# Department of Neighborhood Empowerment

Submitted: 3/16/2015 9:23:41	NHWNC	NC Name:
MONTHLY EXPENDITURE REPORT	OCTOBER	Reporting Month:



FILL IN ALL THE UNSHADED (WHITE) FIELDS (Must be submitted to the Department within 10 days of Board Approval alon

\$25.244.58						Balance of Budget
\$37,000.00						Approved Budget 2014-2015
				from prior fiscal years, etc)	xes assessed, credits	Total Adjustments by Department (such as use taxes assessed, credits from prior fiscal years, etc)
\$11,755.42						Total Expenditures & Commitments
\$0.00				The second secon		SUBTOTAL: Outstanding Commitments
					Description:	C 8. Other Outstanding Commitments ==>
						C 7. Storage
						C 6. Temporary Staffing Services
					process)	C 5. Neighborhood Purpose Grants (pending or in process)
						C 4. Large Purchases
						C 3. Contractual Services
						C 2. Rent/Lease
				et cleared the account)	issued, but have not y	C 1. Outstanding Checks (checks that have been issued, but have not yet cleared the account)
				3 10		OUTSTANDING COMMITMENTS
\$11,246.66					THS	CUMULATIVE EXPENDITURES FROM PRIOR MONTHS
\$508.76				entered)	de totals on page 3, if	SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)
						12
						11
						10
						9
\$19.86			receipt	Nancy Xander	OUTREACH	7 Smart/Final-Comm BBQ-Heinz Picnic Pk, Mayo
\$21.78			receipt	Lowe's	OUTREACH	6 Lowe's-4-pc 2 in handi clamps
\$254.85			receipt	OfficeMax	OPERATIONS	5 OfficeMax-Ink & business card stock
\$82.37			receipt	OfficeMax	OPERATIONS	4 OfficeMax-Paper & Ink
\$64.95			receipt	Costco	OUTREACH	3 Costco-GBM 9-18-14 fruit tray, cookies, etc
\$25.18			bill attached	Verizon Wireless	OPERATIONS	2 Verizon Wireless-Board phone-Monthly bill
\$39.77			8986	OfficeMax	OPERATIONS	1 OfficeMax-Approval Stamo, stapler & self-ink refill
TOTAL	1099 Reportable	OUT OF STATE VENDOR	INVOICE	VENDOR	BUDGET CATEGORY	A Date / Item / Service Description
	of this worksheet - see below)	worksheet - see be	on page 3 of this	ວບ may continue entering	າ 12 expenditures, yo	EXPENDITURES BY LINE ITEM (for more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below)

Reporting Month:	OCTOBER
NC Name:	NHWNC

\$3,491.24	\$508.76	\$4,000.00	\$2,107.80	\$1,892.20
Remaining Balance (E ) = C - D	Cash Spent this Month (D)	Total Available (C) = (A+B)	Funds Deposited (B)	Beginning Balance (A)
<b>2000年的</b>	LIATION	MONTHLY CASH RECONCILIATION	MONTHLY	· · · · · · · · · · · · · · · · · · ·

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

NEIGHBORHOOD	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.	that the information presented on this form is accu Empowerment upon request.	urate and complete, and will
Treasurer Signature	Signer's Signature	
Print Name	Print Name	
Date	Date	
NC Additional Comments		
Revision Date 1-26-15		



