

Department of Neighborhood Empowerment

Reporting Month:

JANUARY  
Tarzana NC

MONTHLY EXPENDITURE REPORT

Submitted: 2/9/2016 14:01:47

Budget Fiscal Year: 2015-2016

FILL IN ALL THE UNSHADED (WHITE) FIELDS (Must be submitted to the Department within 10 days of Board Approval along with documentation and hard copy)



A	Date / Item / Service Description	BUDGET CATEGORY	VENDOR	INVOICE NUMBER	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	1/4/16 Web Site Maint	OUTREACH	The Web Corner	12627			\$150.00
2	1/20/16 Web Site Maint	OUTREACH	The Web Corner	12771			\$150.00
3	1/21/16 Board Minutes/Temp Help&Secret	OPERATIONS	AppleOne	S3352771			\$346.50
4	1/6/16 Mailing List Maint	OUTREACH	NetAtlantic	1002581-105			\$40.00
5	1/25/16 Copies/Land Use Committee	OPERATIONS	Office Depot	8276			\$4.13
6	1/26/16 Food & Refreshments Mtg/Meeting Exp	OPERATIONS	Costco	9770			\$90.61
7							
8							
9							
10							
11							
12							
<b>SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)</b>							\$781.24
<b>B CUMULATIVE EXPENDITURES FROM PRIOR MONTHS</b>							\$4,022.68
<b>C OUTSTANDING COMMITMENTS</b>							
C 1. Outstanding Checks (checks that have been issued, but have not yet cleared the account)							
C 2. Ren/L/Lease							
C 3. Contractual Services							
C 4. Large Purchases							
C 5. Neighborhood Purpose Grants (pending or in process)							
C 6. Temporary Staffing Services							
C 7. Storage							
C 8. Other Outstanding Commitments ==> Description:							
<b>SUBTOTAL: Outstanding Commitments</b>							\$0.00
<b>D Total Expenditures &amp; Commitments</b>							\$4,803.92
<b>E Total Adjustments by Department (such as use taxes assessed, credits from prior fiscal years, etc) (use '+' for credits, '-' for deductions)</b>							\$0.00
<b>F Approved Budget 2015-2016</b>							\$42,189.74
<b>G Balance of Budget</b>							\$37,385.82

Reporting Month: **JANUARY**  
 NC Name: **Tarzana NC**

MONTHLY CASH RECONCILIATION				
Beginning Balance (A)	Funds Deposited (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D
\$16,727.32	\$3,772.68	\$20,500.00	\$781.24	\$19,718.76

MONTHLY BUDGETARY ANALYSIS						
Category Identifier	Budget Category	Adopted Budget (A)	Total Spent this Month (B)	FY 2014-15 Expenses Cleared in FY 2015-16 (C)	Total Spent in Prior Months (D)	Unspent Budget Balance (E) = A - B + C - D
100	Operations	\$5,015.00	\$441.24		\$1,514.53	\$3,059.23
200	Outreach	\$12,595.00	\$340.00		\$2,258.15	\$9,996.85
300	Community Improvement	\$1,200.00	\$0.00		\$0.00	\$1,200.00
400	NPG	\$2,500.00	\$0.00		\$250.00	\$2,250.00
500	Elections	\$6,000.00	\$0.00			\$6,000.00
900	Unallocated	\$14,879.74	\$0.00			\$14,879.74
	<b>TOTAL</b>	<b>\$42,189.74</b>	<b>\$781.24</b>	<b>\$0.00</b>	<b>\$4,022.68</b>	<b>\$37,385.82</b>

**NEIGHBORHOOD COUNCIL DECLARATION**

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and will furnish additional documentation to the Department of Neighborhood Empowerment upon request.

Treasurer Signature		Signer's Signature	
Print Name	<b>Harvey Goldberg</b>	Print Name	<b>Leonard Shaffer</b>
Date		Date	

NC Additional Comments: Budget includes \$189.74 from FYE 6/30/15 owed to TNC by DONE; case # 7123. Expenses do not include \$5.00 bank charge from Union Bank assessed on 1/29/16 in new bank account. Janet Hernandez to handle credit.

