

Monthly Expenditure Report



Reporting Month: March 2022

Budget Fiscal Year: 2021-2022

NC Name: Sunland-Tujunga
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$27567.94	\$2539.96	\$25027.98	\$1694.53	\$0.00	\$23333.45

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$27000.00	\$1465.78	\$9691.65	\$394.53	\$7997.12
Outreach		\$916.05		\$1300.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$10100.00	\$158.13	\$9941.87	\$0.00	\$9941.87
Neighborhood Purpose Grants	\$4900.00	\$0.00	\$4900.00	\$0.00	\$4900.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$14926.52	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	US STORAGE CENTERS - L	03/01/2022	Storage of STNC items	General Operations Expenditure	Office	\$449.00
2	EIG CONSTANTCONTACT.CO	03/03/2022	Constant contact e-mail list	General Operations Expenditure	Office	\$95.00
3	Adobe Inc	03/06/2022	Adobe account for digital signatures	General Operations Expenditure	Office	\$14.99
4	DUNN-EDWARDS CORP #161	03/10/2022	Painting supplies for Pinewood mural	Community Improvement Project		\$158.13
5	SQ R&R T-SHIRT PRINTI	03/17/2022	BAC approved in July 2021 attached - for shirts up to \$1,500	General Operations Expenditure	Outreach	\$916.05
6	THE WEB CORNER, INC	03/19/2022	Payment for Nov 2021 Web Services	General Operations Expenditure	Office	\$150.00
7	THE WEB CORNER, INC	03/19/2022	Web domain registration	General Operations Expenditure	Office	\$30.00
8	THE WEB CORNER, INC	03/19/2022	Payment for 4 months of website fees July 2021 - Oct 2021	General Operations Expenditure	Office	\$600.00

9	ADOBE 800-833-6687	03/31/2022	Adobe for signatures	General Operations Expenditure	Office	\$14.99
10	LLOYD Staffing Inc	03/02/2022	Minute Taker	General Operations Expenditure	Office	\$111.80
Subtotal:						\$2539.96

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	INSIGHT INVESTMENTS, LLC	07/26/2021	open 2019 invoices for printer / copier	General Operations Expenditure	Office	\$75.46
2	INSIGHT INVESTMENTS, LLC	07/26/2021	Insight, Inc. for outstanding 2019 invoices related to copy machine	General Operations Expenditure	Office	\$84.30
3	INSIGHT INVESTMENTS, LLC	07/26/2021	open 2019 invoices for Copier / Printer	General Operations Expenditure	Office	\$75.46
4	INSIGHT INVESTMENTS, LLC	07/26/2021	open 2019 invoices	General Operations Expenditure	Office	\$75.46
5	LLOYD Staffing Inc	03/21/2022	Minute Taker	General Operations Expenditure	Office	\$83.85
6	Little Landers Historical Society	04/06/2022	Sponsorship of Verdugo Hills Cemetery Grand Centennial Event	General Operations Expenditure	Outreach	\$1300.00
Subtotal: Outstanding						\$1694.53

US Storage Centers - La Crescenta

4454 Lowell Ave
La Crescenta, CA 91214
818-714-8091

lacrescenta@usstorage.net

PAYMENT RECEIPT

Tenant City of los angeles c/o: City of Los Angeles
Address 200 N. Main St.
City, State, Zip Los Angeles, CA 90012

Date Printed March 1, 2022
Payment Date March 1, 2022 10:24 AM
Unit 0358, ...
Available Credit 0.00
Current Balance 0.00

Paid Thru March 31, 2022
Receipt Number 97405
By EM

Date	Unit	Description	Charge	Discount	Tax	Total	Payment	Method
03/01/22	0358	Protection Plan 3/1-3/31	12.00	0.00	0.00	12.00	12.00	Master Card
03/01/22	0358	Rent 3/1-3/31	212.50	0.00	0.00	212.50	212.50	Master Card
03/01/22	0363	Protection Plan 3/1-3/31	12.00	0.00	0.00	12.00	12.00	Master Card
03/01/22	0363	Rent 3/1-3/31	212.50	0.00	0.00	212.50	212.50	Master Card

Taxes 0.00
Payment (less tax) 449.00
Payment Subtotal 449.00
Credits Applied 0.00
Refunds Applied 0.00
Total Applied to Account 449.00

Current Account Balance 0.00
Paid By Master Card *****9947
Paid Thru Date March 31, 2022

Memo:

Transaction Type Sale

Authorization 058600
Reference 62772

I agree to pay the above amount according to the card issuer statement.

x

Moving? Check our website for other locations nationwide:
www.usstoragecenters.com

Join us in our quest to cure cancer. Ask manager for details.



www.kureit.org



Ed Babakhanian <stnc.ed.treasurer@gmail.com>

Constant Contact Payment Receipt for Carol Hutchinson

1 message

Constant Contact Billing <notification@constantcontact.com>

Thu, Mar 3, 2022 at 8:50 AM

Reply-To: notification@constantcontact.com

To: stnc.ed.treasurer@gmail.com

Thank you for your recent payment. Your payment receipt is found below.



Payment Receipt for March 3, 2022

Sunland-Tujunga Neighborhood Council
Attn.: Carol Hutchinson
200 N. Spring Street, Room 224 in Los Angeles, CA
90012
Los Angeles, CA 90012
US
818-352-0661

Today's Date: March 3, 2022

Payment Date: March 3, 2022

Payment Method: MC (last 4 digits: 4210)

User Name: sunlandtjunganc@gmail.com

Thank you for your payment!

Description	Amount Paid
	\$95.00

Amounts shown may reflect sales tax which is applicable in certain areas.

Note you can continue to view payment receipts online. Log into your Constant Contact account, click the My Account link in the upper right hand corner of the Home page, and choose the View Payment Receipts option.

You may also use the Opt In/Out of Payment Receipt E-Mails link on the My Account page to opt out of receiving payment receipt emails in the future.

We appreciate your business.

Best Regards,

Constant Contact Billing

1601 Trapelo Road, Suite 329 - Waltham, MA 02451

Questions? Please give us a call!

