

[illegible]

April

MER Intern C-1 (outstanding)

New Horizons: Serving Individuals with Special Needs

15725 Parthenia Street, NorthHills CA 91343

North Hills West Neighborhood Council

16405 Chase St

North Hills CA 91343

3/16/2017

Invoice No.: 20170322

Attention: Dan Gibson

[illegible]

April MER Item C-2



Partners In Diversity, Inc.
A Small Business, Women Owned Enterprise

Remit to: Partners In Diversity, Inc.

P.O. Box 654

South Pasadena, CA 91031-0654

Neighborhood Council/N.H. West

Attn to: Accounts Payable

P.O. BOX 2091

North Hills, CA 91343

INVOICE

Invoice Amount

\$177.05

Payment Terms

Due On Receipt

Invoice Date

05/22/2017

Invoice No.

27073

Customer No.



1351

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/N.H. West	Corporate	1351	Due On Receipt

Description	Type	Units	Rate	Amount
Week ending: 05/21/2017				
Levin, David Minute Taker	Reg	7.25	\$24.42	\$177.05
Total This Week ending:				\$177.05

Reg: 7.25 OT: 0 DT: 0	Total - This Invoice:	\$177.05
------------------------------	------------------------------	-----------------

Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

Treasurer's Signature: 		Signer's Signature: 	
Print/Type name: Madlena Minasian		Print/Type name: Dan Gibson	
Date (mm/dd/yy): 02/16/17		Date (mm/dd/yy): 02/16/17	
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> > \$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	1st Level <input type="text"/>		2nd Level <input type="text"/>
	Authorization Code <input type="text"/>		

April MER Item C-4



Invoice #NHWNC 2017 0501
Number

Date May 1, 2017

Please remit to:

Mr. Dave Brown
North Hills West NC
PO Box 2091
North Hills, CA 91393

Wendy L. Moore
Moore Business Results
19300 Rinaldi, #7164
Northridge, CA 91327

818 252-9399
<http://www.moorebusinessresults.com/>
City of LA Tax #549794-29

Communications Services for NHWNC 4.1 hours at \$103/hour	422.30
Amount Now Due	422.30

Thank you for your business. We appreciate working with you.

Please pay within 21 days of invoice date. There will be a 1.5% charge per month on late payments. Returned checks are \$25.

Date	Task	Hours
4/3/2017	Events on calendar. Agenda. Eblast. Fb.	0.75
4/7/2017	Events on calendar. LAPD Video article. Eblast for 4/14	0.50
4/9/2017	Update Open House graphics.	0.17
4/17/2017	Event on calendar. Eblast. Fb	0.67
4/21/2017	Event eblast.	0.17
4/25/2017	New board member email set up. Slideshow and article for open house.	1.17
4/25/2017	Bylaws update.	0.50
4/28/2017	Update article. Outreach meeting on calendar. Update email address.	0.17
	Total	4.10



Office of the City Clerk Administrative Services Division

Neighborhood Council Funding Section

Funding Request Form

April MER
Item C-5

NC NAME: North Hills West

Budget Fiscal Year: 2016-2017

Meeting Date: 04/20/2017

Agenda Item: 15

Requestor: _____

Vendor: Granada Hills Community Foundation

Address: 17723 Chatsworth St.

City: Granada Hills State: CA

Zip Code ### 91344 Phone: 818-368-3235

Amount:\$ _____ 500.00

- ☐ Operations ☐ Outreach ☐ NC Sponsored Event ☒ Neighborhood Purpose Grant
☐ Contract / Lease ☐ Board Member Reimbursement ☐ Community Improvement Project
☐ Out of State ☐ 1099 Expense ☐ One Time Expense ☐ Monthly ☐ Multiple

of payments

If a bank card exemption of the daily \$2,500 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

Promote community participation in neighborhood activities, provide a venue for neighborhood councils to promote awareness of their existence and activities and to recruit additional stakeholders to actively participate in the neighborhood council.

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.


Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Jay Beeber	Vice-President		X				
Dave Brown	Secretary	X					
Armando Diaz						X	
Maggie Elliott		X					
Garry Fordyce		X					
Dan Gibson	President	X					
Punam Gohel						X	
Carol Hart		X					
David Hyman		X					
Sam Kwasman		X					
Antonino Lovato						X	
Madlena Minasian	Treasurer				X		
Kreshell Ramey			X				
NC Quorum:	Grand Total (including page 2):	7	2		1	3	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: _____	Signer's Signature: _____
Print/Type name: <u>Madlena Minasian</u>	Print/Type name: <u>Dan Gibson</u>
Date (mm/dd/yy): <u>04/20/17</u>	Date (mm/dd/yy): <u>04/20/17</u>
Department Use Only	
<input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> 1st Level _____	<input type="checkbox"/> 2nd Level _____
<input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Authorization Code _____

April MER Item C-6

 New Horizons: Serving Individuals with Special Needs 15725 Parthenia Street, North Hills CA 91343					
North Hills West Neighborhood Council			4/22/2017		
16405 Chase St					
North Hills CA 91343			Invoice No.: 20170430		
Attention: Dan Gibson					
Event Date	Description-	Hours	Rate	Amount charge	Total Invoice
4/22/2017	Meeting	4	200.00	800.00	
	Drinks for 300 guest		100.00	100.00	
	3 Doz of Cookies		11.95	35.85	
	Tax			11.89	
				Total	\$947.74



PARTNERS IN DIVERSITY, INC.
A Small Business, Women Owned Enterprise

Remit to: Partners In Diversity, Inc.

P.O. Box 654
South Pasadena, CA 91031-0654

NEIGHBORHOOD COUNCIL/N.H.WEST
Attn to: ACCOUNTS PAYABLE
NORTH HILLS WEST
P.O. BOX 2091
NORTH HILLS, CA 91343

INVOICE

Invoice Amount

\$170.94

Payment Terms

Due On Receipt

Invoice No.

26550

Invoice Date

03/20/2017

Customer No.

1351

Customer Name	Department	Customer No.	Payment Terms
NEIGHBORHOOD COUNCIL/N.H.WEST	Corporate	1351	Due On Receipt

Description	Type	Units	Rate	Amount
Week ending: 03/19/2017				
Levin, David Minute Taker	Reg	7.00	\$24.42	\$170.94
Total This Week ending:				\$170.94

Reg: 7 OT: 0 DT: 0	Total - This Invoice:	\$170.94
--------------------	------------------------------	-----------------

Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.



PARTNERS IN DIVERSITY, INC.
A Small Business, Women Owned Enterprise

Remit to: Partners In Diversity, Inc.

P.O. Box 654
South Pasadena, CA 91031-0654

NEIGHBORHOOD COUNCIL/N.H.WEST
Attn to: ACCOUNTS PAYABLE
NORTH HILLS WEST
P.O. BOX 2091
NORTH HILLS, CA 91343

INVOICE

Invoice Amount

\$177.05

Payment Terms

Invoice Date

Due On Receipt

04/24/2017

Invoice No.

Customer No.

26864

1351

Customer Name	Department	Customer No.	Payment Terms
NEIGHBORHOOD COUNCIL/N.H.WEST	Corporate	1351	Due On Receipt

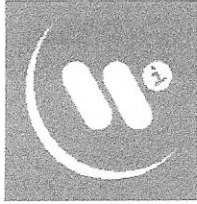
Description	Type	Units	Rate	Amount
Week ending: 04/23/2017				
Levin, David Minute Taker	Reg	7.25	\$24.42	\$177.05
Total This Week ending:				\$177.05

Reg: 7.25 OT: 0 DT: 0

Total - This Invoice:**\$177.05**

Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

Apr 7 MER



Walt Design
21350 Parthenia Street #109
Canoga Park, CA 91304 US
waltdesign@aol.com

Invoice 1148

DATE
04/20/2017

PLEASE PAY
\$0.00

DUE DATE
04/20/2017

BILL TO

North Hills West Neighborhood Council
NHWNC
P.O. Box 2091 North Hills
North Hills, CA 91393 USA

Please detach top portion and return with your payment.

