

Department of Neighborhood Empowerment

Reporting Month:

OCTOBER

MONTHLY EXPENDITURE REPORT

NC Name:

NHWNC

Submitted: 3/16/2015 9:23:41

Budget Fiscal Year:

2014-2015

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)



EXPENDITURES BY LINE ITEM (for more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below)						
A	Date / Item / Service Description	BUDGET CATEGORY	VENDOR	INVOICE NUMBER	OUT OF STATE VENDOR	1099 Reportable
1	OfficeMax-Approval Stamp, stapler & self-ink refill	OPERATIONS	OfficeMax	8986		
2	Verizon Wireless-Board phone-Monthly bill	OPERATIONS	Verizon Wireless	bill attached		
3	Costco-GBM 9-18-14 fruit tray, cookies, etc	OUTREACH	Costco	receipt		
4	OfficeMax-Paper & Ink	OPERATIONS	OfficeMax	receipt		
5	OfficeMax-ink & business card stock	OPERATIONS	OfficeMax	receipt		
6	Lowe's-4-pc 2 in handi clamps	OUTREACH	Lowe's	receipt		
7	SmartFinal-Comm BBQ-Heinz Picnic Pk Mayo	OUTREACH	Nancy Xander	receipt		
8						
9						
10						
11						
12						
SUBTOTAL - Expenditures by Line Item (May include totals on page 3, if entered)						
B	CUMULATIVE EXPENDITURES FROM PRIOR MONTHS					\$508.76
C	OUTSTANDING COMMITMENTS					\$11,246.66
C 1.	Outstanding Checks (checks that have been issued, but have not yet cleared the account)					
C 2.	Rent/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:			
SUBTOTAL - Outstanding Commitments						
D	Total Expenditures & Commitments					\$0.00
E	Total Adjustments by Department (such as use taxes assessed, credits from prior fiscal years, etc)					\$11,755.42
F	Approved Budget 2014-2015					\$37,000.00
G	Balance of Budget					\$25,244.58

Reporting Month:	OCTOBER
NC Name:	NHWNC

MONTHLY CASH RECONCILIATION				
Beginning Balance (A)	Funds Deposited (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D
\$1,892.20	\$2,107.80	\$4,000.00	\$508.76	\$3,491.24

MONTHLY BUDGETARY ANALYSIS					
Category Identifier	Budget Category	Adopted Budget (A)	Total Spent this Month (B)	Total Spent in Prior Months (C)	Unspent Budget Balance (D) = A - B - C
100	Operations	\$7,300.00	\$402.17	\$3,558.70	\$3,339.13
200	Outreach	\$19,200.00	\$106.59	\$5,187.96	\$13,905.45
300	Community Improvement	\$8,000.00	\$0.00	\$0.00	\$8,000.00
400	NPG	\$2,500.00	\$0.00	\$2,500.00	\$0.00
500	Elections	\$0.00	\$0.00	\$0.00	\$0.00
900	Unallocated	\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL	\$37,000.00	\$508.76	\$11,246.66	\$25,244.58

NEIGHBORHOOD COUNCIL DECLARATION			
<p>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.</p>			
Treasurer Signature			Signer's Signature
Print Name			Print Name
Date			Date
NC Additional Comments			

**Neighborhood Council Funding Program
FUNDING REQUEST FORM**



Complete this form to request funding

REQUEST DATE: 9/9/2014 Amount Requested: \$ 39.77

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a
 B. Is this a request for recurring payment? (if "yes" Term: _____) ☐ Yes ☒ No NC Committee? ☒ Yes ☐ No
 C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee:
 D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No Operations

Remittance:

Payable to:

Debra Perkins

16116 Liggett Street

Address:

North Hills

CA

91343

City

State

Zip:

dperkins.nhwnc@gmail.com

818-399-1514

Email Address

Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Purchase Rubber Approval Stamp, sef re-ink & Stapler

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins

TREASURER'S Name

Signature

Date

John McGovern

2nd Signer's Name

Signature

Date

Board Action:

☐ DENIED (date): _____

☒ Approved for: \$ _____

☐ Amended for: \$ _____

NC Budget Category: 100 Operations

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

- ☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >\$2,500 ☐ Advanced Payment

- ☐ Approved
☐ Denied

Authorization Code: _____

1st Lvl | date: _____

2nd Lvl | date: _____

Department Notes:

OfficeMax
OfficeMax

OfficeMax #1438
19350 NORDHOFF STREET
NORTHRIDGE, CA 91324
(818) 576-9739

1438 02 3535 08/20/14 02:01:16 PM

OfficeMax

1956355254	\$10.99
utter Stamp Approved	
491964849	\$6.99
X Self-Inking Refill Red	
491019952	\$41.49
Sheet Electric Stapler	

Total	\$59.47
9.000%	\$5.35
IL	\$64.82

OfficeMax

Card	\$25.05
d number: XXXXXXXXXXXXXXX9770	
horization 20025055	
49141	\$39.77
d number: XXXXXXXXXXXXXXX3001	
horization 644143	

ed Value Card Balances:	
XXXXXXXXXXXXXXXX9770	\$0.00

OfficeMax

87330-90901-94120-06821-86256-40086



Neighborhood Council Funding Program
FUNDING REQUEST FORM



Complete this form to request funding

REQUEST DATE: 9/18/2014

Amount Requested: \$ 25.18

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council?

☒ Yes ☐ No

- If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: _____)

☒ Yes ☐ No

NC Committee? ☒ Yes ☐ No

C. Is this request a payment for services requiring a 1099?

☐ Yes ☒ No

Committee:

D. Is this a request for an out-of-state vendor?

☒ Yes ☐ No

Operations

Remittance:

Payable to:

Verizon Wireless

PO Box 660108

Address:

Dallas

TX

75266-0108

City

State

Zip:

www.vsw.com/mybusinessaccount

1-800-922-0204

Email Address

Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for Monthly North Hills West Board cell phone-Aug 24, 2014 thru Sept 23,2014

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote/Count Form must accompany this form)

Debra Perkins

TREASURER'S Name

Signature

Date

John McGovern

2nd Signer's Name

Signature

Date

Board Action:

☐ DENIED (date): _____

☒ Approved for: \$ _____

☐ Amended for: \$ _____

NC Budget Category: 100 Operations

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

- ☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >\$2,500 ☐ Advanced Payment

- ☐ Approved
☐ Denied

Authorization Code: _____

1st Lvl | date: _____

2nd Lvl | date: _____

Department Notes:



PO BOX 4005
ACWORTH, GA 30101-9006

Manage Your Account	Account Number	Date Due
www.vzw.com/mybusinessaccount	242052008-00001	10/18/14
	Invoice Number	9732566433

0006502 01 AT 0.403 **AUTO T3 0 6523 91343-304016 -C21-P06508-11



NORTH HILLS WEST NC
16116 LIGGETT ST
NORTH HILLS, CA 91343-3040



Quick Bill Summary

Aug 24 – Sep 23

Previous Balance <i>(see back for details)</i>	\$67.98
Payment – Thank You	–\$67.98
Balance Forward	\$0.00
Monthly Charges	\$24.99
Usage and Purchase Charges	
Data	\$0.00
Verizon Wireless' Surcharges and Other Charges & Credits	\$0.19
Taxes, Governmental Surcharges & Fees	\$0.00
Total Current Charges	\$25.18

Total Charges Due by October 18, 2014 **\$25.18**

Pay from Wireless	Pay on the Web	Questions:
#PMT (#768)	At vzw.com/mybusinessaccount	1.800.922.0204 or *611 from your wireless



NORTH HILLS WEST NC
16116 LIGGETT ST
NORTH HILLS, CA 91343-3040

Bill Date
Account Number
Invoice Number

September 23, 2014
242052008-00001
9732566433

VB



Total Amount Due by October 18, 2014

Make check payable to Verizon Wireless.
Please return this remit slip with payment.

\$25.18

\$.

