F-9

ATHLETIC DEPARTMENT

Memo

To:

Diane Cappiello

From:

Phyllis Lang, Secretary

Athletic Office

Re:

Add to agenda over \$1000.00 Expenditure

Date:

1/23/2017

Attached are Expenditures for the Athletics over \$1000.00.

- 1) Add to the Agenda Athletic Scholarship awards to be presented for the 2016-2017 school year.
 - A) Student Trainer Scholarship awards
 - B) Lou Retino Schoolrship Award

Please approve at the next Board Meeting.

Thank you

Phyllis

EXHIBIT B-1

School: <u>Union High School Athletics</u>	Date:	1/23/2017
DEPARTMENT: Athletics	Account:	3220
VENDOR: Union High School Scholarship Awards	Amount:	approx. \$3500.00
PURPOSE OF EXPENDITURE [attach appropriate invoice(s): _ Thi Awarded this year for the Lou Retino Scholarship awards in 201	is is an estim 7 and the St	nation of scholarships to be udent Trainer Scholarship for
the 2016-2017 school year. These will be presented at the	High School	's awards night at the end of
the school year.		
In accordance with the Student Organization Fund – Policy and the referenced expenditure in excess of \$1,000. Linda Ionta-Director of Athletics NAME SIGNATURE	Procedure N	Nanual, I request approval of
**************************************	nual, studer	it bodies, only written
I approve the purchase of goods/services per the attached.		
Gregory Brennan, Business Administrator Date		

FILE CODE 3453

REVISED: EXHIBIT B-1

SCHOOL: BURNET MIDDLE SCHOOL	DATE: January 19, 2017
DEPARTMENT: Yearbook	
VENDOR: Lifetouch National School Studios	AMOUNT \$5,771.79
PURPOSE OF EXPENDITURE [attach appropriate	invoice(s)]:
Yearbooks - See attached	
In accordance with the Student Organization Fund – I of the referenced expenditure in excess of \$1,000.00.	• • • • • • • • • • • • • • • • • • • •
Raymond Salvatore, Principal Name	
Signature	
************	**********
Per the Student Organization Funds-Policy and Proce approval of either/or the Board Secretary/Business A for the purchase of goods and services greater than \$	dministrator, may obligate themselves by contract
I approve the purchase of goods/services per the attachment	ched
Gregory E. Brennan School Business Administrator	Date



INVOICE

Please Pay From This Invoice

Remit To:

Jostens

21336 NETWORK PLACE CHICAGO IL 60673-1213

Ship To:	No.	1056260	Sold To:	No.	1056260	Invoice #	Date	Page
BURNET M	IIDDLE SCHOOL	BŲ	RNET MIDDLE	SCHOOL		1051124B	7-Nov-16	1 of 1
1000 CALD	WELL AVE	100	00 CALDWELL A	AVE		Terms	Job Number	Job Yea
UNION NJ	07083	UN	ION NJ 07083			NET 30	07594	2016
						Customer PO Num	ber	!
Bill To:	No:	1056260						
						Sales A	-	Agent #
	BURNET MIDDLE	SCHOOL				JAMES I	/IITRO	3274
	YEARBOOK							
	1000 CALDWELL							
	UNION NJ 07083				,			
						For Custo	mer Service Ca	dl
						1-800-854	-7464, Ext. 1718	6
	ATTN: Maria Flore	dilino						
Line#	Description						Sell Pi	ice
1	PAYMENT FOR THE	E 2016 YEARBOO	K ORDER					\$3,954.29
							1	
							1	
	•							
	}							
	•				,			
	T () ()	T 01: : 5	1	1 81441	r = / , a	r	D	
	Total Charges	Shipping &	Total Tax	Subtotal	Total Credits/	Total	Please Pay th	nis Amount
	+	Handling +	+	+	Adjustments	Deposits/ Payments		
	\$3,954.29	+		\$3,954.29	(-)	(-) \$0.00	\$3,954	

Please Detach and Return This Portion With Your Payment. Thank You For Your Order

your customer service representative within 60 days of your invoice date and confirm the number of overruns you were unable to sell.

Customer PO Number	Customer No.	Invoice No.	Date	Amount	Payment
	1056260	1051124B	7-Nov-16	\$3,954.29	

Remit

To: 21336 NETWORK PLACE CHICAGO IL 60673-1213 BURNET MIDDLE SCHOOL

YEARBOOK

1000 CALDWELL AVE UNION NJ 07083



INVOICE

Remit To:

Jostens

21336 NETWORK PLACE CHICAGO IL 60673-1213

Please Pay From This Invoice

Ship To:	No.	1056260	Sold To:	No.	1056260	Invoice #	Date	Page
	MIDDLE SCHOOL	E	BURNET MIDDLE S	SCHOOL	•	1051124A	7-Nov-16	1 of 1
1000 CAL	DWELL AVE		1000 CALDWELL A	VE .		Terms	Job Number	Job Yea
UNION NJ	07083	ι	JNION NJ 07083			NET 30	07594	2016
						Customer PO Num	ber	
Bill To:	No:	1056260						•
						Sales A	gent	Agent
	BURNET MIDDLE	E SCHOOL				JAMES M	IITRO	3274
	YEARBOOK							
	1000 CALDWELL	_AVE						
	UNION NJ 07083	3						
							mer Service Ca	
	ATTN: Maria Flor	rdilino				1-800-854	-7464, Ext. 1718	6
Line#	Description	Idiliilo				and the second	Sell Pi	lce
		diginar Marin (1991) v Bright I (1960) v I (enter en en entre al la company en entre en					·····
	PAYMENT FOR TH	IE 2016 YEARBO	OOK ORDER					\$1,817.5
	'							
							1	
	Total Charges	Shipping 8	Total Tax	Subtotal	Total Credits/	Total	Please Pay th	nis Amou
	+	Handling	+	+	Adjustments	Deposits/ Payments		
		+			(-)	(-)		
	\$1,817.50			\$1,817.50		\$0,00	\$1,817	7.50
	7 - 1	1						

In the event that you do not sell or use your overrun copies, we will be happy to credit your account. To receive credit, please call or email your customer service representative within 60 days of your invoice date and confirm the number of overruns you were unable to sell.

Please Detach and Return This Portion With Your Payment. Thank You For Your Order

Customer PO Number	Customer No.	Invoice No.	Date	Amount	Payment
	1056260	1051124A	7-Nov-16	\$1,817.50	

Remit

Jostens

To:

21336 NETWORK PLACE CHICAGO IL 60673-1213 BURNET MIDDLE SCHOOL

YEARBOOK

1000 CALDWELL AVE UNION NJ 07083

FILE CODE 3453

EXHIBIT B-1

SCHOOL: Kawameen Date: 110/11
DEPARTMENT: Principal Account: #20
VENDOR: JOSTEDS YEARDOOKAMOUNT: \$1,830.00
PURPOSE OF EXPENDITURE [attach appropriate invoice(s):
First yearbook deposit-
In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.
Jason Majanda
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.
l approve the purchase of goods/services per the attached.
Gregory Brennan, Business Administrator Date

YEARBOOK

CELEBRATING MOMENTS THAT MATTER

YEAR: 2017 | JOB #: 17353 | REP:Bonnie Blackman | DATE: 01/06/17

JOSTENS YEARBOOK

Thank you for choosing Jostens to publish your yearbook! We appreciate your partnership in keeping your account in good standing. We've outlined your school's account summary below. We can't wait to see your book!

PAYMENT INSTRUCTIONS

You can submit payment by returning the lower portion of this notice with a check or money order or you may pay via credit card by calling **1-800-854-7464 ext. 17186.** We're happy to answer any questions you have! We're available M-F 8am — 5pm CST or email us at *Printing_AR@Jostens.com*.

Thank you for your timely payment!

PAYMENT SUMMARY	·
First Deposit Amount Due by: 11/01/16	1830.00
Remaining Due:	1452.61
Second Deposit Amount Due by: 03/01/17	1830.00
Remaining Due:	1830.00
Money Received To Date: (Includes any web sates)	377.39
TOTAL DEPOSITS DUE	3282.61
Final Invoice	Consult Rep

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.

JOSTENS, INC.

Amanda Maxwell Kawameeh Middle School 490 DAVID TERRACE UNION, NJ 07083

☐ Please check the box if your address has changed and update your address on the back of this remittance.

PAYMENT ADDRESS JOSTENS, INC. 21336 NETWORK PLACE CHICAGO, IL 60673-1213

PAYMENT SUBMISSION	
Job Number: ,	17353
YEAR:	2017
AMOUNT PAID: Please make check or money order payable to Jostens, Or pay via credit card by calling 1-800-854-7464 ext. 17	



FILE CODE 3453

EXHIBIT B-1

SCHOOL: KOWAMEED Date: 1/4/17
DEPARTMENT: Principal Account: #20
VENDOR: USTEDS YEARDOOK Mount: \$1,830,00
PURPOSE OF EXPENDITURE [attach appropriate invoice(s):
second yearbook deposit.
In accordance with the Student Organization Fund — Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.
Jason Malanda
MAINTE
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.
Gregory Brennan, Business Administrator Date

YEARBOOK

CELEBRATING MOMENTS THAT MATTER

YEAR: 2017 | JOB #: 17353 | REP:Bonnie Blackman | DATE: 01/06/17

JOSTENS YEARBOOK

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Thank you for your timely payment!

PAYMENT SUMMARY First Deposit Amount Due by: 11/01/16

First Deposit Amount Due by: 11/01/16 - 1830.00

Remaining Due: 1452.61

Second Deposit Amount Due by: 03/01/17 1830.00

Remaining Due: 1830.00

Money Received To Date: 377.39 (Includes any web sales)

TOTAL DEPOSITS DUE 3282.61

Final Invoice Consult Rep

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.

