

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00.

School: Kawameeh Middle School

Date: January 8, 2014

Department: Musical Productions

Vendor: Metro Fundraising

Amount: \$2,100.00

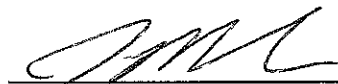
PURPOSE OF EXPENDITURE (Attach appropriate invoice(s):

Candy purchase for Musical Fundraiser

In accordance with the Student Organization Fund - Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.00

Jason Malanda – Principal

Name



Signature

Per the Student Organization Fund - Policy and Procedural Manual, student bodies, only with written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1000.00.

I approve the purchase of goods/services per the attached.

James J. Damato, Board Secretary

Date

Manny Vieira, Business Administrator

Date



81 Pension Road, Suite 120
 Manalapan, New Jersey 07726
 www.metro-schoolplan.com
 877-386-3900

Invoice

DATE	INVOICE #
12/2/2013	7573

Kawameeh Middle School
 490 David Terrace
 Union, NJ 07803
 Attn: Ms. Nancy Schoenberger

P.O. NO.	TERMS	PROJECT
	Net 30	

DESCRIPTION	AMOUNT SOLD	RATE	AMOUNT
candy / 15 cases of the Hershey's \$2.00 Variety at \$25 a carrier profit.	3,600	1.00	3,600.00
\$25 profit per carrier/ 4 carriers per case.		-1,500.00	-1,500.00

Thank you for your business!	Total Due	\$2,100.00
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**ATHLETIC
DEPARTMENT**

Memo

To: Pat Ditri

From: Phyllis Lang, Secretary
Athletic Office

Re: Please add Resolution to the agenda for February Meeting

Date: 1/14/2014

-
- 1) Please add the Expenditure for NJSIAA State girls Basketball Game to be held here at Union High School, in March. Neutral site location. This will be for estimated ticket sales.

Thank you.

Phyllis Lang

C/c Linda Ionta- Director of Athletics, Health, Phys. Ed & Nurses

TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

FILE CODE 3453

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00

SCHOOL Union High School

DATE 1/14/2014

DEPARTMENT Athletics

VENDOR NJSIAA AMOUNT \$2000.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]:

This check will be for the sale of tickets for the State Girls Basketball game , which will be held here, in March. We will be a neutral site for the semi -Finals of the State tournament. Exact time and opponents are yet to be determined.

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.

Linda Ionta

NAME



SIGNATURE

Per the Student Organization Funds – Policy and Procedural Manual, student bodies, only written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.

I approve the purchase of goods/services per the attached.

James J. Damato, Board Secretary

Date

Manuel E. Vieira, Business Administrator

Date

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000,00.

School: Kawameeh Middle School

Date: January 29, 2014

Department: Ski/Snowboard Club

Vendor: Passaic Valley Coaches

Amount: \$3,584.00

PURPOSE OF EXPENDITURE (Attach appropriate invoice(s):

Bus Transportation for Ski/Snowboard Trip

In accordance with the Student Organization Fund - Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.00

Jason Malanda – Principal

Name



Signature

Per the Student Organization Fund - Policy and Procedural Manual, student bodies, only with written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1000.00.

I approve the purchase of goods/services per the attached.

James J. Damato, Board Secretary

Date

Manny Vieira, Business Administrator

Date



71 River Road
 Chatham, NJ 07928-1930
 Phone: 973-635-2374
 Fax: 973-635-0199
 Toll Free 800-675-0287
 Website: www.passaicvalleycoach.com
 Email: anne@passaicvalleycoach.com
 Emergency: 973-635-0398

Charter Contract

Confirmed: 01/21/14
 Charter No. : 18083

Kristen Hudson
Kawameeh Middle School Ski
Kawmeeh Middle School
490 David Terrace
Union, NJ 07083

Phone: 732-687-9545
 Fax: 908-687-5741
 Order Date: 1/21/2014
 Sales Rep: Anne

Thank you for selecting *Passaic Valley Coach Lines* for your upcoming trip. We are committed to providing you with the very best service possible. This Contract serves for your transportation needs shown below and as your Invoice. We must receive your deposit along with one signed and dated copy of this letter by the due date of the deposit shown below. Please review the following information to confirm our understanding of the services we will provide. Please write your Charter No. on all correspondence and payment.

Group Name: Kawameeh Middle School Ski	# Coaches: 1
Group Leader: Kristen Hudson	Equipment: 1-55 Motorcoach
Destination: Stowe, Burlington VT	
Leave Date: Friday, March 14, 2014	Return Date: Sunday, March 16, 2014
Spot Time: 12:45 pm	Retn\Drop Time: 8:00 pm
Depart Time: 1:15 pm	Destination Burlington, VT
Pickup Union, NJ	Details: Doubletree Burlington Hotel
Location: Kawameeh Middle School	Stowe, VT
Union High School	Stowe Mountain

<u>Due Dates</u>	<u>Description</u>	<u>Amount</u>	<u>Date Received</u>		
02/14/14	Deposit	\$900.00		Transport Charge:	\$3,584.00
02/14/14	30Day Cancel Fee			Amount Paid:	\$0.00
02/28/14	Balance Due			Balance Due:	\$3,584.00

If paying by credit car, a 3% processing fee will be added to total.

Pickup group at Kawameeh Middle School 490 David Terrace,
 then pickup AT UNION HIGH SCHOOL-2350 N 3rd St--approx 6hr drive to VT.
 Hotel: Doubletree Burlington Hotel 1117 Williston Road, Burlington VT
 Stowe Mountain, 5781 Mountain Road, Stowe VT
 Driver to stay with group at hotel with private room provided by customer. Driver to shuttle group from hotel to mountain. Group to eat breakfast and dinner at hotel.
 At end of trip, drop everyone off at Kawameeh Middle School.



71 River Road
Chatham, NJ 07928-1930

Phone: 973-635-2374
Fax: 973-635-0199
Toll Free: 800-675-0287
Website: www.passaicvalleycoach.com
Email: anne@passaicvalleycoach.com
Emergency: 973-635-0398

Charter Contract

Confirmed: 01/21/14
Charter No. : 18083

If you have not already done so, please remember to send us a complete itinerary to insure the success of your trip.
Please call if you have any questions.

Sincerely,

Charter Party Authorized Signature

Date

Anne
Charter Sales

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00.

School: Kawameeh Middle School

Date: February 4, 2014

Department: Ski/Snowboard Club

Vendor: First Tracks

Amount: \$7,628.00

PURPOSE OF EXPENDITURE (Attach appropriate invoice(s):

Balance due for Ski/Snowboard Club Trip

In accordance with the Student Organization Fund - Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.00

Jason Malanda -- Principal

Name


Signature

Per the Student Organization Fund - Policy and Procedural Manual, student bodies, only with written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1000.00.

I approve the purchase of goods/services per the attached.

James J. Damato, Board Secretary

Date

Manny Vieira, Business Administrator

Date



First Tracks, A Division of Ski 93 Trips, Inc.
 PO Box 203, North Stonington, CT 06359
 877-853-5600

February 4, 2014

Kristen Hudson
 Kawameeh Middle School
 490 David & Golf Terrace
 Union, NJ 07083

Dear Kristen,

Please review the updated trip confirmation.

