

Monthly Expenditure Report



Reporting Month: November 2023 Budget Fiscal Year: 2023-2024

NC Name: Downtown Los Angeles
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$38962.24	\$1017.79	\$37944.45	\$0.00	\$1718.20	\$36226.25

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$27755.00	\$1017.79	\$23699.45	\$0.00	\$23699.45
Outreach		\$0.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$14245.00	\$0.00	\$14245.00	\$0.00	\$14245.00
Neighborhood Purpose Grants	\$0.00	\$0.00	-\$3500.00	\$0.00	-\$3500.00
Funding Requests Under Review: \$0.00		Encumbrances: \$1718.20		Previous Expenditures: \$6537.76	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE DLANC.CO	11/01/2023	Discussion and possible action to allocate a monthly expenditure for email services not to exceed \$500. Vendor is Google Workspace. Monies to come from the Office budget.	General Operations Expenditure	Office	\$374.40
2	EXTRA SPACE 6109	11/15/2023	Discussion and possible action to allocate \$2000 to pay for a 12-month rental of a storage unit. Address of the storage unit is Extra Space Storage, 1000 N Main St, Los Angeles, CA 90012. Monies to come from the Office budget.	General Operations Expenditure	Office	\$197.20
3	IONOS INC.	11/26/2023	Discussion and possible action to allocate an annual expenditure not to exceed \$625 for web hosting. Vendor is IONOS. Monies to come fro	General Operations Expenditure	Office	\$10.19
4	IONOS INC.	11/27/2023	Discussion and possible action to allocate an annual expenditure not to exceed \$625 for web hosting. Vendor is IONOS. Monies to come fro	General Operations Expenditure	Office	\$4.00

5	Los Angeles Public Library	10/10/2023	10.iv. Discussion and possible action on the Fiscal Year 2023-2024 Administrative Packet/Annual Budget Packet.	General Operations Expenditure	Office	\$432.00
Subtotal:						\$1017.79

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
Subtotal: Outstanding						\$0.00



Invoice

Invoice number: 4839305752

Google LLC
1600 Amphitheatre Pkwy
Mountain View, CA 94043
United States
Federal Tax ID: 77-0493581

Bill to

Debby Zhou
dlanc.com
200 N SPRING ST
STE 224
LOS ANGELES, CA 90012
United States

Details

Invoice number4839305752
Invoice dateOct 31, 2023
Billing ID9932-4865-8892
Domain namedlanc.com

Google Workspace

Total in USD **\$374.40**

Summary for Oct 1, 2023 - Oct 31, 2023

Subtotal in USD	\$374.40
Tax (0%)	\$0.00
Total in USD	\$374.40

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
Google Workspace Business Standard	Usage	Oct 1 - Oct 31	26	374.40
Subtotal in USD				\$374.40
Tax (0%)				\$0.00
Total in USD				\$374.40

Need help understanding the charges on your invoice? [Click here for detailed explanations](https://support.google.com/a?p=gsuite-bills-and-charges)
<https://support.google.com/a?p=gsuite-bills-and-charges>

Office of the City Clerk
 Administrative Services Division
 Neighborhood Council (NC) Funding Program
 Board Action Certification (BAC) Form



NC Name: _____ Meeting Date: _____

Budget Fiscal Year: _____ Agenda Item No: _____

Board Motion and/or Public Benefit Statement (CIP and NPG):

Method of Payment: (Select One) Check Credit Card Board Member Reimbursement

Vote Count
 Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Board Quorum:	Total:						

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature: *Samir Dham* Authorized Signature: *Glenn F. Sanchez*
 Print/Type Name: _____ Print/Type Name: _____
 Date: _____ Date: _____



1000 N Main St
Los Angeles, CA 90012

(213) 474 - 1080 / extraspace.com

November 15, 2023 12:02 AM PST

EasyPay - EasyPay

Transaction # 200388149 / System

Rent B1235	186.00
11/15/23 - 12/14/23	
Insurance B1235	11.20
11/15/23 - 12/14/23	

.....

Transaction Total \$197.20

Payment Method

Mastercard ending in 4277	197.20
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.....

Payment Total \$197.20

Merchandise Returns will be accepted in original packaging within 30 days of purchase.

Give yourself one less thing to worry about by signing up for easypay at:

myaccount.extraspace.com

Office of the City Clerk

Administrative Services Division

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Authorized Signature: [Signature]

Authorized Signature: [Signature]

Print/Type Name:

Print/Type Name:

Date:

Date:

**IONOS Inc.**

2 Logan Square, 100 N 18th St., Suite 400
Philadelphia, PA 19103
USA

2 Logan Square, 100 N 18th St. · Suite 400
Philadelphia, PA 19103 · USA

SAMIR BITAR
Downtown Los Angeles Neighborhood
Council
529 S Broadway
Los Angeles, CA 90013-2365
UNITED STATES

Invoice: 202046791399
Invoice Date: 11/25/2023
Customer ID: 572604622
Contract ID: 70706223

Help Center: ionos.com/help
My IONOS: my.ionos.com/invoices

Your IONOS Personal Consultant:

[Teofanis Balucan Jr.](#)

 2673666016

Invoice

Billing period starting: 11/24/2023

Item	Service	Charges	Usage	Taxable Portion	Total
Contract: 70706223 - Web Hosting Expert					
1	PHP7.3 Extended Support 11/21/2023-12/21/2023	\$10.19 a month	1 mo.	\$0.00	\$10.19
Net Total					\$10.19
Net (non-taxable portion)					\$10.19
Net (taxable portion)					\$0.00
Tax					\$0.00
Total amount due					\$10.19
Please DO NOT send cash, check or money order					

The total amount due will be charged to your credit card within the next seven days, most likely in the next day or two. Thank you.

