Orientation Training on this assignment. (Please check)				
1010	10	80	4	□ PM	J PA	1		☐ Emergency Evacuation Procedures ☐ Job Site & General Safety Rules ☐ Policy & Procedure Review				
WED	12	29	21	MA C	LI AN	1		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				
THURS	12	30	21	□ AM □ PM	U AN			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.				
FRI	12	31	21	MAC	U AM	-	THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO SERVICE	EMPLOYEE GIGNATURE				
	1			□ PM	LI PM		-	Catuline almer Cather				
SAT	4	1	22	D PM	□ PM		,	SOCIAL SECURITY NO.				
SUN	1	BU	22	□ PM	U PM			CLIENT SIGNATURE OF ACCEPTANO9 PRINT NAME				
WEEK EN	DING	154		L HOURS FOR WEE			(7)	Travis Longcore				
2. Use se	irmly; uso a parate times	ball point po theet for each	h assignment	d Cida alah		iMPORTANTA must be appro each day work	ved for ed. Hours	IMPORTANT FOR CLIENT: Execution of the 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.				
4. Leave	CLIENT copy	with client	company; ret	oter than Friday nigh ain EMPLOYEE copy	for yourself.	will not be paid approved dally		Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.				
Altered	timeshoots	will not be a	urned withou ecopled. All i	t payment. hours must be totale	rd.	Minimum: 4 hi employee, per	day,					
	BACK											
inclu repre	ides re	ays be equired ive of th	sure time	E INFOR	completel	y filled out		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 linesheet 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 earlies within one (i) were rifler this reason's temporary assignment, we gave to any LLOYD a fee of 25% of the Intelligentation person to make the consultance of the consultan				

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.

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

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 berounder and any future services, that (a) Customer shall not entrust LLOYD'S employees with unattended promises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, preperty 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, carge 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.

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 involces are for labor and agrees to pay such involces 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.

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		oyd	o	HQ: 445 Bro Melville, NY		te 119	the best best attack to the best best best best best best best bes	COMPANY NAME (Please print) ADDRESS C C C TOWN P. D. O. 21P				
PERFE	-	-	ASE COM	PLETE - Be su			PW.	- ADDRESS P. O. BOX 252907 LA 9202				
DAY	1	DATE		TIME IN	TIME DUT	LESS LUNCH	TOTAL	70003				
	-	7	T	UMA L.	U AN	& /OR BREAK	HOURS	RAU LONGLOPE, DAO, JUBTINE WEEK ENDING				
MON		3	22	□ PM	⊔PN			FIRST TIME AT THIS CLIENT COMPANY? Yes No II yes, Temporary Associates must indicate they have				
TUES	1	14	122	⊔ AM	⊃ AN			received the following Orientation Training on this assignment. (Please check)				
		j	100	MAL	LI AM	-						
WED	1	5	22	□ PM	□ PM			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				
THURS	1	16	127	LI AM	L) AM	1		office after completing the Assignment to determine if there is other work available for mo. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.				
FRI		7	22	MA C	□ AM □ PM	-		EMPLOYEE NAME CATHESUNE PALMEN After				
SAT	1	18	22	□ AM □ PM	□ AM □ PM			SOCIAL SECURITY NO.				
SUN	1	0		MALI	MAL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Post Post				
		7	22	☐ PM	UPM		0	CLIENT SIGNATURE OF ACCEPTANCE PRINT NAME Travis Longcore				
WEEK EN	DING)	1G		L HOURS FOR WEEK SE WRITE TOTAL HO			(16)	Travis Longcore				
2. Use se	firmly; uso parate lime	a ball point post for ea	ch assignmen	I.		IMPORTANTA must be appro- each day work will not be paid	ved for ed. Hours	IMPORTANT FOR CLIENT: Execution of the 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.				
4. Leave 5. Unsign	CLIENT cop ed timeshe	y with client els will be r	company; rel sturned withou		or yourself.	approved daily. Minimum: 4 ho		Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.				
Altered	timeshoot	s will not be	accepted. All	hours must be totaled	. 1	mployee, per c	lay.					
							B	ACK				
inclu repre	ides r esenta	lays be equire tive of t	sure time	E INFORI esheets are c tures by you	ompletel	y filled out		TERMS & CONDITIONS FOR LLOVD STAFFING I certify that I am authorized to sign on behalf of the named company ("Custemer"), 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 Cuderner. We understand that this person is an employee of LLOVD 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				
repre		tive of t				Tu dutino	7,200	Customer, We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we				

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.

one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the lotal 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 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 defence 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 plains 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 Indomnify 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 Customar 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 Custemer'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.