Revision Date 1-26-15

Reporting Month: **JANUARY**  
 NC Name: **Tarzana NC**



# STATEMENT OF ACCOUNTS

Page 1 of 2

Statement Number: [REDACTED] 4365

01/01/16 - 01/29/16

UNION BANK  
CENTURY CITY 0206  
PO BOX 512380  
LOS ANGELES CA 90051-0380

### Telephone Banking

For 24-hour Automated Direct Service  
800-238-4486  
800-826-7345(TDD)  
Representatives are available  
Monday through Saturday

To open additional accounts,  
or apply for loans, call your  
banking office at 310-551-8900

You may also access your account online  
at unionbank.com

Thank you for banking with us  
since 2014

**TARZANA NEIGHBORHOOD COUNCIL**  
200 N SPRING ST FL 20  
LOS ANGELES CA 90012-4801

- Use Online Banking Bill Pay system to help you save time and get more control. Easy setup: it only takes minutes to add payees and start paying your bills securely online. To learn more, please visit: [www.unionbank.com/billpay](http://www.unionbank.com/billpay)

## Business Basics Checking Summary

Account Number: [REDACTED] 4365

Days in statement period: 29

Balance on 1/1	\$		16,727.32
Additions			3,772.68
Subtractions			-1,781.24
		Checks	-646.50
		Payments	-1,000.00
		Purchases	-134.74
<b>Balance on 1/29</b>	<b>\$</b>		<b>18,718.76</b>
Statement Average Ledger Balance			19,294.89

We waived your service charge this statement period.

### Additions

Date	Description/Location	Reference	Amount
1/5	CITY OF LOS ANGE EFT PAYMT PPD *****0735	56846280 \$	3,772.68

### Checks

Number	Date	Reference	Amount	Number	Date	Reference	Amount
5063	1/4	06087528	150.00	5065	1/20	06838506	150.00
5064	1/21	06098346	346.50				
<b>Total</b>							<b>\$ 646.50</b>

### Payments online and electronic banking

Date	Description/Location	Reference	Amount
1/20	UB CHECKING TRANSFER 160120 XXXXXX2903 0391	60208951 \$	1,000.00

### Purchases ATM card and Debit card™ purchases

Date	Description/Location	Reference	Amount
1/6	NET ATLANT SALEM MA SALEM MA	70992416 \$	40.00
1/26	OFFICE DEP TARZANA CA TARZANA CA	73020253	4.13

**Purchases** *ATM card and Debit card™ purchases*

<i>Date</i>	<i>Description/Location</i>	<i>Reference</i>	<i>Amount</i>
1/26	COSTCO WHS E #04 NORTHRIDGE CA	73289678	90.61
<b>Total</b>			<b>\$ 134.74</b>

**Information and Banking Office Services**

For each monthly statement period your account includes:

- Unlimited free Information Services calls to 24-hour Automated Direct Service
- Banking office Information Services calls are \$0.00
- Banking office deposits are \$0.00

Your account was not charged for information and banking office services during the statement period.



# STATEMENT OF ACCOUNTS

UNION BANK  
CENTURY CITY 0206  
PO BOX 512380  
LOS ANGELES CA 90051-0380

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at unionbank.com

Thank you for banking with us  
since 2014

**TARZANA NEIGHBORHOOD COUNCIL**  
200 N SPRING ST FL 20  
LOS ANGELES CA 90012-4801

- Use Online Banking Bill Pay system to help you save time and get more control. Easy setup: it only takes minutes to add payees and start paying your bills securely online. To learn more, please visit: [www.unionbank.com/billpay](http://www.unionbank.com/billpay)

## Business Basics Checking Summary

Account Number [REDACTED] 2903

Days in statement period: 29

Balance on 1/1	\$	0.00
Additions		1,000.00
Subtractions		-5.00
Other Withdrawals		-5.00
<b>Balance on 1/29</b>	<b>\$</b>	<b>995.00</b>
Statement Average Ledger Balance		344.65