REQUEST DATE:	REQUEST DATE: 9/9/2014 Amount Requested: \$ 39.77					
NEIGHBORHOOD	COUNCIL:	North Hills	s West			
Please complete all of the following and answer questions A-D:						
•	nember of this Neighborhood Council?	✓ Yes No -	If "yes," is this request on behalf of a  NC Committee?			
C. Is this request a p	or recurring payment? (if "yes" Term: payment for services requiring a 1099? or an out-of-state vendor?	)	NC Committee?			
Remittance:						
Payable to: De	bra Perkins					
	116 Liggett Street					
1	dress: orth Hills	CA	91343			
City	erkins.nhwnc@gmail.com	State	Zip: 818-399-1514			
	ail Address		Contact Phone number			
Notes and / or Pi	ublic Benefit Statement (Describe how th	ese funds will benefi	t the this neighborhood):			
under the guidleing any patential confl authorize payment	DECLARATION  I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines 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.  A Guidle Requester's Signature					
NEIGHBORHOOD COUNCIL USE ONLY  (Beard Note Count Form much accompany this form)						
(Board Vote Count Form must accompany this form)  Board Action:						
Debra Perkins			DENIED (date):			
TREASURER'S Name	Signature	Date	Approved for: \$			
John McGovern			Amended for: \$			
2nd Signer's Name	Signature	Date	NC Budget Category: 100 Operations			
	DEPARTM	ENT USE ONLY				
AUTHORIZATION  NPG Lease >\$2,500	CATEGORY: Approv  CIP Contract Denied  Sponsored Event  Advanced Payment	1st Lvl  d	ate:			
Department Note	s:	Zna Lvi ja	ate:			

# Office Max Office Wax

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

(1435 02 0586 08/20/14 02:01:16 PM

# OffisalFlax

956355254 utter Stamp Approved	\$10.99
X Self-Inking Refill Red	\$6.99
491019952 Sheet Electric Stapler	\$41.49

Total 9.000%	\$59.47
1.000%	\$5.35

# OfficeMax

d number: XXXXXXXXXXXXXXXX9770 horization 20025055

AMLA \$39.77

d number: XXXXXXXXXXXXX3001

ed Value Card Balances:

\$0.00







REQUEST DA	ATE: 9/18/2	014		Amo	unt Requested: \$ 25.18	
NEIGHBORHO	NEIGHBORHOOD COUNCIL: North Hills West					
	Please complete all of the following and answer questions A-D:					
Name of Req	uester: Debi	ra Perkins				
	ard member of this Ne	=		✓ Yes  No -	If "yes," is this request on behalf of a	
	uest for recurring paym			_)	NC Committee? Yes No	
	est a payment for servic lest for an out-of-state (			Yes No	Committee: Operations	
Remittance:	lest for an out-or-state t	vondoi :		✓ Yes No	Operations	
Payable to:	Verizon Wireles	SS				
	PO Box 66010	8				
	Address:					
	Dallas			TX	75266-0108	
	City	ybusinessaccount		State	Zip: 1-800-922-0204	
	Email Address	ybusinessaccount			Contact Phone number	
Notes and / c	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, 20414 thru Sept 23,2014						
DECLARATION  The Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines 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 of review the appropriateness of the request.						
lequester's Sign	ature			· · · · · · · · · · · · · · · · · · ·	Date	
NEIGHBORHOOD COUNCIL USE ONLY						
(Board Yote Gount Form must accompany this form)						
		X X	2	014-14	Board Action:	
Debra Perkins			767	77011	DENIED (date):	
TREASURER'S Na	me	Sig <del>natu</del> re		Date	Approved for: \$	
John McGove	ern				Amended for: \$	
2nd Signer's Nam	ne	Signature		Date	NC Budget Category: 100 Operations	
			EPARTMENT	USE ONLY		
AUTHORIZATI  NPG Lease >\$2,500	ON CATEGORY:  CIP  Sponsored E	Contract vent	Approved Denied		rization Code:ate:	
Department N		ymene		2nd Lvl  da	ate:	
o operation (						



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-I1

### <u> Երիկարվի դերբորին Ոինութի իսնակին իրի անգագության ար</u>

NORTH HILLS WEST NO 16116 LIGGETT ST NORTH HILLS, CA 91343-3040



# **Quick Bill Summary**

Aug 24 - Sep 23

Previous Balance (see back for details)	\$67.98
Payment – Thank You	-\$67.98
Balance Forward	\$.00
Monthly Charges	\$24.99
Usage and Purchase Charges	
Data	\$.00
Verizon Wireless' Surcharges	
and Other Charges & Credits	\$.19
Taxes, Governmental Surcharges & Fees	\$.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 NO 16116 LIGGETT ST NORTH HILLS, CA 91343-3040 Bill Date **Account Number** Invoice Number

September 23, 2014 242052008-00001 9732566433



VΒ

## Total Amount Due by October 18, 2014

Make check payable to Verizon Wireless. Please return this remit slip with payment.	<b>\$25.</b>	18
	\$□□.□□	

PO BOX 660108 DALLAS, TX 75266-0108

յրդիկեսիլանուրկիլներուիյիններությունների հերիկու

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.



