



Office of the City Clerk

Reporting Month: DECEMBER

NC Name: Mission Hills

Budget Fiscal Year: 2016-2017

Submitted: 3/6/2017 16:34:10

MONTHLY EXPENDITURE REPORT

3/6/2017 16:34:10

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)

EXPENDITURES BY LINE ITEM (for more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below)



A	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	Aaron Devandry	MHNC51	MHNC15767	12/16/16 WEBMASTER	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$250.00
2	US STORAGE			12/2/16 STORAGE FOR MHNC	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$119.25
3						<input type="checkbox"/>	<input type="checkbox"/>	
4						<input type="checkbox"/>	<input type="checkbox"/>	
5						<input type="checkbox"/>	<input type="checkbox"/>	
6						<input type="checkbox"/>	<input type="checkbox"/>	
7						<input type="checkbox"/>	<input type="checkbox"/>	
8						<input type="checkbox"/>	<input type="checkbox"/>	
9						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)								
B CUMULATIVE EXPENDITURES FROM PRIOR MONTHS (CURRENT FISCAL YR)								
C OUTSTANDING COMMITMENTS (OBLIGATIONS)								
1						<input type="checkbox"/>	<input type="checkbox"/>	
2						<input type="checkbox"/>	<input type="checkbox"/>	
3						<input type="checkbox"/>	<input type="checkbox"/>	
4						<input type="checkbox"/>	<input type="checkbox"/>	
5						<input type="checkbox"/>	<input type="checkbox"/>	
6						<input type="checkbox"/>	<input type="checkbox"/>	
7						<input type="checkbox"/>	<input type="checkbox"/>	
8						<input type="checkbox"/>	<input type="checkbox"/>	
9						<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>	
SUBTOTAL: Outstanding Commitments (Includes total on page 3)								
D Total Expenditures & Commitments								
E Total Adjustments (Such as use taxes assessed, prior fiscal year's items, etc) (use '-' for credits, '+' for deductions)								
F Approved Budget 2016-2017								
G Balance of Budget 2016-2017								

Revision Date 10/14/16

\$0.00  
 \$1,738.51  
 \$0.00  
 \$37,000.00  
 \$35,261.49

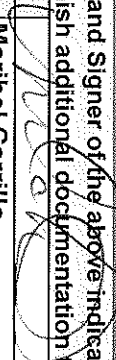
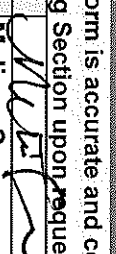
Reporting Month: **DECEMBER**  
 NC Name: **Mission Hills**

MONTHLY CASH RECONCILIATION				
Beginning Balance (A)	Funds Deposited (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D
\$11,628.38	\$0.00	\$11,628.38	\$369.25	\$11,259.13

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	\$37,000.00	\$369.25	\$0.00	\$1,369.26	\$35,261.49
200	Outreach		\$0.00	\$0.00		\$0.00
300	Community Improvement		\$0.00	\$0.00		\$0.00
400	NPG		\$0.00	\$0.00		\$0.00
500	Elections		\$0.00	\$0.00		\$0.00
	<b>TOTAL</b>	<b>\$37,000.00</b>	<b>\$369.25</b>	<b>\$0.00</b>	<b>\$1,369.26</b>	<b>\$35,261.49</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 Office of the City Clerk, Neighborhood Council Funding Section upon request.

Treasurer Signature		Signer's Signature	
Print Name	Maribel Carrillo	Print Name	Melissa Serrano
Date	4/17/17	Date	4/17/17
NC Additional Comments			

Statement for MISSION HILLS NEIGHBORHOOD COUNCIL

Important Statement Information

Date range: 12/01/16 - 12/30/16

- \* Business Basics Checking Summary
- \* Checks
- \* Payments
- \* Information and Banking Office Services

MISSION HILLS NEIGHBORHOOD COUNCIL  
 200 N SPRING ST FL 20  
 LOS ANGELES CA 90012-4801

**Business Basics Checking Summary**  
 Account Number: 0071164503  
 Days in statement period: 30

Balance on 12/1	\$	11,628.38
Additions		0.00
Subtractions		-369.25
Checks		-119.25
Payments		-250.00
<b>Balance on 12/30</b>	<b>\$</b>	<b>11,259.13</b>
Statement Average Ledger Balance		11,429.77

We waived your service charge this statement period.

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**Checks**

Number	Date	Reference	Amount
5025	12/2	06078118	\$ 119.25

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**Payments online and electronic banking**

Date	Description/Location	Reference	Amount
12/21	AARON DEVANDRY ONLINE PMT CCD UN1079583099POS	57054681	\$ 250.00

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**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

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

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ENDORSE HERE

Pay to the order of Bank of the West  
 For Deposit Only 121100782  
 3928 - WESTPORT NML VENTURES LLC  
 Account# 9326993925  
 DO NOT WRITE STAMP OR SIGN BELOW THIS LINE  
 RESERVED FOR FINANCIAL INSTITUTION USE

BOTW 121100782  
 169260768019570  
 12/22/2016

Security features on this document include a Micro-Puff  
 Absence of Paper, Artificial Watermark, Color Shift  
 Change, and a Security Marked Color. For more information  
 \* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

0688882666

:122000495: 002164503# 995025

**DEPOSITED**

TO US STORAGE CENTERS  
 THE 15237 BRAND BLVD  
 ORDER MISSION HILLS, CA 91345-1437

FROM  
 MISSION HILLS NEIGHBORHOOD COUNCIL  
 200 WASHINGTON BLVD  
 MISSION HILLS, CA 91345-1401  
 MEMO: 12/22/2016

PLEASE POST THIS PAYMENT FOR OUR MUTUAL CUSTOMER

Account# 856850  
 Please Direct Any Questions to  
 Online Bill Payment Processing Center  
 (800) 243-2588  
 WASHINGTON BANK, N.A.

December 02, 2016  
 000005025

Pay ONE HUNDRED NINETEEN AND 25/100  
 DOLLARS

\$ \*\*\*\*\*119.25

VOID After 180 DAYS  
 Signature On File  
 This check has been authorized  
 by your depository

Account	Check number	Reference	Posted	Amount
0071164503	5025	06078118	12/02/2016	\$119.25