Group Name: *Kawameeh Middle School* Trip Date: *March 14 - 16, 2014*
 Accommodations: *Doubletree Hotel*
 Nights: 2 Breakfasts: 2 Dinner: 1 Transportation: *Own*

Rooms: *13 Rooms (5 Quads, 4 Triples, 3 Doubles, 1 Single for driver)*

Date: *3/15/14* Lift Tickets: *35 (11 Junior, 12 Teen, 12 Adult)* Resort: *Stowe*
 Date: *3/16/14* Lift Tickets: *35 (11 Junior, 12 Teen, 12 Adult)* Resort: *Stowe*

	Date:	6/3/2013	Deposit	\$800.00
	Date:		Deposit	
	Date:		Deposit	
20	Guests @	\$209.00	per person, 4 per room	\$4,180.00
12	Guests @	\$226.00	per person, 3 per room	\$2,712.00
5	Guests @	\$260.00	per person, 2 per room	\$1,300.00
0	Guests @	\$361.00	per person, 1 per room	\$0.00
11	Adults @	\$19.00	Adult Lift Tickets after comps	\$209.00
1	Room @	\$275.00	Bus Drivers Room	\$275.00
1	Free Leaders			
38	Total Guests plus driver		Total	\$8,676.00
			Total Paid	\$800.00
			3 Non-Skiers Deduct \$68 each	\$204.00
			11 Juniors Deduct \$4 each	\$44.00
			Balance Due	\$7,628.00

Your non-refundable deposit of \$800 is due by **PAID**
 Your non-refundable deposit of \$75 per person is due by **12/13/13**
 Your **final payment & room list** is due by **2/21/14**

Student Organization Fund for Expenditure in Excess of \$1,000.00

SCHOOL UHS
ACCOUNT NAME Band/Chorus fundraiser
VENDOR Heritage Festivals

DATE 1/27/15
ACCT.# 2045
AMOUNT \$20,000.00

PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S):

First payment for spring trip to Boston

In accordance with the Student Organization Funds – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.00

Laurie DelGuercio
NAME

Pauline DelGuercio
SIGNATURE

BOARD APPROVAL DATE: 2/25/14

Per the Student Organization Funds – Policy and Procedure Manual, student bodies, only with written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.00

I approve the purchase of goods/services per the attached.

JAMES J. DAMATO, BOARD SECRETARY

DATE

Manuel E. Vieira, Business Administrator

DATE

COMPLETE SECTION I ONLY

Date 1/28/14

I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION to

pay \$ 20,000 to the order of Heritage Festivals

and charge the account of Chorus/band Acc't. No. 45

Purpose: Boston 1st pymt

Boston 2014
Club or Activity

[Signature]
Faculty Adviser - Signature

II. Account Balance \$18,994.14

Verified by [Signature]

Date 1/28/13

Comment check will not be issued until all monies are collected

III. Approved _____
Principal - Signature

Date _____

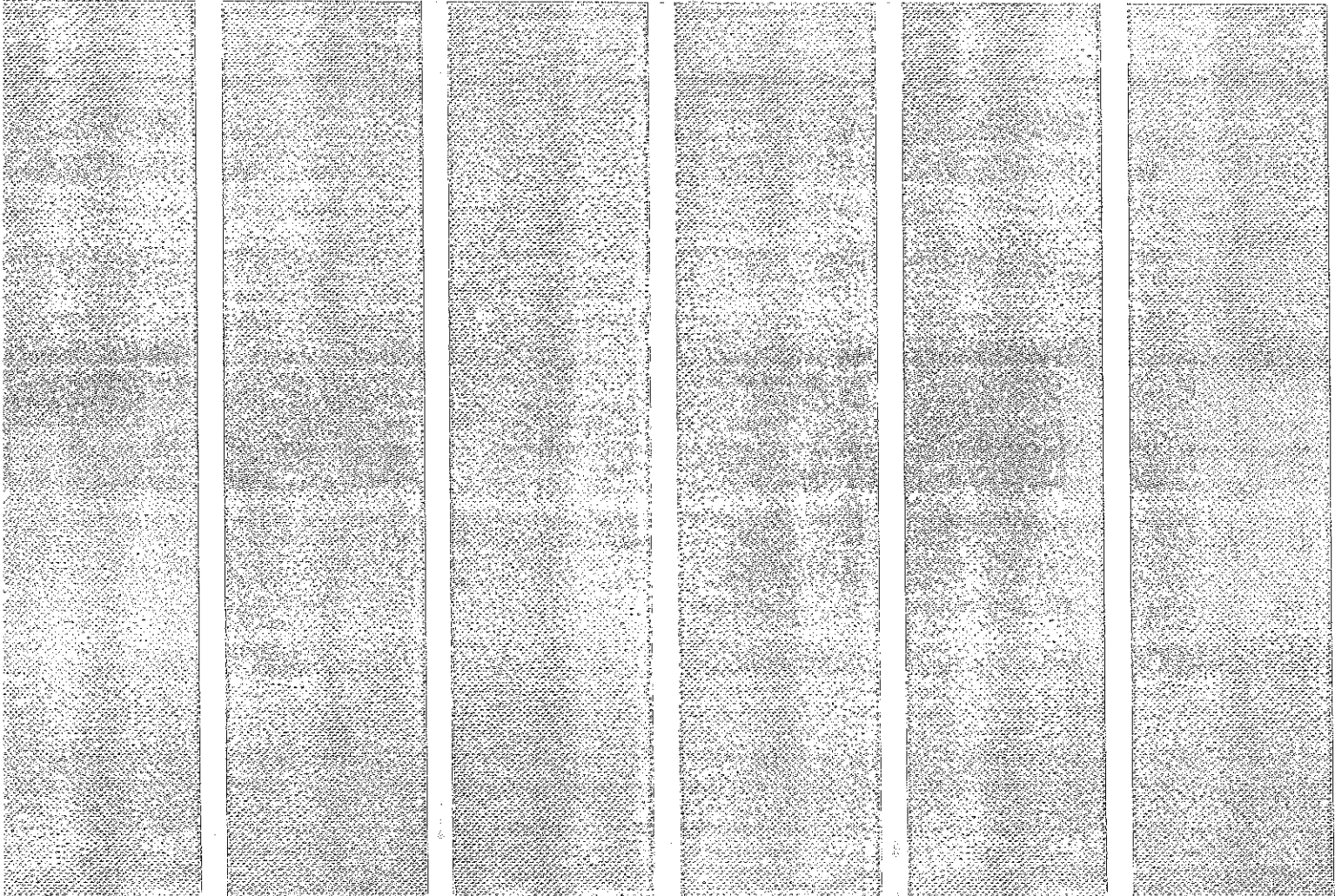
IV. Date Paid _____

Check No. _____

Account No. _____

Processed by _____

SUPERINTENDENT'S APPROVAL





WORLD STRIDES®
HERITAGE
PERFORMANCE
programs

January 2, 2014

Please include the Trip ID# on your payment

Union HS Band

Laura Muller – Program Leader
2350 North Third Street
Union, NJ 07083

INVOICE FOR BOSTON TRIP APRIL 24-27, 2014

FIRST PAYMENT \$20,000.00

Total Amount Due: \$20,000.00

Please make check payable to Heritage Festivals.

WorldStrides Heritage Performance Programs
PO Box 571187
Salt Lake City, UT 84157-1187
(800)223-4367

Student Organization Fund for Expenditure in Excess of \$1,000.00

SCHOOL UHS
ACCOUNT NAME Band/Chorus fundraiser
VENDOR Heritage Festivals

DATE 1/27/15
ACCT.# 2045
AMOUNT \$30,000.00

PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S):

Second payment for spring trip to Boston.

In accordance with the Student Organization Funds – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.00

Laurie DelGuercio

NAME

Carroll DelGuercio

SIGNATURE

BOARD APPROVAL DATE: 2/25/14

Per the Student Organization Funds – Policy and Procedure Manual, student bodies, only with written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.00

I approve the purchase of goods/services per the attached.