US / Canada Toll Free: (855) 229-5506

UK Toll Free: 0808-234-0942

Outside US / Canada: 0808-234-0945

Need to cancel your account? Just give us a call!

US / Canada Toll Free: 855-229-5506

UK Toll Free: 0808-234-0945

Outside US / Canada: +1 781-472-8120

Please do not reply to this email, as the reply address does not go to a monitored mailbox. If you have additional questions, please visit our Help Center at <http://www.constantcontact.com/help>.

A \$30 credit for you—and a friend

As a Constant Contact customer, you can refer a friend and receive a \$30 credit—for you and your friend. Here's how our **Refer a Friend** program works:

For every friend that you refer who becomes a paying Constant Contact customer, your Constant Contact account will be awarded a \$30 credit. Plus, the person you referred will receive a \$30 account credit upon paying for their first month of service. It's a win-win for you—and your friend! Refer a Friend today!

And if you haven't yet checked out **Constant Contact Community**, don't wait another minute! Community empowers small organizations to gain maximum impact from their marketing activities by offering a place for conversation, connection and collaboration with others like them to learn, share and grow their business. Check it out today!





Adobe Inc.
345 Park Avenue
San Jose CA 95110-2704
United States
Federal Tax ID: 77-0019522

ORIGINAL

Invoice Information

Invoice Number 2122296786
Invoice Date 06-MAR-2022
Payment Terms Credit Card
Purchase Order AD00504790021CUS
Order Number 7062950817
Customer Number 1238269485
Currency USD

Bill To

Carol Hutchinson
CA 91040

INVOICE

Item Details

Service Term: 06-MAR-2022 to 05-APR-2022

PRODUCT NUMBER	PRODUCT DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	NET AMOUNT	TAX RATE	TAXES	TOTAL
65314003	Adobe Acrobat Pro DC	1	EA	14.99	14.99	0.00%	0.00	14.99

Invoice Total

NET AMOUNT (USD) 14.99

TAXES (SEE DETAILS FOR RATES) 0.00

GRAND TOTAL (USD) 14.99

Comments:

Billing Contact

<https://helpx.adobe.com/contact.html>

Thank you for your business!

Pinewood Mural

Dunn-Edwards Paints
La Canada Flintridge Store
2220 Foothill Blvd Unit B
(818) 248-0017

** Cash Take **

COURTESY ACCOUNT

DE#: 2161240965

Color-Ark#: 16153564122644

ITEM	QTY	PRICE
SSHL10-0-M-Q SPARTASHIELD Ext FL M Base 11.35 each [DE] DET 517 FLAGSTONE QUARTZITE	3	34.05T
PCF-R-L-Q PaintCare Fee 0.35 each	3	1.05T
SSHL10-0-U-1 SPARTASHIELD Ext FL U Base [DE] DET 608 MOSS COTTAGE	1	42.20T
PCF-R-L-1 PaintCare Fee	1	0.75T
SSHL10-0-M-Q SPARTASHIELD Ext FL M Base 11.35 each [DE] DET 523 CLOISTERED GARDEN	2	22.70T
PCF-R-L-Q PaintCare Fee 0.35 each	2	0.70T
SSHL10-0-L-1 SPARTASHIELD Ext FL L Base [DE] DET 556 LAKE REFLECTION	1	42.20T
PCF-R-L-1 PaintCare Fee	1	0.75T

Subtotal \$144.40
Sales Tax \$13.73

Total \$158.13

CreditCard \$158.13
Auth Code: 041851
MC *4210

EMV Data:

Entry Mode: Chip Read
App ID (AID): A0000000041010
App Resp Code: 00
Term Verif Results: 0000088000
Trans Status Indicator: E800
Issuer App Data (IAD): 01106070032200007C7D0
00000000000000FF
Mode: ISSUER
Verification Method: SIGNATURE

Change \$0.00

For CPSC Compliance Certificate, visit
www.dunnedwards.com/cpsc/cert

When you provide a check as
payment, you authorize us
either to use the information
from your check to make a
one-time electronic fund
transfer from your account or
to process the payment as a

NC Name: STNC	Received Date: 05/05/2021
Event Name: Pinewood Mural Event	Event Date: 06/01/21 (6months-year)
NC is the: <input type="radio"/> Main Sponsor or <input type="radio"/> Co-Sponsor	Funding Rep: Paola

NC Sponsored/Co-Sponsored Events:

- NC Event Approval Form
 - NC Name
 - Contact Information
 - Event Information
 - Date
 - Time
 - Estimated # of Attendees
 - Event Budget
 - Venue information
 - Signature with contact information
- Board Action Certification (BAC):
 - NC Name
 - Budget Fiscal Year
 - Meeting Date
 - Agenda Item #
 - Board Vote Count Tally
 - 2 Authorized Signatures
 - Board Motion/Public Benefit Statement
- Itemized Detailed Event Budget:
 - Provides general expenditures categories
 - Provides specific vendors
 - If vendor invoices are provided,
 - Invoice is itemized
 - NC is listed as "Bill to"
 - A Contract/Service Agreement may be necessary (Please explain in Notes below)
 - A Permit may be necessary (Please explain in Notes below)

Reviewers' Notes:

Date	Staff	Notes/Recommendations/Actions
05/05/21	Paola	Event request received.
		STNC is taking extra steps to keep with LA County and LA City Safety protocols.
		Event Approved.



NEIGHBORHOOD COUNCIL EVENT APPROVAL REQUEST FORM



Office of the City Clerk – Neighborhood Council Funding Program
200 N. Spring Street, Rm 224, Los Angeles, CA 90012 • (213) 978-1058 or Toll-Free 3-1-1
E-mail: Clerk.NCFunding@LACity.org • www.Clerk.LACity.org

Events are great opportunities for Neighborhood Councils to interact with their stakeholders. There are, however, liability and permitting issues that must be handled prior to the event. The Office of the City Clerk, Administrative Services Division, NC Funding Program Section must approve all Neighborhood Council sponsored events before any payments can be processed.

Please complete, sign, and submit this form at least 30 days prior to your event. Missing or incomplete required information or documents will delay review.

Neighborhood Council: Sunland Tujunga Neighborhood Council

The Neighborhood Council is the Main Sponsor or Co-Sponsor for the event.

