

Department of Neighborhood Empowerment

Reporting Month:	OCTOBER	MONTHLY EXPENDITURE REPORT
NC Name:	Lake Balboa	Submitted: 8/31/2016 22:04:07



Budget Fiscal Year: 2014-2015

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	Date / Item / Service Description	BUDGET CATEGORY	VENDOR	INVOICE NUMBER	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	10/05/ 2016-43/Website/Maint. Sept. WEB	OUTREACH	Aaron DeVandry	LBNC48	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$250.00
2	10/09/ 2016-44/Copies- NC Mtg 10/7/15 MIS	OPERATIONS	Office Depot	Tran #43		<input checked="" type="checkbox"/>	\$19.40
3	10/09/ 2016-45/Refresh- EP Mtg 10/10/15 MEE	OUTREACH	Ralph's Grocery	Ref #000000			\$11.98
4	10/13/2016-46/ Copies-EP Mtg 10/10/15 MIS	OPERATIONS	Office Depot	Tran #271		<input checked="" type="checkbox"/>	\$2.88
5	10/13/2016-47/ Refresh-EP Mtg 10/10/15 MEE	OUTREACH	MaMa's Donuts	000018			\$14.40
6	10/26/2016-48 Bank StopPay Fee-Fwy Chek MIS	OPERATIONS	Union Bank	Ref #65010641			\$15.00
7	10/29/2016-49 Re-issue Freeway Sign Chek CIP	CIP	CA Dept. of Transportation	2015.05.28Nazarian		<input checked="" type="checkbox"/>	\$5,000.00
8	10/30/2016-50 Minutetaker-Sept 2015 TAC	OPERATIONS	AppleOne	\$3194757		<input checked="" type="checkbox"/>	\$141.84
9	09/30/2016-51 Bank Charge-New Acct MIS	OPERATIONS	Union Bank	09/30/2015			\$3.00
10							
11							
12							
SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)							\$5,458.50
B	CUMULATIVE EXPENDITURES FROM PRIOR MONTHS						\$12,037.89
C	OUTSTANDING COMMITMENTS						
	C 1. Outstanding Checks (checks that have been issued, but have not yet cleared the account)						
	C 2. Rent/Lease						\$1,500.00
	C 3. Contractual Services						
	C 4. Large Purchases						\$18,000.00
	C 5. Neighborhood Purpose Grants (pending or in process)						
	C 6. Temporary Staffing Services						\$1,233.00
	C 7. Storage						\$2,049.58
	C 8. Other Outstanding Commitments	==>	Description: ELE \$5,000.00, OPR \$794.00, OUT \$3241.00				\$9,035.00
SUBTOTAL: Outstanding Commitments							\$31,817.58
D	Total Expenditures & Commitments						\$49,313.97
E	Total Adjustments by Department (such as use taxes assessed, credits from prior fiscal years, etc)						
F	Approved Budget 2014-2015						\$42,000.00
G	Balance of Budget						-\$7,313.97

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MONTHLY CASH RECONCILIATION				
Beginning Balance (A)	Funds Deposited (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D
\$10,762.93	\$11,250.00	\$22,012.93	\$5,458.50	\$16,554.43

MONTHLY BUDGETARY ANALYSIS					
Category Identifier	Budget Category	Adopted Budget (A)	Total Spent this Month (B)	Total Spent in Prior Months (C)	Unspent Budget Balance (D) = A - B - C
100	Operations	\$7,375.00	\$182.12	\$2,423.99	\$4,768.89
200	Outreach	\$10,375.00	\$276.38	\$7,958.59	\$2,140.03
300	Community Improvement	\$13,000.00	\$5,000.00	\$305.31	\$7,694.69
400	NPG	\$1,250.00	\$0.00	\$1,250.00	\$0.00
500	Elections	\$5,000.00	\$0.00		\$5,000.00
900	Unallocated	\$5,000.00	\$0.00	\$100.00	\$4,900.00
	TOTAL	\$42,000.00	\$5,458.50	\$12,037.89	\$24,503.61

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		Signer's Signature	
Print Name	Linda Schwering	Print Name	James A Stein
Date		Date	
NC Additional Comments	MONTHLY CASH RECONCILIATION is the combined totals of accounts ending in 3935 and 4961. Total spending reflected here includes FY2015 expenditures that did not post to the LBNC account until FY2015-2016. Adjustment to follow.		

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ADDITIONAL EXPENDITURES BY LINE ITEM (Optional, do not print page 3 unless you use it)							
A	Date / Item / Service Description	BUDGET CATEGORY	VENDOR	INVOICE NUMBER	OUT OF STATE	1099 Reportable	TOTAL
13							
14							
15							
16							
17							
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35							
36							
SUBTOTAL: Expenditures by Line Item							\$0.00