ACTIVITY	QTY	RATE	AMOUNT
Services:Graphic Design	1	45.00	45.00
Graphic Design Services - Postcard mailer, Brochure corrections, Flyer "program" Name tags (tents)			
Flyers	200	0.70	140.00
8.5 x 11 Color Glossy Paper Double sided folded to 5.5 x 8.5			
Flyers	9	3.15	28.35
12pts 8.5 x 14 Half folded (landscape)			
Services:Shipping and Handling	1	0.00	0.00

TOTAL DUE

\$0.00

THANK YOU.



Office of the City Clerk Administrative Services Division
Neighborhood Council Funding Section
Funding Request Form

April MBR
Item C-10

NC NAME: North Hills West

Budget Fiscal Year: 2016-17

Meeting Date: 12/6/2016

Agenda Item: 15

Requestor: _____

Vendor: Moore Business Results

Address: 19300 Rinaldi, #7164

City: Northridge State: CA

Zip Code: 91327 Phone: 818-252-9399

Amount: \$ _____ 500.00

of payments

- ☐ Operations ☒ Outreach ☐ NC Sponsored Event ☐ Neighborhood Purpose Grant
☐ Contract / Lease ☐ Board Member Reimbursement ☐ Community Improvement Project
☐ Out of State ☐ 1099 Expense ☐ One Time Expense ☐ Monthly ☐ Multiple

If a bank card exemption of the daily \$2,500 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

To provide training to board member volunteers to assist with website maintenance. This will free up funds for other public needs.

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Jay Beeber		X					
Dave Brown	Secretary	X					
Armando Diaz	Treasurer	X					
Garry Fordyce			X				
Dan Gibson	President	X					
Punam Gohel		X					
Carol Hart		X					
David Hyman		X					
Sam Kwasman		X					
Antonino Lovato						X	
Madlena Minasian				X			
David Phelps	Vice-President	X					
Kreshell Ramey						X	
NC Quorum:	Grand Total (including page 2):	9	1	1		2	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature:		Signer's Signature:	
Print/Type name:	Armando Diaz	Print/Type name:	Dan Gibson
Date (mm/dd/yy):	12/06/16	Date (mm/dd/yy):	12/06/16
Department Use Only	<input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	1st Level <input type="text"/>	2nd Level <input type="text"/> Authorization Code <input type="text"/>



Office of the City Clerk Administrative Services Division
Neighborhood Council Funding Section
Funding Request Form

(Outstanding)
April MER
Item A-12
P.3

NC NAME: North Hills West
Budget Fiscal Year: 2016-2017
Meeting Date: 5/18/2017
Agenda Item: 14

Requestor: _____
Vendor: Los Angeles Conservation Corp
Address: 605 W. Olympic Blvd., Suite 450
City: Los Angeles **State:** CA
Zip Code ##: 90015 **Phone:** 323-224-2550
Amount:\$ _____ **4,999.00**
of payments

- ☐ Operations ☐ Outreach ☐ NC Sponsored Event ☒ Neighborhood Purpose Grant
☐ Contract / Lease ☐ Board Member Reimbursement ☐ Community Improvement Project
☐ Out of State ☐ 1099 Expense ☐ One Time Expense ☐ Monthly ☐ Multiple

If a bank card exemption of the daily \$2,500 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description

This project focuses on providing weeding and clean up services to and at the direction of the North Hills West Neighborhood Council. The work includes weeding and litter abatement.

Vote Count (Continued on page 2 if more than 20 Board Members)

***Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.**

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Jay Beeber	Vice-President	X					
Dave Brown	Secretary	X					
Armando Diaz						X	
Maggie Elliott		X					
Garry Fordyce			X				
Dan Gibson	President	X					
Puman Gohel		X					
Carol Hart		X					
David Hyman		X					
Sam Kwasman		X					
Antonino Lovato		X					
Madlena Minasian	Treasurer	X					
Kreshell Ramey		X					
NC Quorum:	Grand Total (including page 2):	11	1			1	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature:	Signer's Signature:
Print/Type name: <u>Madlena Minasian</u>	Print/Type name: <u>Dan Gibson</u>
Date (mm/dd/yy): <u>05/18/17</u>	Date (mm/dd/yy): <u>05/18/17</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	1st Level <input type="text"/> 2nd Level <input type="text"/> Authorization Code <input type="text"/>