JOSTENS, INC.

Amanda Maxwell Kawameeh Middle School 490 DAVID TERRACE UNION, NJ 07083

☐ Please check the box if your address has changed and update your address on the back of this remittance.

PAYMENT ADDRESS

JOSTENS, INC. 21336 NETWORK PLACE CHICAGO, IL 60673-1213

PAYMENT SUBMISSION

JOB NUMBER:

17353

YEAR:

2017

AMOUNT PAID: _

Please make check or money order payable to Jostens, Inc. Or pay via credit card by calling 1-800-854-7464 ext. 17186



EXHIBIT B-1

SCHOOL: KANAMEEN Date: 1017
DEPARTMENT: Principal Account: #26
VENDOR: JOSTONS YEARDOO KAMOUNT: \$1,830.00
PURPOSE OF EXPENDITURE [attach appropriate invoice(s):
Remaining balance due for 2016-2017
yearbooks
In accordance with the Student Organization Fund — Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000. Masur Malanda NAME
SIGNATURE

I approve the purchase of goods/services per the attached.
Gregory Brennan, Business Administrator Date

YEARBOOK

CELEBRATING MOMENTS THAT MATTER

YEAR: 2017 | JOB #: 17353 | REP:Bonnie Blackman | DATE: 01/06/17

JOSTENS YEARBOOK

Thank you for choosing Jostens to publish your yearbook! We appreciate your partnership in keeping your account in good standing. We've outlined your school's account summary below. We can't wait to see your book!

PAYMENT INSTRUCTIONS

You can submit payment by returning the lower portion of this notice with a check or money order or you may pay via credit card by calling **1-800-854-7464 ext. 17186**. We're happy to answer any questions you have! We're available M-F 8am – 5pm CST or email us at *Printing_AR@Jostens.com*.

Thank you for your timely payment!

Manager Committee	
First Deposit Amount Due by: 11/01/16	1830.00
Remaining Due:	1452.61
Second Deposit Amount Due by: 03/01/17	1830.00
Remaining Due:	1830.00
Money Received To Date: (Includes any web sales)	377.39

PAYMENT SUMMARY

TOTAL DEPOSITS DUE

Final Invoice Consult Rep

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT, KEEP UPPER PORTION FOR YOUR RECORDS.

JOSTENS, INC.

Amanda Maxwell Kawameeh Middle School 490 DAVID TERRACE UNION, NJ 07083

□ Please check the box if your address has changed and update your address on the back of this remittance.

PAYMENT ADDRESS JOSTENS, INC. 21336 NETWORK PLACE CHICAGO, IL 60673-1213

PAYMENT SUBMISSIO	N
JOB NUMBER:	17353
YEAR:	2017
AMOUNT PAID:	·
Please make check or money order pay Or pay via credit card by calling 1-800-8	



3282.61

school: UHS	Date: 1/30/17
ACCT. NAME: Chorus / Band Fundruser	Account: 2045
VENDOR: Worldstrides Heritage Performance	Amount: \$24,000.00
PURPOSE OF EXPENDITURE (attach appropriate invoice(s): Washington, Strup - first w	stallment
sel attached	
In accordance with the Student Organization Fund – Policy and the referenced expenditure in excess of \$1,000. Aurie DeGueras Name SIGNATURE BOARD APPROVAL DATE: 22117	
Per the Student Organization Funds – Policy and Procedural Ma approval of either/or the Board Secretary/Business Administrat for the purchase of goods and services greater than \$1,000.	
I approve the purchase of goods/services per the attached.	
Gregory E. Brennan, Business Administrator Date	

	COMPLETE SECTION I ONLY	DATE
	i. This will authorize the Treasurer of the UNION HIGH	
.A	and charge the account of April Trip	ridstrides Henitage Performance Featurals -(Washington DC) Acct. No. 45
	Purpose: DC GLOST LAST	
	Club or Activity	Faculty Adviser – Signature
新	, — , — , — , — , — , — , — , — , — , —	verified by (All) will not be cut until all money are sold
	III. ApprovedPrincipal – Signature	Date
	IV. Date Paid Check No	Acct. No
	Processed by	





December 20, 2016 Please include the Trip ID# on your payment

Union HS Band

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

INVOICE FOR WASHINGTON DC TRIP APRIL 27-30, 2017

First Installment Invoice:

\$24,000.00

Total Amount Due:

\$24,000.00

Please make check payable to Worldstrides Heritage Performance Festivals.