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							R BV	Committee in				
	LLOS	ING S		Melville, NY	roadhollow 11747, Su 631-777-76	te 119		(Please print) ADDRESS TOWN P.O. ZIP				
	EMPLOYER	PLEAS	E COM	PLETE - Be s	ure to indi	cate AW o	PW.	DO BOX 2x21207 7 1A GOOST				
DAY	D	ATE		TIME IN	TIME OUT	LESS LUNCH		REPORT TO DEPT. JOP TITLE WEEK ENDING				
MON	1	10 17	77	MA C	U P			FIRST TIME AT THIS CLIENT COMPANY? Yes No II yes, Temporary Associates must indicate they have				
TUES			70	MALL	IAL:	-		FIRST TIME AT THIS CLIENT COMPANY? CI Yes' CI No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)				
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WED	1 1	12 12	7	□ AM □ PM	LI AI			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				
THURS		12 -	22	□ AM	LIAM	1		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.				
	1	15/2	1	□ PM	□ Pl	-		EMPLOYEE NAME EMPLOYEE SIGNATURE				
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SUN		1/ 2	2	MAG	UAN		*/**************					
	11	6		□ PM	LIPM			CLIENT SIGNATURE OF ACCEPTANCE PRINT NAME Travis Longcore				
WEEK EN	DING 1/	6		L HOURS FOR WEE SE WRITE TOTAL H			20)					
2. Use se	irmly; use a ball parate limeshee	for each as	ssignment	iter than Friday nigi	1	iMPORTANI must be appro each day work will not be pai	ved for ted. Hours	IMPORTANT FOR CLIENT: Execution of his orm 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,				
4. Leave 5. Unsign	CLIENT copy will ed timesheels w	n client com	pany; reta ed without	ain EMPLOYEE copy	for yourself.	will not be pai approved daily Minimum: 4 h	ours per	Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.				
Micros	Timeondato vyiii	TIDE DO RIVO	preu. An i	IODIS TIDAL DE TOTAL	1	employee, por	day.					
	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.								TERMS & CONDITIONS FOR LLOVD STAFFING I certify that (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 LLOVD and is referred to us 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				

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.

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.

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Office of the City Clerk						/ \					
Administrative Services Division						· Sep Sulphus	0 105 to 0				
Neighborhood Council (NC) Funding Progr	ram					2096					
Board Action Certification (BAC) Form						The	O COMP				
NC Name: Bel Air-Beverly Crest NC			Meeting Date:	ACC 10			W. Assertance				
Budget Fiscal Year: 2021-2022 Board Motion and/or Public Benefit	T_ 4 60 A		Agenda Item N		Construction and the second						
Statement (CIP and NPG):	Page 1 of 2: App Packet (Attachme			the 2021-2022 Fiscal Year Administrative (Budget)							
Method of Payment: (Select One)	☐ Check	-	☐ Credit Card	☐ Credit Card ☐ Board Member Reimbursement							
			ote Count								
	rs must leave the room prior						ete.				
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.	SWIE STATE				Х					
Gail Sroloff	Bel Air Association Rep				Х						
Larry Leisten	Bel Air Glen District Rep.	Х									
Robin Greenberg	Bel Air Hills Assn. Rep.	Χ									
Wendy Morris	Bel Air Hills Assn. Rep					Х					
Andre Stojka	Bel Air Ridge Assn. Rep.	X									
Robert Schlesinger	Benedict Cyn. Assn. Rep.	Χ									
Don Loze	Benedict Cyn. Assn. Rep.	Х									
Nickie Miner	Benedict Cyn. Assn. Rep.										
Mindy Mann	Benedict Cyn. Assn. Rep.										
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.										
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	Х			No.						
Jackie DeFede	Faith-Based Organizations Rep.				Х						
Maureen Smith	Franklin-Coldwater District Rep.	Х									
Teresa Lee	K-6 Private Schools Rep.	X									
Jon Wimbish	7-12 Private Schools Rep.				Х						
Kristie Holmes	Public Ed. Institutions Rep.					X					
Jason Spradlin	Holmby Hills Assn. Rep.	X				'`-					
Jamie Hall	Laurel Cyn. Assn. Rep.				Х						
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.	Х									
Philip Enderwood	At Large: Youth Seat Rep.		X								
Jacqueline Le Kennedy Board Quorum: 15	Commercial/Office District Rep.	X									
We, the authorized signers of the above r	named Neighborhood Counci	23 ril. declare t	that the information	n presented on t	his form is accu	rate and complet	to and that a nuk				
meeting was held in accordance with all meeting where a quorum of the Board was	laws, policies, and procedure										
Authorized Signature	iner		Authorized Sign	nature: Rot	bert A.	Ringler	,				
Print/Type Name: Nicole Miner,	reasurer		Print/Type Nam	e: Robert A	Ringler,	<i>Ringler</i> Second Sigi	natory				