PO BOX 660108
DALLAS, TX 75266-0108



Check here and fill out the back of this slip if your billing address
has changed or you are adding or changing your email address.

97325664330102420520080000100000002518000000025181



Invoice Number Account Number Date Due Page
9732566433 242052008--00001 10/18/14 3 of 5

Overview of Lines

Lines	Charges	Page Number	Monthly Charges	Usage and Purchase Charges	Equipment Charges	VZW			Total Charges	Voice					
						Surcharges and Other Credits	Taxes, Governmental and Fees	Third-Party Charges (includes Tax)		Plan Usage	Messaging Usage	Data Usage	Voice Roaming	Messaging Roaming	Data Roaming
818-809-9158 Deborah Perkins		4	\$24.99	--	--	\$.19	\$.00	--	\$25.18	--	--	9775KB	--	--	--
Total Current Charges			\$24.99	\$.00	\$.00	\$.19	\$.00	\$.00	\$25.18						

**Summary for Deborah Perkins: 818-809-9158****Your Plan**

Nationwide Flat Rate on-Net
\$.06 per minute

Email & Data Unlimited
\$24.99 monthly charge
Unlimited monthly kilobyte

M2M National Unlimited
Unlimited monthly Mobile to Mobile

UNL Night & Weekend Min
Unlimited monthly OFFPEAK

100 Messages
100 monthly message allowance
\$.10 per message after allowance

Monthly Charges

Email & Data Unlimited	09/24 – 10/23	24.99
		\$24.99

Usage and Purchase Charges

Data	Allowance	Used	Billable	Cost
Kilobyte Usage	<i>kilobytes</i> unlimited	9775	---	---
Total Data				\$.00
Total Usage and Purchase Charges				\$.00

Verizon Wireless' Surcharges

Fed Universal Service Charge	.01
Regulatory Charge	.18
	\$.19

Total Current Charges for 818-809-9158	\$25.18
---	----------------

Have more questions about your charges?
Get details for usage charges at
www.vzw.com/mybusinessaccount.

Neighborhood Council Funding Program
FUNDING REQUEST FORM



Complete this form to request funding

REQUEST DATE: 9/18/2014

Amount Requested: \$ 64.95

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council?

☒ Yes ☐ No - If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: _____)

☐ Yes ☒ No NC Committee? ☒ Yes ☐ No

C. Is this request a payment for services requiring a 1099?

☐ Yes ☒ No Committee:

D. Is this a request for an out-of-state vendor?

☐ Yes ☒ No Outreach

Remittance:

Payable to:

Debra Perkins

16116 Liggett Street

Address:

North Hills

CA

91343

City

State

Zip:

dperkins.nhwnc@gmail.com

Email Address

818-399-1514

Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Purchaed fruit trays, cookies, and Turkey swiss sandwiches for GBM on 9-18-2014

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins

TREASURER'S Name

Signature

Date

John McGovern

2nd Signer's Name

Signature

Date

Board Action:

☐ DENIED (date): _____

☒ Approved for: \$ _____

☐ Amended for: \$ _____

NC Budget Category: 200 Outreach

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

☐ NPG

☐ CIP

☐ Contract

☐ Lease

☐ Sponsored Event

☐ >\$2,500

☐ Advanced Payment

☐ Approved

☐ Denied

Authorization Code: _____

1st Lvl | date: _____

2nd Lvl | date: _____

Department Notes:



NORTHRIDGE 437

8810 TAMPA AVE.
NORTHRIDGE, CA 91324
LW G AT 90-102175
NUMBER #111836327590

50683 FRUIT TRAY	9.99
TOTAL NUMBER OF ITEMS SOLD =	1
50683 FRUIT TRAY	9.99
640236 COACH'S	8.29
937348 PALMIERS	6.69
21611 TURKEY&SWISS	29.99
TOTAL NUMBER OF ITEMS SOLD =	5
TOTAL	64.95
Cash	65.00
CHANGE	.05

TOTAL NUMBER OF ITEMS SOLD = 5
CASHIER: Melissa v REG# 7
11/21/2011 17:48 0437 07 0476 196

CA TAXES PAID ON ANY TOBACCO PURCHASES
Thank You!