WorldStrides Heritage Performance Programs
PO Box 271549
Salt Lake City, UT 84127
(800) 223-4367

SCHOOL: UHS	Date: 1/30/17					
ACCT. NAME: Chorus Band Fundraiser	Account: 2045					
VENDOR: Worldstrides Heritage Performance	Amount: \$24,000.00					
PURPOSE OF EXPENDITURE lattach appropriate invoice(s): Nashington, S. Trip - Ind. installment						
see attached	,					
In accordance with the Student Organization Fund – Policy and the referenced expenditure in excess of \$1,000.	Procedure Manual, I request approval of					
Laurie DelGuercia						
Jacrie Melecin						
SIGNATURE BOARD APPROVAL DATE: 2217						
<i>,</i>	************					
Per the Student Organization Funds — Policy and Procedural Mapproval of either/or the Board Secretary/Business Administrator for the purchase of goods and services greater than \$1,000.						
I approve the purchase of goods/services per the attached.						
	,					
Gregory E. Brennan, Business Administrator Date	La de la companya de					

	COMPLETE SECTION I ONLY	DATE 110 17
: <u>,</u>	I. This will authorize the Treasurer of the UNION HIGH S	CHOOL BOOSTER ASSOCIATION
	Pay \$ 24.000 to the order of World	Ustrides Haritage Performance destructs
	and charge the account of Sams Try - One	and the second s
		2nd installment invoice
	y w	
	Chows land springting	Faculty Adviser – Signature
2 2 E		
	11. Account Balance 4/D, 374. 44	
	Date 2/3/17 Comment # Check 1	will not be cut until all money is deposited.
	, ,	
	III. Approved	Date
	Principal Signature	
	IV. Date PaidCheck No	Acct. No
	Processed by	



WORLD STRIDES*
HERITAGE
PERFORMANCE
programs

January 12, 2017 Please include the Trip ID# on your payment

Union HS Band

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

INVOICE FOR WASHINGTON DC TRIP APRIL 27-30, 2017

Second Installment Invoice:

\$24,000.00

Total Amount Due:

\$24,000.00

Please make check payable to Worldstrides Heritage Performance Festivals.

WorldStrides Heritage Performance Programs
PO Box 271549
Salt Lake City, UT 84127
(800) 223-4367

	1 1
* school: UHS	Date: 1/30/17
ACCT. NAME: Chorus Band Fundraises	Account: 2045
VENDOR: Worldstrides Heritage Performance	e Amount: 414,331.00
PURPOSE OF EXPENDITURE [attach appropriate invoice(s); Washington, of trup - final install	Ulment
see attached	
In accordance with the Student Organization Fund – Policy at the referenced expenditure in excess of \$1,000. AUTIC SUCCED Name SIGNATURE BOARD APPROVAL DATE: 22111	and Procedure Manual, I request approval of
Per the Student Organization Funds — Policy and Procedural approval of either/or the Board Secretary/Business Adminis for the purchase of goods and services greater than \$1,000.	trator, may obligate themselves by contract
I approve the purchase of goods/services per the attached.	
Gregory E. Brennan, Business Administrator Da	ate .

	COMPLETE SECTION I ONLY DATE	TE_1/12/17
χ.	1. This will authorize the Treasurer of the UNION HIGH SCH	IOOL BOOSTER ASSOCIATION
	Pay \$ 14 331 to the order of <u>Wm/d</u>	Hrider Heistage Perfermance Festivals
	and charge the account of Change band Sprim	4 Tip (DC) Acct. No 45
	Purpose: Linal	installment - DC competition
	chaus/bard	TXM/M
		aculty Adviser – Signature
	II. Account Balance 410,374.44	Verified by OUN
	Date 2/3/17 Comment Cherkind	Unot be cut untilall money is deposited
	,	
	III. Approved	Date
	Principal — Signature	
	IV. Date Paid Check No	Acct. No
	Processed by	





January 20, 2017 Please include the Trip ID# on your payment

Union HS Band

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

INVOICE FOR WASHINGTON DC TRIP APRIL 27-30, 2017

Final Installment Invoice:

\$14,331.00

Total Amount Due:

\$14,331.00

Please make check payable to Worldstrides Heritage Performance Festivals.

WorldStrides Heritage Performance Programs
PO Box 271549
Salt Lake City, UT 84127
(800) 223-4367

school: UHS	Date: 2/10/17				
ACCT. NAME: D. Erdman Field Trips VENDOR: Tri-State Tours	Account: 2088 Maximum (17,000,00)				
PURPOSE OF EXPENDITURE [attach appropriate invoice(s): Sayment for May 16-18 2017 Wash	ington, DC-trup				
see attacked					
In accordance with the Student Organization Fund – Policy the referenced expenditure in excess of \$1,000.	and Procedure Manual, I request approval of				
Laurie DelGuercio					
SIGNATURE 2/21/17					
BOARD APPROVAL DATE: 2 1 1 7					
Per the Student Organization Funds – Policy and Procedura approval of either/or the Board Secretary/Business Adminitor the purchase of goods and services greater than \$1,000	strator, may obligate themselves by contract				
I approve the purchase of goods/services per the attached.					
Gregory E. Brennan, Business Administrator D	ate				