Invoice Number

9732566433

242052008--00001 10/18/14 3 of 5

Account Number

Date Due Page

Overview of Lines

Total Current Charges	818-809-9158 Deborah Perkins	Lines Charges
	4	Page Number
\$24.99	\$24.99	Monthly Charges
\$.00	. ]	Usage and Purchase Charges
\$.00		Equipment Charges
\$.19	\$.19	Usage Surcharges and and Other G and Purchase Equipment Charges and t es Charges Charges Credits
\$.00	\$.00	Taxes, overnmental ourcharges and Fees
\$.00	-	Third-Party Charges (includes Tax)
\$25.18	\$25.18	Total Charges

Messaging Usage

Voice Messaging Data Roaming Roaming Roaming

9775KB Data Usage

### 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

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

### **Monthly Charges**

Email & Data Unlimited 09/24 - 10/2324.99 \$24.99

# **Usage and Purchase Charges**

Data		Allowance	Used	Billable	Cost
Kilobyte Usage	kilobytes	unlimited	9775		
Total Data					\$.00
Total Usage and Purcha	se Charges				\$.00
Verizon Wireless' Surch	narges				
Fed Universal Service Cha	arge				.01
Regulatory Charge					.18
					\$.19
Total Current Charges fo	or 818–809–9158				\$25.18



EQUEST 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:	)				
C. Is this request a payment for services requiring a 1099?	Tes VINO				
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	818-399-1514				
Email Address	Contact Phone number				
Notes and / or Public Benefit Statement (Describe how these	e funds will benefit the this neighborhood):				
Purchaed fruit trays, cookies, and Turkey swiss sandwiches for GBN					
,,,,,					
DECLAR					
I, the Requester, understand that I am requesting public funds from under the guidleines set forth by the Department of Neighborhood					
any patential conflict of interest for any Board Member and will pro-					
authorize payment or review the appropriateness of the request.	ovide any documentation requested by the behavior to				
	9/18/14				
Requester's Signature	Date				
NEIGHBORHOOD C	OLINCII LISE ONLY				
	nust accompany this form)				
	Board Action:				
Debra Perkins	DENIED (date):				
TREASURER'S Name	Date Approved for: \$				
John McGovern	Amended for: \$				
2nd Signer's Name Signature	Date NC Budget Category: 200 Outreach				
DEPARTMEN					
AUTHORIZATION CATEGORY:					
NPG CIP Contract Denied	Authorization code.				
Lease Sponsored Event	1st Lvl  date:				
>\$2,500 Advanced Payment					
Department Notes:	2nd Lvl  date:				
Department Notes.					



