COMP	LETE SECTION I ONLY		·	Date	8/6/12
,00212	v ·				<del></del>
<i>I</i> .	This will authorize	the Teasurer of the	UNION HIGH SCHOOL	BOOSTER AS	SSOCIATION to
	pay \$ 2450.0C		School St	ecal	ty
	and charge the accou	1 1 1 1	Planner Fund	MULLACO	J. No. 2003
	Purpose: DUMVI	it towards,	student pla	nnes fo	indraises
	for schiolier	2012/2013	Total bil	843	72:00)
		Tundrausy_	X Theal	Ilie_	
	Club or Activ	ty	Faculty Ad	lviser - Si	<i>gnature</i>
	* * * * * * * * * * * * * * * * * * *	* * * * * * * * *	* * * * * * * * *	7 * * *	* * * *
TT.	Account Balance 2	70.00 ver.	ified by		
	Date 8/6/12	Comment			
	3 4	ΛΛ.	•	·	•
III.	Approved Spring	cipal - Signature	<del></del>	Date	
:	. فسطح بني   جار			7	·
IV.	Date Paid	Chec	ck No.	ACCO	unt No.
	Processed by	·	_		·

SUPERINTENDENT'S APPROVAL

Rev. 5/1/88 (1476H)

Student Organization Fund for Expenditure in Excess of \$1	,000.00
SCHOOL (HIS	<u>: 8/6/12</u>
ACCOUNT NAME Student Planner Fundrauses ACCO	r.#_ <i>3003</i>
VENDOR School Specialty AMO	OO. 05 TINU
PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S):	, a , .t/
Partial payment toward Student Planner Will	total 4437500
phase see attached	
	,
In accordance with the Student Organization Funds - Policy and Procedure Manu of the referenced expenditure in excess of \$1,000.00	al, I request approval
Laurie DelGuercio	
Lowie Odburio	•
SIGNATURE /	
BOARD APPROVAL DATE: 82112	
Per the Student Organization Funds – Policy and Procedure Manual, student bod approval of either/or the Board Secretary/Business Administrator, may obligate the for the purchase of goods and services greater than \$1,000.00	ies, only with written nemselves by contract
I approve the purchase of goods/services per the attached.	
JAMES J. DAMATO, BOARD SECRETARY	DATE.
KAREN M. DUNN/BUSINESS ADMINISTRATOR	DATE ·

## School Specialty Planning & Student Development

In order to preserve your

## PREMIER PURCHASE ORDER WAIVER SHEET 2012/2013

a P.O. or valid P.O. Waiver .

MAIL: 400 Sequoia Drive, Suite 200 CALL: Customer Service: 800.447.2034 FAX: 1-800-866-8776
Bellingham, WA 98226 Customer Service: 800.221.1165 Web: www.premier.us

# **PLEASE NOTE:**

For this Purchase Order Waiver to be considered valid, all fields must be completed.

We understand that your district requires a purchase order before your planners can be delivered. For this reason, we cannot send your order to be printed until we receive a copy of the purchase order. If a purchase order is not required because you have alternative funding, such as PTA/PTSO, student government, etc., please let us know immediately by filling in the information below.

requested delivery date of <b>September 7</b> , must be received by <b>August 6</b>					
ALTERNATIVE FUNDING SOURG	E ACREEMENT				
School: Union High Sch		Zip Code: <u>0</u>	7083	Cust. #: <b>425738</b>	
We do not require a purchase order to be submitted before you manufacture and ship our Premier planners for the 2012/2013 school year.					
1. Please check one of the boxes below:					
☐ This Purchase Order Waiver may be applied toward any 2012/2013 order for this school.					
This Purchase Order Waiver may only be applied toward the order with which it is submitted.					
Order total is (Required) \$ 4,375.00					
2. Indicate your alternative funding source:					
□ PTA / PTSO □ A	☐ PTA / PTSO ☐ ASB ☐ Credit Card / P Card				
🗆 School Check 🕒 A	ctivity Funds		trons/fun		
Billing address: 🕱 School		<b>NOTE:</b> If Other is sel 'P.O.' is not a v	lected, a source mo valid other source.	ust be provided.	
Other: Union High School					
2350 North Third Street, Union, NJ 07083					
Attention: Ms. Fatima DeCorte					
3. Provide your authorization:  Authorized Signature:     Union High School Main Office 2350 North Third Str 08/01/2012 Union, New Jersey 07083-5085					
Name (please print):	6	ויאטטעיו וו	men		

## Johnson, Gwendolyn

From: Struiksma, Josh [Josh Struiksma@schoolspecialty.com]

Sent: Wednesday, August 01, 2012 10:13 AM

To: Johnson, Gwendolyn

Subject: Purchase Order Waiver for C#425738

#### Ms. Decorte,

I spoke with your sales consultant John Ferguson and he told me that sponsors will be paying for this year's agenda order. If that is correct than I will need you to fill out a Purchase Order Waiver (attached to this email) and then either email it back to me or fax it (1-800-866-8776). We will need this PO Waiver in our hands by August 6 to preserve a September 7 delivery date. If you have any questions please do not hesitate to email me or call our customer service.