### Additions

Date	Description/Location	Reference	Amount
1/20	UB CHECKING TRANSFER 160120 XXXXXX4365 0178	60208951 \$	1,000.00

### Other Withdrawals *including fees and adjustments*

Date	Description/Location	Reference	Amount
1/29	SERVICE CHARGE W/PAPER STATEMENT	\$	5.00

### About Your Monthly Service Charge

You can avoid a monthly service charge in one of the following ways

- keep at least \$1,000.00 in your account at all times
- keep an average balance of at least \$3,000.00 in your checking account — your average checking balance between 1/1 and 1/29 was \$ 344.65
- keep a Combined Balance of at least \$5,000.00 in your combined checking, savings, time deposit and money market accounts — your Combined Balance between 1/1 and 1/29 was \$ 344.65

Your account was charged a monthly service charge. You may be able to avoid this charge in the future by changing to a different type of account. Call Telephone Banking at 800-238-4486 for details.

**Information and Banking Office Services**

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For each monthly statement period your account includes:

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- Banking office Information Services calls are \$0.00
- Banking office deposits are \$0.00

Your account was not charged for information and banking office services during the statement period.

Net Atlantic, Inc.  
10 Federal St., Suite 26  
Salem, MA 01970  
978-219-1920

# INVOICE



Harvey Goldberg  
Tarzana Neighborhood Council  
19798 Greenbriar Drive  
Tarzana, CA 91356

Invoice Summary	
Account	1002581
Reference	Invoice 1002581-105
Date	2016-01-01
Due Date	<b>2016-01-31</b>
Total (\$)	<b>40.00</b>
Amount Due (\$)	<b>0.00</b>

---

Description	Amount (\$)
Pro Bandwidth Usage Max: 0 GB Service Name: 'tarzana-neighborhood-council'	0.00
Pro Anno List Max: 2996 Members Service Name: 'tarzana-neighborhood-council'	40.00

*Please tear off and return the bottom portion with your payment. Thank you.*

---

Harvey Goldberg  
Tarzana Neighborhood Council  
19798 Greenbriar Drive  
Tarzana, CA 91356



Payment Summary	
Account	1002581
Reference	Invoice 1002581-105
Due Date	<b>2016-01-31</b>
Amount Due (\$)	<b>0.00</b>

Net Atlantic, Inc.  
10 Federal St., Suite 26  
Salem, MA 01970

COPIES. LAND USE  
**Office DEPOT**  
**OfficeMax**

OFFICE DEPOT #3320  
 18211 Ventura Boulevard  
 Tarzana, CA 91356  
 (818) 668-9067

01/25/2016 15.5.6 4:22 PM  
 STR 3320 REG 1 TRN 8276 EMP 579403

Product ID	Description	Total
167060	BW SS Letter	
24 @ 0.14		3.36
	Business Solutions Prc	0.70
	<b>You Pay</b>	<b>0.70SS</b>
166955	BW DS Letter	
24 @ 0.14		3.36
	Business Solutions Prc	0.70
	<b>You Pay</b>	<b>0.70SS</b>
166955	BW DS Letter	
24 @ 0.14		3.36
	Business Solutions Prc	0.70
	<b>You Pay</b>	<b>0.70SS</b>
222056	CLP,PPR,#1,100	1.99SS
	Business Solutions Prc	1.69
	<b>You Pay</b>	<b>1.69SS</b>
	Subtotal:	3.79
	Sales Tax:	0.34
	Total:	4.13
	MasterCard 1390:	4.13

AUTH CODE 046215  
 TDS Swiped  
 SPC CARD# 9728

\*\*\*\*\*



Northridge #437  
 8810 Tampa Ave  
 Northridge, CA 91324  
 (818) 775-1860

4R Member 111840543248  
 \*\* Begin Bottom Of Basket  
 \*\* Bottom Of Basket Item Count 0