JAMES J. DAMATO, BOARD SECRETARY

DATE

Manuel E. Vieira, Business Administrator

DATE

COMPLETE SECTION I ONLY

Date 1/27/14

I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION to

pay \$ 30,000 to the order of Heritage Festivals

and charge the account of Chorus/Band Acc't. No. 415

Purpose: 2nd pymt Boston trip

Boston 2014 Club or Activity [Signature] Faculty Adviser - Signature

II. Account Balance _____ Verified by _____

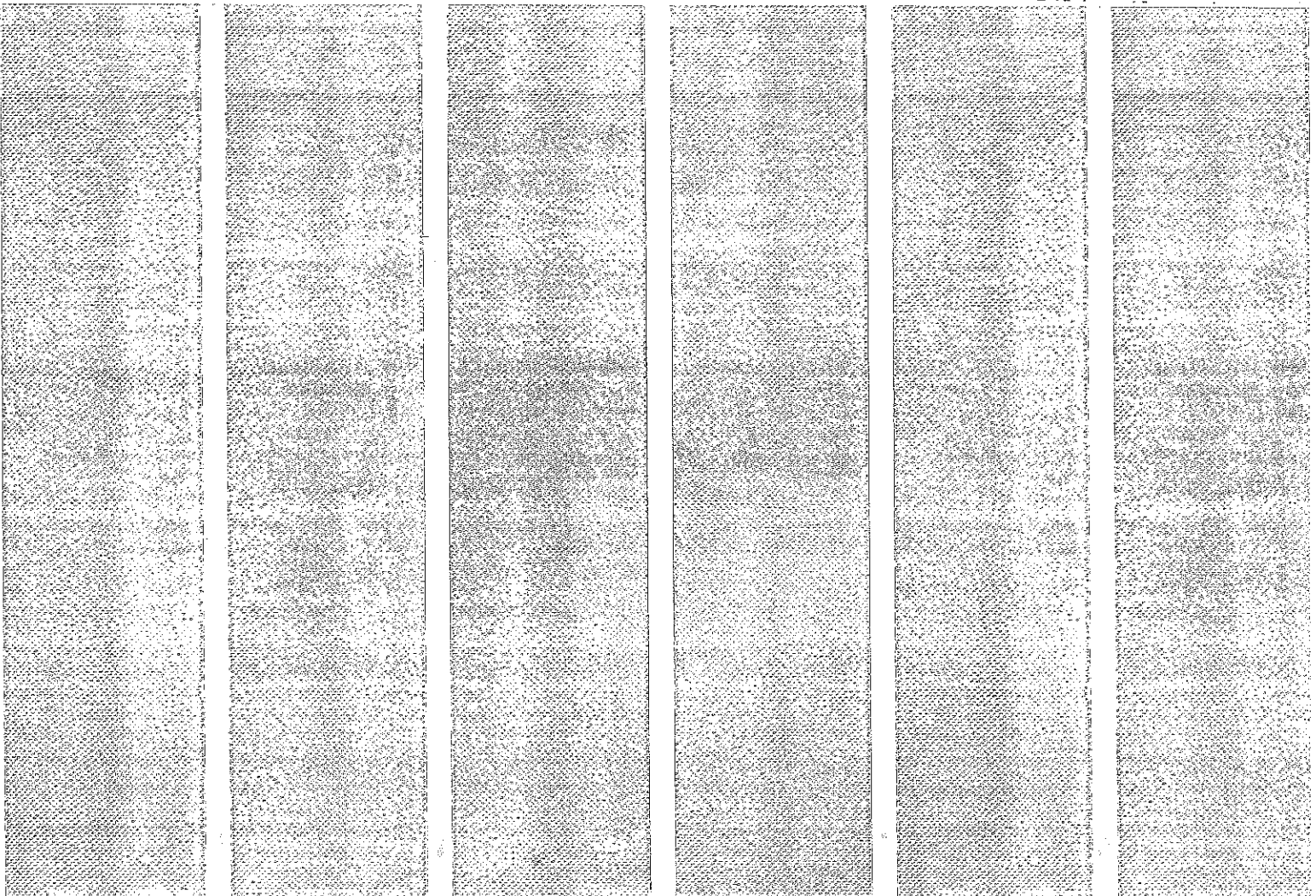
Date _____ Comment: *check will not be issued until all monies are collected.

III. Approved _____ Date _____
Principal - Signature

IV. Date Paid _____ Check No. _____ Account No. _____

Processed by _____

SUPERINTENDENT'S APPROVAL _____





WORLDSTRIDES®
HERITAGE
PERFORMANCE
programs

January 24, 2014

Please include the Trip ID# on your payment

Union HS Band

Laura Muller – Program Leader

2350 North Third Street

Union, NJ 07083

INVOICE FOR BOSTON TRIP APRIL 24-27, 2014

SECOND PAYMENT \$30,000.00

Total Amount Due: \$30,000.00

Please make check payable to Heritage Festivals.

WorldStrides Heritage Performance Programs
PO Box 571187
Salt Lake City, UT 84157-1187
(800)223-4367

Student Organization Fund for Expenditure in Excess of \$1,000.00

SCHOOL UHS

DATE 1/27/15

ACCOUNT NAME Band/Chorus Fundraiser

ACCT.# 2045

VENDOR Heritage Festivals

AMOUNT _____

PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S):

Final payment for spring trip to Boston

In accordance with the Student Organization Funds – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.00

Laurie DelGuercio
NAME

[Signature]
SIGNATURE

BOARD APPROVAL DATE: 2/25/14

Per the Student Organization Funds – Policy and Procedure Manual, student bodies, only with written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.00

I approve the purchase of goods/services per the attached.

JAMES J. DAMATO, BOARD SECRETARY

DATE

Manuel E. Vieira, Business Administrator

DATE

COMPLETE SECTION I ONLY

Date 1/27/14

I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION to

pay \$ 12920⁰⁰ to the order of Heritage Festivals

and charge the account of chous/pard Acc't. No. 45

Purpose: Final pymt - Boston Trip

Boston 2014
Club or Activity

[Signature]
Faculty Adviser - Signature

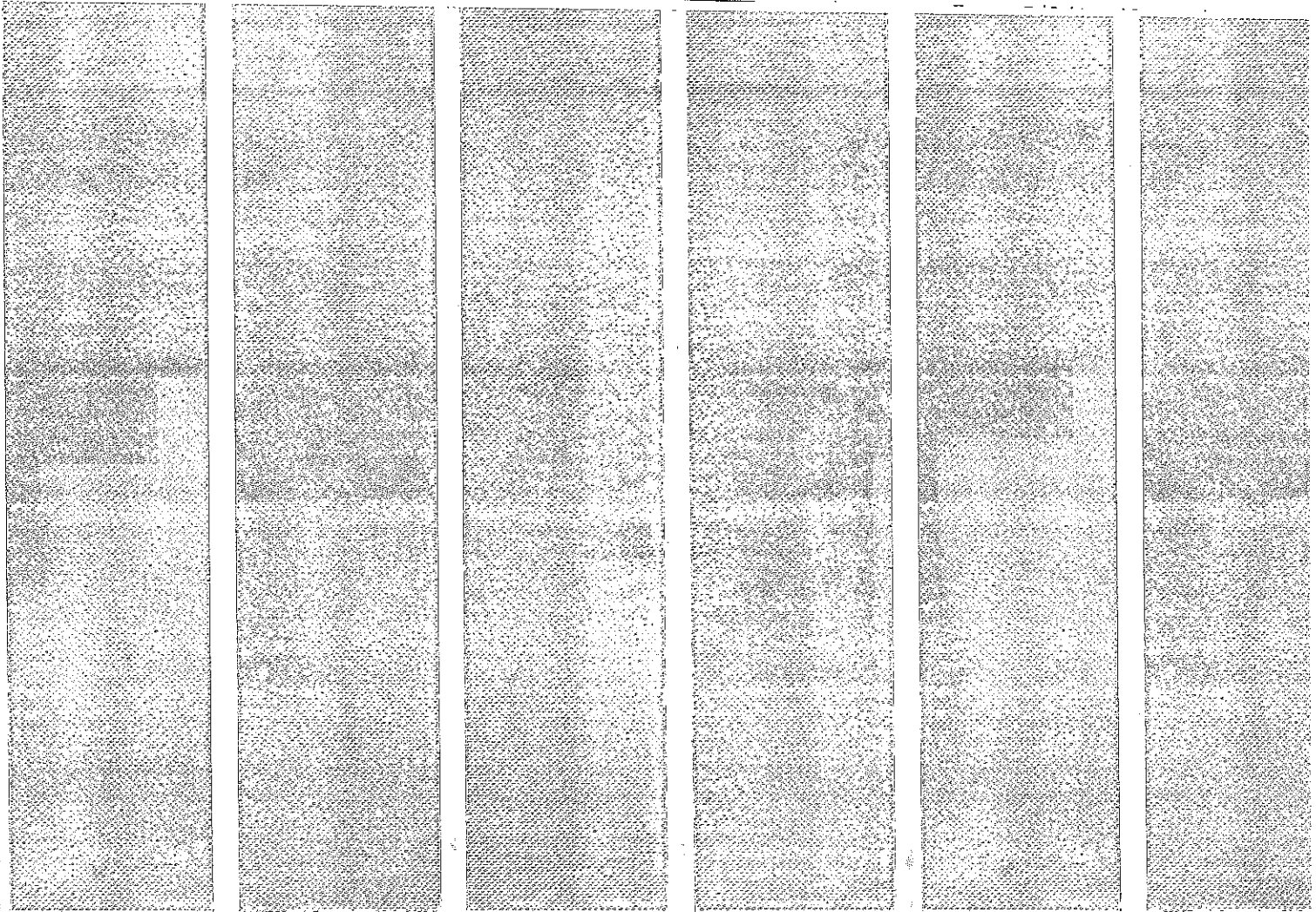
II. Account Balance _____ Verified by _____