Date: 07/02/2021

Date: 07/02/2021

Office of the City Clerk Administrative Services Division						and 1	01.105.146			
Neighborhood Council (NC) Funding Prog	ram					· Waste				
Board Action Certification (BAC) Form						The The	DE DE LE			
NC Name: Bel Air-Beverly Crest NC			Meeting Date: 06/30/2021							
Budget Fiscal Year: 2021-2022			Agenda Item N	o: 11.b.			Net du la company			
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 2 of 2: App Packet (Attachm		of the 2021-2022 Fiscal Year Administrative (Budget)							
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Board	Member Reimbu	ırsement			
Recused Board Member	s must leave the room prior		te Count ussion and may no	e Count sion 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.				Х					
Ellen Evans	Doheny-Sunset Plaza Neighborhood Assn.	Х					200000000000000000000000000000000000000			
Patricia Murphy	North of Sunset District Rep	Х	1				Partition and the second			
Robert A. Ringler	Residents of Beverly Glen Rep.	X								
Dan Palmer	Residents of Beverly Glen Rep	X	-							
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No. the authorized signers of the above neeting was held in accordance with all neeting where a quorum of the Board was	laws, policies, and procedure	il, declare the	nat the information we was approved b	n presented on to by the Neighbork	his form is accu	rate and complet ard, at a Brown A	e, and that a public Act compliant public			
Authorized Signature	Moner		Authorized Sign	ature: Robe	rt A. K	ingler				
Print/Type Name: Nicole Miner, T			Print/Type Nam	e: Robert A	Ringler, S	ingler Second Sign	atory			
Date: 07/02/2021			Date: 07/02/2	Date: 07/02/2021						

INVOICE



LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Questions: AR@LLoydStaffing.com Pay by ACH/wire to:

Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

Attention of: Vadim Levotman & Travis Longcore

BILL TO: 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.	O. TERMS:				
02/13/2022	421032	1	116863	Due Upon Receip	ot			
PERIOD	DESCRIPTION & EM	IPLOYEE		HOURS	RATE	AMOUNT		
01/17/22-01/23/22	TRANSCRIPT I	Palmer, Cathe	rine	12.00	27.95	\$335.40		
01/24/22-01/30/22	TRANSCRIPT F	Palmer, Cathe	rine	10.00	27.95	\$279.50		
01/31/22-02/06/22	TRANSCRIPT F	Palmer, Cathe	rine	16.00	27.95	\$447.20		
A 3% surcharge will be applied	to any payments processed using a c	redit card. Thank y	ou. PAY THIS	AMOUNT >	TOTAL	\$1,062.10		

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WED	1	19	122	□ AM □ PM	□ AM □ PM		- With Sugar Vin Agences
THURS	1	20	122	□ AM □ PM	□ AM □ PM		
FRI	1	121	22	□ AM □ PM	□ AM □ PM		
SAT	1	122	22	□ AM □ PM	□ AM □ PM		
SUN	1	23	22	□ AM □ PM	□ AM □ PM		
WEEK END	ING	1/27		TAL HOURS FOR WEEK EASE WRITE TOTAL HO			12
2. Use sep 3. Mail OR 4. Leave C 5. Unsigne	rmly; use arate tim IGINAL & LIENT cop d timeshe	by with client sets will be re	ch assignm to Lloyd, n company; turned with	ent. o later than Friday night. retain EMPLOYEE copy f lout payment. All hours must be totaled	or yourself.	MPORTANTAn nust be approva ach day worke vill not be paid pproved dally. Mnimum: 4 ho mployee, per d	ed for ed. Hours if not urs per
							B

	(Please print) 3ABCNC
	ADDRESS TOWN P.O. ZIP
	1000X 252007 LA 90025
	REPORT TO DEPT. JOB TITLE WEEK ENDING
	Travis Longer, M.D President 1/23
-	FIRST TIME AT THIS CLIENT COMPANY? Yes INO 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 SIGNATURE CUTTIENT PAINTE
	SOCIAL SECURITY NO.
	CLUENT SIGNATURE OF ACCEPTANCE PRINT NAME
1	Travis Longcore
	IMPORTANT FOR CLIENT: Execution 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.

BACK

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

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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.

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TRAINING .

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

TERMS & CONDITIONS FOR LLOYD STAFFING

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	Loyd		HQ: 445 Bro Melville, NY Phone: 6:		0119	And the second of the second	(Please print) 3 PS (NC) ADDRESS (CO. 2) TOWN P.O. 21P
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TUES	1 25	27	MALI	MA L			received the following Orientation Training on this assignment. (Please check)
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	1 1 26	22	□ PM	LI AM			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
THURS	1 27	22	□ AM □ PM	□ PM			office upon completion of an assignment they can assume I am not available.
FRI	1128	22	□ AM □ PM	□ AM □ PM			EMPLOYEE RAME Cutherine Palm - Cathet
SAT	1/29/	22	□ AM □ PM	LI AM		**************************************	SOCIAL SECURITY NO.
SUN	1 30	23	MALI	MA			
WEEK E	VDING 1/20		L HOURS FOR WEEK SE WRITE TOTAL HO			10)	CLIENT SKRIATURE OF ACCEPTANCE PRINT MAME Travis Longcore
1. Pross 2. Use se	CTIONS: firmly; use a ball point pe eparate limesheat for each PRIGINAL & INVOICE copy	h assignment.	lor than Friday plain	In a	MPORTANTAll nust be approverach day svorke vill not be paid	ed for d. Hours	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.
4. Leave 5. Unsign	CLIENT copy with client o ned timesheets will be ret d timesheets will not be a	company; reta	ain EMPLOYEE copy f coavment.	or yourself. a	pproved dally. Naimum: 4 ha mployee, per d	urs per	Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.
	The state has been a second of the state of		and because of the state of the		improyes, por u	***************************************	ACK
incl repr	void delays be sudes required esentative of the	sure time		ompletely	filled out.		TERMS & CONDITIONS FOR LLOVD STAFFING I cartify 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 parformed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOVD 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 through another temporary service within any (1) was refur this person's services through another temporary service within any (1) was refur this person's services through another temporary service within any (1) was refur this person's services.