Main sponsor: Beautification Committee of the STNC

Contact Person: Nelly Luboff

Phone: 818 389-2800 Email: NellyLuboff@yahoo.com

Co-Sponsor (if applicable): N/A

Contact Person: _____

Phone: _____ Email: _____

Event Information

Event Title and Description: Pine wood Elementary School Mural (a 200ft mural depicting the history of the local area painted in by volunteers)

Date: 6-1-2021 Time Frame: 6mo-1yr Est. number of attendees: 10-20 Event Budget: \$ 3400.00

Venue Name: Pine wood Elementary School

Venue Address: 1011 Silverton Ave Tujunga, Ca. 91042

Contact Person: Principal JESSICA TREJO

Phone: 818 353-2515 Email: JLT2912@LAUSD.net

Please note: If the venue for the event is at a City or public facility, e.g. park, school, the venue approval may be easier and at little or no cost. If the venue for the event is not a City facility, a separate contract may be needed and can take up to 60 days to complete.

Please scan the following documents and email to Clerk.NCFunding@lacity.org for approval PRIOR to event:

- Neighborhood Council Event Approval Form – Signed by Treasurer, 2nd Signer or Event Chair
- Board Action Request (BAC) Form – Completed and signed by Treasurer and 2nd Signer, or Alternate Signer
- Itemized Detailed Event Budget – Total budget with funding categories (food, entertainment, flyers, permits, etc.) and with specific vendors if available.

If a bank card credit limit increase will be necessary to pay for expenditures for this event, please contact your Funding Program Representative to submit a request to increase applicable limits.

The City of Los Angeles provides Neighborhood Councils with event liability coverage in the amount of \$5 million. Depending on the type of event, there may be additional permits and liability issues that must be addressed prior to the event, or the Neighborhood Council will be liable for any penalties or injuries incurred at the event. There may be fees attached to obtaining permits and additional liability so please budget accordingly. It may be easier to partner with the City family or a community based organization or even hire an event planner (will require a contract prepared by the Department) so that they can obtain/handle the necessary permits and liability issues instead. The following must be obtained and submitted **PRIOR TO THE EVENT** if they are applicable to your event:

If FOOD is being purchased/provided/distributed/served at your event, you may be required to obtain the following PERMITS:

- LA County Public Health Department Permits – Community Event Organizer and Temporary Food Facility permits may be required. Permit fees may be waived by the County if requested.
- LA Fire Department – Permit may be necessary for temporary structures setup to prep/cook/serve food.

CERTIFICATES OF INSURANCE, SERVICE AGREEMENTS, and/or FACILITY USE PERMITS from Vendors providing the following types of services. Insurance Certificates need to list the "City of Los Angeles" as Additional Insured.

- Jumpers/Bouncers (Inflatables) – City Risk Management may need to review
- Games (e.g. dunk tank, other carnival style games, video game bus)
- Food (purchased, provided, distributed and/or served)
- Entertainers (e.g. DJs, musicians, face painting, balloon artists, etc.)
- Equipment Rentals (e.g. performing stage, mechanical rides, canopies)
- Event Venues (e.g. school auditoriums, private theaters and halls, parks, street block, etc.)

If RENTING a vehicle or truck to transport event materials:

- Renting and driving of vehicle/truck must be by a board member
- Additional Insurance offered by the rental company must be purchased in full

ADDITIONAL PERMITS may be required if the event has:

- Over 500 attendees, which may require LAPD presence - LAPD Special Events
- Street closures for block parties - Bureau of Street Services or LADOT for larger street closures, such as a parade
- Tents/canopies larger than 450 square feet or stages/platforms more than 30 inches above grade - Building and Safety

CONTACT INFORMATION for possible permits:

- Street Maintenance - (213) 847-2999
- Building and Safety - (213) 482-0387
- LADOT (Traffic Officers) - (323) 913-4652
- LADOT (Signs) - (213) 485-2298
- LADOT (Special Operations) - (323) 224-2124
- Risk Management - (213) 978-7475
- LAPD - (213) 486-0410
- LAFD - (213)-978-3640
- Sanitation - (213) 485-3612
- Street Services - <http://bsspermits.lacity.org/spevents/>
- LA County Public Health Dept. - <http://publichealth.lacounty.gov>

Documents to be submitted to NC Funding Program and filed for you records:

- Neighborhood Council Event Approval Form – Signed by Treasurer, 2nd Signer, Event Chair.
- Board Action Certification (BAC) Form – Completed and signed by Treasurer and 2nd Signer, or Alternate Signer
- Itemized Detailed Event Budget – Final total budget with funding categories and specific vendors.
- Vendor Invoices and Service/Facility Use Agreements
- Copies of Insurance Certificates
- Copies of Permits
- Proof of Sponsorships (e.g. event flyers, webpage copy, etc.)
- W-9 (for 1099 Individual Services (if applicable))

I have read and understand the requirements set forth in this document and agree to comply with the required paperwork necessary for Neighborhood Council events.

Signature: Nelly Luboff Date: 5-4-2021
 Print Name: Nelly Luboff Title: Chair of Beautification Committee
 Email: NellyLuboff@yahoo.com Phone: 818 389-2800

For Staff Use Only: **Approved** Denied Code: STNC 2021-003

Reviewers Signatures: 1st Level Paola Posada 2nd Level _____
 Reviewers Names: 1st Level Paola Posada 2nd Level _____

Budget for Pinewood Elementary School Wall Mural

Paint **\$2350.00**

(Misc) Brushes, bucket, cleaning materials) **\$300.00**

Liability Insurance Quote **\$742.88** - *Burns + wilcox*

(Original approved BAC \$350.00- additional BAC \$392.88) **\$742.88** total

Total Budget **\$3392.88**

Pinewood Mural Event Protocols during LA City Covid-19 Safer L.A. Order Plan

Revised 4/29/2021

The Beautification Committee will implement and follow the best practices for Safe Operations protocols in guidance with the City of Los Angeles revised Safer L.A. Order dated 4/29/2021 during the painting of mural.

Phase 1.- Outdoor Sketching of the mural will be done by sections solely by artist Gerardo.