### NORTHRIDGE 437

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

DTAL NUMBER OF TYEMS SOLD = 1 9.99

50583 FRUIT TRAY 9.99
640235 COACHS 8.29
937348 PALMIERS 6.69
21611 TURKEY8SWISS 29.99

TOTAL NUMBER OF ITEMS SOLD = 5

TOTAL Cash 65.00
CHANGE .05

TOTAL NUMBER OF ITEMS SOLD > 5 CASHIER: Melissa v REG# 7 NEW MELISSA V 0476 196

CA TAXES PAID ON ANY TOBACCO PURCHASES



REQUEST DA	ATE: 9/18/2	2014		Amo	unt Requested:	\$ 82.37
NEIGHBORHOOD COUNCIL: North Hills West						
Please complete all of the following and answer questions A-D:						
Name of Req	uester: Debi	ra Perkins				
	oard member of this Ne	=		✓ Yes ☐ No -		equest on behalf of a
	uest for recurring paym est a payment for servic		)	Yes V No	NC Committee? Committee:	✓ Yes  No
•	uest for an out-of-state			☐ Yes ☑ No ☐ Yes ☑ No	Operations	
Remittance:				Lies Lino		
Payable to:	Debra Perkins					
	16116 Liggett	Street				
	Address: North Hills			CA		91343
	City			State		/1343 lip:
	dperkins.nhwnc@	gmail.com			818-399-15	14
	Email Address				Contact Phone	number
Notes and /	or Public Benefit	Statement (Describe h	how these fu	ınds will benefi	t the this neighb	orhood):
Purchaed Copy	paper & HP Ink for	for GBM on 9-18-2014				
1						
under the guid any potential of	leines set forth by onflict of interest f	I am requesting public for the Department of Neig for any Board Member a appropriateness of the r	hborhood Em Ind will provid	e Neighborhood C	clare that this fund	ding request does not pose
Requester's Sign	ature	1			D	ate /
		NEIGHBOF	RHOOD COU	NCIL USE ONLY		
				accompany this for		
D 1 D 11		1 To Chark	10 1	210.111	Dodi d Action	
Debra Perkins TREASURER'S Na		Gignatus	37 7	17877	DENIED (da	
THEASUNER S NO	ine	Dignaterie	D.	ate /	✓ Approved fo	or. \$
John McGove					Amended fo	r. \$
2nd Signer's Nan	ie	Signature	Da	ate	NC Budget Categ	ory: 100 Operations
		DEP	ARTMENT U	SE ONLY		
AUTHORIZATI	ON CATEGORY:		Approved	Author	ization Code:	
☐ NPG		Contract	Denied	4		
Lease > \$2,500	Sponsored Ev			1st LVI   da	ite:	
Department N		yment		2nd Lvl  da	ıte:	
Department N	otes.			**		

OfficeMax

# OfficeMax®

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

-1438 01: 3563 09/18/14 06:04:49 PM

# SALE

011491559595 OMX Recycled Copy 14" Rea	\$13.79
011491559595 0MX Recycled Copy 14" Rea	\$13.79
882780668201 HP Ink 98 Twin Blk	\$47.99
SubTotal Tax 9,000%	\$75,57 \$6.80 \$82.37
.sh	\$82.37
MaxPerks Number XXXXX	(6424

3XPerks Qualified Purchase Balance as f (8/22/2014): \$513.36

Japy of receipt emailed to ADYBUG1514@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 alues, we also live them. OfficeMax has been named one of 2013s World's most Ethical Companies. For more information visit OfficeMax.com/ethics.

# Office Max.

OfficeMax #634 1805O CHATSWORTH GRANADA HILL, CA 91344 (818) 832-8877

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

# SALE

	OU!		
112115883 1 Ink 61 C	1r/81VL pi	k CMB	\$51.99
, Ink 61 C	lr/61XL Blk		\$51.99
<sup>3</sup> Ink 61 C1			\$51,99
lpine Sprin			\$2.99
eposit Rede			\$1.20
2782088705 us Card CE W			\$73.99
-bTotal 9.000% AL			\$234.15 \$20.70 \$254.85
sterCard rd number: thorization	XXXXXXXX 506484	XXXX91	\$254.85 08
MaxPerks Nu	mber	XXXXX6	3424

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

06500-78764-44082-08830-12050-33071



IfficeMax doesn't just provide great Jes, we also live them. OfficeMax ha Jeen named one of 2013s World's Most Jical Companies. For more information Visit OfficeMax.com/ethics.