Date _____ Comment check will not be issued until all monies are collected.

III. Approved _____ Date _____
Principal - Signature

IV. Date Paid _____ Check No. _____ Account No. _____

Processed by _____
SUPERINTENDENT'S APPROVAL _____





WORLD STRIDES®
HERITAGE
PERFORMANCE
programs

January 27, 2014

Please include the Trip ID# on your payment

Union HS Band

Laura Muller – Program Leader

2350 North Third Street

Union, NJ 07083

INVOICE FOR BOSTON TRIP APRIL 24-27, 2014

FINAL PAYMENT \$12920.00

Total Amount Due: \$12920.00

Please make check payable to Heritage Festivals.

WorldStrides Heritage Performance Programs
PO Box 571187
Salt Lake City, UT 84157-1187
(800)223-4367

Student Organization Fund for Expenditure in Excess of \$1,000.00

SCHOOL UHS

DATE 1/28/14

ACCOUNT NAME UHS PAC Benefit Account

ACCT.# 2105

VENDOR Encore Orchestra of NJ.

AMOUNT \$ 5,600.00

PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S):

orchestra for "Union Celebrates Broadway"

see attached

In accordance with the Student Organization Funds - Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.00

Laurie DelGuercio

NAME

Laurie DelGuercio

SIGNATURE

BOARD APPROVAL DATE: 2/25/14

Per the Student Organization Funds - Policy and Procedure Manual, student bodies, only with written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.00

I approve the purchase of goods/services per the attached.

JAMES J. DAMATO, BOARD SECRETARY

DATE

Manuel E. Vieira, Business Administrator

DATE

Date 1/13/2014

I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION to pay \$ 5,600.00 to the order of Ensemble Orchestra of New Jersey and charge the account of _____ Acc't. No. _____

Purpose: Orchestra for Union Celebrate Broadway

Concert
Club or Activity _____ Faculty Adviser - Signature _____

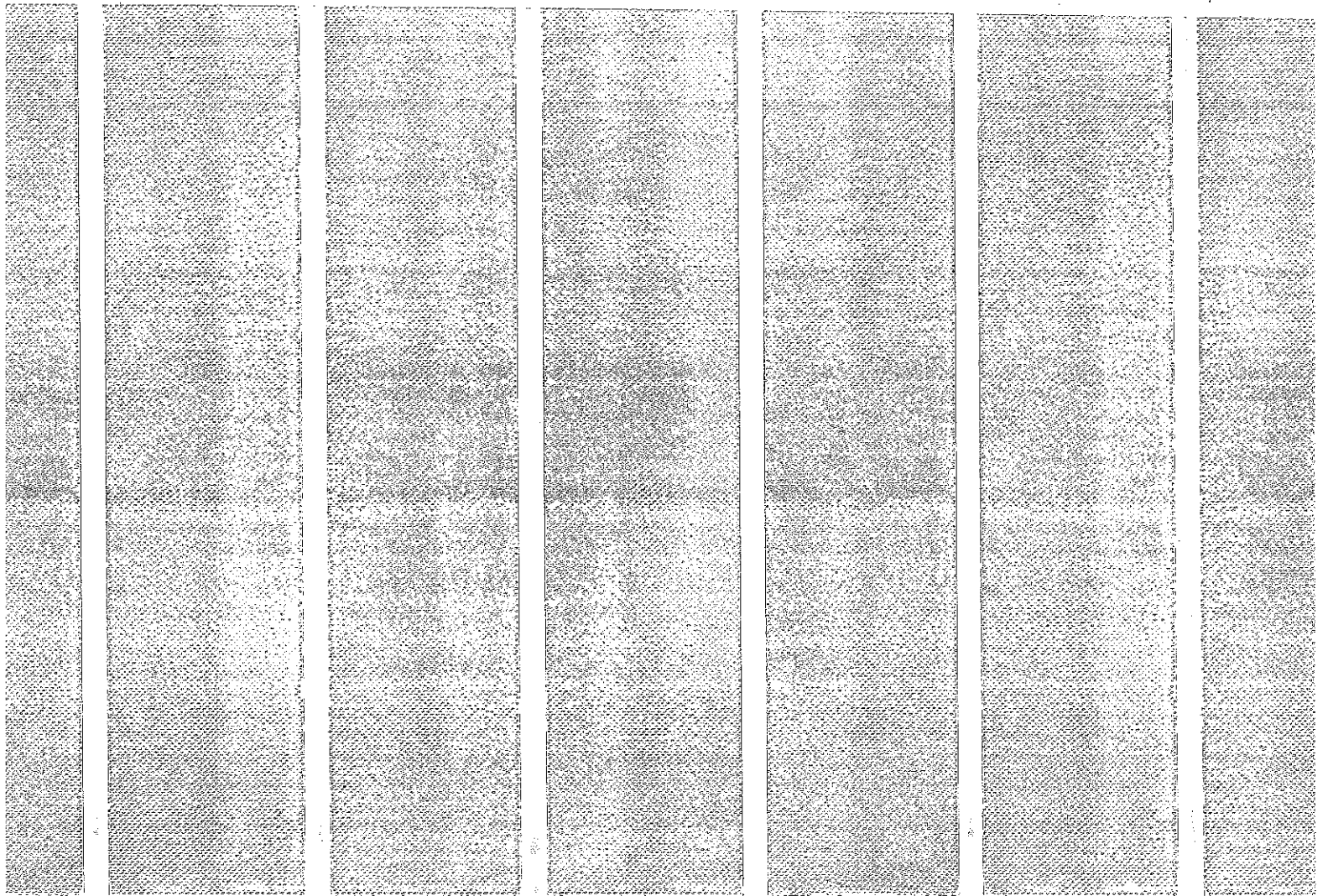
II. Account Balance \$ 8289.84 Verified by [Signature]
Date 1/28/14 Comment _____

III. Approved for board approval Date _____
Principal - Signature _____

IV. Date Paid _____ Check No. _____ Account No. _____

Processed by _____

SUPERINTENDENT'S APPROVAL _____



Encore Orchestra of New Jersey, LLC

Invoice

38 Chatham Road, 2nd Floor
 Short Hills, NJ 07078
 EIN# 46-1172510

Date	Invoice #
1/9/2014	2012-104

Bill To
Township of Union Board of Education 2369 Morris Avenue Union, New Jersey 07083