April MER

OFFICE SUPPLIES

Item A-13

Page 3

STAPLES

17020 CHATSWORTH ST
GRANADE HILLS, CA 91344
(818) 831-8095

SALE

1803576 5 006 09321

0480 04/21/17 04:03

Your Sales Associate was:

Emily V

QTY	SKU	PRICE
-----	-----	-------

REWARDS NUMBER 2511319218

1	3X5 BLANK INDXCRD 718103187411	4.49
1	NAME BDG BLUE LBL 072782051419	5.99
1	STAPLES ROLLING CR * 718103005692	20.00
1	SPLS SOLID CLR CLI 718103010016	5.49
1	NAME BDG BLUE LBL 072782051419	5.99
1	SPLS SOLID CLR CLI 718103010016	5.49
1	SHARPIE CHISEL TIP * 071641382541	4.00
1	STAPLES ROLLING CR * 718103005692	20.00
SUBTOTAL		71.45
Standard Tax 8.7500%		6.25
TOTAL		\$77.70

Cash	100.00
------	--------

Cash Change	22.30
-------------	-------

TOTAL ITEMS 8

*Item is currently on promotion. Some coupons are only valid on regular priced items. Please see coupon terms and conditions for details.

Staples brand products.
Below Budget. Above Expectations.

THANK YOU FOR SHOPPING AT STAPLES !

Shop online at www.staples.com

Get with the program.

Staples Rewards members get up to 5% back on rewards and free shipping every day. Exclusions apply. See an associate for full program details or to enroll.

\$43.92

Apr 1 MER Item A-14

Page 3

FOOD4LESS®

The True Low Price Leader.
Everyday!

16208 Parthenia St.
(818) 830-0249

Your cashier was Lorena M

CARD NUMBER	*****4275
BKRY BROWNIE	4.99 F
BKRY BROWNIE	4.99 F
BKRY BROWNIE	4.99 F
BKRY BROWNIE	4.99 F
BKRY BROWNIE	4.99 F
BKRY BROWNIE	4.99 F
TAX	0.00
*** BALANCE	29.94
CASH	40.00
CHANGE	10.06

TOTAL NUMBER OF ITEMS SOLD = 6
04/21/17 11:53am 354 10 361 119

Tell Us How We Are Doing!

You could WIN

Dinos Como Lo Estamos Haciendo!

Participa Para Ganar

ONE of 100 - \$100 gift cards or the

\$5,000 gift card grand prize!

UNA DE 100 tarjetas de regalo de \$100,

o el gran premio de una

tarjeta de regalo de \$5,000!

Go to www.krogerfeedback.com

within 7 days.

Enter the information below:

Visita www.krogerfeedback.com

en los proximo 7 dias e ingresa

la siguiente informacion:

Date: 04/21/17

Time: 11:53am

Entry ID: 704-261-361-354-10-371

No purchase necessary to enter sweepstakes. See website for official sweepstakes rules.

No es necesario comprar para participar en el sorteo. Ver la pagina web para conocer las regalías oficiales.

APRIL FUEL POINTS

100PTS EARNS .10 PER GAL.

ON ONE PURCHASE OF UP TO 35 GAL.

FUEL POINTS THIS ORDER = 30
FUEL POINTS THIS MONTH = 109

THIS MONTHS POINTS EXPIRE 5/31/17.
VISIT WWW.FOOD4LESS.COM FOR DETAILS

Now Hiring - Apply Today!

jobs.food4less.com

www.food4less.com

DAN -

FOOD4LESS®

The True Low Price Leader.
Everyday!

16208 Parthenia St.

(818) 830-0249

Your cashier was Blanca G

CNTRYT DRNK MIX	6.99 F
CNTRYT DRNK MIX	6.99 F
CARD NUMBER	*****9495
TAX	0.00
*** BALANCE	13.98
CASH	20.00
CHANGE	6.02

TOTAL NUMBER OF ITEMS SOLD = 2
04/22/17 10:54am 354 9 6 150

Tell Us How We Are Doing!

You could WIN

Dinos Como Lo Estamos Haciendo!