Sincerely,

## Josh Struiksma

Material Reminder Customer Service

#### **School Specialty**

400 Sequoia Dr. Suite 200, Beilingham, WA 98226 Phone: 1-800-447-2034 Fax: 800-886-8776

josh.struiksma@schoolspecialty.com

www.schoolspecialty.com

COMPI	LETE SECTION I ONLY	÷	Date 8/0/12	
Ι.	This will authorize the Teasurer o	f the UNION HIGH SCHOOL	BOOSTER ASSOCIATION to	,
	pay \$1925.00 to the order	1 4 3 6 6	hill Accit. No. 20	<u></u>
	and charge the account of CDM( purpose: PUMULAT TOURS	1 T 1 A	,	<u>.                                    </u>
	for 8choolyeur 2012/201	3	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,
	PEDCICIO OF ACTIVITY MOUN	( X < dlec.) Faculty Ad	/ lel iviser - Signature	<del></del>
II.	Account Balance (0289, 55	Verified by Oll	* * * * * * * * * * * * * * * * * * *	
	Date 8612 Comment_			· · · · · ·
III.	Approved Y lew Sub- Principal - Signat	·	Date	· 
IV.	Date Paid	Check No.	Account No.	
1	Processed by		;	

Rev. 5/1/88 (1476H)

SUPERINTENDENT'S APPROVAL

Student Organization Fund for Expenditure in Excess of S	1,000.00
	TE 8/6/12
ACCOUNT NAIVE I COST COM TO MOTHER THOSA	CT.# <u>2059</u>
VENDOR School Specialty AM	00.7 <u>5.91</u> Triuoi
PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S);	·
Money toward balance of bill for Student planners Dannel for September 2012. \$1925.00 to be returned Any additional profits to be deposited in student planne — Please see attached	Fundraiser to Rosi Account raccount
In accordance with the Student Organization Funds – Policy and Procedure Ma of the referenced expenditure in excess of \$1,000.00	nual, I request approval
Laurie DolGyercio	
Alle Lewin SIGNATURE	
BOARD APPROVAL DATE: 8/21/12	
Per the Student Organization Funds – Policy and Procedure Manual, student be approval of either/or the Board Secretary/Business Administrator, may obligate for the purchase of goods and services greater than \$1,000.00	odies, only with written themselves by contract
I approve the purchase of goods/services per the attached.	
JAMES J. DAMATO, BOARD SECRETARY	DATE
KAREN M. DUNN/BUSINESS ADMINISTRATOR	DATE

## Johnson, Gwendolyn

From: Struiksma, Josh [Josh.Struiksma@schoolspecialty.com]

Sent: Wednesday, August 01, 2012 10:13 AM

To: Johnson, Gwendolyn

Subject: Purchase Order Waiver for C#425738

#### Ms. Decorte,

I spoke with your sales consultant John Ferguson and he told me that sponsors will be paying for this year's agenda order. If that is correct than I will need you to fill out a Purchase Order Waiver (attached to this email) and then either email it back to me or fax it (1-800-866-8776). We will need this PO Waiver in our hands by August 6 to preserve a September 7 delivery date. If you have any questions please do not hesitate to email me or call our customer service.

Sincerely,

## Josh Struiksma

Material Reminder Customer Service

#### **School Specialty**

400 Sequoia Dr. Suite 200,
Bellingham, WA 98226
Phone: I-800-447-2034
Fax: 800-886-8776
josh.struksma@schoolspecialty.com
www.schoolspecialty.com

# School Specialty. Planning & Student Development

In order to preserve your

Authorized Signature: 🔨

Name (please print):

requested delivery date of **September 7** 

## PREMIER PURCHASE ORDER WAIVER SHEET 2012/2013

a P.O. or valid P.O. Waiver

must be received by \_August 6

Mail: 400 Sequoia Drive, Suite 200 Call: Customer Service: 800,447,2034 Fax: 1-800-866-8776 Bellingham, WA 98226

Sales Support: 800,221,1165

Wes: www.premier.us

# **PLEASE NOTE:**

For this Purchase Order Waiver to be considered valid, all fields must be completed.

We understand that your district requires a purchase order before your planners can be delivered. For this reason, we cannot send your order to be printed until we receive a copy of the purchase order. If a purchase order is not required because you have alternative funding, such as PTA/PTSO, student government, etc., please let us know immediately by filling in the information below.

ALTERNATIVE FUNDING SOURCE AGREEMENT School: Union High School Zip Code: **07083** We do not require a purchase order to be submitted before you manufacture and ship our Premier. planners for the 2012/2013 school year. 1. Please check one of the boxes below: ☐ This Purchase Order Waiver may be applied toward any 2012/2013 order for this school. This Purchase Order Waiver may only be applied toward the order with which it is submitted. Order total is (Required) \$ 4,375.00 2. Indicate your alternative funding source: ☐ PTA / PTSO ☐ ASB ☐ Credit Card / P Card ☐ School Check ☐ Activity Funds ☒ Other: d NOTE: If Other is selected, a source must be provided Billing address: School 'P.O.' is not a valid other source. Union High School Other: 2350 North Third Street, Union, NJ 07083 Ms. Fatima DeCorte Attention: Union High School Main Office 3. Provide your authorization: 2350 North Third Street

CiBBWI

LOWARD

Union, New JeDate: UP 9509012