Phase 2- Outdoor Painting of the mural by 10-20 volunteers/artist/committee community members 6-8 feet apart with face coverings and all Los Angeles County Department of Public Health protocols present.

The entire project is set to take 6 months to a year to paint. This will be done on by Committee scheduling volunteer days to accommodate the cities Safer L.A. protocols during Covid-19.

BEST PRACTICES FOR SAFE OPERATIONS

Physical Distancing, Cleaning and Sanitizing, Personal Health Personal Hygiene and Facility/Location Safety.

Signed up shift schedules will be instituted to maximize physical distancing.

All painting workstations/areas separated by at least six feet separation*

*Outdoor Activities. To engage in passive outdoor activity and recreation, providing that individuals comply with social distancing mandates.

Disinfect all reused or shareable material/ equipment between each use (e.g., shared tools)

Use of Facial Coverings: All individuals engaging in outdoor activities will wear a cloth face covering nose and mouth while painting mural.

City of Los Angeles
CALIFORNIA

HOLLY L. WOLCOTT
CITY CLERK

PETTY SANTOS
EXECUTIVE OFFICER



ERIC GARCETTI
MAYOR

OFFICE OF THE
CITY CLERK

Administrative Services Division
200 N. Spring Street, Room 224
Los Angeles, CA 90012
(213) 978-1100
FAX: (213) 978-1107

MAYRA PUCHALSKI
DIVISION MANAGER

cityclerk.lacity.org

Date:

To: Liliana Sanchez
President, Sunland-Tujunga Neighborhood Council

From: Mayra Puchalski
Division Chief, Office of the City Clerk

Re: Authorization for Agreement

This memo authorizes the Sunland-Tujunga Neighborhood Council (STNC) to enter into the attached Civic Center Permit with Los Angeles Unified School District for Pinewood Avenue Elementary School on behalf of the City of Los Angeles, Office of the City Clerk. Please ensure that an authorized STNC Board Member for the STNC completes the application, i.e. the application should not be with a STNC Board Member in a private (non-board) capacity and the Los Angeles Unified School District, and that the STNC board approved this service prior to completing the application.

STNC must abide with all the Los Angeles Unified School District Terms and Conditions.

Payments for Los Angeles Unified School District must be pursuant to the Neighborhood Council Funding Program policies and procedures.

Please contact Paola Posada at paola.posada@lacity.org or by calling (213) 978-1058 if you have any further questions.

Email attachments – 3 pages

PCP/MP



**LOS ANGELES UNIFIED SCHOOL DISTRICT
REQUEST FOR FACILITIES USE**

ATTACHMENT A

Requests must be received no later than 15 Business days before the first day of your requested use.

I. APPLICANT INFORMATION

Date: _____

Please indicate your organization type below and fill in the required applicant information.

FOR LAUSD SCHOOLS OR OFFICES, PROP 39 /CO-LOCATED CHARTERS (only):

- LAUSD School or Affiliated Charter Prop 39 / Co-Located Charter School
 LAUSD Board Member or District Offices

School/Office Name: Pinewood Avenue Elementary School

Mailing Address: 10111 Silverton Avenue, Tujunga, CA 91042

LAUSD Contact Person: Jessica Trejo E-mail: JLT2912@LAUSD.NET

Phone: (818) 353-2515 Fax: (818) 353-3179

Will this event/activity be co-sponsored by other organizations? YES NO

Please list additional sponsors here: Sunland - Tujunga Neighborhood Council Beautification Committee

OTHER APPLICANTS: The applicable processing fee (money order or cashier check only) is required to be submitted with each application

- Civic or Service Group or one of the following groups: i.e. Boy Scouts, Girl Scouts, Camp Fire Girls, Good News Club or School Advisory Councils
 Other Schools or Private Schools PTA / PTO / Booster Individual
 Public or Governmental Agency Religious Organization Company / Corporation
 Neighborhood Council Non-profit with 501(c)(3) (Number # _____)
 Off-Season Coach Other (describe) _____

Organization Name or Applicant: Sunland-Tujunga Neighborhood Council Beautification Committee

Mailing Address: 7747 Foothill Blvd #101 Tujunga CA 91042

Contact Person: Nelly Luboff Website: www.stnc.org

Driver License or ID# _____ State where license/ID was issued? _____

Phone: (818) _____ Fax: (818) _____

Cell: (818) 389-2800 Email: nellyluboff@yahoo.com

II. SCHOOL WHERE EVENT/ACTIVITY WILL TAKE PLACE:

- a. 1st choice Pinewood Avenue Elementary School School Contact & Title: Jessica Trejo Principal
b. 2nd choice* n/a School Contact & Title: _____
(*2nd choice required only if applying for a recreational permit.)

III. EVENT/ACTIVITY DESCRIPTION

(a) Please mark an "X" in the columns to the right to indicate your responses to the questions

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Will this event occur during school hours? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Will any District or Student Body funds be used? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Will you charge for the sale of products or fees for services?
If YES, how much per person? \$ _____ Per day \$ _____ Per week \$ _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Will any fees, admissions or donations be charged or collected for this event/activity?
If YES, how much per person? \$ _____
What are funds used for? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- Describe intended event, program or use in detail (Use separate sheet if necessary.) Please attach corroborating information such as copy of flyer or advertising, list activities, detailed agenda or schedule and event itinerary.

The Sunland-Tujunga Neighborhood Council Beautification Committee, in partnership with Pinewood Elementary School, is installing a mural on a wall along Pinewood Avenue. The preparation for the mural has been completed and funded by Local District Northeast. The Beautification Committee also proposes to install California native plants along the base of the 200 foot long mural. SHD PLANTS WILL BE DONATED

(b) Will any of the items or categories below be a part of the intended event? (Check all activities applicable to your event.)