	COMPLETE SECTION 1 ONLY	DATE	
	1. This will authorize the Treasurer of May mum Pay \$ 17,00.00 to the and charge the account of . Gr Purpose: May 16-18-201	order of Tri-State T Aman Field T	rips Acct. No 2088
	Club or Activity	Eaculty Advis	ser - Signature Process Rev
8 K S	。 经工作证据 医复数 医自己 经 医 医 医 医 医 医 医 医 医 医 医 图 图 图 图 图 图 图 图	网络黑花果豆 计直接 医球球区 经证证 医医鼠虫虫 网络耳	************
	II. Account Balance 4/40.94	Verified by	, GOLLAD
	Date 2 3 17 Comm	nent Xcheek will not be	cut until all money is deposited
	III. ApprovedPrincipal – Signat	turė	Date
	· · · · · · · · · · · · · · · · · · ·		
	IV. Date Paid	Check No	Acct. No

Processed by_____

REVISED 3/20/15

TOWNSHIP OF UNION BOARD OF EDUCATION FIELD TRIP APPROVAL REQUEST APPLICATION DATE: 9/21/16

Pursuant to N.J.A.C. 6A:23A-5,8 Field Trips must be preapproved by the Board and not solely for entertainment purposes. ALL REQUESTS MUST BE RECEIVED IN THE TRANSPORTATION OFFICE NO LATER THAN THE FIRST OF THE MONTH IN ORDER TO BE INCLUDED IN THE AGENDA FOR THE NEXT BOARD MEETING.
Failure to complete this form in its entirety will result in denial.
SCHOOL UNION HIGH SCHOOL GRADE 11/12
TEACHER(S) D. ERDMAN OTHERS TBA (3 STOCHTBD)
DATE OF TRIP DESTINATION DESCRIPTION MAY 16, 17, 18 2017 DESTINATION WASHINGTON D.C.
DESTINATION WASHINGTON D.C.
ADDRESS / CITY (Please attach directions)
PURPOSE OF TRIP tour manuments historic? CIVIC SITES (Must be of educational value to the children)
Pick-up Time (No earlier than 9:10 AM) 7:00am. Specific Location N. 300 St
Return Time (Must be back at school by 1:40 PM) Total Number of Passengers A 4 min. Specific Location (Bus Capacity is 54, Van Capacity is 16)
Total Number of Passengers (Bus Capacity is 54, Van Capacity is 16) TRANSPORTATION BUDGET AC#/FUNDING SOURCE: Student Funded BOOSTER ACCT.
TRANSPORTATION BUDGET AC#FUNDING SOURCE: STUDIO 1 10-05 38 (i.e. xx-xxx-xxx-512-xx-xx-xxxx) //-000-270-5/2-01-10-7538 2088 TOTAL ESTIMATED COST TO BE COMPLETED BY REQUESTOR DECIMAL FIELD TYPE
I am requesting in house transportation 1. In house Bus cost =
Supervisor's Approval Date
Principal's Approval ** Please compute in-house transport costs as follows: \$55.00 per hour weekdays, \$90.00 per hour after 4:00 pm and on weekends X the number of vehicles needed. Minimum 2 hours. Additional half hour will be added on for travel time to and from the school.

	Approved	Disapproved	Reason	Date
BOE	/ .			
Sch Business Admin	62			10.11/6
Transportation	DEW			9-30-16

C:\Users\alombardi\Desktop\Field trip request form.doc

٠ <u>.</u> .	SCHOOL: 1/4/17	
•	ACCT. NAME: J. Scotto Field Trips Account: #2107	
	VENDOR: Tup of Union Board of Education Amount: 1,050.00	
	PURPOSE OF EXPENDITURE (attach appropriate invoice(s): Pay Ment to Villani Bus Company for 1/18/17 field trip	
	su attached	
	In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval the referenced expenditure in excess of \$1,000.	of
	Laurie Del Guercio	
	auril Alburi	
	SIGNATURE	
	BOARD APPROVAL DATE: 2/2///	
	, ************************************	
	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.	Ξŧ
	I approve the purchase of goods/services per the attached.	
	·	
	Gregory E. Brennan, Business Administrator Date	

	COMPLETE SECTION ONLY	DATE 1/13/17
	I. This will authorize the Treasurer of the UN Pay \$(\infty So.OO to the order	VIII . A COMMITTING DOOR
	and charge the account of Scotto	Field Trips Acct. No. 2/07
	Purpose: TO Pay to	~ huses
	- :	
	Club or Activity	Faculty Adviser Signature
1	II. Account Balance #1, 050.00	Verified by ADDD
	Date 2017 Comment	
	III. Approved Principal – Signature	Date
	IV. Date PaidChe	eck No Acct. No
	Droposeed by	





Villani Bus Company 811 East Linden Avenue Linden, NJ 07036

Phone: Fax:

908-862-3333 908-474-8058

Website:

www.villanibus.com

Email:

info@villanibus.com

Charter Confirmation

Confirmed:

10/24/16

Charter No.:

63438

Jaclyn Scotto **Union High School** 2350 N. 3rd. Street Union, NJ 07083 USA

Phone:

908-851-6501

Fax:

908-851-6539

Order Date

10/24/16

SalesRep;

Mr.Shabazz

Thank you for selecting Villani Bus Company for your upcoming trip. We are committed to providing you with the very best service possible, and I am sure that you will be pleased with the quality of our equipment and drivers. This Confirmation serves as your contract for your transportation needs shown below. 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:

Group Name:

Coaches:

Equipment

1-55 Motorcoach

Group Leader: Jaclyn Scotto Destination:

Washington, DC

Wednesday, January 18, 2017

Leave Date: Spot Time:

5:30 am.

Return Date:

Leave:Time:

6:00 am:

Retn\Drop Time: 7:00 pm

Pickup Location: Union High School

Wednesday, January 18, 2017

Destination

Holocaust Museum

North 3rd Street Union NJ

Details:

100 Raoul Wallenberg Place SW

Washington, DC 202.488.0400

Description	# Coaches	Qty	Rate	Charge
Single Day Motorcoach Trip local	1	1.00	\$1,050.00	\$1,050.00
Itinerary required in VBC office prior to trip.	1	1.00	\$0.00	\$0.00
Drivers may not exceed 10 hrs driving per day.	1 1	1,00	\$0.00	\$0.00
Group pays bus parking fees at all tour points.	1	1.00	\$0.00	\$0.00
Transportation rate does not include gratuity	1 1	1.00	\$0,00	\$0.00
UNSIGNED CONFIRMATION WILL VOID RESERVATION	1	1.00	\$0.00	\$0.00
All Trips "MUST" Be Reconfirmed 7 Days Before Trip	1	1.00	t I	\$0.00

Due Dates Transport Charge: \$1,050.00 Description Date Received Amount Amount Paid \$0.00 11/07/16 Signed Contract 02/15/17 Final Payment \$1,050.00 Balance Due \$1,050.00

*school: UHS	Date: 2/10/17
ACCT. NAME: Series Prom	Account: #2012
VENDOR: Extreme Excellence Ente	Hanner 42,500.00
PURPOSE OF EXPENDITURE (attach appropriate invo	
see attached	
In accordance with the Student Organization Fund – the referenced expenditure in excess of \$1,000.	Policy and Procedure Manual, I request approval of
Laurie DelGvercio Name Cauxiel De Durin (SIGNATURE	
BOARD APPROVAL DATE: 2 2117	
**************	**************
Per the Student Organization Funds — Policy and Pro- approval of either/or the Board Secretary/Business A for the purchase of goods and services greater than	Administrator, may obligate themselves by contract
I approve the purchase of goods/services per the att	rached.
Gregory E. Brennan, Business Administrator	Date

	COMPLETE SECTION I ONLY	DATE _	1/30/17		
	I. This will authorize the Treasurer of the UNIC				
N .	Pay \$2.506.80 to the order of and charge the account of Senior from	Extreme Ex	ellence s	Entertainmen	/
	and charge the account of Senior pa	0m		_ Acct. No_20	0/2
	Purpose: DJ	,			
	·				
· · ·	senior 100m	Chil	Feet		
	Senjor from Club or Activity	Faculty Advise	er – Signature		
	II. Account Balance 4/3, 788	Verified by	W)		_
	Date 2 0 17 Comment			,	
•					
	III. Approved		Date		
	Principal – Signature				
	IV. Date Paid Check	No	Acct. No	Marie Marie	_
	Processed by				

•

7

Extreme Excellence

Client Information:

Name: Cheryl Fiske
Address: 2350 N. 3rd St.

City, State, Zip: Union, NJ 07083

Phone: 908 419-4005

Fax:

E-Mail: cfiske@twpunionschools.org

Referred by: prior client

Event Information:

Type of Event: Senior Prom Date: Jun 1st 2017 (Thurs.)

Location: The Grand Marquis (1550 U.S. 9 Old Bridge, NJ 08857 / 732 679-5700)

Start Time: 8:00pm End Time: 12:00am Age Group: 15-20

Total Number of Guests: 600

Entertainment Cost:

Package: 4 Hr. Format w/Uttimate Light Show, Upgraded Facade, 2 / 5x8 Rear Projection, Live Footage, Laser show

Event Total: \$2,500.00 Deposit Amount: \$n/a Balance Due: \$2,500.00

Terms of Agreement

Agreed and Accepted By:

Please be aware that this contract is binding for both the client and contractor. The <u>Deposit Amount shall be returned with the original signed contract.</u> The client agrees to pay a 25% non-refundable retainer deposit to reserve his I her event date. The retainer may be reapplied if the event is rescheduled. The remaining balance is due the week of the event in the form of cash or check payable to "Robert T. Battiste". If it should happen that the event should conclude prior to scheduled time, the entire balance remains the responsibility of the client. Any time beyond the contracted time is \$115.00 per hour. Travel charges may apply. By signing, the client acknowledges and confirms that he I she has read, and agreed to the terms and conditions set forth in this contract agreement.

For Extreme Excellence
Robert T. Battiste

Date

Aug. Juko
For Client

Date

Thank You for Your Business

47 Round Top Road. Warren, NJ 07059 908.451.4562

www.exe-djs.com

school: UHS	Date: 2/6/17
ACCT. NAME: SCHOT Prom	Account: #2012
VENDOR: Step It Up Events	Amount: \$ 1, (090.00
PURPOSE OF EXPENDITURE [attach appropriate invoice(s):	NOW.
see attached	
In accordance with the Student Organization Fund – Policy and the referenced expenditure in excess of \$1,000.	l Procedure Manual, I request approval of
Laurie Del Guercio	
Name Audiel De acción SIGNATURE	
BOARD APPROVAL DATE: 2/2//7	
, **********************	*********
Per the Student Organization Funds – Policy and Procedural M approval of either/or the Board Secretary/Business Administrator the purchase of goods and services greater than \$1,000.	
I approve the purchase of goods/services per the attached.	
Gregory E. Brennan, Business Administrator Date	

	COMPLETE SECTION I ONLY	DATE 2/6	<u> </u>	
	I. This will authorize the Treasurer of the UNION	HIGH SCHOOL BOOSTER ASSOCIATION	on ·	
"	Pay \$ 1, 10 90.00 to the order of	Step It Up Event	7	
	and charge the account of	Prom	Acct. No 2012	
	Purpose: Photo booth			_
<u></u>	Senjor prom	Chil Furo		-
	Club or Activity	Faculty Adviser—Signature	医眼球形成 法有限 医复数医性性 医乳蛋白 医乳蛋白 医乳蛋白	
	II. Account Balance 13, 788.11 V	erified by (HUH)		
	Date 2/6/17 Comment			
	III. Approved	Date		
	Principal — Signature	1		
	IV. Date Paid Check No.	o Acct. No		
	Processed by			

1

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Step It Up III

CUSTOM PHOTO STATION SOLUTIONS

Follow us:









429 Colonia Boulevard Colonia, New Jersey 07067
Email: info@StepItUpEvents.com Office: 732.669.1875 Cell: 848.565.1290

Event Service Agreement

Client Information	
$Event\ Coordinator/Name:\ \underline{\hbox{Union\ High\ School\ \ Cheryl\ Fiske}}$	
Address: 2350 North Third Street	
City, State, Zip: Union, New Jersey 07067	
	119-4005 Fax:
Email: cfiske@twpunionschools.org	
Referred by: Extreme Excellence Entertainment	 "
Event Information	
Type of Event: High School Prom	
Location Name: Grand Marquis	
Location Address: 1550 U.S. 9, Old Bridge, NJ 08857 Main#: 73	32-678-5700
Date: 6/01/2017 Start Time: 8:00PM	End Time: 12:00AM
Age Group: 15-20 Total Number of	Guests: 600-650
Package Information: please select all that apply	
✓ Complete ☐ Digital Red Carpet ☐ 3hr ✓ 4hr	☐Red Carpet Interviews ☐3hr ☐ 4hr
□ Digital Candid Photography □ 3hr □ 4hr	#HashTag Booth 3hr 4hr
Digital Guestbook	☐ Custom Package (TDB)
Backdrop Options: please select 1	
☐ Traditional Step & Repeat (8ft X 8ft)	Drape Backdrop (up to 10ft X 8ft)
Scenic Background	Banner Design Upgrade (additional icons) Price \$150
Professional Green Screen (10ft X 8ft)	Custom Banner Size (6ft to 16ft) - TBD on requirements
Custom Backdrop Logo Design & Upgrade Informat	
Text: please verify spelling	
Green Screen Backdrop Photo Information:	
•	Picture 2:
	Picture 4:
Picture 5:	Picture 6:
Additional Upgrades: please check all that apply	
Additional Red Carpet / Candid Photography T	ime (Price TDB per hour)
Upgrade Unlimited 4X6 Photo Printing - \$200	(1100 152 por now.)
	nit or 2 unit motion globe lighting system) - \$400
Upgrade Hollywood Lighting Experience (4 LE	
Additional Photo Technician Party Motivato	
Additional Items 2nd Sharing & Printing Klosk \$595, Taupe D	Orapes, Gold Carpet, (N/C 3 LED light show, Motion Globes & Stancion Lights)

Step It Up EVENTS

Custom Photo Station Solutions

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429 Colonia Boulevard Colonia, New Jersey 07067 Email: info@StepItUpEvents.com Office: 732.669.1875 Cell: 848.565.1290

Event Service Agreement

PREPARATION

Client and Step It Up Events will pre-arrange an appropriate space for and access to the open photo booth at event's venue. Accessibility for open photo booth setup will be available 1 hour to 1 hour 30 minutes before the event start time. All open photo booths require a minimum space 12 feet wide by 10 feet deep by 8 feet high. Make sure there are no obstacles that will make setting up of the open photo booth unachievable. For instant photo sharing, please make sure that we have WIFI internet accessibility including usernames and passwords to access the connection onsite. If WIFI internet accessibility is not available, we will use our Verizon 4G internet hotspot. We cannot guarantee Verizon network connectivity and coverage at your venue location. Our electrical requirement for the event is a standard 120V electrical outlet within 25 feet of desired location.