Neighborhood Council Funding Program
FUNDING REQUEST FORM



Complete this form to request funding

REQUEST DATE: 9/18/2014

Amount Requested: \$ 82.37

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a
B. Is this a request for recurring payment? (if "yes" Term: _____) ☐ Yes ☒ No NC Committee? ☒ Yes ☐ No
C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee:
D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No Operations

Remittance:

Payable to: Debra Perkins
16116 Liggett Street
Address:
North Hills CA 91343
City State Zip:
dperkins.nhwnc@gmail.com 818-399-1514
Email Address Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Purchased Copy paper & HP Ink for GBM on 9-18-2014

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins
TREASURER'S Name

Signature

Date

John McGovern
2nd Signer's Name

Signature

Date

Board Action:

☐ DENIED (date): _____

☒ Approved for: \$ _____

☐ Amended for: \$ _____

NC Budget Category: 100 Operations

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

- ☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ > \$2,500 ☐ Advanced Payment

- ☐ Approved
☐ Denied

Authorization Code: _____

1st Lvl | date: _____

2nd Lvl | date: _____

Department Notes:

OfficeMax®

OfficeMax #1438
19350 NORDHOFF STREET
NORTHRIDGE, CA 91324
(818) 576-9739

1438 01 3533 09/18/14 06:04:49 PM

SALE

011491559595	\$13.79
OMX Recycled Copy 14" Rea	
011491559595	\$13.79
OMX Recycled Copy 14" Rea	
882780668201	\$47.99
HP Ink 98 Twin Blk	
SubTotal	\$75.57
Tax 9.000%	\$6.80
TOTAL	\$82.37
ash	\$82.37

MaxPerks Number XXXXX6424

MaxPerks Qualified Purchase Balance as
of (8/22/2014): \$513.36

Copy of receipt emailed to
LADYBUG1514@GMAIL.COM

04300-98314-98092-16330-10088-11035



Now one company. Now great savings.
Office Depot, Inc., including its
subsidiary OfficeMax Incorporated

OfficeMax doesn't just provide great
values, we also live them. OfficeMax has
been named one of 2013's World's most
Ethical Companies. For more information
visit OfficeMax.com/ethics.

OfficeMax®

OfficeMax #634
18050 CHATSWORTH
GRANADA HILL, CA 91344
(818) 832-8877

0634 03 7787 10/10/14 02:24:10 PM

SALE

112115883	
Ink 61 Clr/61XL B1k CMB	\$51.99
112115883	
Ink 61 Clr/61XL B1k CMB	\$51.99
112115883	
Ink 61 Clr/61XL B1k CMB	\$51.99
5140245147	
lpine Spring Water 24/500	\$2.99
339178	
Deposit Redemption \$1.20	\$1.20
2782088705	
us Card CE Wht IJ 1000pk	\$73.99

SubTotal	\$234.15
9.000%	\$20.70
AL	\$254.85

MasterCard \$254.85
Card number: XXXXXXXXXXXX9108
Authorization 506484

MaxPerks Number XXXXX6424

Perks Qualified Purchase Balance as
(9/18/2014): \$588.93

06500-78764-44082-08830-12050-33071



OfficeMax doesn't just provide great
products, we also live them. OfficeMax has
been named one of 2013's World's Most
Ethical Companies. For more information
visit OfficeMax.com/ethics.

ORDER BY PHONE 1-877-OFFICEMAX

**Neighborhood Council Funding Program
FUNDING REQUEST FORM**



Complete this form to request funding

REQUEST DATE: 10/27/2014

Amount Requested: \$ 21.78

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a
B. Is this a request for recurring payment? (if "yes" Term: _____) ☐ Yes ☒ No NC Committee? ☒ Yes ☐ No
C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee:
D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No Outreach

Remittance:

Payable to: Dave Brown
P O Box 7493
Address:
Van Nuys CA 91409
City State Zip:
dbrown.nhwnc@gmail.com 310-994-2566
Email Address Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Purchase 4 adjustable clamps to secure NC banner during at at All NC events