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.

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 inclividual 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 herounder 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 foragoing inclusive of liability resulting from bodily injury, properly damage, fire, theft, collision, carge damage or other public liability damage, (b) LLOYD'S insurance does not cover loss or clamage 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, (b) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within fibrity (30) days after occurrence, (d) Customer shall indemnify and hold LLCYD 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.

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LLGYD 10-2007

							8 63	WATER H			
HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600					1747, Suit	0119	THE RESERVE THE PERSON NAMED IN	(Please print) ADDRESS O TOWN P.O. ZIP			
	EMPLO	YEE PLE	ASE COMP	LETE - Be su	re to indic	ate AM or	PWI.	10 BOX 242007 LA 90024			
DAY		DATE		TIME IN	TIME OUT	LESS LUNCH & /OR BREAK		REPORT TO DEPT JOSTITLE WEEK ENDING			
MoN	1	121	177	MA C	C) AM			Travit com cora institution of b			
71150	-	1	16-	LI AM	MA C			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)			
TUES	1)	1)	122	LJ PM	la PM			☐ Emergency Evacuation Procedures ☐ Job Site & General Safety Rules ☐ Policy & Procedure Review			
WED	0	2	3-	MAL	MAL			I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an			
	1		122	□ PM	U PM			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			
THURS	2	13	122	□ AM □ PM	□ AM □ PM			office upon completion of an assignment they can assume I am not available.			
FRI	2	4	7.7	□ AM □ PM	MAC	************************	AND THE PROPERTY OF THE PROPER	EMPLOYEE SIGNATURE EMPLOYEE SIGNATURE			
	-			LAM	LI PM			Catherine Valour Cathet			
SAT	2	(22	D PM	C) PM			SOCIAL SECURITY NO.			
SUN	7	10	27	MAL	MA		VI				
WEEK EN	IDING	2110	TOTAL	HOURS FOR WEEK	TO NEAREST	/4 HOUR	11	PRINT SIGNATURE OF ACCEPTANCE PRINT NAME Travis Longcore			
1. Pross	GTIONS: firmly; uso i	ball point p	en.	E WRITE TOTAL HO	11	MPORTANTA		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			
3. Mail O	AIGINAL & I	NVOICE copy	ch assignment. Io Lloyd, no lat	er than Friday night.	15	ach day work ill not be paid	difnot	printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.			
5. Unsign	ed timeshe	els will be re	turned without	in EMPLOYEE copy to payment.	A	pproved dally Italmum: 4 h	ours per	Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no tenger available for work.			
Altero	timesheat	Will not be	accopted. All hi	ours must be totaled.	B	mployee, per	day.				
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Too	حام اما ما ح			EINFORM			- Trib. I.e.	TERMS & CONDITIONS FOR LLOYD STAFFING			
To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.								I certify that (am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timeshed 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			
OV	ERTI	ME_				-		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 through another temporary service within person's services through another temporary service within			
				overtime or proval must				one (1) year after this person's temporary assignment, we agree to pay LLOYD afee 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			

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.

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Office of the City Clerk						/ \			
Administrative Services Division						· Sep Sulphus	0 105 to 0		
Neighborhood Council (NC) Funding Progr	ram					2096			
Board Action Certification (BAC) Form						The	O COMP		
NC Name: Bel Air-Beverly Crest NC			Meeting Date:	ACC 10			W. Assertance		
Budget Fiscal Year: 2021-2022 Board Motion and/or Public Benefit	T_ 4 60 A		Agenda Item N		Construction and the second				
Statement (CIP and NPG):	Page 1 of 2: App Packet (Attachme			2022 Fisca	il Year Ad	ministrative	e (Budget)		
Method of Payment: (Select One)	☐ Check	-	☐ Credit Card	and the second s	☐ Board	d Member Reimbu	ursement		
			ote Count						
	rs must leave the room prior						ete.		
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.	SWIE STATE				Х			
Gail Sroloff	Bel Air Association Rep				Х				
Larry Leisten	Bel Air Glen District Rep.	Х							
Robin Greenberg	Bel Air Hills Assn. Rep.	Χ							
Wendy Morris	Bel Air Hills Assn. Rep					Х			
Andre Stojka	Bel Air Ridge Assn. Rep.	X							
Robert Schlesinger	Benedict Cyn. Assn. Rep.	Χ							
Don Loze	Benedict Cyn. Assn. Rep.	Х							
Nickie Miner	Benedict Cyn. Assn. Rep.	Х							
Mindy Mann	Benedict Cyn. Assn. Rep.	X							
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	Х							
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	Х			No.				
Jackie DeFede	Faith-Based Organizations Rep.				Х				
Maureen Smith	Franklin-Coldwater District Rep.	Х							
Teresa Lee	K-6 Private Schools Rep.	X							
Jon Wimbish	7-12 Private Schools Rep.				Х				
Kristie Holmes	Public Ed. Institutions Rep.					X			
Jason Spradlin	Holmby Hills Assn. Rep.	X				'`-			
Jamie Hall	Laurel Cyn. Assn. Rep.				Х				
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.	Х							
Philip Enderwood	At Large: Youth Seat Rep.		X						
Jacqueline Le Kennedy Board Quorum: 15	Commercial/Office District Rep.	X							
We, the authorized signers of the above r	named Neighborhood Counci	23 ril. declare t	that the information	n presented on t	his form is accu	rate and complet	to and that a nuk		
meeting was held in accordance with all meeting where a quorum of the Board was	laws, policies, and procedure								
Authorized Signature	iner		Authorized Sign	nature: Rot	bert A.	Ringler	,		
Print/Type Name: Nicole Miner,	reasurer		Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory						