E	571548	SUNCHIPS	11.99
E	782796	KSWTR40PK***	3.39
E	0000134807	CPN/ 782796	1.00-
E	6900000000	CA REDEMP VA	2.00
E	782796	KSWTR40PK***	3.39
E	0000134807	CPN/ 782796	1.00-
E	6900000000	CA REDEMP VA	2.00
E	11952	CHIKNROLLER	8.99
E	12928	ROLLERPLATTR	29.99
E	251767	LIFTON TEA	9.49
E	22763	LACEYS	7.59
E	861	MADELEINES	6.89
E	861	MADELEINES	6.89
		SubTOTAL	90.61
		TAX	0.00
		**** TOTAL	<b>90.61</b>

XXXXXXXXXXXX1390 SWIPED  
 Seq#: 9770 App#: 267070  
 EFT/Debit Resp: APPROVED  
 Tran ID#: 602600009770....  
 Merchant ID: 99043711

APPROVED - Purchase  
 AMOUNT: \$90.61  
 CASHBACK: \$0.00

EFT/Debit 90.61  
 CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 9  
 COUPONS TENDERED \$ 2.00  
 01/25/2016 17:28 437 9 403 30  
 OP#: 30 Name: BRENDA S

Thank You!  
 Please Come Again  
 Whse:437 Trn:9 Trn:403 OP:30



The Web Corner, Inc.

19509 Ventura Blvd  
Tarzana, CA 91356

# Invoice

Date	Invoice #
12/1/2015	12627

Bill To
Tarzana Neighborhood Council PO Box 571016 Tarzana, CA 91357

**PAID**  
**01/04/2016**

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
	Phone Support and General Web Development	150.00	150.00
<b>Total</b>			\$150.00

The Web Corner, Inc.

19509 Ventura Blvd  
Tarzana, CA 91356

# Invoice

Date	Invoice #
1/1/2016	12771

Bill To
Tarzana Neighborhood Council PO Box 571016 Tarzana, CA 91357

**PAID**  
**01/20/2016**

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
	Phone Support and General Web Development	150.00	150.00
<b>Total</b>			\$150.00



AppleOne

AppleOne Employment Services

P.O. Box 29048

Glendale CA 91209-9048

Tel: 818-240-8688

Email: specialbillinquiries@a1n1.com

TIN: 95-2580864

CITY OF LOS ANGELES

Attn: Jeff Brill

TARZANA NC

P.O. BOX 571016

TARZANA, CA 91357

Invoice

Customer No: 00950101

Site No: 0048

Period Ending: Multiple

Invoice Date: 12/23/2015

Invoice No: S3352771

Amount Due: \$346.50

Payment Term: NET 30 DAYS

Supervisor	Name	Weekend	Job Desc	Reg Hrs	Reg Rate	OT Hrs	OT Rate	DT Hrs	DT Rate	Misc Hrs	Misc Rate	Tax	Amount
	KRAMER, PATRICIA	11/28/2015	MINUTE TAKER	7.00	\$23.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	\$161.70
	KRAMER, PATRICIA	12/19/2015	MINUTE TAKER	8.00	\$23.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	\$184.80
<b>Grand Invoice Total</b>													<b>\$346.50</b>

*over?*  
*over?*

Please remit payment to: AppleOne Employment Services

P.O. Box 29048

Glendale CA 91209-9048

*1/20/16*  
*K1265-*  
*4526-*

Invoice 01-3891123 Line 1 Kramer, Patricia XR76584815

Web TimeCard

Client Name: City of Los Angeles D.O.N.E. (009501010048)  
Employee Name: Kramer, Patricia  
Serial Number: XR76584815

Imaged on 12/21/2015

Week Ending: 12/19/2015

Day	Date	IN	OUT	Lunch	Total	Reg	Over	Double
Mon	12/14/2015	8:00 AM	5:00 PM	1:00	8:00	8:00	0:00	0:00

SubTotals 08:00 08:00 00:00 00:00

Submitted By: Patricia Kramer|341248 on 12/15/2015  
Preapproved By: <not available> on <not available>  
Approved By: LEONARD SHAFFER|122196 on 12/16/2015  
Processed By: Tgarcia on 12/21/2015

# Verified Timecard List

Wednesday, November 25, 2015 10:20 AM

Client Name: City of Los Angeles D.O.N.E.  
Name: Kramer, Patricia  
SSN: \*\*\*\*9785

Timecard Id: 4340052  
Week Ending: 11/28/2015 12:00:00 AM  
Serial: XR49768315

Date	Time In	Time Out	Lunch	Total Reg	Total O.T.	Total Double
SUN						
MON						
TUE	11/24/2015	7:30 AM	3:30 PM	1 hr 0 min	7 hr 0 min	
WED						
THUR						
FRI						
SAT						

Verified by: LEONARD SHAFFER|122196

7 hr 0min 0 hr 0 min 0 hr 0 min

Total No. of TimeCards: 1

Client Verification	
Company Name:	<b>City of Los Angeles D.O.N.E.</b>
Total Hours Worked (In Numbers):	Total Hours Worked (In Words):
I am an authorized representative of City of Los Angeles D.O.N.E. and certify that the employee(s) worked the hours indicated with services performed satisfactorily.	
Client Name and Title (Please Print)	<b>City of Los Angeles D.O.N.E.   002</b>
Client Signature:	



XR76584815

Week Ending	1	2	1	9	1	5
Saturday	Month	Day	Year			

Assignment Completed	Yes *	No
If yes, call your office.		

Employee name (Print): **Kramer, Patricia**

	Start Time		Finish time		Less Lunch		Total Reg		Total O.T.		Total Double		OT Approval
	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	
SUN													
MON	8	0	17	0	1	0	8	0					
TUE													
WED													
THUR													
FRI													
SAT													
<b>Total Hours &amp; Minutes Worked This Week</b>							8	0	0	0	0	0	
Office Use Only: Hours & Minutes Converted to Nearest Minute													
Corporate Use Only:													

Social Security Number	*	*	*	*	*	9	7	8	5
I certify that these hours and dates are correct and have been approved by the client. I further certify that I suffered no injuries during this work period. I understand that when this assignment ends, I remain available for reassignment as an employee of AppleOne and it is my responsibility to contact the Company for reassignment. Provided that, a.) I have submitted this timecard for all hours worked in the previous week, b.) timecard is approved by Client and c.) it is received by the local branch by the prescribed deadline, I agree that as an hourly employee, I will be paid for my services on the Friday of the week following the week covered by this timecard even if my assignment ends prior to that date, unless (1) AppleOne notifies me that I am not available for reassignment and I have been discharged, or (2) I notify AppleOne that I have resigned and do not wish to be reassigned, in which event I will be paid within the time periods specified by applicable law of the state of my employment, if such law requires payment in advance of the next scheduled pay date. I agree for a period of six (6) months after completion of my current assignment with the client identified on this time card, that I will immediately notify AppleOne if I provide my services to this client as an employee or contractor or as an employee of any other temporary or outsourcing service. I CONFIRM I WAS ALLOWED TO TAKE MEAL/REST BREAKS IN ACCORDANCE TO STATE LAW IN THE STATE OF MY EMPLOYMENT. (IF DENIED ANY MEAL/REST BREAK, CONTACT (800) 270-9120 IMMEDIATELY TO REPORT VIOLATION.)									
Employee Signature							Date		
Dept. / Cost Center						Project			
Supervisor's Name							Supervisor's Phone #		
Box1				Box2					
Box3				Box4					
Office Use Only: Total Hours:									

City & State where services were performed \_\_\_\_\_ City & State of Residence \_\_\_\_\_

I have read and agreed to the Condition of Service as follows except where a Condition is superseded by a contractual agreement with AppleOne (COMPANY):

