Monthly Expenditure Report



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

NC Name: Studio City Neighborhood Council

Monthly Cash Reconciliation							
Beginning Balance	ce Total Spent Remaining Ou		Outstanding	Commitments	Net Available		
\$40977.42	\$6.70	\$40970.72	\$3020.00	\$0.00	\$37950.72		

	Monthly Cash Flow Analysis							
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available			
Office		\$6.70		\$520.00				
Outreach	\$23000.00	\$0.00	\$21970.72	\$0.00	\$21450.72			
Elections		\$0.00		\$0.00				
Community Improvement Project	\$13000.00	\$0.00	\$13000.00	\$0.00	\$13000.00			
Neighborhood Purpose Grants	\$6000.00	\$0.00	\$6000.00	\$2500.00	\$3500.00			
Funding Requests Und	der Review: \$0.00	Encumbrar	nces: \$0.00	Previous Expenditures: \$1022.58				

Expenditures								
#	Vendor	Date	Description	Budget Category	Sub-category	Total		
1	Radford Studio Center	12/06/2023	Office phone	General Operations Expenditure	Office	\$6.70		
	Subtotal:					\$6.70		

Outstanding Expenditures								
#	Vendor	Date	Description	Budget Category	Sub-category	Total		
1	THE WEB CORNER, INC.	12/21/2023	Monthly Website Services	General Operations Expenditure	Office	\$260.00		
2	The Web Corner, Inc.	12/21/2023	Payment to The Web Corner Inc for Phone Support and Web Hosting services	General Operations Expenditure	Office	\$260.00		
3	Carpenter Community Charter	12/26/2023	Motion: The Board of the Studio City Neighborhood Council approves the Carpenter Elementary School Neighborhood Purpose Grant request in the amount of \$2,500 to be used toward sustai	Neighborhood Purpose Grants		\$2500.00		
	Subtotal: Outstanding	g		,		\$3020.00		



RADFORD

4024 RADFORD AVE. STUDIO CITY, CA 91604 USA 818-303-9464

Invoice

Date: 9/14/2023 Time: 3:27 PM Invoice#: 1465597 Page: 1

Invoice Date: 9/12/2023 2:27 PM Created by: ASOUKUP Date Range: 9/11/2023 - 9/11/2023

Customer / Shipping Address:

SCNC 58021981 - SCNC

4024 RADFORD AVENUE **SCNC**

EDITORIAL 2, RM6 4024 RADFORD, EDITORIAL 2, RM6

STUDIO CITY, CA 91604 EDITORIAL 2, RM6 USA STUDIO CITY, CA 91604

USA

Customer Contact: KIM CLEMENTS Billing Contact: KIM CLEMENTS PO#:

Key Contact:

Package Type: 58 - Radford Studio Center Terms: Net 30 **Usage Date:** 9/9/2023 - 9/9/2023

Currency: USD

Order#	Description	РО	Bill Begin	Bill End	Subtotal	TAX	Total
879933	Weekly Telephone Call Charges - WE 9/9/2023		9/11/2023	9/11/2023	\$6.30	\$0.00	\$6.30

Description	Subtotal	TAX	Total
Sales	\$6.30	\$0.00	\$6.30

Inveior Tetal.	\$6.30	\$0.00	ተር ኃብ
Invoice Total:	\$6.30	\$0.00	\$6.30

Radford Studio Center Telephone Call Detail

Date 09/11/2023

Reference Page:

5

Customer

021981

SCNC

Extension	5406	SCNC
-----------	------	------

Date of Call	Time of Call	Duration of Call	Cost of Call	Phone Number Dialed	City	State
09/05/2023	15:48	00:04:57	0.50	18189807645	NHollywood	CA
09/06/2023	16:03	00:57:31	5.80	12133388477	LosAngeles	CA

Total Ext. Duration Total Ext. Cost—01:02:28

O21981 SCNC -Grand Totals-

Cost of Calls 6.30



RADFORD

4024 RADFORD AVE. STUDIO CITY , CA 91604 USA 818-303-9464

Invoice

 Invoice
 Date:
 10/24/2023 1:45 PM
 Created by:
 ASOUKUP
 Date Range:
 10/23/2023 - 10/23/2023