Date: 07/02/2021

Date: 07/02/2021

Office of the City Clerk Administrative Services Division						and 1	01.105.146			
Neighborhood Council (NC) Funding Prog	ram					· Waste				
Board Action Certification (BAC) Form						The The	DE DE LE			
NC Name: Bel Air-Beverly Crest NC			Meeting Date:	06/30/2021						
Budget Fiscal Year: 2021-2022			Agenda Item N	o: 11.b.			Net du la company			
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 2 of 2: App Packet (Attachm			2022 Fisca	al Year Ad	ministrativ	e (Budget)			
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Board	Member Reimbu	ırsement			
Recused Board Member	s must leave the room prior		te Count ussion and may no	t return to the ro	oom until after t	he vote is comple	te.			
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused			
Yves Mieszala	North of Sunset District Rep.				Х					
Ellen Evans	Doheny-Sunset Plaza Neighborhood Assn.	Х					200000000000000000000000000000000000000			
Patricia Murphy	North of Sunset District Rep	Х	1				Partition and the second			
Robert A. Ringler	Residents of Beverly Glen Rep.	X								
Dan Palmer	Residents of Beverly Glen Rep	X	-							
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No. the authorized signers of the above neeting was held in accordance with all neeting where a quorum of the Board was	laws, policies, and procedure	il, declare the	nat the information we was approved b	n presented on to by the Neighbork	his form is accu	rate and complet ard, at a Brown A	e, and that a public Act compliant public			
Authorized Signature	Moner		Authorized Signature: Robert A. Ringler							
Print/Type Name: Nicole Miner, T			Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory							
Date: 07/02/2021			Date: 07/02/2021							

INVOICE



LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Questions: AR@LLoydStaffing.com

Pay by ACH/wire to:

Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

Attention of: Vadim Levotman & Travis Longcore

BILL TO: Bel Air Beverly Crest Nc

Po Box 252007

Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing

PO#

Thank you for choc	osing Lioya Starring			107		
DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
02/20/2022	421102	1	116863	Due Upon Receip	ot	
PERIOD	DESCRIPTION & EN	MPLOYEE	•	HOURS	RATE	AMOUNT
02/07/22-02/13/22	TRANSCRIPT I	Palmer, Cathe	erine	19.00	27.95	\$531.05
02/14/22-02/20/22		Palmer, Cathe		25.00	27.95	\$698.75
			DAV TUO	AMOUNT:	TOTAL	¢4.220.00
A 3% surcharge will be applied	to any payments processed using a c	redit card. Thank	you. PAY THIS	AMOUNT >	TOTAL	\$1,229.80

TOTAL HOURS

							97G 1V
	LIL	FFING		HQ: 445 Bro Melville, NY 1 Phone: 63		9 119	
	EMPLO	YEE PLE	ASE COM	PLETE – Be su	re to indic	ate AW or	PWI.
DAY		DATE		TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTA
MON	2	7	22	□ AM □ PM	□ AM		
TUES	2	13	22	□ AM □ PM	□ AM		
WED	2	9	72	D AM	□ AM □ PM		
THURS	2	10	22	□ AM □ PM	□ AM □ PM		
FRI	2	[1	22	MA CE	□ AM □ PM		
SAT	2	12	22	LI AM LI PM	□ AM □ PM		
SUN	2	13	22	□ AM □ PM	□ AM □ PM		
WEEK EN	DING 2	11/3		L HOURS FOR WEEK SE WRITE TOTAL HO			19

-	COMPANY NAME BYSCWC	
None and Address of the Party o	ADDRESS BY 25200 7	P.O. 92025
į	REPORT TO DEPT.	JOB TITLE WEEK ENDING
operate property	Trovis Longwe Th.O.	Frendet 24/2
CALIFORNIA STATEMENT OF THE PARTY OF THE PAR	FIRST TIME AT THIS CLIENT COMPANY? Yes No received the following Orientation Training on this assignment	If yes, Temporary Associates must indicate they have ent. (Please check)
l	☐ Emergency Evacuation Procedures ☐ Job Site & C	General Safety Rules 🔲 Policy & Procedure Review
	I hereby certify that the hours shown were worked by me during authorized representative of the facility named above and that I office after completing the Assignment to determine if there is of office upon completion of an assignment they can assume I am I	ther work available for mo. I agree that if I do not contact the
	EMPLOYEE NAME Catherine Valme	EMPLOYET SIGNATURE CALLELLE
	SOCIAL SECURITY WO.	
1	CLIENT-SIGNATURE OF ACCEPTANICE	Travis Longcore
	IMPORTANT FOR CLIENT: Execution of his form by the client or	onelitutes a cortification that the TOTAL house lictoriare correct

BACK

IMPORTANT...All hears

must be approved for

approved daily.

employee, per day.

each day worked. Hours will not be paid if not

Minimum: 4 hours per

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

INSTRUCTIONS:

1. Press firmly; use a ball point pen.

2. Use separate limesheet for each assignment.

3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night. Leave CLIENT copy with client company; retain EMPLOYEE cepy for yourself.