- CLIENT will not entrust COMPANY employees with the care, custody or control of premises, custody or control of cash, negotiables, valuables or similar property. If computer work is involved, employees are not to be informed of any confidential access codes, or be permitted unsupervised access to confidential information, unless authorized in writing by COMPANY. COMPANY shall incur no liability, as a consequence of CLIENT having entrusted cash, negotiable securities or other items of value to any employee of COMPANY, except where CLIENT so acted with the prior written consent of COMPANY. CLIENT understands that criminal and drug screening services are available for an additional fee and must be agreed to in writing by both CLIENT and COMPANY. CLIENT or CLIENT's employees shall not pay COMPANY employees directly or advance any funds to them.
- COMPANY employees are not permitted to operate machinery or drive any motorized vehicle (including their personal vehicle), while working for CLIENT. These restrictions may be waived only if a waiver is obtained in writing from a COMPANY officer. COMPANY employees are not supervised by COMPANY; they are subject at all times to CLIENT's direct and indirect supervision. CLIENT agrees to defend, indemnify and hold harmless COMPANY from any claims for bodily injury including death, or property damage, arising out of the use or operation of CLIENT's owned, non-owned or leased vehicles, machinery or equipment by COMPANY employees.
- CLIENT agrees to comply with state and federal civil rights laws, and other employment-related laws, including meal/rest break periods per wage and hour laws and indemnify COMPANY from any claims as a result of any violation of such laws resulting from CLIENT's conduct.
- CLIENT agrees to comply with all laws and ordinances relating to work site health and safety, and agrees to provide employees of COMPANY a safe and healthful workplace. CLIENT agrees that it shall have in place at all times an ongoing safety program, in compliance with all laws and ordinances related to employees safety. CLIENT agrees to indemnify, defend and hold harmless COMPANY for claims, damages or penalties arising out of violations of the Occupational Safety and Health Act of 1970, or any similar state law with respect to workplaces owned, leased or supervised by CLIENT, and to which COMPANY employees are assigned.
- CLIENT understands COMPANY's employees are assigned to CLIENT to render temporary service and, absent agreement to the contrary, are not assigned to become employed by CLIENT. CLIENT acknowledges the considerable expense incurred by COMPANY to advertise, recruit, evaluate, train and quality control its employees. Accordingly, CLIENT will not without the written consent of COMPANY management, hire a COMPANY employee, interfere with the employment relationship between COMPANY and its employees, or directly or indirectly cause a COMPANY employee to transfer to another temporary help service. The COMPANY employee has been referred to CLIENT on a temporary basis while seeking direct hire employment through COMPANY. If CLIENT either directly or indirectly, such as through any company within CLIENT's control, solicits, or offers employment to, and/or hires this person as an employee or consultant or utilizes this person's services through another temporary or outsourcing service within six (6) months after termination of this person's temporary assignment with COMPANY at CLIENT, CLIENT agrees to pay COMPANY a conversion fee in accordance with the COMPANY's standard direct hire placement fee, stipulated at 1% per \$1,000 of the employee's annualized wage or salary, up to a maximum fee of 30%. (Example: For a \$21,000 annual salary the fee would be computed as follows: 1% x 21 (the # of \$1,000's in \$21,000) x \$21,000 = \$4,410 fee). CLIENT FULLY UNDERSTANDS THIS FEE CALCULATION AND WILL ASK COMPANY'S REPRESENTATIVE TO EXPLAIN IT IF UNSURE. CLIENT will not reassign or relocate a COMPANY employee without prior written approval of COMPANY. CLIENT agrees to assume all liability for any third party claim, arising after any reassignment/relocation without prior approval of COMPANY.
- This Agreement shall be governed by the laws of the State of California. Any legal matters concerning this Agreement, or the CLIENT's and COMPANY's rights or obligations pursuant hereto, shall be instituted at the Los Angeles County Superior Court or any other location at the discretion of the COMPANY. CLIENT waives any rights it may have to a change of venue. In the event that any party commences any legal or equitable action or other proceeding, the prevailing party shall be entitled to recover reasonable attorney's fees in addition to any other relief to which the party may be entitled.
- CLIENT agrees to NET UPON RECEIPT, in absence of a written agreement to the contrary, and understands that unpaid accounts will be considered in default after thirty (30) days after the invoice due date. Thereafter, a default charge will be imposed at 1.5% per month on any unpaid balance (APR of 18%). CLIENT agrees to pay default charge and attorney's fees for cost of collection.