ORDER BY PHONE 1-877-OFFICEMAX



	TE: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 Requ	ester: Debra Perkins					
A. Are you a box	ard member of this Neighborhood Council?					
•	est for recurring payment? (if "yes" Term:	)yes				
•	st a payment for services requiring a 1099					
	est for an out-of-state vendor?	Yes No Outreach				
Remittance:						
Payable to:	Dave Brown					
	P O Box 7493					
	Address:	01400				
	Van Nuys	CA 91409				
	City	State Zip:				
	dbrown.nhwnc@gmail.com  Email Address	310-994-2566 Contact Phone number				
		scribe how these funds will benefit the this neighborhood):				
Purchase 4 adji	stable clamps to secure NC banne	r during at at All NC events				
	DECLARATION					
		DECLARATION				
		public funds from the Neighborhood Council and that such funds are restricted				
under the guid	eines set forth by the Department	public funds from the Neighborhood Council and that such funds are restricted tof Neighborhood Empowerment. I declare that this funding request does not pos				
under the guid	eines set forth by the Department onflict/of interest for any Board M	public funds from the Neighborhood Council and that such funds are restricted tof Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to				
under the guid	eines set forth by the Department	public funds from the Neighborhood Council and that such funds are restricted tof Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to				
under the guid any potential c authorize payn	eines set forth by the Department onflict of interest for any Board Mont of review the appropriateness	public funds from the Neighborhood Council and that such funds are restricted tof Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to				
under the guid	eines set forth by the Department onflict of interest for any Board Mont of review the appropriateness	public funds from the Neighborhood Council and that such funds are restricted tof Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to				
under the guid any potential c authorize payn	eines set forth by the Department orflict of interest for any Board Mo ent or review the appropriateness	public funds from the Neighborhood Council and that such funds are restricted tof Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to				
under the guid any potential c authorize payn	eines set forth by the Department of flict of interest for any Board Mont of review the appropriateness ture	public funds from the Neighborhood Council and that such funds are restricted to f Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to s of the request.  IGHBORHOOD COUNCIL USE ONLY  Vote Count Form must accompany this form)				
under the guid any patential c authorize payn Requester's Signa	eines set forth by the Department of flict of interest for any Board Mont or review the appropriateness ture	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to sof the request.  IGHBORHOOD COUNCIL USE ONLY  Vote Count Form must accompany this form)  Board Action:				
under the guid any patential c authorize payr Requester's Signa Debra Perkins	eines set forth by the Department of flict of interest for any Board Mont or review the appropriateness of the Carolina of the	public funds from the Neighborhood Council and that such funds are restricted to f Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to s of the request.  IGHBORHOOD COUNCIL USE ONLY  Vote Count Form must accompany this form)				
under the guid any patential c authorize payn Requester's Signa	eines set forth by the Department of flict of interest for any Board Mont or review the appropriateness of the Carolina of the	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to sof the request.  IGHBORHOOD COUNCIL USE ONLY  Vote Count Form must accompany this form)  Board Action:				
nnder the guid any patential c authorize payn Requester's Signa Debra Perkins TREASURER'S Na	eines set forth by the Department of flict of interest for any Board Mont of review the appropriateness ture  NE (Board Signature	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to sof the request.  IGHBORHOOD COUNCIL USE ONLY  Vote Count Form must accompany this form)  Board Action:  Denied (date):  Date  Approved for: \$				