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

5. Unsigned timesheels will be returned without payment.

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I confirm the prior agreement between LLOYD and Customer with respect to the services performed herounder 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 clamage 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 bodlly 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.

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	STAF	_				31-777-760			ADDRESS PO 604 25200 TOWN P.O. 9000
	EMPLOY	EE PLE	ASE C	OMPLETE	- Be si	ire to indic	ate AM or	-	7007
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MON	2	11.4	7	2	□ AM	MAC			Tracis con Jercinio parase 1920
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TUES	7	K	10		MALL	□ AM			received the following Orientation Training on this assignment. (Please check)
	U	()	2	-4	□ PM	LI PM			☐ Emergency Evacuation Procedures ☐ Job Site & General Safety Rules ☐ Policy & Procedure Review
WED	7	11			MAL	LI AM			I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an
MED		16	17:	2	□ PM	□ PM			authorized representative of the facility named above and that I received the required training. I understand I am to contact the
		in			LIAM	MALJ	-	***************************************	office after completing the Assignment to determine if there is other work available for me. Lagree that if I do not contact the
THURS	2	17	2	2	□ PM	⊇PM	1		office upon completion of an assignment they can assume I am not available.
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. Leave	CLIENT copy 1	with client	compan	y; retain EMPI vithout paymer	OYEE copy	for yourself.	approved dally. Minimum: 4 ho		Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.
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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

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LLOYD 10-2007

Office of the City Clerk						/ \			
Administrative Services Division						· Sep Sulphus	0 105 to 0		
Neighborhood Council (NC) Funding Progr	ram					2096			
Board Action Certification (BAC) Form						The	O COMP		
NC Name: Bel Air-Beverly Crest NC			Meeting Date:	ACC 10			W. Assertance		
Budget Fiscal Year: 2021-2022 Board Motion and/or Public Benefit	T_ 4 60 A		Agenda Item N		Construction and Constr				
Statement (CIP and NPG):	Page 1 of 2: App Packet (Attachme			2022 Fisca	il Year Ad	ministrative	e (Budget)		
Method of Payment: (Select One)	☐ Check	-	☐ Credit Card	and the second s	☐ Board	d Member Reimbu	ursement		
			ote Count						
	rs must leave the room prior						ete.		
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.	SWIE STATE				Х			
Gail Sroloff	Bel Air Association Rep				Х				
Larry Leisten	Bel Air Glen District Rep.	Х							
Robin Greenberg	Bel Air Hills Assn. Rep.	Χ							
Wendy Morris	Bel Air Hills Assn. Rep					Х			
Andre Stojka	Bel Air Ridge Assn. Rep.	X							
Robert Schlesinger	Benedict Cyn. Assn. Rep.	Χ							
Don Loze	Benedict Cyn. Assn. Rep.	Х							
Nickie Miner	Benedict Cyn. Assn. Rep.	Х							
Mindy Mann	Benedict Cyn. Assn. Rep.	X							
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	Х							
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	Х			No.				
Jackie DeFede	Faith-Based Organizations Rep.				Х				
Maureen Smith	Franklin-Coldwater District Rep.	Х							
Teresa Lee	K-6 Private Schools Rep.	X							
Jon Wimbish	7-12 Private Schools Rep.				Х				
Kristie Holmes	Public Ed. Institutions Rep.					X			
Jason Spradlin	Holmby Hills Assn. Rep.	X				'`-			
Jamie Hall	Laurel Cyn. Assn. Rep.				Х				
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.	Х							
Philip Enderwood	At Large: Youth Seat Rep.		X						
Jacqueline Le Kennedy Board Quorum: 15	Commercial/Office District Rep.	X							
We, the authorized signers of the above r	named Neighborhood Counci	23 ril. declare t	that the information	n presented on t	his form is accu	rate and complet	to and that a nuk		
meeting was held in accordance with all meeting where a quorum of the Board was	laws, policies, and procedure								
Authorized Signature	iner		Authorized Sign	nature: Rot	bert A.	Ringler	,		
Print/Type Name: Nicole Miner,	reasurer		Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory						