Participa Para Ganar

ONE of 100 - \$100 gift cards or the

\$5,000 gift card grand prize!

UNA DE 100 tarjetas de regalo de \$100,

o el gran premio de una

tarjeta de regalo de \$5,000!

Go to www.krogerfeedback.com

within 7 days.

Enter the information below:

Visita www.krogerfeedback.com

en los proximo 7 dias e ingresa

la siguiente informacion:

Date: 04/22/17

Time: 10:54am

Entry ID: 704-221-6-354-9-15

No purchase necessary to enter sweepstakes. See website for official sweepstakes rules.

No es necesario comprar para participar en el sorteo. Ver la pagina web para conocer las regalías oficiales.

Apnl MER

Item A-15

\$79.95

Page 3



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

8R Member	111758083112	
E	43475 COOKIES 60CT	15.99
E	43475 COOKIES 60CT	15.99
E	43475 COOKIES 60CT	15.99
E	43475 COOKIES 60CT	15.99
E	43475 COOKIES 60CT	15.99
	SUBTOTAL	79.95
	TAX	0.00
****	TOTAL	79.95
	CASH	100.00
	CHANGE	20.05

TOTAL NUMBER OF ITEMS SOLD = 5

04/21/2011 12:29 437 13 67 7

OP#: 7 Name: Will M.

Thank You!

Please Come Again

Whse:437 Trn:13 Trn:67 OP:7

Apnl MER Item A-16

Page 3

Party City

NOBODY HAS MORE PARTY FOR LESS

19927 RINALDI ST
NORTHRIDGE, CA 91326
818 831-0999

----REPRINT #1----

809801344531 LTX SOLID BU	\$35.76	T
LTX SOLID BULK BLLN		
24 @ \$1.49		
BLLN 12/15.00	\$5.76	-
=====		
SUBTOTAL	\$30.00	
GEN MERCH TAX @ 8.750%	\$2.63	
TOTAL	\$32.63	
CASH	\$100.00	
CHANGE	-\$67.37	
ITEMS = 24	YOU SAVED \$5.76	
=====		

STORE 277 TRN 46 REG 1
04-17-2017 01:30:12 PM

OBD 15GJ 001 01MI



OBD15GJ00101MI

RETURNS MUST BE MADE WITHIN
30 DAYS OF PURCHASE
RECEIPT MUST ACCOMPANY EACH RETURN
ONLY UNOPENED PACKAGES
MAY BE RETURNED

SEASONAL ITEMS MAY BE RETURNED
UP TO 7 DAYS PRIOR TO HOLIDAY

MERCHANDISE CREDITS ARE ONLY REDEEMABLE
AT ISSUING STORES.

Food4Less®

The True Low Price Leader.
Everyday!

16208 Parthenia St.
(818) 830-0249
Your cashier was Cynthia Z

1 @ 4/5.00
KRO CUTLERY 1.25 T
CTO NAPKIN 0.99 T
KRO HMS 9IN FOAM 1.79 T
TAX 0.35
**** BALANCE 4.38
CASH 20.38
CHANGE 16.00
TOTAL NUMBER OF ITEMS SOLD = 3
04/20/17 10:44am 354 8 59 117

Tell Us How We Are Doing!

You could WIN

Dinos Como Lo Estamos Haciendo!

Participa Para Ganar

ONE of 100 - \$100 gift cards or the
\$5,000 gift card grand prize!
UNA DE 100 tarjetas de regalo de \$100,
o el gran premio de una
tarjeta de regalo de \$5,000!

Go to www.krogerfeedback.com
within 7 days.

Enter the information below:
Visita www.krogerfeedback.com
en los proximo 7 dias e ingresa
la siguiente informacion:

Date: 04/20/17

Time: 10:44am

Entry ID: 704-695-59-354-8-67

No purchase necessary to enter
sweepstakes. See website for official
sweepstakes rules.

No es necesario comprar para
participar en el sorteo. Ver la
pagina web para conocer las
regalas oficiales.

Check us out at: www.Food4Less.COM

Now Hiring - Apply Today!

jcbbs.food4less.com

www.food4less.com

4-20-17
GBM
PAPER goods
\$ 4.38

TOTAL: 82.73

April MER Item A-17
Page 3

04-20-2017

GBM
TOTAL 25.50
CATEND 25.50
CHANGE 0.50

4-20-17
GBM
donuts
\$ 25.50

03-16-2017 #0

6X 0.95 @
PLU005 5.70
6X 0.95 @
PLU005 5.70
DISC 1.50-
ZX 8.50 @
PLU008 17.00
TOTAL 26.90
CATEND 27.00
CHANGE 0.10

ITEM 14
1CL 0017 15:27TH

3-16-17
GBM
donuts
\$ 26.90

Food4Less®

The True Low Price Leader.
Everyday!

16208 Parthenia St.
(818) 830-0249
Your cashier was Kelley C

HFTY PLATES 4.49 T
HFTY PLATES 4.49 T
KRO CUTLERY 0.99 T
KRO CUTLERY 0.99 T
KRO CUTLERY 0.99 T
KRO CUTLERY 0.99 T
HFTY BOWLS 1.99 T
HFTY BOWLS 1.99 T
HFTY BOWLS 1.99 T
CTO NAPKIN 0.99 T
CTO NAPKIN 0.99 T
CTO NAPKIN 0.99 T
CTO NAPKIN 0.99 T
CTO NAPKIN 0.99 T
TAX 2.09

**** BALANCE 25.95
CASH 40.00
CHANGE 14.05

TOTAL NUMBER OF ITEMS SOLD = 14

05/17/17 04:24pm 354 7 84 722

5-18-17
GBM
\$ 25.95



Confirmation Invoice

Invoice Number
15727115

SHURE Incorporated
5800 West Touhy Avenue Niles IL 60714-4608
Phone: 847-600-2000 Fax: 847-600-1212

In Asia Phone 852-2893-4290 Fax: 852-2893-4055
In Europe Phone 49-7131-72140 Fax: 49-7131-721414
Outside Asia, Europe and the U.S. Phone: 847-600-2000 Fax: 847-600-6446

Page 1 of 1

April MER Item A-18

Page 3

Bill to: 100010
D BROWN
PO Box 7493
Van Nuys CA 91409-7493

Ship to: 100010

DAVE BROWN

15443 Chase St
North Hills CA 91343-6205

Your Order No 91343
Delivery No 85973252
Carrier UNITED PARCEL SERVICE
Shp Cond SURFACE

Invoice#	Invoice Date	Our Order No.	Date Shipped	Incoterms	Div	Sales Group	Sold to:
15727115	03/29/2017	40719545	03/29/2017	FOB DESTINATION - Prepay	01	049	100010
Quantity Ordered	Quantity Shipped	Model Number/Description			Unit Price	Extended Price	
1	1 EA	MX412D/C MICROPHONE Net Value			74.00	74.00	
		Unit Replaced					
1	1 EA	MX412D/C MICROPHONE Net Value			74.00	74.00	
		Unit Replaced					
		TAX				12.96	
The MX412D/C is not available with a longer cable.							
<div>This is a confirmation invoice.</div>							
Bill to:		Terms: PAID BANKCARD				Total Invoice	
100010						\$ 160.96	

Apri MER Item A-19

Receipt Page 3

ICDSOft Ltd

Order #: 106252174264

Date: May 28, 2017

Time: 08:58:07 PM GMT

Billed To

Danny R Gibson
200 N Spring St.
FLR 20
Los Angeles, CA 90012
USA
6618777538

Ship To

(Not Available)

* Billing Method: Credit Card 558174*****97

Order Summary #106252174264

Item	Unit Price	Subtotal
Cart purchase: nhwnc.net-renewal-32	\$192.00	\$192.00

* Depending on issuing bank, charges on statements should appear as "2CO.COM/ICDSOFT"
** All prices and totals are displayed as USD. This was the currency at the time of purchase.

Total: **\$192.00****Thank you for your business!**

www.icdsoft.com has selected 2CO to process its payments.

For questions about your order, including product delivery questions, please contact ICDSOft Ltd (www.icdsoft.com).
To Manage your billing information, please visit www.2co.com