- Animals BBQ Fireworks Fundraiser Festival/Fair/Carnival Inflatables/Jumpers
 Childcare/Enrichment Cultural activities Religious services Concert/performances
 Recreational sports Recreational camp/clinic Summer/winter/spring camp
 Beautification Event (i.e. gardening, tree planting, murals or painting, campus clean-up)
 Meetings - Check One: _____ Open to the Public _____ Closed to the Public or by invitation only
 Topic to be covered: _____

(c) Will there be food / food concessions at event? YES NO
 If YES, Pre-packaged food Catering Food Trucks
 Other (explain) _____

IV. **REQUESTED DATE(S) / TIME(S):** You may attach additional sheets if necessary.

	Event/Program Dates		Times		Specify days of use (i.e. daily, only Mondays)
	From:	To:	From:	To:	
Date(s)	6-1-2021	12-31-2021			
Date(s)	12-31-2021	6-1-2022			
Date(s)					
Rehearsal					
Set-up					
Tear-down					

V. **ATTENDANCE: Participants/Spectators:**

- (a) Number of participants 15 (b) Number of spectators 3
 (c) Will minors (individuals under the age of 18 years old) be participating in this event? YES NO
 (d) What percentage of participants live within boundaries of LAUSD? ALL

Youth Group Applicants Only:

- (a) Has the applicant submitted, along with this application, a list of the group's representatives who will be on site during meetings, on this campus(es)? YES NO
 (b) The Applicant understands and agrees that the youth group and its representatives are not authorized to access the facility noted in this application but not authorized to access any other areas of the campus. YES NO

VI. **REQUESTED FACILITIES:**

Check all facilities to be used:

- Indoor Facilities:**
 Auditorium Classrooms, number of classrooms _____
 Cafeteria Dining Area only Library Multipurpose Room
 Other (please specify) _____
- Recreational Facilities:**
 Gymnasium Middle School Gym
 (Check appropriate school/gym size if applicable) High School Gym Small Large
 Football Field Soccer Field Tennis Courts Track Field
 Swimming Pool Baseball/Softball Diamond Other _____
- Outdoor or Other Facilities:**
 Outdoor Lunch Area Playground/Blacktop Quad
 Other the exterior wall along Pinewood Avenue

VII. Parking/Parking Operations:

NOTE: Availability of parking or sufficient parking to accommodate your use during any event is not guaranteed and is at the discretion of the school or District office.

- (a) Check all areas to be used for parking: Street Parking Parking Lot Playground / Blacktop
 - i. Parking will be (check one): SELF PARKING (no parking operator) PARKING OPERATOR/VALET COMPANY
 - ii. If the applicant is not a parking operator, please provide the name of the company providing services here: _____ (NOTE: Parking operator will also be required to provide insurance.)
 - iii. Will shuttle services be provided? YES NO Operator Name (if different from above): _____
- (b) Number of cars anticipated? _____
- (c) Will a fee be charged to park? YES NO
 - If YES, how much per vehicle? \$ _____ Per day \$ _____ Per week \$ _____

VIII. Will District equipment be required? Describe below (Audio visual, lighting, tables, chairs, etc.) YES NO

(Applicant must request the use of furniture and equipment with the school administrator. Additional fees may be required to be paid for rental of equipment and technical services.)

IX. Insurance Requirements

See Attachment B for Standard Insurance Requirements which are subject to change. Actual insurance requirements will be determined by the nature and scope of your event or activity.

By signing below, the Principal, Administrator or applicant represents that the information provided in this Request for Facilities Use is true and correct. Misstatements, misrepresentations or omissions may cause cancellation, delay or refusal of this facilities use request.

**FOR LAUSD School/Office/Prop 39/
Co-located Charters events**

PRINCIPAL / ADMINISTRATOR SIGNATURE:

Jessica Trejo 4/20/21

 PRINT NAME and TITLE
 Pinewood Avenue Elementary School
 Name of School or Office

FOR OTHER APPLICANT SIGNATURE:

 Signature and Date

 PRINT NAME and TITLE (if applicable)

 Name of Organization

Forward your completed Request for Facilities Use form as follows:

Scan and email to: facilities-use@lausd.net
OR

Mail or walk-in application to:
 Los Angeles Unified School District
 Permit Office
 333 S Beaudry Avenue, 1st Floor
 Los Angeles, CA 90017
 Business Hours: 7:00am to 4:00pm

Should you have any questions, please contact
 Los Angeles Unified School District Permit Office 213-241-6785
 213-241-6900

PLEASE BE ADVISED THAT COMPLETION OF THIS FORM AND/OR ACKNOWLEDGEMENT OF RECEIPT OF THIS REQUEST FOR FACILITIES USE DOES NOT CONSTITUTE APPROVAL OR PERMISSION TO MOVE FORWARD WITH YOUR USE.

After the initial review of this completed Request for Facilities Use form, your request will be forwarded to the Division of Risk Management or LAUSD Permit Office for further handling. Additional documents and fees may be required by these offices prior to formal approval of your request.



101 California Street, Suite 975, San Francisco, CA 94111
Phone: (415) 421-4244 OR (800) 759-4855 Fax: (415) 421-0620

TO: MERRIWETHER & WILLIAMS INS
RE: Sunland/Tujunga Neighborhood Council (Beautifacation Committee)

DATE: 11/19/2020
Page 1 of 3

WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:

LOCATION(S) OF RISK:

- 1. 7747 Foothill Blvd #101, Tujunga, CA 91042

PROPOSED EFFECTIVE PERIOD: 12/15/2020 AT 12:01 AM TO 12/15/2021 AT 12:01 AM STD TIME AT RISK LOCATION.