Date: 07/02/2021

Date: 07/02/2021

Office of the City Clerk Administrative Services Division						and 1	01.105.146			
Neighborhood Council (NC) Funding Prog	ram					· Waste				
Board Action Certification (BAC) Form						The The	DE DE LE			
NC Name: Bel Air-Beverly Crest NC			Meeting Date:	06/30/2021						
Budget Fiscal Year: 2021-2022			Agenda Item N	o: 11.b.			Net du la company			
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 2 of 2: App Packet (Attachm			2022 Fisca	al Year Ad	ministrativ	e (Budget)			
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Board	Member Reimbu	ırsement			
Recused Board Member	s must leave the room prior		te Count ussion and may no	t return to the ro	oom until after t	he vote is comple	te.			
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused			
Yves Mieszala	North of Sunset District Rep.				Х					
Ellen Evans	Doheny-Sunset Plaza Neighborhood Assn.	Х					200000000000000000000000000000000000000			
Patricia Murphy	North of Sunset District Rep	Х	1				Partition and the second			
Robert A. Ringler	Residents of Beverly Glen Rep.	X								
Dan Palmer	Residents of Beverly Glen Rep	X	-							
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No. the authorized signers of the above neeting was held in accordance with all neeting where a quorum of the Board was	laws, policies, and procedure	il, declare the	nat the information we was approved b	n presented on to by the Neighbork	his form is accu	rate and complet ard, at a Brown A	e, and that a public Act compliant public			
Authorized Signature	Moner		Authorized Signature: Robert A. Ringler							
Print/Type Name: Nicole Miner, T			Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory							
Date: 07/02/2021			Date: 07/02/2021							

INVOICE



LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Questions: AR@LLoydStaffing.com

Pay by ACH/wire to:

Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

Attention of: Vadim Levotman & Travis Longcore

BILL TO: Bel Air Beverly Crest Nc

Po Box 252007

Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing

PO#

Thank you for choc	osing Libyu Starring					
DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
03/06/2022	421250	1	116863	Due Upon Receip	ot	
PERIOD	DESCRIPTION & E	MPLOYEE		HOURS	RATE	AMOUNT
02/21/22-02/27/22	TRANSCRIPT	Palmer, Cathe	erine	20.00	27.95	\$559.00
02/28/22-03/06/22	TRANSCRIPT	Palmer, Cathe	erine	20.00	27.95	\$559.00
A 3% surcharge will be applied	to any payments processed using a	credit card. Thank y	you. PAY THIS	AMOUNT >	TOTAL	\$1,118.00

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	STAFFING	ING		Phone: 6	le: 631-777-7600	00		TOWN P.Q.
	EMPLOYE	E PLEAS	E COMP	EMPLOYEE PLEASE COMPLETE Bo sure to Indicate AM or PM.	ture to India	sate AM or	PM.	13 20x 45 48 4 1/1 2007
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			12	LI PM	J PM			C Emergency Evacuation Proceduras 🗀 Job Site & General Safety Rules 🗀 Procedura
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Allered	World Impshots will not be accopted. All hours must be	I not be acco	pled. All la	ours must be talated,		sniplayes, per day.	yle,	

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employee information

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

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I,UNCH

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ABSENCES - LATENESS Call us immediately if you must be absent or late. Do not call

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side of this timesheel are corect, the work was parformed in a satisfactory manner, and my signature is authorization to bill the named Customore. We understand that this sperate in a myployee of LLOYD and is corrected to us on a formporate basis. In the overst woo can yo our quildistrat, or any company to whom we assign this poreson, although employ this person on a permanent or temporary basis, it is use. This person's sarvices in a consulting or freelance apparalty, or (if) use this person's sarvices in a consulting or freelance apparalty, or (if) use this person's sarvices integrals improve a sarvice when the person's sarvices integrals in a consulting or freelance apparalty, or (if) use this person's sarvices integrals temporary sarvices within one (1) year after this person's temporary assignment, we agree to pay LLOYD a lee of 25% of the total annualized compensation rate of the employee in the new capacity. cartify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse

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pho	STAFFING	EMPLOYEE PLEASE COMPLETE	DATE	1	2	5	1	75	50 1	100	5	11	3	7	76	1	4	1	4	INSTRUCTIONS:	2. Use coparate timeshoet for each assignment	mail chillinnal, & invoice copy to Lloyd, no later than Leave CLIENT copy with client company; retain EMPI	Unsigned timesheds with be returned without paymen	aherda intrespecte vali nei de accepted. An holks fill
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			DAY	MOM		TUES		WED		THURS		E		SAT		SUN		WEE		INST	2	2. 4. E E		E.

BACK

EMPLOYER INFORMATION

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

OVERTIME

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

LUNCE

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.

Call us immediately if you must be absent or late. Do not cal

ABSENCES - LATENESS

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

side of this timesheel are correct, the work was performed in a satisfactory manner; and my signature is authorization to till the named Custonnew. We understand the special in employee of LLC/D and is reformed to us on a temporate basis, in the overt we or any of our diffusions, or any company to whom we assign title presen, either (amplety this person on a permanent or temporary basis, iffl use this person's annotes in a constaling or freelance capacity, or (fill use this person's services through another temporary services within out (1) year when this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the entalloges in the own capacity. I carlify that I am authorized to sign on behalf of the nemed company ("Customer"), the total hours shown on the reverse

or the amployage in that own displacity.

LLOYD gurantees salitation with its employae's survices by extending a fear (4) hour gurantee parted. If, for any crasson, we are dissatisfied with the employae assigned to us, LLOYD will not cheage for the first four (4) hours wenked by such amployae assigned with the employae assigned to us, LLOYD will not cheage for the first four (4) hours wenked by such amployae safetyered by LLOYD is salisfiactors.