 Customer / Shipping Address:

SCNC 58021981 - SCNC

4024 RADFORD AVENUE SCNC

EDITORIAL 2, RM6 4024 RADFORD, EDITORIAL 2, RM6

STUDIO CITY, CA 91604 EDITORIAL 2, RM6
USA STUDIO CITY, CA 91604

USA

Customer Contact: KIM CLEMENTS

Billing Contact: KIM CLEMENTS

PO#:

Key Contact: Package Type: 58 - Radford Studio Center

Terms: Net 30 Usage Date: 10/21/2023 - 10/21/2023

Currency: USD

Order#	Description	РО	Bill Begin	Bill End	Subtotal	TAX	Total
883931	Weekly Telephone Call Charges - WE 10/21/2023		10/23/2023	10/23/2023	\$0.20	\$0.00	\$0.20

Description	Subtotal	TAX	Total
Sales	\$0.20	\$0.00	\$0.20

Invoice Total:	\$0.20	\$0.00	\$0.20



Radford Studio Center Telephone Call Detail

Cust No	Cust Name						
<u>Ext</u>	Ext Name						
	Call Date	Call Time	<u>Duration</u>	<u>Number</u>	<u>City</u>	<u>State</u>	Cost
021981	SCNC						
5406	SCNC						
	10/16/2002	14:33:00	00:01:03	13106250977	Mar Vista	CA	0.20
						5406 Total:	0.20
						SCNC Total:	0.20



RADFORD

4024 RADFORD AVE. STUDIO CITY , CA 91604 USA 818-303-9464

Invoice

Date: 11/1/2023 Time: 2:42 PM Invoice#: 1470038 Page: 1

Customer / Shipping Address:

SCNC 58021981 - SCNC

4024 RADFORD AVENUE SCNC

EDITORIAL 2, RM6 4024 RADFORD, EDITORIAL 2, RM6

STUDIO CITY, CA 91604 EDITORIAL 2, RM6
USA STUDIO CITY, CA 91604

USA

Customer Contact: KIM CLEMENTS

Billing Contact: KIM CLEMENTS

PO#:

Key Contact: Package Type: 58 - Radford Studio Center

Terms: Net 30 Usage Date: 10/28/2023 - 10/28/2023

Currency: USD

Order#	Description	РО	Bill Begin	Bill End	Subtotal	TAX	Total
884607	Weekly Telephone Call Charges - WE 10/28/2023		10/30/2023	10/30/2023	\$0.20	\$0.00	\$0.20

Description	Subtotal	TAX	Total
Sales	\$0.20	\$0.00	\$0.20

		Invoice Total:	\$0.20	\$0.00	\$0.20
--	--	----------------	--------	--------	--------



Radford Studio Center Telephone Call Detail

Cust No	Cust Name						
<u>Ext</u>	Ext Name						
	Call Date	Call Time	Duration	<u>Number</u>	<u>City</u>	<u>State</u>	Cost
021981	SCNC						
5406	SCNC						
	10/26/2002	16:15:00	00:01:21	18184954610	PSCZ 2	CA	0.20
						5406 Total:	0.20
						SCNC Total:	0.20

Office of the City Clerk						,	
Administrative Services Division						_{see} sreeders	COS 18 CF
Neighborhood Council (NC) Funding Progr	am					city of	
Board Action Certification (BAC) Form						City Cler	MADE IN
NC Name:			Meeting Date:				
Budget Fiscal Year: Board Motion and/or Public Benefit Statement (CIP and NPG):			Agenda Item No	o:			
Method of Payment: (Select One)	☐ Check		☐ Credit Card		□ Deard	Member Reimbu	.r.comont
			e Count				
	must leave the room pri						
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 remeeting was held in accordance with all I meeting where a quorum of the Board was	named Neighborhood Cou aws, policies, and proced						
Authorized Signature	Clements	_	Authorized Sign	ature:	XXXX		
Print/Type Name:			Print/Type Nam	e:		•	
Date:	Date:						