under the guid any patential c authorize payr Requester's Signa Debra Perkins	eines set forth by the Department of flict of interest for any Board Mont of review the appropriateness iture  NE (Board Pariet of Signature)	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to soft the request.  IGHBORHOOD COUNCIL USE ONLY  Vote Count Form must accompany this form)  Board Action:  Date  Approved for:  Amended for:  Amended for:				
nnder the guid any patential c authorize payr Requester's Signa Debra Perkins TREASURER'S Na John McGove	eines set forth by the Department of flict of interest for any Board Mont of review the appropriateness iture  NE (Board Pariet of Signature)	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not possember and will provide any documentation requested by the Department to sof the request.  IGHBORHOOD COUNCIL USE ONLY  Vote Count Form must accompany this form)  Board Action:  Denied (Approved for: \$  Amended for: \$  NC Budget Category: 200 Outreach				
under the guid any patential cauthorize bayra Requester's Signa Debra Perkins TREASURER'S Na John McGove 2nd Signer's Nam	eines set forth by the Department of flict of interest for any Board Mont or review the appropriateness of ture  NE (Board Signature)  The Signature	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to sof the request.    GHBORHOOD COUNCIL USE ONLY   Voice Count Form must accompany this form				
nnder the guid any patential cauthorize payre Requester's Signal Debra Perkins TREASURER'S Na John McGove 2nd Signer's Nam	eines set forth by the Department of flict of interest for any Board Mont of review the appropriateness iture  Signature  ON CATEGORY:	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to sof the request.    GHBORHOOD COUNCIL USE ONLY   Date   Department form				
nnder the guid any patential cauthorize payre Requester's Signal Debra Perkins TREASURER'S Nat John McGove 2nd Signer's Nam AUTHORIZATI	eines set forth by the Department of flict of interest for any Board Mont of review the appropriateness iture  Signature  ON CATEGORY:  CIP Contract	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to sof the request.    GHBORHOOD COUNCIL USE ONLY   Date   Date   Denied   Denied				
nnder the guid any patential cauthorize payre Requester's Signs  Debra Perkins TREASURER'S Na  John McGove 2nd Signer's Nam  AUTHORIZATI  NPG Lease	eines set forth by the Department of flict of interest for any Board Mont of review the appropriateness iture  NE (Board Park)  Re Signature  ON CATEGORY:  CIP Contract Sponsored Event	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to sof the request.    GHBORHOOD COUNCIL USE ONLY   Date   Department form				
Debra Perkins TREASURER'S Nam  John McGove 2nd Signer's Nam  AUTHORIZATI  NPG Lease  >\$2,500	eines set forth by the Department of flict of interest for any Board Mont of review the appropriateness iture  Signature  ON CATEGORY:  CIP Contract Sponsored Event Advanced Payment	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to sof the request.    GHBORHOOD COUNCIL USE ONLY   Date   Date   Denied   Denied				
nnder the guid any patential cauthorize payre Requester's Signs  Debra Perkins TREASURER'S Na  John McGove 2nd Signer's Nam  AUTHORIZATI  NPG Lease	eines set forth by the Department of flict of interest for any Board Mont of review the appropriateness iture  Signature  ON CATEGORY:  CIP Contract Sponsored Event Advanced Payment	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to so of the request.				
Debra Perkins TREASURER'S Nam  John McGove 2nd Signer's Nam  AUTHORIZATI  NPG Lease  >\$2,500	eines set forth by the Department of flict of interest for any Board Mont of review the appropriateness iture  Signature  ON CATEGORY:  CIP Contract Sponsored Event Advanced Payment	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to so of the request.				
Debra Perkins TREASURER'S Nam  John McGove 2nd Signer's Nam  AUTHORIZATI  NPG Lease  >\$2,500	eines set forth by the Department of flict of interest for any Board Mont of review the appropriateness iture  Signature  ON CATEGORY:  CIP Contract Sponsored Event Advanced Payment	public funds from the Neighborhood Council and that such funds are restricted to of Neighborhood Empowerment. I declare that this funding request does not postember and will provide any documentation requested by the Department to so of the request.				