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
	FOR PROFESSIONAL SERVICES RENDERED		
	UNION CELEBRATES BROADWAY CONCERT FOR BENEFIT OF: UNION HIGH SCHOOL PERFORMING ARTS DEPARTMENT ATTN: RON RAGO, SUPERVISOR		
	SATURDAY, JANUARY 18, 2014		
31	MUSICIANS - PER RON RAGO	150.00	4,650.00
1	BROADWAY SOLOIST	150.00	150.00
1	ORCHESTRA CONDUCTOR	300.00	300.00
1	ORCHESTRA MANAGEMENT FEE	500.00	500.00
		Total	\$5,600.00

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific instructions on page 2.	Name (as shown on your income tax return) ENCORE ORCHESTRA OF NEW JERSEY	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <u>P</u> <input type="checkbox"/> Other (see instructions) ▶	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) 38 CHATHAM ROAD City, state, and ZIP code SHORT HILLS, NEW JERSEY 07078 List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
Employer identification number								
4	6	-	1	1	7	2	5	1 0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>1-9-2014</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: ENCORE ORCHESTRA OF NEW JERSY
Trade Name:
Address: 380 MILLBURN AVENUE
MILLBURN, NJ 07041
Certificate Number: 1765916
Effective Date: January 16, 2013
Date of Issuance: January 09, 2014

For Office Use Only:
20140109142537413

COMMERCIAL GENERAL LIABILITY CERTIFICATE-OCCURRENCE FORM

Policy/Certificate No. RGL-724637803 New Renewal X
 Named Insured: Encore Orchestra of New Jersey LLC Date of Issue: 04-SEP-2013

Address: c/o Vincent Novellino and Ilene Greenbau
 38 Chatham Road
 Short Hills, NJ 07078

Business of Insured: Musician

Policy Period: From: 08/12/2013 To: 08/12/2014 12:01 a.m. Standard Time

COVERAGES AND LIMITS OF INSURANCE

IN RETURN FOR THE PAYMENT OF PREMIUM INDICATED BELOW, WE AGREE WITH YOU TO PROVIDE THE FOLLOWING COVERAGES, AT THE LIMITS SHOWN, SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE POLICY.

COVERAGES	LIMITS
Commercial General Liability	
General Aggregate (Other than Products/ Completed Operations)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Property Rented to you	\$100,000 (Any one premises)
Medical Expense Limit	\$10,000 (Any one person)
Personal & Advertising Injury	\$1,000,000 (Any one person or organization)
Non-Owned Auto Liability	\$N/A
Rented Auto Liability	\$N/A
Premium	\$250.00
NJ Surcharge	\$2.25
Total Advance Premium	\$252.25

FORMS AND ENDORSEMENTS ATTACHED TO THE POLICY AT INCEPTION:

CG 00 01 12 07 78711(7/12) CG 00 57 09 99 CG 22 39 07 98 CG 22 58 11 85 58332 (08-07) 79118 (01-02) 82540 08 07
 91222 (04-13) 96556 2-08 PRG 7003 11-09 79119 (01-02) CG 21 46 07 98 IL 00 17 11 98 89644 6-13
 CG 21 47 12 07 68704 (8-97) IL 00 21 09 08 CG 21 55 09 99 87295 (01-08)


78689 (07/03)

IL 02 08 09 07 IL 01 41 09 08 CG 26 20 10 93 CG 2101 (11/85) CG 2011 (01/96) 68704 (8/97)

79120 (1/02)

ADDENDUM TO THE DECLARATIONS

By signing below, the President and the Secretary of the Insurer agree on behalf of the Insurer to all the terms of this Policy.



Peter J. Eastwood
PRESIDENT



Denis M. Butkovic
SECRETARY

Granite State Insurance Company
The Insurance Company of the State of Pennsylvania
Illinois National Insurance Co.
New Hampshire Insurance Company
American Home Assurance Company
National Union Fire Insurance Company of Pittsburgh, Pa.
Commerce and Industry Insurance Company

This Policy shall not be valid unless signed at the time of issuance by an authorized representative of the Insurer, either below or on the Declarations page of the Policy.



Ethan D. Allen
AUTHORIZED REPRESENTATIVE

COUNTERSIGNATURE DATE

COUNTERSIGNED AT

78711 07 12

Student Organization Fund for Expenditure in Excess of \$1,000.00

SCHOOL UHS

DATE 2/4/14

ACCOUNT NAME UHSPAC

ACCT.# 2077

VENDOR Home Depot Credit Services

AMOUNT \$3290.05

PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S):

scenic construction for "Miss Saigon"

In accordance with the Student Organization Funds - Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.00

Laurie DelGuercio
NAME

Laurie DelGuercio
SIGNATURE

BOARD APPROVAL DATE: 2/25/14

Per the Student Organization Funds - Policy and Procedure Manual, student bodies, only with written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.00

I approve the purchase of goods/services per the attached.

JAMES J. DAMATO, BOARD SECRETARY

DATE

Manuel E. Vieira, Business Administrator

DATE

COMPLETE SECTION I ONLY

Date 1/28/14

I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION to pay \$ 3,290.05 to the order of: Home Depot Credit Services and charge the account of: Spring Musical Acc't. No. 77
Purpose: Scenic Construction For Miss Saigon

Spring Musical
Club/Or Activity

[Signature]
Faculty Adviser - Signature

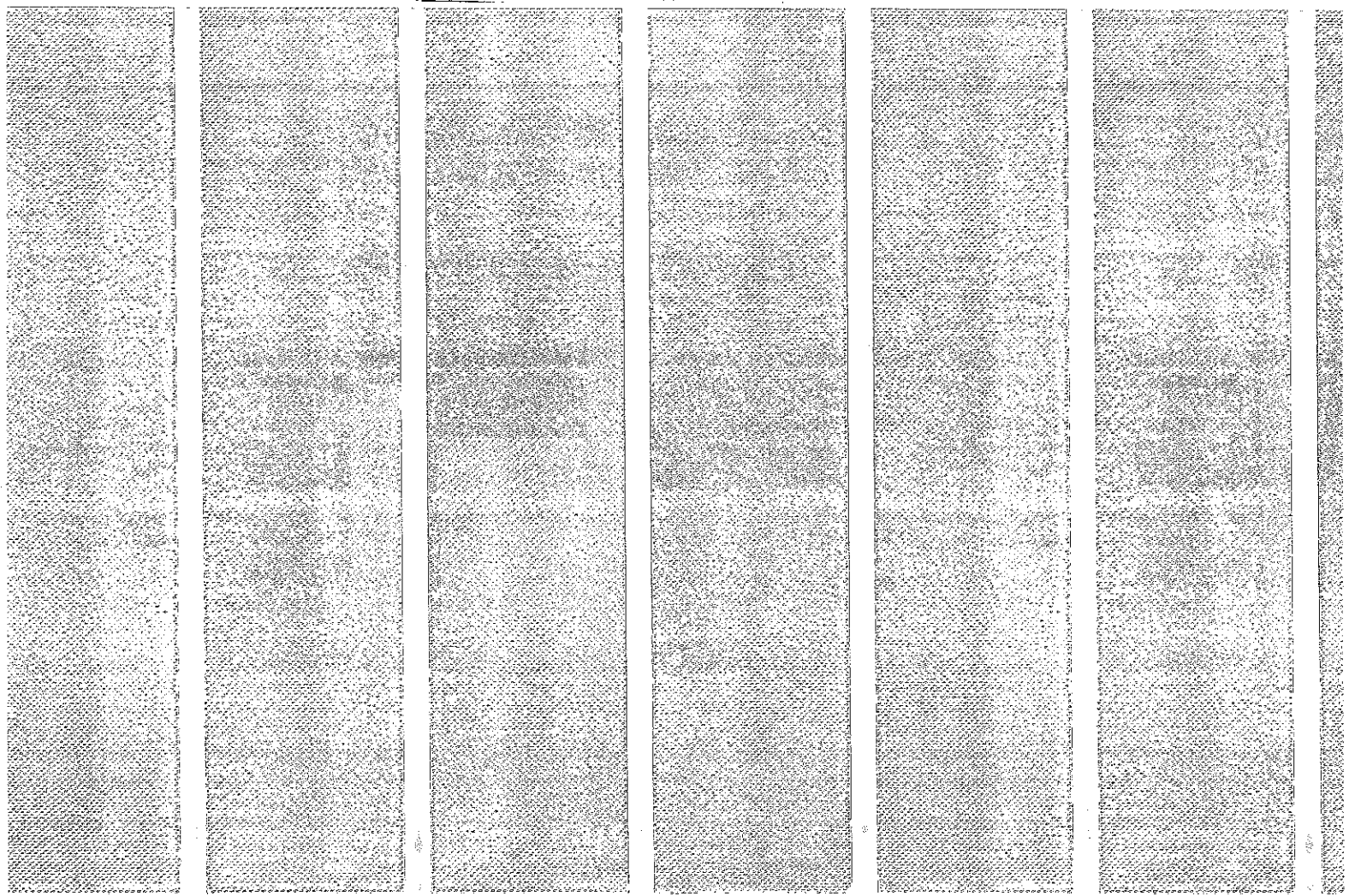
II. Account Balance \$4474.27 Verified by [Signature]
Date 2/4/14 Comment _____