FORM OF COVERAGE: COMMERCIAL GENERAL LIABILITY OCCURRENCE

APPLICATION NO: APP57615239

INSURER(S):

Line Of Business	Supplier(s)	Agreement Number	Participation
Commercial General Liability	Atain Specialty Insurance Company		100.00 %

LIMITS / DEDUCTIBLES:

Loc	Sub Coverage	Limit(s)	Deductible(s)	Co Ins
1	General Aggregate	\$2,000,000		
1	Products and Completed Operations	\$2,000,000		
1	Each Occurrence	\$1,000,000	\$500 Per Claim BI/PD	
1	Personal and Advertising Injury	\$1,000,000		
1	Medical Expense / Any One Person	\$5,000		
1	Damage to Premises Rented to You / Each Occurrence	\$100,000		

TOTAL CHARGES:

Premium:	\$ 550.00	Commercial General Liability
Fee:	\$ 175.00	Brokerage Fee (Fully Earned)
Tax:	\$ 1.38	Stamping Tax
Tax:	\$ 16.50	Surplus Lines Tax - GenLiab
TOTAL:	\$ 742.88	

100% MINIMUM & DEPOSIT

TERM MINIMUM PREMIUM:

50.00% EARNED
MINIMUM PREMIUM = \$275.00

COMMISSION: 10.00 % OF PREMIUM

EXCLUSIONS:

SEE "ENDORSEMENTS" SECTION BELOW / NEXT PAGE

ENDORSEMENTS:



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TO: MERRIWETHER & WILLIAMS INS

DATE: 11/19/2020

RE: Sunland/Tujunga Neighborhood Council (Beautifacation Committee)

Page 2 of 3

****ENDORSEMENTS & EXCLUSIONS:**

- UNLPPFD1 - COMMON POLICY DECLARATIONS.
- AF001772 - CLAIM REPORTING INFORMATION.
- AF100 - POLICY JACKET.
- AF3380 - FRAUD & MISREPRESENTATION ENDORSEMENT.
- AF3550 - MINIMUM EARNED PREMIUM & CANCELLATION CLAUSE.
- AF900 - SERVICE OF SUIT.
- IL0017 - COMMON POLICY CONDITIONS.
- SOFAE - SCHEDULE OF FORMS & ENDORSEMENTS.
- AF000839 - INJURY TO EMPLOYEES, SUB CONTRACTORS, INDEPENDENT CONTRACTORS, TEMPORARY WORKERS, LEASED WORKERS OR VOLUNTEERS EXCLUSION.
- AF001007 - COMBINED COVERAGE & EXCLUSION ENDORSEMENT: ASBESTOS EXCLUSION; LEAD EXCLUSION; CONTRACTOR'S SPECIAL CONDITIONS; EMPLOYMENT RELATED PRACTICES EXCLUSION; NUCLEAR ENERGY LIABILITY EXCLUSION; PROFESSIONAL SERVICES AND MALPRACTICE EXCLUSION; SEXUAL / PHYSICAL ABUSE EXCLUSION; TOTAL POLLUTION EXCLUSION WITH HOSTILE FIRE EXCEPTION; ASSAULT & BATTERY EXCLUSION; ANTI-STACKING AND NONDUPLICATION OF LIMITS OF INSURANCE; TENDERING OF APPLICABLE LIMIT OF INSURANCE.
- AF001396 - INFRINGEMENT, MISAPPROPRIATION AND UNFAIR COMPETITION EXCLUSION.
- AF001707 - AMENDMENT OF NONPAYMENT CANCELLATION CONDITION.
- AF001729 - CONDITIONAL EXCLUSION OF LIABILITY/CLAIMS IN THE STATE OF MISSOURI - ONLY APPLIES IF MISSOURI IS PRINCIPLE PLACE OF BUSINESS OR RISK CONDUCTS MORE THAN 10% OF OPERATIONS IN MISSOURI.
- AF001752 - AMERICANS WITH DISABILITIES ACT AND DISCRIMINATION EXCLUSION.
- AF3378 - AMENDATORY ENDORSEMENTS: CANCELLATION, CANCELLATION OF FINANCED POLICY, AUDIT CONDITIONS.
- AF3400 - SILICAOR SILICARELATED DUST EXCLUSION.
- UNLPPFSD1L - COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS.
- AF001788 - TOTAL CANNABIS AND RELATED PRODUCTS EXCLUSION.
- CG0001 - COMMERCIAL GENERAL LIABILITY COVERAGE FORM - CG0001 04-13.
- CG2107 - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY EXCLUSION.
- CG2167 - FUNGI OR BACTERIA EXCLUSION ((DOES NOT APPLY TO GOODS OR PRODUCTS INTENDED FOR BODILY CONSUMPTION).
- CG2426 - AMENDMENT OF INSURED CONTRACT DEFINITION.
- AF001401 - DAMAGE TO PREMISES RENTED TO YOU LIMITATION - FIRE LEGAL LIABILITY COVERAGE.
- AF000873 - KNOWN INJURY OR DAMAGE EXCLUSION FOR PERSONAL & ADVERTISING INJURY.
- AF000899 - CLARIFICATION AMENDMENT TO POLICY AIRCRAFT, AUTO OR WATER CRAFT EXCLUSION.
- D2 - CALIFORNIA SURPLUS LINES NOTICE.
- CAPRNOTICE - CALIFORNIA PREMIUM REFUNDS NOTICE - POLICIES CANCELED BY INSURED MAY INCUR A 10% SHORT RATE PENALTY.
- CG3234 - CACHANGES.
- AF001740 - DESIGNATED OPERATIONS - STATE OF NEW YORK EXCLUSION.
- AF001741 - DESIGNATED OPERATIONS - STATE OF WASHINGTON EXCLUSION.
- AF33509 - ASSAULT & BATTERY EXCLUSION REMOVAL (ENDORSEMENT TO REMOVE A&B EXCLUSION).
- AF33510 - CLASSIFICATION LIMITATION.
- AF33515A - NEW RESIDENTIAL CONSTRUCTION EXCLUSION.
- AF33530 - SUBSIDENCE EXCLUSION.
- AF33818 - PRIOR WORK EXCLUSION.
- AF3397 - EIFS EXCLUSION & DRY WALL EMISSION EXCLUSION.
- CG0300 - DEDUCTIBLE LIABILITY.
- CG2154 - OCIP/WRAP-UP EXCLUSION.
- CG2503 - PER PROJECT AGGREGATE: *** TYPST INCLUDE THE FOLLOWING WORDING: "LOCATIONS AS REQUIRED BY SPECIFIC WRITTEN CONTRACT" ***
- AF001397 - BLANKET PRIMARY & NON CONTRIBUTORY WORDING:[TYPING - ADD THE FOLLOWING WORDING TO FORM: "ANY PARTY FOR WHOM THE INSURED IS PERFORMING SERVICES, AT A SPECIFIED PROJECT SET FORTH IN A WRITTEN CONTRACT, THAT: (1) HAS BEEN SIGNED BY ALL PARTIES, INCLUDING THE NAMED INSURED AND THE PARTY SEEKING COVERAGE UNDER THIS ENDORSEMENT; AND (2) HAS BEEN ENTERED INTO BEFORE ANY LOSS HAS OCCURRED."]
- CG2033 - BLANKET ADDITIONAL INSURED - WHEN REQUIRED BY AGREEMENT - DO NOT USE WITH CG2139.
- CG2404 - BLANKET WAIVER OF SUBROGATION (ADD THE FOLLOWING WORDING TO FORM) "ANY PERSON OR ORGANIZATION WITH WHICH THE INSURED HAS AGREED TO WAIVE RIGHTS OF RECOVERY, PROVIDED SUCH