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

SALESH: FSTLANE2 13 TRANSH: 12880237 10-09-14

552511 IRWIN 4-PC 2-IN HANDI CLA

SUBTOTAL: TAX:

19.98

INVOICE 12110 TOTAL:

1.80 21.78

CASH ; CHANGE:

22.00 0.22

RE: 1852 TERMINAL: 12 10/09/14 11:44:45
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! IREGISTRESE 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 Y O U R I D # 12110 1852 282

\*

NO PURCHASE NECESSARY TO ENTER OR WIN. \* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER \*



Complete this form to request funding Amount Requested: \$ REQUEST DATE: 10 - ZZ- ZO14 NORTH HILLS WEST **NEIGHBORHOOD COUNCIL:** Please complete all of the following and answer questions A-D: Name of Requester: If "yes," is this request on behalf of a A. Are you a board member of this Neighborhood Council? Yes No -NC Committee? X Yes No ) Yes X No B. Is this a request for recurring payment? (if "yes" Term: Committee: C. Is this request a payment for services requiring a 1099? Yes X No D. Is this a request for an out-of-state vendor? Yes No Remittance: Payable to: Email Address Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood): DECLARATION I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines 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) Board Action: DENIED (date): TREASURER'S Name Signature Date Approved for: \$ Amended for: \$ 2nd Signer's Name Signature Date NC Budget Category: **DEPARTMENT USE ONLY AUTHORIZATION CATEGORY:** Authorization Code: Approved ☐ Denied NPG Contract 1st Lvl | date: Lease Sponsored Event >\$2,500 Advanced Payment 2nd Lvi | date:\_\_\_ Department Notes:



REQUEST DA	TE: 10/27/20	14	Amou	int Requested: \$ 19.80	5	
NEIGHBORHO	OD COUNCIL:		North Hills	West		
Please complete all of the following and answer questions A-D:						
B. Is this a requ C. Is this reques D. Is this a reque	Debra and member of this Neigh. sest for recurring payment st a payment for services est for an out-of-state ver	t? (if "yes" Term: requiring a 1099?	✓ Yes	If "yes," is this request or NC Committee? Yes Committee:	n behalf of a	
Remittance:						
Payable to:	Nancy Xander  16206 Commun  Address:	ity Court		21212		
	North Hills		CA State	91343 Zip:		
	City		State	213-494-1605		
	nxander.nhwnc@gi	man.com		Contact Phone number		
Netos and / s		tatement (Describe how t	these funds will benefit	the this neighborhood	):	
			CLARATION			
under the guid	Heines set forth by t	am requesting public funds he Department of Neighbor or any Board Member and wappropriateness of the reque	hood Empowerment. I de ill provide any documenta	action requested by the De	friest goes nor hose	
Requester's Sign	nature			Date		
			OD COUNCIL USE ONLY orm must accompany this fo			
Debra Perkin	ame /	Signature	Date 1	Doord Action:		
John McGov 2nd Signer's Na		Signature	 Date	NC Budget Category:	200 Outreach	
Znd Signer's ival			TO STAIT LICE ONLY	NC Budget Category.	200 041 040.	
AUTHORIZAT  NPG Lease >\$2,500  Department	Sponsored Ev	Contract Den	nied 1st Lvl  d	orization Code:  date:  date:		



\* Welcome To Our Granada Hills Store \* Store # 460

Cashier: Alex V

00:50

m:4

DATE 09/06/14		TIME 18:00:00
Heinz Pich Heinz Pich Guldens Spi Best Foods Checkstand	c Pack cy Brn Sg Mayo	6.19 F 6.19 F 3.89 F 3.49 F
SA	BTOTAL LES TAX TAL	19.86 .00 19.86
ASH ASH	TENDER CHANGE	20.01 .15
'AL NUMBER OF	ITEMS THIS VI	SIT> 4

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

09/06/14

Store # 460

0P# 129016

Trans # 157

Complete our customer survey and be entered to win a

# \$500 SmartCash Card

Please isit 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 Check	ing Summary			Account Number: 0063214399
Days in statement perior	d: 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 Ledg	jer Balance		3,403.10	
We waived your service	charge this statemer	nt 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

Payment	s online and electronic banking		
Date	Description/Location	Reference	Amount
10/27	Nancy Xander BILL PYMT 141027 YUM YUM DO	63006293	\$ 18.86
10/27	Dave Brown BILL PYMT 141027 AMAZONORDE	63005627	21.78
10/27	Debra Perkins BILL PYMT 141027 136112	63008723	35.77
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 purchases	ATM card and Debit card™	V			
Date 10/14	Description/Location OFFICE MAX 18050 CHATSV	NORT GRANADA HILLS CA	<b>Reference</b> 72834506	\$ <b>Amount</b> 254.85	L
10/11	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

### 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