III. Approved For Board Approval Date _____
Principal - Signature

IV. Date Paid _____ Check No. _____ Account No. _____

Processed by _____

SUPERINTENDENT'S APPROVAL



Account Summary

UNION HS PERFORMING
2350 N 3RD STREET
ATTN: JAMES MOSSER
UNION, NJ

*****6615

The summary for your account as of 01/28/14 is:

Current Balance*	\$3,290.05
Credit Line	\$3,600.00
Available Credit**	\$309.00

Last Payment Date	12/23/13
Amount Due Last Statement	\$1,017.56
Payments and adjustments as of last Statement date	\$0.00
Unapplied Payments & Credits	\$0.00
Purchase Order Required?	N/A
Last Check Number	003282

NOTE: If NA is presented in any field above please contact the Customer Service number on the back of your card.

***Current Balance:** The Current Balance is updated each evening and does not reflect transactions (payments, purchases and adjustments) posted today. For details of your posted transactions, see Unbilled Activity.

** **Available Credit:** The dollar value of any unused credit, including authorizations made and not yet posted to your account.

Invoice Detail



HOME DEPOT CREDIT SERVICES

Invoice Number: 1013535
Account Number: *****6615
Amount Due: \$ 23.46
Payment Due Date: 12-18-13
Store: 00000915
VAUXHALL NJ

HOME DEPOT CREDIT SERVICES
Dept. 32-2501516615

For Questions about your account:
1-866-875-5490
1-877-969-6751 - FAX

Please Pay From Invoice.

Bill To:

Ship To:

UNION HS PERFORMING
2350 N 3RD STREET
ATTN: JAMES MOSSER
UNION NJ 07083

Customer No.	Ordered By	Authorized By	Purchase Order No.	Invoice Date	Customer Agreement#
		LEVITZ AL		11-09-13	

Stock No/SKU	Description	Ordered	Unit	Unit Price	Extension
0000923365	INT PAINT	1.0000	GA	23.46	23.46
SUBTOTAL:					23.46
Total:					23.46

[Download](#) Invoice List into a spreadsheet format.

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
PO BOX 653001
Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



HOME DEPOT CREDIT SERVICES

Invoice Number: 1021596
Account Number: *****6615
Amount Due: \$ 45.82
Payment Due Date: 12-18-13
Store: 00000915
VAUXHALL NJ

HOME DEPOT CREDIT SERVICES
Dept. 32-2501516615

For Questions about your account:
1-866-875-5490
1-877-969-6751 - FAX

Please Pay From Invoice.

Bill To:

UNION HS PERFORMING
 2350 N 3RD STREET
 ATTN: JAMES MOSSER
 UNION NJ 07083

Ship To:

Customer No.	Ordered By	Authorized By	Purchase Order No.	Invoice Date	Customer Agreement#
		LEVITZ AL		11-09-13	

Stock No/SKU	Description	Ordered	Unit	Unit Price	Extension
0000625541	PLC72WA19	1.0000	EA	5.97	5.97
0000625541	PLC72WA19	1.0000	EA	5.97	5.97
0000277894	CLAMP LIGHT	1.0000	EA	8.47	8.47
0000277894	CLAMP LIGHT	1.0000	EA	8.47	8.47
0000277894	CLAMP LIGHT	1.0000	EA	8.47	8.47
0000277894	CLAMP LIGHT	1.0000	EA	8.47	8.47
SUBTOTAL:					45.82
Total:					45.82

[Download Invoice List](#) into a spreadsheet format.

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
 PO BOX 653001
 Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



HOME DEPOT CREDIT SERVICES

HOME DEPOT CREDIT SERVICES
 Dept. 32-2501516615

For Questions about your account:
 1-866-875-5490
 1-877-969-6751 - FAX

Invoice Number: 1021691
 Account Number: *****6615
 Amount Due: \$ 204.24
 Payment Due Date: 12-18-13
 Store: 000000915
 VAUXHALL NJ

Please Pay From Invoice.

Bill To:

UNION HS PERFORMING
 2350 N 3RD STREET
 ATTN: JAMES MOSSER

Ship To:

UNION NJ 07083

Customer No.	Ordered By	Authorized By	Purchase Order No.	Invoice Date	Customer Agreement#
		LEVITZ AL		11-09-13	

Stock No/SKU	Description	Ordered	Unit	Unit Price	Extension
0000161640	2X4-96 STUD	1.0000	EA	2.82	2.82
0000161640	2X4-96 STUD	1.0000	EA	2.82	2.82
0000161640	2X4-96 STUD	1.0000	EA	2.82	2.82
0000161640	2X4-96 STUD	1.0000	EA	2.82	2.82
0000161640	2X4-96 STUD	1.0000	EA	2.82	2.82
0000492930	5 MM PLYWOOD	6.0000	EA	15.27	91.62
0000161640	2X4-96 STUD	1.0000	EA	2.82	2.82
0000671266	THRD ROD 3	1.0000	EA	6.57	6.57
0000161640	2X4-96 STUD	23.0000	EA	2.82	64.86
0000915343	2X4-92 5/8	1.0000	EA	2.83	2.83
0000603589	2X4-10 GDF	4.0000	EA	4.68	18.72
0000668192	CUTWSHR5/8"	4.0000	EA	0.33	1.32
0000655473	USS HX NUT	4.0000	EA	0.35	1.40
SUBTOTAL:					204.24
Total:					204.24

[Download Invoice List into a spreadsheet format.](#)

To dispute a charge, go to [Dispute an Invoice](#) and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
 PO BOX 653001
 Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



HOME DEPOT CREDIT SERVICES

 HOME DEPOT CREDIT SERVICES
 Dept. 32-2501516615

 For Questions about your account:
 1-866-875-5490
 1-877-969-6751 - FAX

Invoice Number: 1181548
 Account Number: *****6615
 Amount Due: \$ 42.32
 Payment Due Date: 12-18-13
 Store: 00000915
 VAUXHALL NJ

 Please Pay From Invoice.

Bill To:

Ship To:

UNION HS PERFORMING
2350 N 3RD STREET
ATTN: JAMES MOSSER
UNION NJ 07083

Customer No.	Ordered By	Authorized By	Purchase Order No.	Invoice Date	Customer Agreement#
		MULLER LAURA		11-09-13	

Stock No/SKU	Description	Ordered	Unit	Unit Price	Extension
0000603283	GLN INT FL	1.0000	GA	18.74	18.74
0000561551	INTLTXFWTGL	1.0000	EA	11.97	11.97
0000621138	2X FLTBLK	3.0000	EA	3.87	11.61
SUBTOTAL:					42.32
Total:					42.32

Download Invoice List into a spreadsheet format.

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
PO BOX 653001
Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



HOME DEPOT CREDIT SERVICES

Invoice Number: 2021392
Account Number: *****6615
Amount Due: \$ 169.59
Payment Due Date: 12-18-13
Store: 00000915
VAUXHALL NJ

HOME DEPOT CREDIT SERVICES
Dept. 32-2501516615

For Questions about your account:
1-866-875-5490
1-877-969-6751 - FAX

Please Pay From Invoice.

Bill To:

Ship To:

UNION HS PERFORMING
2350 N 3RD STREET
ATTN: JAMES MOSSER
UNION NJ 07083

Customer No.	Ordered By	Authorized By	Purchase Order No.	Invoice Date	Customer Agreement#
		LEVITZ AL		11-08-13	

Stock No/SKU	Description	Ordered	Unit	Unit Price	Extension
--------------	-------------	---------	------	------------	-----------

0000161640	2X4-96 STUD	14.0000	EA	2.82	39.48
0000492930	5 MM PLYWOOD	4.0000	EA	15.27	61.08
0000360098	MASK TAPE CP	1.0000	PK	19.97	19.97
0000216018	PT SILVER QT	1.0000	EA	7.94	7.94
0000603589	2X4-10 GDF	2.0000	EA	4.68	9.36
0000216018	PT SILVER QT	1.0000	EA	7.94	7.94
0000252427	3X21 80G	1.0000	EA	5.97	5.97
0000456077	2"UTLTYBRUSH	1.0000	EA	2.97	2.97
0000456077	2"UTLTYBRUSH	1.0000	EA	2.97	2.97
0000456077	2"UTLTYBRUSH	1.0000	EA	2.97	2.97
0000456077	2"UTLTYBRUSH	1.0000	EA	2.97	2.97
0000252427	3X21 80G	1.0000	EA	5.97	5.97
SUBTOTAL:					169.59
Total:					169.59

[Download Invoice List](#) into a spreadsheet format.

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
 PO BOX 653001
 Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



Home Depot Credit Services
 PO Box 689055
 Des Moines, IA 50368-9055

Invoice Number: 3022675
 Account Number: *****6615
 Invoice Amount: \$145.00
 Invoice Date: 01/26/14
 Authorized By: LEVITZ AL

For Questions about your account:
 1-866-875-5490
 1-877-969-6751 - FAX

Please Pay From Invoice.

Description	Stock No/SKU	Quantity	Unit Price	Total Price
1X3-8 STRIP	00001647040000500011	100.0000	\$1.45	\$145.00
SUBTOTAL				\$145.00
SHIPPING				\$0.00
TOTAL				\$145.00

[Download](#) Invoice List into a spreadsheet format.

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
 PO BOX 653001
 Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



HOME DEPOT CREDIT SERVICES

Invoice Number: 3149502
 Account Number: *****6615
 Amount Due: \$ 101.50
 Payment Due Date: 12-18-13
 Store: 000000915
 VAUXHALL NJ

HOME DEPOT CREDIT SERVICES
 Dept. 32-2501516615

For Questions about your account:
 1-866-875-5490
 1-877-969-6751 - FAX

Please Pay From Invoice.

Bill To:

Ship To:

UNION HS PERFORMING
 2350 N 3RD STREET
 ATTN: JAMES MOSSER
 UNION NJ 07083

Customer No.	Ordered By	Authorized By	Purchase Order No.	Invoice Date	Customer Agreement#
		MULLER LAURA		11-07-13	

Stock No/SKU	Description	Ordered	Unit	Unit Price	Extension
0000604504	GLN INT FL	1.0000	EA	94.00	94.00
0000697265	1QT BUCKET	3.0000	EA	1.18	3.54
0000138520	MIXING TUB	2.0000	EA	1.98	3.96
SUBTOTAL:					101.50
Total:					101.50

[Download](#) Invoice List into a spreadsheet format.

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
 PO BOX 653001
 Dallas TX 75265

For questions about this invoice, call 1-866-875-5490

Close

Invoice Detail

Close

Home Depot Credit Services
PO Box 689055
Des Moines, IA 50368-9055

Invoice Number: 4022508
Account Number: *****6615
Invoice Amount: \$311.20
Invoice Date: 01/25/14
Authorized By: LEVITZ AL

For Questions about your account:
1-866-875-5490
1-877-969-6751 - FAX

Please Pay From Invoice.

Description	Stock No/SKU	Quantity	Unit Price	Total Price
1X6X8 NO.2	00009147700000500002	40.0000	\$7.78	\$311.20
			SUBTOTAL	\$311.20
			SHIPPING	\$0.00
			TOTAL	\$311.20

[Download](#) Invoice List into a spreadsheet format.

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
PO BOX 653001
Dallas TX 75265

For questions about this invoice, call 1-866-875-5490

Close

Invoice Detail

Close

Home Depot Credit Services
PO Box 689055
Des Moines, IA 50368-9055

Invoice Number: 4031164
Account Number: *****6615
Invoice Amount: \$54.97
Invoice Date: 01/25/14
Authorized By: LEVITZ AL

For Questions about your account:
1-866-875-5490
1-877-969-6751 - FAX

Please Pay From Invoice.

Description	Stock No/SKU	Quantity	Unit Price	Total Price
12' 80T	00006360100000700006	1.0000	\$54.97	\$54.97
			SUBTOTAL	\$54.97
			SHIPPING	\$0.00

TOTAL \$54.97

[Download Invoice List into a spreadsheet format.](#)

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
PO BOX 653001
Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



Home Depot Credit Services
PO Box 689055
Des Moines, IA 50368-9055

Invoice Number: 4423166
Account Number: *****6615
Invoice Amount: \$25.00
Invoice Date: 01/25/14
Authorized By: LEVITZ AL

For Questions about your account:
1-866-875-5490
1-877-969-6751 - FAX

Please Pay From Invoice.

Description	Stock No/SKU	Quantity	Unit Price	Total Price
E-DEP	00009500170001000001	1.0000	\$25.00	\$25.00
			SUBTOTAL	\$25.00
			SHIPPING	\$0.00
			TOTAL	\$25.00

[Download Invoice List into a spreadsheet format.](#)

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
PO BOX 653001
Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



Invoice Number: 4423183
Account Number: *****6615

Home Depot Credit Services
PO Box 689055
Des Moines, IA 50368-9055

Invoice Amount: \$24.22
Invoice Date: 01/25/14
Authorized By:

For Questions about your account:
1-866-875-5490
1-877-969-6751 - FAX

Please Pay From Invoice.

Description	Stock No/SKU	Quantity	Unit Price	Total Price
LOAD & GO	00008054950000400001	1.0000	\$39.00	\$39.00
RNTL FEE	00009995200000700007	1.0000	\$2.00	\$2.00
LD&GO TX	00009997620000800009	1.0000	\$5.00	\$5.00
			SUBTOTAL	\$46.00
			TAX	\$3.22
				\$25.00
			SHIPPING	\$0.00
			TOTAL	\$24.22

[Download](#) Invoice List into a spreadsheet format.

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
PO BOX 653001
Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



Home Depot Credit Services
PO Box 689055
Des Moines, IA 50368-9055

Invoice Number: 4451891
Account Number: *****6615
Invoice Amount: \$1584.40
Invoice Date: 01/25/14
Authorized By: LEVITZ AL

For Questions about your account:
1-866-875-5490
1-877-969-6751 - FAX

Please Pay From Invoice.

Description	Stock No/SKU	Quantity	Unit Price	Total Price
2X8-16 GDF	00009155560000300003	10.0000	\$14.35	\$143.50
2X8-8 GDF	00006043560000300003	23.0000	\$7.17	\$164.91
3/4 RTD SHTG	00001661030000100002	27.0000	\$26.37	\$711.99
2X4-96 STUD	00001616400000600002	200.0000	\$2.82	\$564.00
			SUBTOTAL	\$1584.40

SHIPPING \$0.00
 TOTAL \$1584.40

[Download Invoice List into a spreadsheet format.](#)

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
 PO BOX 653001
 Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



HOME DEPOT CREDIT SERVICES
 HOME DEPOT CREDIT SERVICES
 Dept. 32-2501516615
 For Questions about your account:
 1-866-875-5490
 1-877-969-6751 - FAX

Invoice Number: 5019619
 Account Number: *****6615
 Amount Due: \$ 93.99
 Payment Due Date: 12-18-13
 Store: 00000915
 VAUXHALL NJ
 Please Pay From Invoice.

Bill To:

Ship To:

UNION HS PERFORMING
 2350 N 3RD STREET
 ATTN: JAMES MOSSER
 UNION NJ 07083

Customer No.	Ordered By	Authorized By	Purchase Order No.	Invoice Date	Customer Agreement#
		LEVITZ AL		10-26-13	

Stock No/SKU	Description	Ordered	Unit	Unit Price	Extension
0000161640	2X4-96 STUD	12.0000	EA	2.82	33.84
0000603597	2X4-12 GDF	4.0000	EA	5.67	22.68
0000879282	DIY SHIMS	3.0000	BD	1.57	4.71
0000603589	2X4-10 GDF	7.0000	EA	4.68	32.76
				SUBTOTAL:	93.99
				Total:	93.99

[Download Invoice List into a spreadsheet format.](#)

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
 PO BOX 653001
 Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



HOME DEPOT CREDIT SERVICES

Invoice Number: 5026511
 Account Number: *****6615
 Amount Due: \$ 151.72
 Payment Due Date: 12-18-13
 Store: 00000915
 VAUXHALL NJ

HOME DEPOT CREDIT SERVICES
 Dept. 32-2501516615

For Questions about your account:
 1-866-875-5490
 1-877-969-6751 - FAX

Please Pay From Invoice.

Bill To:

Ship To:

UNION HS PERFORMING
 2350 N 3RD STREET
 ATTN: JAMES MOSSER
 UNION NJ 07083

Customer No.	Ordered By	Authorized By	Purchase Order No.	Invoice Date	Customer Agreement#
		LEVITZ AL		10-26-13	

Stock No/SKU	Description	Ordered	Unit	Unit Price	Extension
0000382076	3/32"BIT 2PK	1.0000	EA	3.77	3.77
0000382076	3/32"BIT 2PK	1.0000	EA	3.77	3.77
0000382093	7/64"BIT 2PK	1.0000	EA	3.97	3.97
0000174035	BEV+NECDEP	1.0000	EA	1.58	1.58
0000603597	2X4-12 GDF	1.0000	EA	5.67	5.67
0000604504	GLN INT FL	1.0000	EA	94.00	94.00
0000233671	1 5/8 SCREW	1.0000	EA	38.96	38.96
SUBTOTAL:					151.72
Total:					151.72

[Download Invoice List](#) into a spreadsheet format.

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
 PO BOX 653001
 Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



HOME DEPOT CREDIT SERVICES
HOME DEPOT CREDIT SERVICES
Dept. 32-2501516615
For Questions about your account:
1-866-875-5490
1-877-969-6751 - FAX

Invoice Number: 7011949
Account Number: *****6615
Amount Due: \$ 28.20
Payment Due Date: 12-18-13
Store: 00000915
VAUXHALL NJ
Please Pay From Invoice.

Bill To:

Ship To:

UNION HS PERFORMING
2350 N 3RD STREET
ATTN: JAMES MOSSER
UNION NJ 07083

Customer No.	Ordered By	Authorized By	Purchase Order No.	Invoice Date	Customer Agreement#
		LEVITZ AL		11-03-13	

Stock No/SKU	Description	Ordered	Unit	Unit Price	Extension
0000161640	2X4-96 STUD	10.0000	EA	2.82	28.20
SUBTOTAL:					28.20
Total:					28.20

[Download](#) Invoice List into a spreadsheet format.

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
PO BOX 653001
Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



Home Depot Credit Services
PO Box 689055
Des Moines, IA 50368-9055
For Questions about your account:
1-866-875-5490
1-877-969-6751 - FAX

Invoice Number: 7560059
Account Number: *****6615
Invoice Amount: \$127.70
Invoice Date: 01/12/14
Authorized By: LEVITZ AL
Please Pay From Invoice.

Description	Stock No/SKU	Quantity	Unit Price	Total Price
GLN DUO GAL	00003413200001500007	1.0000	\$26.97	\$26.97
GLN DUO GAL	00003413200001500007	1.0000	\$26.97	\$26.97
GLN DUO GAL	00003413200001500007	1.0000	\$26.97	\$26.97
GLN INT SG	00006449950001500007	1.0000	\$25.54	\$25.54
DISCOUNT	00000000000000000005	1.0000	\$1.43	-\$1.43
GLN INT SG	00006449950001500007	1.0000	\$25.54	\$25.54
DISCOUNT	00000000000000000005	1.0000	\$1.43	-\$1.43
DISCOUNT	00000000000000000005	1.0000	\$1.43	-\$1.43
SUBTOTAL				\$127.70
SHIPPING				\$0.00
TOTAL				\$127.70

[Download Invoice List](#) into a spreadsheet format.

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
 PO BOX 653001
 Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



HOME DEPOT CREDIT SERVICES

Invoice Number: 8028420
 Account Number: *****6615
 Amount Due: \$ 96.21
 Payment Due Date: 12-18-13
 Store: 00000915
 VAUXHALL NJ

HOME DEPOT CREDIT SERVICES
 Dept. 32-2501516615

For Questions about your account:
 1-866-875-5490
 1-877-969-6751 - FAX

Please Pay From Invoice.

Bill To:

Ship To:

UNION HS PERFORMING
 2350 N 3RD STREET
 ATTN: JAMES MOSSER
 UNION NJ 07083

Customer No.	Ordered By	Authorized By	Purchase Order No.	Invoice Date	Customer Agreement#
		LEVITZ AL		11-02-13	

Stock No/SKU	Description	Ordered	Unit	Unit Price	Extension
0000603597	2X4-12 GDF	11.0000	EA	5.67	62.37
0000161640	2X4-96 STUD	12.0000	EA	2.82	33.84
SUBTOTAL:					96.21
Total:					96.21

[Download Invoice List into a spreadsheet format.](#)

To dispute a charge, go to Dispute an Invoice and send The Home Depot an online message describing the nature of the dispute.

For all other billing inquiries please write to this address or call 1-866-875-5490.

The Home Depot Credit Services
 PO BOX 653001
 Dallas TX 75265

For questions about this invoice, call 1-866-875-5490



Invoice Detail



HOME DEPOT CREDIT SERVICES
 HOME DEPOT CREDIT SERVICES
 Dept. 32-2501516615
 For Questions about your account:
 1-866-875-5490
 1-877-969-6751 - FAX

Invoice Number: 8028478
 Account Number: *****6615
 Amount Due: \$ 60.51
 Payment Due Date: 12-18-13
 Store: 000000915
 VAUXHALL NJ
 Please Pay From Invoice.

Bill To:

Ship To:

UNION HS PERFORMING
 2350 N 3RD STREET
 ATTN: JAMES MOSSER
 UNION NJ 07083

Customer No.	Ordered By	Authorized By	Purchase Order No.	Invoice Date	Customer Agreement#
		LEVITZ AL		11-02-13	

Stock No/SKU	Description	Ordered	Unit	Unit Price	Extension
0000164704	1X3-8 STRIP	30.0000	EA	1.45	43.50
0000603597	2X4-12 GDF	3.0000	EA	5.67	17.01
SUBTOTAL:					60.51
Total:					60.51

[Download Invoice List into a spreadsheet format.](#)

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