Do you have questions regarding this invoice?

Please refer to your [Help Center](#) or log in to my.ionos.com for further information.

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Date:

Date:




IONOS Inc.
2 Logan Square, 100 N 18th St., Suite 400
Philadelphia, PA 19103
USA

2 Logan Square, 100 N 18th St. · Suite 400
Philadelphia, PA 19103 · USA
SAMIR BITAR
Downtown Los Angeles Neighborhood
Council
529 S Broadway
Los Angeles, CA 90013-2365
UNITED STATES

Invoice: 202046810128
Invoice Date: 11/26/2023
Customer ID: 572604622
Contract ID: 70706300

Help Center: ionos.com/help
My IONOS: my.ionos.com/invoices

Your IONOS Personal Consultant:
[Teofanis Balucan Jr.](#)
 2673666016

Invoice

Billing period starting: 11/25/2023

Item	Service	Charges	Usage	Taxable Portion	Total
Contract: 70706300 - MyWebsite One					
Basic fee (\$1.00)					
1	Basic Fee 11/25/2023-12/25/2023	\$1.00 a month	1 mo.	\$0.00	\$1.00
Additional services (\$3.00)					
2	Mail Basic 25 10/28/2023-11/28/2023	\$3.00 a month	1 mo.	\$0.00	\$3.00
Net Total					\$4.00
Net (non-taxable portion)					\$4.00
Net (taxable portion)					\$0.00
Tax					\$0.00
Total amount due					\$4.00
Please DO NOT send cash, check or money order					

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Authorized Signature [Handwritten Signature]

Authorized Signature [Handwritten Signature]

Print/Type Name:

Print/Type Name:

Date:

Date:

**LOS ANGELES PUBLIC LIBRARY PERMIT FOR USE OF LIBRARY FACILITIES
APPLICANT RESPONSIBILITIES/HOLD HARMLESS AGREEMENT/INSURANCE INFORMATION**

1. I agree to conform to all rules, regulations and conditions imposed by the Board of Library Commissioners affecting or relating to the use of Library facilities.
2. Except for the active negligence or willful misconduct of the City, I agree, as the user of any Library premises or facility described herein, that I will indemnify or hold harmless the City of Los Angeles, its officers, directors or employees from any loss liability, or damage (including wrongful death) arising out of, as a result of, or in connection with the use of the facility or premises, equipment, or services of the City, including all costs of defending any claim arising as a result thereof.
3. I further understand, as the user of any premises or facility described herein, that I must procure and shall maintain in full force and effect, during permitted use, a policy of insurance satisfactory to the City, or obtain a waiver of the requirement.
4. I have read the insurance options listed below and have initialed my choice. I understand that failure to comply with one of the options will result in cancellation of the permit and inability to use the meeting room or venue.
 - a. I will provide proof of liability insurance of the required amount, naming the City of Los Angeles as an additional insured, prior to the event.
 - b. I will purchase insurance through the City of Los Angeles Special Events Liability Program.
 - c. The insurance requirement has been waived by the Los Angeles Public Library, pursuant to rules for exemption.
5. I agree to pay the fees 30 days prior to the event. Additional staff fees due to overtime will be invoiced immediately following the event, and are due upon receipt. Payment should be made to the City of Los Angeles.

Applicant Name:	Debbie Zhou		
Applicant Position:	Secretary/Livability Committee Chair		
Organization:	DLANC		
Address:			
Telephone:	(424) 261-8596	E-Mail:	Debby.zhou@dlanc.com
Request Venue:	Little Tokyo Meeting Room		
Event Date:	10/17/23	Event Time:	6:00-9:30 pm
Total Estimated Fees:	\$216		
Applicant Signature:			

ESTIMATED EVENT FEES

Facility Use Fee:	\$ waived	Deposit Due:		Date:	
Security Services:	\$ 216.00	Balance Due:	\$ 216.00	Date:	<u>Upon receipt</u>
Facility Coordinator:	<u>\$ 0.00</u>	Paid in Full:		Date:	
Audio-Visual Services:	<u>\$ 0.00</u>				
Custodial Services:	<u>\$ 0.00</u>				
Equipment Rental:	<u>\$ 0.00</u>				
Event Attendant:	<u>\$ 0.00</u>				
Library Total:	<u>\$</u>	PERMIT #:	64-101723		

LIBRARY USE ONLY

Insurance approved by Business Office/City Attorney _____ (date)

Permit is issued to applicant after all submittals approved _____ (date)

Approval Signature _____
Business Office or Branch Senior Librarian

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Custodial Services:	<u>\$ 0.00</u>				
Equipment Rental:	<u>\$ 0.00</u>				
Event Attendant:	<u>\$ 0.00</u>				
Library Total:	<u>\$</u>	PERMIT #:	64-112123		

LIBRARY USE ONLY

Insurance approved by Business Office/City Attorney _____
(date)

Permit is issued to applicant after all submittals approved _____
(date)

Approval Signature _____
Business Office or Branch Senior Librarian

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Authorized Signature: [Handwritten Signature]

Authorized Signature: [Handwritten Signature]

Print/Type Name:

Print/Type Name: Claudia Oliveira

Date:

Date: