

Office of the City Clerk
 Reporting Month: **MARCH**
 NC Name: **Mission Hills**
 Budget Fiscal Year: **2016-2017**
 Submitted: **4/17/2017 16:36:03**
MONTHLY EXPENDITURE REPORT



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	US STORAGE	39401		2/8/17 STORAGE	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$119.25
2	AARON DEVANDRY	MHNC 53		3/27 WEB MASTER	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$262.45
3	PARTNERS IN DIVERSITY	56185884		3/21 MINUTES WRITER	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$183.15
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"/>	
#						<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	AARON DEVANDRY	MHNC53		WEBMASTER	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$300.00
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 years items, etc) (use '-' for credits, '+' for deductions)								
F Approved Budget 2016-2017								
G Balance of Budget 2016-2017								

Revision Date 10/14/16

Reporting Month: **MARCH**
 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
\$17,633.45	\$183.15	\$17,816.60	\$564.85	\$17,251.75

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	\$564.85	\$0.00	\$7,605.85	\$28,829.30
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
	TOTAL	\$37,000.00	\$564.85	\$0.00	\$7,605.85	\$28,829.30

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 <i>Mary Carroll</i>	Signer's Signature <i>Melissa Sprano</i>
Print Name Mary Carroll	Print Name Melissa Sprano
Date 5/11/17	Date 5/11/2017

NC Additional Comments

Revision Date: 10/14/16



STATEMENT OF ACCOUNTS

Page 1 of 2
Statement Number: 0071164503
03/01/17 - 03/31/17

UNION BANK
CENTURY CITY 0206
PO BOX 512380
LOS ANGELES CA 90051-0380

Telephone Banking
For 24-hour Automated Direct Service
800-238-4486
800-826-7345(TDD)
Representatives are available
Monday through Saturday

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

To open additional accounts,
or apply for loans, call your
banking office at 310-551-8900

You may also access your account online
at unionbank.com

Thank you for banking with us
since 2014

Business Basics Checking Summary

Account Number: 0071164503

Days in statement period: 31

Balance on 3/1	\$	17,633.45
Additions		183.15
Subtractions		-564.85
	Checks	-381.70
	Payments	-183.15
Balance on 3/31	\$	17,251.75
Statement Average Ledger Balance		17,506.65

We waived your service charge this statement period.

Additions

Date	Description/Location	Reference	Amount
3/31	Partners In Dive PMT REFUND CCD CKF079583099	58217626 \$	183.15

Checks

Number	Date	Reference	Amount	Number	Date	Reference	Amount
5031	3/21	08318862	119.25	5033*	3/29	07580280	262.45
Total						\$	381.70

Payments online and electronic banking

Date	Description/Location	Reference	Amount
3/21	PARTNERS IN DIVE ONLINE PMT CCD UN1079583099POS	56185884 \$	183.15

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.

Information and Banking Office Services

Account	Check number	Reference	Posted	Amount
0071164503	5031	08318862	03/21/2017	\$119.25

DOCUMENT CONTAINS COLORED BACKGROUND ON WHITE PAPER, "VOID" FEATURE, SIMULATED WATERMARK (REVERSE SIDE), MICRO-PRINT BORDER.

PLEASE POST THIS PAYMENT FOR OUR MUTUAL CUSTOMER

Account: 356350 **\$119.25**

Please Direct Any Questions To 49/1220

Online Bill Payment Processing Center **0000005031**
(800) 243-2500

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


March 20, 2017

MEMO: Unit: 0028-03/20/17 payment

MUFG UNION BANK, N.A.

Pay **ONE HUNDRED NINETEEN AND 25/100** DOLLARS

\$ ***119.25**

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

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

⑆ 122000496⑆ 0071164503⑆ 995031

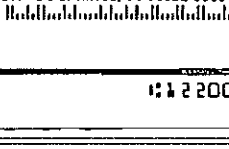
09933062

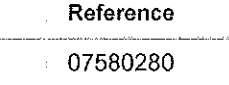
BOTW 121100782
132367210025000
3/21/2017

Security features on this check include a Micro-Print border, a watermark, and a void feature. For more information, visit www.frb.org.
* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

Pay to the order of Bank of the West
For Deposit Only T21700782
3926 - WESTPORT NML VENTURES, LLC
DO NOT WRITE BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

Account	Check number	Reference	Posted	Amount
0071164503	5033	07580280	03/29/2017	\$262.45

<small>DO NOT WRITE ON THIS CHECK OR THE BACK OF IT. ALL INFORMATION IS PRINTED ON THE FRONT OF THE CHECK.</small> PLEASE POST THIS PAYMENT FOR OUR MUTUAL CUSTOMER		\$262.45
Account: MHNC24MHNC23MHNC22 MISSION HILLS NEIGHBORHOOD COUNCIL 200 N SPRING ST FL 20 LOS ANGELES, CA 90012-4801	Please Direct Any Questions To Online Bill Payment Processing Center (600) 243-2508 MUFG UNION BANK, N.A.	49/1220 000005033 <u>March 27, 2017</u>
MEMO: MHNC53- Jan& Feb payment		
Pay TWO HUNDRED SIXTY TWO AND 45/100		DOLLARS
		\$ *****262.45
TO AARON DEVANDRY THE 3912 RIVIERA GRV APT 102 ORDER COLORADO SPRINGS, CO 80922-3365 OF	Void After 180 DAYS. <i>Signature On File</i> This check has been authorized by your depositor	
		
@ 22000496 @ 0071164503 @ 995033		

10508378	
	DO NOT WRITE STAMP OR SIGN BELOW THIS LINE RESERVED FOR FINANCIAL INSTITUTION USE
* FEDERAL RESERVE BOARD OF GOVERNORS: REG. CC	