101 California Street, Suite 975, San Francisco, CA 94111
Phone: (415) 421-4244 OR (800) 759-4855 Fax: (415) 421-0620

TO: MERRIWETHER & WILLIAMS INS

DATE: 11/19/2020

RE: Sunland/Tujunga Neighborhood Council (Beautifacation Committee)

Page 3 of 3

ORGANIZATION WITH WHOM THE INSURED HAS AGREED TO WAIVE RIGHTS OF RECOVERY, PROVIDED SUCH AGREEMENT IS MADE IN WRITING AND PRIOR TO THE LOSS").

CONDITIONS: PLEASE REVIEW THIS CAREFULLY AS IT MAY DIFFER FROM COVERAGES AND LIMITS REQUESTED.



BINDING SUBJECT TO THE FOLLOWING:

- > ATTACHED TERRORISM DISCLOSURE NOTICE SIGNED BY THE INSURED INDICATING THEIR INTENTION TO EITHER ACCEPT OR REJECT COVERAGE. ADDITIONAL PREMIUM FOR THIS COVERAGE IS \$100 PLUS TAX.
- > COMPLETED SL-2 & D-1.

QUOTE BASED ON \$3,000 IN SALES AT \$10 RATE & NO SUB COSTS
MINIMUM PREMIUM APPLIES

BLANKET A/I'S INCLUDED.

BLANKET WAIVER OF SUBROGATION INCLUDED.

THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.

PAYMENT: \$687.88 DUE IN 30 DAYS FROM EFFECTIVE DATE.

**WE APPRECIATE YOUR BUSINESS. NO BINDING AUTHORITY IS CONVEYED TO ANY AGENT.
FLAT CANCELLATIONS NOT ALLOWED. QUOTATION IS GOOD FOR 30 DAYS.**

B&W PRODUCER: Richard L Gobler
(CA INS LIC # 0828615)

**ATAIN SPECIALTY/ATAIN INSURANCE COMPANY
POLICY HOLDER DISCLOSURE**

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that the Terrorism Risk Insurance Act of 2002 has been extended until December 31, 2020 under the revised Act cited as "Terrorism Risk Insurance Program Reauthorization and Extension Act of 2015" (TRIPRA). Under this Act, you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life; property; or infrastructure; to have resulted in damage within the United States or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion; and that causes losses of at least \$100 million.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our Insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

TRIPRA 2015 will terminate on December 31, 2020 unless extended by the Federal Government. If your policy is in effect when the Federal program terminates, any terrorism coverage afforded by us in your policy for the Federal program will also cease as of that date.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The NOTE below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia and Wisconsin.

NOTE: In these States above, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

SELECTION OR REJECTION OF CERTIFIED TERRORISM INSURANCE COVERAGE
PLEASE RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT

<input type="checkbox"/>	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act for a premium of \$ SEE QUOTE FOR PREMIUM Action: Please sign and return this form with your payment for premium to your insurance agent.
<input type="checkbox"/>	I decline to purchase the Terrorism Coverage require to be offered under the Act. Action: Please sign and return this form to your insurance agent.

Policy Holder/Applicant's Signature

Named Insured/Firm

Print Name

Policy Number, if available

Date: _____

IMPORTANT NOTICE:

- 1. The insurance policy that you are applying to purchase is being issued by an insurer that is not licensed by the State of California. These companies are called “nonadmitted” or “surplus line” insurers.**
 - 2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.**
 - 3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.**
 - 4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or “surplus line” broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC’s internet website at www.naic.org. The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.**
 - 5. Foreign insurers should be licensed by a state in the United States and you may contact that state’s department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.**
-

6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.

7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm.

8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.

Date: _____

Insured: _____



R&R T-Shirt Printing & Embroidery Co.

