Department of Neighborho Reporting Month:		NOVEMBER		MONTHLY EXPENDITURE REPORT		EMP	OWER LA		
NC	Name:	VENICE			Submitted: 12/6/2016 9:37:53				
Bu	dget Fiscal Year:	2016-2017					NEIGHBOR	HOOD EMPOWERMENT	
FIL	L IN ALL THE UNSHADE	D (WHITE) FIEL	DS (Must be s	submitted to the Depa	artment within 10 da	ys of Board Approval along	a with documentat	ion and hard cop	v)
	EXPE	NDITURES BY L	INE ITEM (for	more than 12 expen	ditures, you may co	ntinue entering on page 3 o	of this worksheet -	see below)	
A	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / D	ESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	Apple One	S6252942		10/30/2016-Staff service	es.	OPERATIONS			\$420.0
2	I Power	126823727		10/31/2016-Web hosting)	OUTREACH	\checkmark		\$20.0
3	I Power	130240153		11-07-2016-Web hosting	g	OUTREACH	\checkmark		\$20.0
4	The UPS Store	6362		11-07-2016-Copies-Ad	Com agenda	OPERATIONS			\$9.8
5	Constant Contact	147896303		11/08/2016-E-mail servi	се	OUTREACH	\checkmark		\$60.0
6	Arkon.com	61803		11-09-2016-Mini pad sta	and	OPERATIONS			\$116.4
7	Amazon.com	111-5855879		11-10-2016-Micro chip f	or camera	OPERATIONS			\$52.6
8	Apple	W44578162		11-14-2016-Mini Pad		OPERATIONS			\$439.9
9	Apple	W44578162		11-14-2016-Apple Care	for mini pad	OPERATIONS			\$109.0
10	LAUSD	S0214		11-15-2016-Space renta	al-Board meetings	OUTREACH			\$114.9
11	UPS Store	0878		11/15/2016-Copies Boa	rd meeting	OPERATIONS			\$34.8
12	Extra Space Storage	1002893567		11-20-2016-2016-Storag	je fee	OPERATIONS			\$167.0
	SUBTOTAL: Expenditures	by Line Item (May	/ include totals	on page 3, if entered)					\$3,054.
в	CUMULATIVE EXPENDITU	RES FROM PRIO	R MONTHS (CL	JRRENT FISCAL YR)					\$6,558.0
С	OUTSTANDING COMMITM	ENTS (OBLIGATI	ONS)						
1									
2									
3									
4									
5									
6									
7									
. 8									
9									
10									
10	SUBTOTAL: Outstanding (Commitments (Inc	cludes total on	nage 3)					\$0.0
D	Total Expenditures & Com			puge of					\$9,612.2
	•		sed, prior fisca	I years items, etc) (use	'-' for credits, '+' for de	eductions)			\$0.0
F	Approved Budget 2016-20	17							\$37,000.0
G	Balance of Budget 2016-20	17							\$27,387.7

Reporting Month:	NOVEMBER	
NC Name:	VENICE	

Page 2

MONTHLY CASH RECONCILIATION										
Beginning Balance Funds Deposited (A) (B)		Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D						
\$11,941.92		\$11,941.92	\$3,054.19	\$8,887.73						

	MONTHLY CASH FLOW ANALYSIS										
Category Identifier	Category Identifier Budget Category		Total Spent this Month (B)	FY 2015-16 Expenses Cleared in FY 2016-17 (C)	Total Spent in Prior Months (D)	Unspent Budget Balance (E) = A - B - D					
100	Operations	\$7,050.00	\$1,349.67	\$0.00	\$1,989.69	\$3,710.64					
200	Outreach	\$13,950.00	\$214.98	\$0.00	\$2,999.32	\$10,735.70					
300	Community Improvement	\$16,000.00	\$1,489.54	\$0.00	\$1,569.07	\$12,941.39					
400	NPG		\$0.00	\$0.00		\$0.00					
500	Elections		\$0.00	\$0.00		\$0.00					
	TOTAL	\$37,000.00	\$3,054.19	\$0.00	\$6,558.08	\$27,387.73					

NEIGHBORHOOD COUNCIL DECLARATION										
we, the Treasurer and	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										
Revision Date 08/09/16										

		Page 3
Reporting Month:	NOVEMBER	
NC Name:	VENICE	

ADDITIONAL EXPENDITURES BY LINE ITEM (Optional, do not print page 3 unless you use it)									
Α	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL	
13	Whole Foods	203245		11-21-2016-Suuplies-Vera Davis Thanksgive	CIP			\$489.54	
14	American Healthy Kids	067266	15612	11-25-2016-Holiday celebration acitivity	CIP			\$1,000.00	
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35									
36									
	SUBTOTAL: Expenditures by	/ Line Item						\$1,489.54	

Page 3 (Con't)

Reporting Month:	NOVEMBER
NC Name:	VENICE

		ADDITION	IAL OUTSTAN	DING COMMITTMENTS BY LINE ITEM (Opti	onal, do not print page 3	unless you use it)		
А	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
11								
12								
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32								
33								
34								
S	SUBTOTAL: Expenditures by	Line Item						\$0.00
Povie	ion Date 08/09/16							

Revision Date 08/09/16