	partment of Neighborhoo	d Empowerme							1087
	porting Month:		FEBRUAR'			ENDITURE REPORT	EMP	OWER LA	
	Name:	0040 0047	Northridge W	/est	Submitted:	3/14/2017 10:31:15	Department	of	
Bu	dget Fiscal Year:	2016-2017					NEIGHBOR	RHOOD EMPOWERMENT	
FIL	L IN ALL THE UNSHADE	D (WHITE) FIEI	LDS (Must be	submitted to the Dep	artment within 10 days	of Board Approval along	with documentati	on and hard copy	y)
	EXPE	NDITURES BY	LINE ITEM (fo	or more than 12 expe	nditures, you may cont	tinue entering on page 3 o	of this worksheet -	see below)	
Α	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / D	ESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	Golden State Storage	41474		1/3/17 Storage rent from	n 1/2/17 to 2/1/2017	OPERATIONS			\$108.50
2	Apple One Employment	S6255944		1/4 Minute Taker Exp. 9	/17 and 9/24 ck5067	OPERATIONS			\$115.50
3	Subway	1/A-226369		1/11 1 - Extra Large Sa	nd. Tray for 1/10 G. M.	OUTREACH			\$60.00
4	Decision Publications	7890		1/11 Advertising Jan. 2	017 part payment	OUTREACH			\$200.00
5	Moore Business Results	NWNC 2017 0101		1/11 Website/Maint. Ex	p. Dec. 2016	OUTREACH			\$200.00
6	Apple One Employment	S6405405		1/17 Minute Taker Exp.	12/17 & 12/31 ck5071	OUTREACH			\$138.60
7	Smart & Final	Trans #274		1/23 3-(12) Mrs. Fields	cookies for Clean Up	CIP			\$26.97
8	Decision Publications	7890		1/26 Advertising Jan. 20	)17 balc. due ck5069	OUTREACH			\$115.00
9	Goldern State Storage	41909		1/28 Prepaid for 6 mont	hs from 2/2 to 8/1/17	OPERATIONS			\$600.50
10				^ and Save \$50.50 for 6	months.				<u> </u>
11				Feb. 2017 DRAFT					<u> </u>
12									<u> </u>
	SUBTOTAL: Expenditures b	y Line Item (Ma	y include totals	on page 3, if entered)			·		\$1,565.07
В	CUMULATIVE EXPENDITUR	RES FROM PRIO	R MONTHS (CU	RRENT FISCAL YR)					\$4,335.14
С	OUTSTANDING COMMITME	NTS (OBLIGATION	ONS)						
1	Apple One			Staffing Sevices 5 x \$12	25 -/+ per month	OPERATIONS			\$625.00
2	LAUSD			Rent for every 4 months	is \$393.48	OPERATIONS			\$884.96
3				Balc. Nov. \$98, MarJu	ne and July - Oct.				
4	Moore Business	Results		Website service 5 x \$20	0 per month	OUTREACH			\$1,000.00
5	American Heritage			Tampa Medians (#2-5)	water drip system	CIP			\$9,800.00
6	^ Landscaping								
7	. 9								
8									
9									
10									- 
	SUBTOTAL: Outstanding Co	ommitments (Inc	cludes total on i	page 3)					\$12,309.96
D	Total Expenditures & Comn								\$18,210.17
Е	Total Adjustments (such as	use taxes asses	ssed, prior fisca	al years items, etc) (use	'-' for credits, '+' for ded	uctions)			\$0.00

\$42,000.00 \$23,789.83

Revision Date 08/09/16

F Approved Budget 2016-2017
G Balance of Budget 2016-2017

Reporting Month:	FEBRUARY
NC Name:	Northridge West

MONTHLY CASH RECONCILIATION						
Beginning Balance Funds Deposited (A) (B)		Total Available (C ) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E ) = C - D		
\$5,007.25	\$9,250.00	\$14,257.25	\$1,565.07	\$12,692.18		

	MONTHLY CASH FLOW ANALYSIS							
Category Identifier	Budget Category	Adopted Budget (A)	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	\$12,318.00	\$824.50	\$0.00	\$904.92	\$10,588.58		
200	Outreach	\$9,890.00	\$713.60	\$0.00	\$2,716.61	\$6,459.79		
300	Community Improvement	\$13,292.00	\$26.97	\$0.00	\$713.61	\$12,551.42		
400	NPG	\$6,500.00	\$0.00	\$0.00	\$0.00	\$6,500.00		
500	Elections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	TOTAL	\$42,000.00	\$1,565.07	\$0.00	\$4,335.14	\$36,099.79		

## 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 Print Name Glen Wilson Print Name Peter Lasky Date Only 2 pages this time. Feb. 2017 DRAFT

Revision Date 08/09/16

Reporting Month:	FEBRUARY	
NC Name:	Northridge West	

		Į.	ADDITIONAL EX	(PENDITURES BY LINE ITEM (Optional, do	o not print page 3 unless	you use it)		
A	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
13								
14								
15								
16								
17								
18								
19								
20								
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25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
SU	IBTOTAL: Expenditures	by Line Item						\$0.0

Reporting Month:	FEBRUARY
NC Name:	Northridge West

		ADDITION	NAL OUTSTAN	DING COMMITTMENTS BY LINE ITEM (OF	otional, do not print page	3 unless you use it)		
A	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
11								
12								
13								
14								
15								
16								
17								
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22								
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25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
SU	IBTOTAL: Expenditures	by Line Item						\$0

Revision Date 08/09/16