1015 S. San Fernando Blvd.
 Burbank, CA 91502-1538
 818-569-0290

Invoice

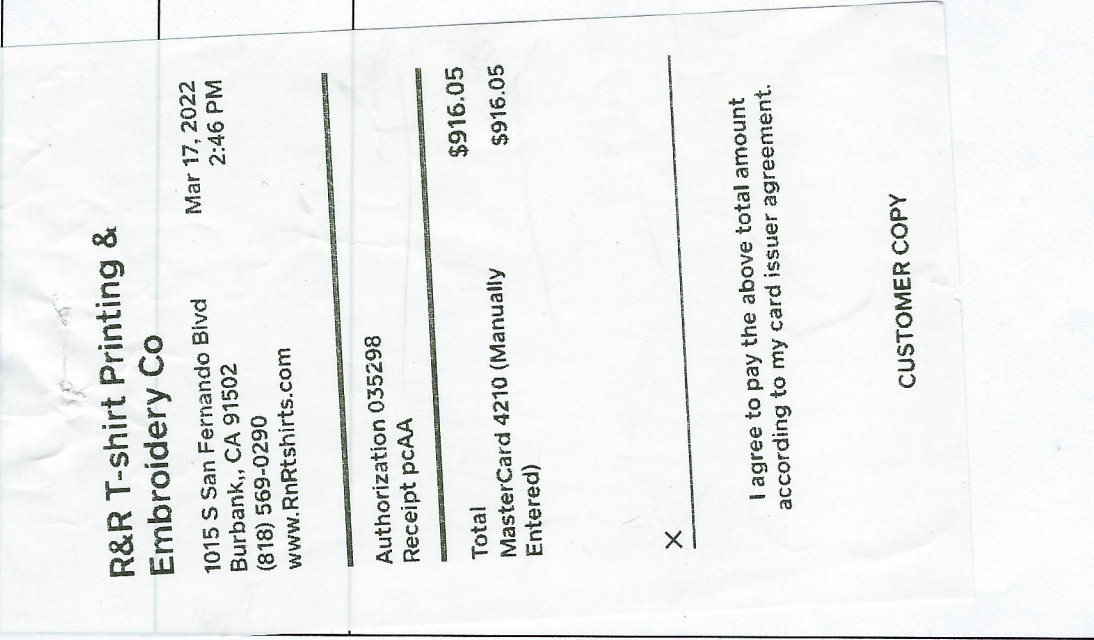
Date	Invoice #
3/9/2022	8790

Bill To
Sunland-Tujunga Neighborhood Council Carole Hutchinson 200 N. Spring Street Los Angeles, CA 90012
Phone 818-618-1648

Ship To
STNC Karen Perdue PO BOX 535 TUJUNGA, CA 91043

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Karen	Due on receipt	HOU	3/9/2022	Customer Pic...		

Quantity	Item Code	Description	Price Each	Amount
20	K500	k500 Polo Shirts red	25.00	500.00T
1	SC	Screen preparation charge	20.00	20.00T
20	g200	g200 Gildan 100% cotton t-shirt	15.00	300.00T
1	Freight	Incoming Freight	12.00	12.00
		Sales Tax	10.25%	84.05



Total	\$916.05
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Payments/Credits	\$0.00
-------------------------	---------------

Phone #	E-mail	Balance Due	\$916.05
818-569-0290	frank@RnRtshirts.com		

Merchant: The Web Corner, Inc

15300 Ventura Blvd. Suite 400
Sherman Oaks, CA 91403
US

8183457443

Order Information

Description: 22055

Order Number:

P.O. Number:

Customer ID:

Invoice Number:

Billing Information

Edward Babakhan
Sunland Tajunga NC

Shipping Information

Shipping: 0.00
Tax: 0.00
Total: USD 150.00

Payment Information

Date/Time: 18-Mar-2022 16:18:27 MDT
Transaction ID: 63604658819
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 038213
Payment Method: MasterCard XXXX9947

The Web Corner, Inc.

15300 Ventura Blvd. Suite 400
Sherman Oaks, CA 91403
818-345-7443

Invoice

Date	Invoice #	Terms
3/2/2022	23600	Due on Receipt

Bill To
Sunland Tujunga NC 7747 Foothill Blvd., Room 101 Tujunga, CA 91042

Ship To

QTY	Description	Price Each	Amount
	.ORG Domain Renewal STNC.ORG	30.00	30.00
Total			\$30.00
Payments/Credits			\$0.00
Balance Due			\$30.00

Merchant: The Web Corner, Inc

15300 Ventura Blvd. Suite 400
Sherman Oaks, CA 91403
US

8183457443

Order Information

Description: Partial payment for invoice 22050
Order Number: P.O. Number:
Customer ID: Invoice Number:

Billing Information

Edward Babakhan
Sunland Tajunga NC

Shipping Information

Shipping: 0.00
Tax: 0.00
Total: USD 600.00

Payment Information

Date/Time: 18-Mar-2022 16:51:06 MDT
Transaction ID: 63604714306
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 016888
Payment Method: MasterCard XXXX9947



Adobe Inc.
345 Park Avenue
San Jose CA 95110-2704
United States
Federal Tax ID: 77-0019522

ORIGINAL

Invoice Information

Invoice Number 2139450649
Invoice Date 30-MAR-2022
Payment Terms Credit Card
Purchase Order AD00283426272CUS
Order Number 7052478696
Customer Number 1232084000
Currency USD

Bill To

Ed Babakhanian
200 N. Spring St
CA 90012

INVOICE

Item Details

Service Term: 30-MAR-2022 to 28-APR-2022

PRODUCT NUMBER	PRODUCT DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	NET AMOUNT	TAX RATE	TAXES	TOTAL
65232730	Acrobat Pro DC	1	EA	14.99	14.99	0.00%	0.00	14.99

Invoice Total

NET AMOUNT (USD) 14.99

TAXES (SEE DETAILS FOR RATES) 0.00

GRAND TOTAL (USD) 14.99

Comments:

Billing Contact

<https://helpx.adobe.com/contact.html>

Thank you for your business!



INVOICE

C

Please remit payment to:

Lloyd Staffing, Inc.

PO Box 780994

Philadelphia, PA 19178-0994

Questions: AR@LloydStaffing.com

Pay by ACH/wire to:

Wells Fargo Bank, N.A.

Routing #: 121000248

Account #: 4060542594

BILL TO: Attention of: Lydia Grant
 Sunland-Tujunga Neighborhood Council
 7747 Foothill Blvd
 #101
 Tujunga, CA 91042

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
01/02/2022	420614	1	134940	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT	
12/06/21-12/12/21	MINTKR	Farber, Robinson A.	4.00	27.95	\$111.80	
A 3% surcharge will be applied to any payments processed using a credit card. Thank you.				PAY THIS AMOUNT >	TOTAL	\$111.80






BAC 1-12-22 Lloyd Staffing

Final Audit Report

2022-03-01

Created:	2022-03-01
By:	Ed Babakhanian (stnc.ed.treasurer@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAw_stsrv8M8ZNU8O9uKCOKQxHenscBpqH

"BAC 1-12-22 Lloyd Staffing" History

-  Document created by Ed Babakhanian (stnc.ed.treasurer@gmail.com)
2022-03-01 - 4:37:21 AM GMT
-  Document emailed to Lydia Grant (stncpresidentgrant@gmail.com) for signature
2022-03-01 - 4:37:53 AM GMT
-  Email viewed by Lydia Grant (stncpresidentgrant@gmail.com)
2022-03-01 - 6:16:42 AM GMT
-  Document e-signed by Lydia Grant (stncpresidentgrant@gmail.com)
Signature Date: 2022-03-01 - 6:17:17 AM GMT - Time Source: server
-  Agreement completed.
2022-03-01 - 6:17:17 AM GMT