

Department of Neighborhood Empowerment

Reporting Month:

JULY

MONTHLY EXPENDITURE REPORT

NC Name:

NHWNC

Submitted: 3/16/2015 9:22:27

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)

A	Date / Item / Service Description	BUDGET CATEGORY	VENDOR	INVOICE NUMBER	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	Partners In Diversity Temp Agency	OPERATIONS	Partners In Diversity	018688	<input checked="" type="checkbox"/>		\$262.52
2	Partners In Diversity Temp Agency	OPERATIONS	Partners In Diversity	018687	<input checked="" type="checkbox"/>		\$61.05
3	Partners In Diversity Temp Agency	OPERATIONS	Partners In Diversity	019137	<input checked="" type="checkbox"/>		\$152.63
4							
5							
6							
7							
8							
9							
10							
11							
12							
<b>SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)</b>							\$476.20
<b>B CUMULATIVE EXPENDITURES FROM PRIOR MONTHS</b>							\$0.00
<b>C OUTSTANDING COMMITMENTS</b>							
C 1. Outstanding Checks (checks that have been issued, but have not yet cleared the account)							
C 2. Ren/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>							\$476.20
<b>E Total Adjustments by Department (such as use taxes assessed, credits from prior fiscal years, etc)</b>							
<b>F Approved Budget 2014-2015</b>							\$37,000.00
<b>G Balance of Budget</b>							\$36,523.80

Reporting Month: **JULY**  
 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
\$0.00	\$4,000.00	\$4,000.00	\$476.20	\$3,523.80

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	\$476.20	\$0.00	\$6,823.80
200	Outreach	\$19,200.00	\$0.00	\$0.00	\$19,200.00
300	Community Improvement	\$8,000.00	\$0.00	\$0.00	\$8,000.00
400	NPG	\$2,500.00	\$0.00	\$0.00	\$2,500.00
500	Elections	\$0.00	\$0.00	\$0.00	\$0.00
900	Unallocated	\$0.00	\$0.00	\$0.00	\$0.00
	<b>TOTAL</b>	<b>\$37,000.00</b>	<b>\$476.20</b>	<b>\$0.00</b>	<b>\$36,523.80</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		Print Name	
Date		Date	
NC Additional Comments			

**North Hills West Neighborhood Council  
Budget for Fiscal Year 2014-2015  
NHWNC Board APPROVAL on- JULY 17, 2014**

<b>Funds</b>		
<b>Total Annual Allocation</b>	\$	<b>37,000.00</b>

**Budget**

Code	Category		
<b>100 Operations</b>		%	Total
AUD	Audio and Visual Services		500
EDU	Training and Board Retreat		500
FAC	Facilities Related and Space Rental		2,400
MIS	Miscellaneous Expense		250
OFF	Office Equipment and Supplies		2,150
POS	Postage		0
TAC	Temporary Staff		1,500
TRL	Translation and Transcription	0	
	<b>Sub Total</b>	19.73%	<b>\$ 7,300</b>
<b>200 Outreach</b>			
ADV	Advertising		1,000
ELE	Election Outreach Expense		0
EVE	Event Expense / Food & Refreshments		6,700
MEE	Meeting Expense		4,500
NEW	Newsletter Expense		4,000
WEB	Website Maintenance/Enhancement/Creation		3,000
	<b>Sub Total</b>	51.89%	<b>\$ 19,200</b>
<b>300 Community Improvement</b>			
CIP	Community Improvement Project		8,000
	<b>Sub Total</b>	21.62%	<b>\$ 8,000</b>
<b>400 Neighborhood Purpose Grants</b>			
GRT	Neighborhood Purpose Grant		2,500
	<b>Sub Total</b>	6.76%	<b>\$ 2,500</b>
<b>Grand Total</b>		<b>\$</b>	<b>37,000</b>

**Budget Narrative:**

- 1 To improve Board relations with Stakeholders & Business Partners
- 2 To increase stakeholder participation in NC activities/events
- 3 To increase stakeholder/business partners attendance at General Board meetings
- 4 To develop and demonstrate proper stewardship of the funds allocated
- 5 To participate as Board members with the various agencies & organizations relating to us-North Hills West NC

PARTNERS IN DIVERSITY, INC.  
ASGE MARQUETTE COMMERCIAL FIN  
P.O. BOX 3358  
FT. WORTH, TX 76113  
(626)793-0020

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CUST# 02-0134

DATE 05/27/14

INVOICE# 018688

NEIGHBORHOOD COUNCIL  
ATTN: ACCOUNT PAYABLE  
NORTH HILLS WEST  
P.O. BOX 2091  
NORTH HILLS, CA 91343

TERMS: DUE UPON RECEIPT

WEEK	EMPLOYEE	HOURS	RATE	OT HOURS	OT RATE	TOTAL
05/18	LEVIN, DAVID L ADMIN.ASST/MEETING MIN.	10.75	24.42			262.52
		10.75		.00		
						----- TOTAL DUE: 262.52 -----

We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PARTNERS IN DIVERSITY, INC.  
ASGE MARQUETTE COMMERCIAL FIN  
P.O. BOX 3358  
FT. WORTH, TX 76113  
(626)793-0020

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CUST# 02-0134

DATE 05/27/14

INVOICE# 018687

NEIGHBORHOOD COUNCIL  
ATTN: ACCOUNT PAYABLE  
NORTH HILLS WEST  
P.O. BOX 2091  
NORTH HILLS, CA 91343

TERMS: DUE UPON RECEIPT

WEEK END	EMPLOYEE	HOURS	RATE	OT HOURS	OT RATE	TOTAL
05/11	LEVIN, DAVID L ADMIN.ASST/MEETING MIN.	2.50	24.42			61.05
		----- 2.50		----- .00		
			TOTAL DUE:			----- 61.05 -----

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PARTNERS IN DIVERSITY, INC.  
 ASGE MARQUETTE COMMERCIAL FIN  
 NW 6333 P.O. BOX 1450  
 MINNEAPOLIS, MN 55485-6333  
 (626)793-0020

PAGE 1

CUST# 02-0134

DATE 07/21/14

INVOICE# 019137

NEIGHBORHOOD COUNCIL  
 ATTN: ACCOUNT PAYABLE  
 NORTH HILLS WEST  
 P.O. BOX 2091  
 NORTH HILLS, CA 91343

TERMS: DUE UPON RECEIPT						
WEEK	EMPLOYEE	HOURS	RATE	OT HOURS	OT RATE	TOTAL
07/20	LEVIN, DAVID L ADMIN.ASST/MEETING MIN.	6.25	24.42			152.63
		6.25		.00		
TOTAL DUE:						152.63

We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**PARTNERS IN DIVERSITY, INC.**

Being duly authorized on behalf of the above Customer, the undersigned hereby (1) certifies that the above hours are correct and that the work was performed in a satisfactory manner; (2) confirms prior agreement between Partners in Diversity, Inc. and Customer, with respect to the services performed hereunder and any future services, that (a) Customer shall not entrust employees of Partners in Diversity, Inc. with unattended premises, cash, negotiable or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from Partners in Diversity, Inc. in each instance. (b) Partners in Diversity, Inc. insurance does not cover loss of damage caused by Partners in Diversity, Inc. employees operating Customer's owned or leased motor vehicles, and Customer therefore accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo, auto glass or public liability damage sustained or caused as a result of Partners in Diversity, Inc. operation of such vehicles, including cost of involving liability insurer in settlement of claims, and Partners in Diversity, Inc. shall provide the release under its insurance policy which is a condition precedent by customer with respect to the operation of the Company's vehicles and the release of liability provided by Partners in Diversity, Inc. The Customer recognizes Partners in Diversity, Inc. employer-employee relationship with its personnel, and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with Partners in Diversity, Inc.

Partners in Diversity, Inc. South Pasadena, CA 91081  
Pasadena Fax: (626) 794-9900

Order # DAVID LEVIN

Customer # DAVID LEVIN

Job Order # DAVID LEVIN

Job Name DAVID LEVIN

Job Number 20-14

Job Hours 10-130

Off Hours 10-130

Job

**FIELD REPRESENTATIVE**

APPROVED BY CUSTOMER: DAVID LEVIN

APPROVED BY PARTNERS IN DIVERSITY: DAVID LEVIN

**FIELD REPRESENTATIVE**

APPROVED BY CUSTOMER: DAVID LEVIN

APPROVED BY PARTNERS IN DIVERSITY: DAVID LEVIN

Job	Date	From	To	Rate	Total
1	7-19-14	10	130	3.15	315
2	7-17-14	7	945	3.15	945
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50					

DAVID LEVIN



# STATEMENT OF ACCOUNTS

Page 1 of 2  
Statement Number: 0063214399  
07/01/14 - 07/31/14

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](http://unionbank.com)

Thank you for banking with us  
since 2014

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

- **MOBILE BANKING - EASY, CONVENIENT, SECURE** Access essential account information with your mobile phone or iPad®. Simply enter your online user ID and password on our Mobile Banking app or at [m.unionbank.com](http://m.unionbank.com). For more information go to [unionbank.com/mobilebanking](http://unionbank.com/mobilebanking) or call 1-866-876-7065.

## Business Basics Checking Summary

Account Number: 0063214399

Days in statement period: 31

<b>Balance on 7/1</b>	\$		<b>0.00</b>
Additions			4,000.00
Subtractions			-476.20
		Payments	-476.20
<b>Balance on 7/31</b>	\$		<b>3,523.80</b>

Statement Average Ledger Balance 2,883.88

Your monthly service charge of \$5.00 per month is currently waived for the next 2 month(s). Upon expiration at the end of 09/2014, your monthly service charge will be \$5.00.

You can continue to enjoy a waived monthly service charge after expiration by meeting any one of the following account requirements:

- An average monthly balance of \$3,000
- An average combined balance of \$5,000

## Additions

Date	Description/Location	Reference	Amount
7/8	CITY OF LOS ANGE EFT PAYMT PPD	58482306 \$	4,000.00

## Payments *online and electronic banking*

Date	Description/Location	Reference	Amount
7/15	PARTNERS IN DIVE BILL PYMT 140715 NHWNC	61967224 \$	262.52
7/22	PARTNERS IN DIVE BILL PYMT 140722 NHWNC	62039604	61.05
7/22	PARTNERS IN DIVE BILL PYMT 140722 NHWNC	62036788	152.63
<b>Total</b>			<b>\$ 476.20</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



**Information and Banking Office Services**

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