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins
TREASURER'S Name

Signature

Date

John McGovern
2nd Signer's Name

Signature

Date

Board Action:

☐ DENIED (date): _____

☒ Approved for: \$ _____

☐ Amended for: \$ _____

NC Budget Category: 200 Outreach

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

- ☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ > \$2,500 ☐ Advanced Payment

- ☐ Approved
☐ Denied

Authorization Code: _____

1st Lvl | date: _____

2nd Lvl | date: _____

Department Notes:



LOWE'S HOME CENTERS, LLC
13500 PAXTON STREET
PACOMA, CA 91331 (818) 686-4300

SALES# FSTLANE2 13 SALE TRANS# 12880237 10-09-14

552511 IRWIN 4-PC 2-IN HANDI CLA 19.98

SUBTOTAL: 19.98
TAX: 1.80
INVOICE 12110 TOTAL: 21.78
CASH: 22.00
CHANGE: 0.22

RE: 1852 TERMINAL: 12 10/09/14 11:44:41
OF ITEMS PURCHASED: 1
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: MARIO GASCA

WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%.
SEE STORE FOR DETAILS.

* YOUR OPINIONS COUNT! *

* REGISTER FOR A CHANCE TO WIN A *

* \$5,000 LOWE'S GIFT CARD! *

* REGISTRESE PARA TENER LA OPORTUNIDAD DE GANAR UNA *

* TARJETA DE REGALO DE LOWE'S DE \$5000! *

* REGISTER BY COMPLETING A GUEST SATISFACTION SURVEY *

* WITHIN ONE WEEK AT: www.lowes.com/survey *

* YOUR ID # 12110 1852 282 *

* NO PURCHASE NECESSARY TO ENTER OR WIN. *

* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER *

Neighborhood Council Funding Program
FUNDING REQUEST FORM

EMPOWER LA
Department of
NEIGHBORHOOD EMPOWERMENT

Complete this form to request funding

REQUEST DATE: 10-22-2014

Amount Requested: \$ 21,078

NEIGHBORHOOD COUNCIL: NORTH HILLS WEST

Please complete all of the following and answer questions A-D:

Name of Requester: DAVE BROWN

A. Are you a board member of this Neighborhood Council?

☒ Yes ☐ No - If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: _____)

☐ Yes ☒ No NC Committee? ☒ Yes ☐ No

C. Is this request a payment for services requiring a 1099?

☐ Yes ☒ No Committee:

D. Is this a request for an out-of-state vendor?

☐ Yes ☒ No

TECHNICAL SUPPORT

Remittance:

Payable to:

<u>DAVE BROWN</u>		
<u>POB 7493</u>		
Address:	<u>VAN NUYS</u>	<u>CA</u>

City

State

Zip:

Email Address

Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

4x adjustable clamps to secure NC banner during various events/functions

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

NEIGHBORHOOD COUNCIL USE ONLY
(Board Vote Count Form must accompany this form)

TREASURER'S Name

Signature

Date

2nd Signer's Name

Signature

Date

Board Action:

☐ DENIED (date): _____

☐ Approved for: \$ _____

☐ Amended for: \$ _____

NC Budget Category: _____

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

- ☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ >\$2,500 ☐ Advanced Payment

- ☐ Approved
☐ Denied

Authorization Code: _____

1st Lvl | date: _____

2nd Lvl | date: _____

Department Notes:

Neighborhood Council Funding Program
FUNDING REQUEST FORM



Complete this form to request funding

REQUEST DATE: 10/27/2014 Amount Requested: \$ 19.86
NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a
B. Is this a request for recurring payment? (if "yes" Term:) ☐ Yes ☒ No NC Committee? ☒ Yes ☐ No
C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee:
D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No Outreach

Remittance:

Payable to:

Nancy Xander

16206 Community Court

Address:

North Hills

CA

91343

City

State

Zip:

nxander.nhwnc@gmail.com

213-494-1605

Email Address

Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Smart & Final purchase of mayo , mustard/Heinz Picnic Pack & checkout bag