If confirm the prior agreement between LLOYD and Customer with respect to the services performed herounder and eary future services, that (a) Customer herounder LLOYD is salisfiactors.

If confirm the prior agreement between LLOYD and Customer with respect to the services performed herounder and eary future services, that (a) Customer herounder the white the confirmation of the confirmation and eary future services, that (a) Customer herounder and eary future services, that (a) Customer herounder the whiteless of the services are the confirmation of the confirmation of the confirmation of a broad of a broad of the confirmation of the latest that the confirmation of t

Customor acknowledges its understanding that LLOYD'S twoices are for intoor and agrees to pay such involces upon receipt. If any involces under unpudel InftYQ fold days after involce date, Customer agrees to pay LLOYD a line payment charge at the ratio of 1-1/22/s per incontit (13% per enneum) on such unpud announts. Customer also agrees to pay LLOYD is reasonable access of coffection, including its necessable automorphy fees and expenses.

Office of the City Clerk						/ \			
Administrative Services Division						· Sep Sulphus	0 105 to 0		
Neighborhood Council (NC) Funding Progr	ram					2096			
Board Action Certification (BAC) Form						The	O COMP		
NC Name: Bel Air-Beverly Crest NC			Meeting Date:	ACC 10			W. Assertance		
Budget Fiscal Year: 2021-2022 Board Motion and/or Public Benefit	T_ 4 60 A		Agenda Item N		Construction and the second				
Statement (CIP and NPG):	Page 1 of 2: App Packet (Attachme			2022 Fisca	il Year Ad	ministrative	e (Budget)		
Method of Payment: (Select One)	☐ Check	-	☐ Credit Card	and the second s	☐ Board	d Member Reimbu	ursement		
			ote Count						
	rs must leave the room prior						ete.		
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.	SWIE STATE				Х			
Gail Sroloff	Bel Air Association Rep				Х				
Larry Leisten	Bel Air Glen District Rep.	Х							
Robin Greenberg	Bel Air Hills Assn. Rep.	Χ							
Wendy Morris	Bel Air Hills Assn. Rep					Х			
Andre Stojka	Bel Air Ridge Assn. Rep.	X							
Robert Schlesinger	Benedict Cyn. Assn. Rep.	Χ							
Don Loze	Benedict Cyn. Assn. Rep.	Х							
Nickie Miner	Benedict Cyn. Assn. Rep.	Х							
Mindy Mann	Benedict Cyn. Assn. Rep.	Х							
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	Х							
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	Х			No.				
Jackie DeFede	Faith-Based Organizations Rep.				Х				
Maureen Smith	Franklin-Coldwater District Rep.	Х							
Teresa Lee	K-6 Private Schools Rep.	X							
Jon Wimbish	7-12 Private Schools Rep.				Х				
Kristie Holmes	Public Ed. Institutions Rep.					X			
Jason Spradlin	Holmby Hills Assn. Rep.	X				'`-			
Jamie Hall	Laurel Cyn. Assn. Rep.				Х				
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.	Х							
Philip Enderwood	At Large: Youth Seat Rep.		X						
Jacqueline Le Kennedy Board Quorum: 15	Commercial/Office District Rep.	X							
We, the authorized signers of the above r	named Neighborhood Counci	23 ril. declare t	that the information	n presented on t	his form is accu	rate and complet	to and that a nuk		
meeting was held in accordance with all meeting where a quorum of the Board was	laws, policies, and procedure								
Authorized Signature	iner		Authorized Sign	nature: Rot	bert A.	Ringler	,		
Print/Type Name: Nicole Miner,	reasurer		Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory						

Date: 07/02/2021

Date: 07/02/2021

Office of the City Clerk Administrative Services Division						and 1	01.105.146
Neighborhood Council (NC) Funding Prog	ram					. Was to	
Board Action Certification (BAC) Form						The The	DE DE LE
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 Reimbu	ırsement
Recused Board Member	s must leave the room prior		te Count ussion and may no	t return to the ro	oom until after t	he vote is comple	te.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Yves Mieszala	North of Sunset District Rep.				Х		
Ellen Evans	Doheny-Sunset Plaza Neighborhood Assn.	Х					200000000000000000000000000000000000000
Patricia Murphy	North of Sunset District Rep	Х	1				Partition and the second
Robert A. Ringler	Residents of Beverly Glen Rep.	X					
Dan Palmer	Residents of Beverly Glen Rep	X	-				
Dan't aimer	Troducting of Beverly Clear Prop						PROFESSION CONTRACTOR OF THE PROFESSION CONTR

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Panel Overver (5							
Ne, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board was	laws, policies, and procedure	il, declare the	nat the information we was approved b	n presented on toy the Neighborh	his form is accu	rate and complet ard, at a Brown A	e, and that a public Act compliant public
Authorized Signature	Authorized Sign	Authorized Signature: Robert A. Ringler					
Print/Type Name: Nicole Miner, T	Print/Type Nam	Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory					
Date: 07/02/2021	Date: 07/02/2021						