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins

TREASURER'S Name

Signature

Date

John McGovern

2nd Signer's Name

Signature

Date

Board Action:

☐ DENIED (date):

☒ Approved for: \$

☐ Amended for: \$

NC Budget Category: 200 Outreach

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

- ☐ NPG ☐ CIP ☐ Contract
☐ Lease ☐ Sponsored Event
☐ > \$2,500 ☐ Advanced Payment

☐ Approved

☐ Denied

Authorization Code: _____

1st Lvl | date: _____

2nd Lvl | date: _____

Department Notes:

Smart&Final

extra!

* Welcome To Our Granada Hills Store *

Store # 460

*****^*****

See Us On The WEB www.smartandfinal.com

Cashier: Alex V

DATE 09/06/14

TIME 18:00:00

Heinz Picnic Pack	6.19
Heinz Picnic Pack	6.19
Guldens Spicy Brn	3.89
Best Foods Sq Mayo	3.49
Checkstand Bags	.10

SUBTOTAL	19.86
SALES TAX	.00
TOTAL	19.86

ASH	TENDER	20.01
ASH	CHANGE	.15

TOTAL NUMBER OF ITEMS THIS VISIT--> 4

00:50 OP# 129016 09/06/14
m:4 Trans # 157 Store # 460

THANK YOU FOR SHOPPING
YOUR GRANADA HILLS SMART&FINAL
STORE MANAGER: ERIC OERUM
1 (818) 892-3338

We want to know your thoughts
so we can serve you better.

Complete our customer survey
and be entered to win a

\$500 SmartCash Card

Please visit
<http://www.smartandfinal.com/survey>
Enter code 159207
within 5 days of this shop!

Nancy

Statement for NORTH HILLS WEST NEIGHBORHOOD COUNCIL

[Important Statement Information](#)

Date range: 10/01/14 - 10/31/14

- ✚ [Business Basics Checking Summary](#)
- ✚ [Additions](#)
- ✚ [Payments](#)
- ✚ [Purchases](#)
- ✚ [Information and Banking Office Services](#)

■ Focus on running your business by outsourcing payroll administration. Union Bank offers a complete range of payroll services - including a full-service outsourced customized solution backed by local payroll specialists or a simple online solution. Go to unionbank.com/payroll, then Payroll Services.

NORTH HILLS WEST NEIGHBORHOOD COUNCIL
200 N SPRING ST FL 20
LOS ANGELES CA 90012-4801

Business Basics Checking Summary			Account Number: 0063214399
Days in statement period: 31			
Balance on 10/1	\$		1,892.20
Additions			2,107.80
Subtractions			-508.76
	Payments	-253.91	
	Purchases	-254.85	
Balance on 10/31	\$		3,491.24
Statement Average Ledger Balance			3,403.10
We waived your service charge this statement period.			

[back to top](#)

Additions			
Date	Description/Location	Reference	Amount
10/7	CITY OF LOS ANGE EFT PAYMT PPD *****0735	52644926	\$ 2,107.80

[back to top](#)

Payments online and electronic banking			
Date	Description/Location	Reference	Amount
10/27	Nancy Xander BILL PYMT 141027 YUM YUM DO	63006293	\$ 19.86
10/27	Dave Brown BILL PYMT 141027 AMAZONORDE	63005627	21.78
10/27	Debra Perkins BILL PYMT 141027 136112	63008723	39.77
10/27	Debra Perkins BILL PYMT 141027 136112	63005697	64.95
10/27	Debra Perkins BILL PYMT 141027 136112	63000435	82.37
10/27	VERIZON WIRELESS BILL PYMT 141027 242052008-	63006220	25.18
Total			\$ 253.91

[back to top](#)

Purchases ATM card and Debit card™ purchases			
Date	Description/Location	Reference	Amount
10/14	OFFICE MAX 18050 CHATSWORT GRANADA HILLS CA	72834506	\$ 254.85

[back to top](#)

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.

[back to top](#)

[back to top](#)