EQUIPMENT & SAFETY

Client acknowledges that he/she shall be responsible for any damage or loss to the provider's equipment caused by any misuse by client or its guests. Client agrees to provide the required space to Step It Up Events free of obstacles. Client agrees to indemnify, release and hold harmless Step It Up Events for any injuries caused as a result of the clients negligence. Client acknowledges that children under 12 years of age need to be accompanied by an adult.

BOOKING & PAYMENT

Client acknowledges that Step It Up Events requires a 50% booking retainer for each event date to secure the date in the form of cash, check payable to "Step It Up Events", PayPal or credit card. The remaining 50% balance is due 30 days before the scheduled event date. Bookings made 30 days or less of event must be paid in full. If client is using the PayPal Bill Me Later 0% financing option, we require event to be paid in full. Any request for a date change must be made in writing/email in advance of the original event date as soon as possible. The original booking retainer may be reapplied if the event is rescheduled. * Payments via credit card, PayPal and PayPal's Bill Me Later are subject to a 4% service fee

MODEL RELEASE

All photos are property of Step It Up Events. The commercial use of the photos without proper acknowledgement/permission from Step It Up Events is prohibited. Step It Up Events reserves the right to use and publish images for purpose of display, portfolio, collateral marketing materials, social media & website. Photos may appear on Step It Up Events website homepage slideshow or Facebook cover photo. A private gallery will be assigned to each event with a password that only the event attendees will know.

Desired Vanity URL union-hsprom17 Desired Password prom17

MISCELLANEOUS TERMS

If any provision of these terms shall be unlawful, void, or for any reason unenforceable under Contract Law, then that provision shall be deemed separate and shall not affect the validity and enforceability of the remaining provisions of this agreement. By signing this, I agree to the terms and conditions of this contract.

TERMS OF AGREEMENT

Total Event Price_\$1690

This contract is binding for both the client and Step It Up Events. The <u>Deposit Amount shall be returned with the original signed contract.</u> If it should happen that the event should conclude prior to scheduled time, the entire balance remains the responsibility of the client. If the client cancels the event within 60 days of the event date, a 25% refund will be sent in the form of a check to the address listed above. If the client cancels the event within 30 days of the event date, the client will forfeit the full amount of the 50% retainer deposit. Any events booked within 30 days pays 100% at contract signing. Events booked within 7 days or less will have a rush fee applied. Any time beyond the contracted time is \$200.00 per hour. Travel and toll charges may apply.

By signing, the client ack	nowledges and confirms that he	e / she has read, and agreed to the terms and conditions set forth in this agreement.
Howard	Digitally signed by Howard Schram DN: cr=Howard Schram, c=Step this	
Schram	Events, E.C. au Step Etlp Events, email=howard@stepitupevents.com, c=US Date:2017.01.19 17:03-55 -05'60'	Cherd Fest
For Step It Up Events, LLC Howard Schram		For Client Sign Chery Fiske
		For Client Print Name
1/19/2017		1/27/17
Date		Date

FILE CODE 3453

EXHIBIT B-1

SCHOOL: Kawameeh		Date: 02/06/2017
DEPARTMENT: Principal	Account: #40	
VENDOR: Ski 93 Trips	Amount: \$14,0	000,00
PURPOSE OF EXPENDITURE [attac	h appropriate invoid	ce(s): Ski/Snowboard Club trip to Stowe, VT
March 24th - March 26, 2017		
•		
In accordance with the Student O the referenced expenditure in exception Malanda NAME		Policy and Procedure Manual, I request approval of
SIGNATURE		
*******	******	*******
_	ecretary/Business A	edural Manual, student bodies, only written dministrator, may obligate themselves by contract 1,000.
I approve the purchase of goods/	services per the atta	ached.
Gregory Brennan, Business Admir	nistrator	Date



A Still Oberree Com & Cravel Agency

Trip Confirmation -

Eastern

Date:

2/6/2017

Group Name: **Kawameeh Middle School

Destination:

Killington

TRANSPORTATION

Transportation:

Own Transportation

Arrival Date:

3/24/17

Bus Size:

Departure Location:

Departure Date:

3/26/17

Pickup Time:

LODGING

Lodge:

Holiday Inn Rutland

Nights:

2

Lunches:

0

Breakfasts:

2

Dinners:

1

DEPOSITS

Date	Amount
12/12/16	3,500.00

Transfers:

Total:

3,500.00

RATES

Guests	Rate	Description	Total
70	\$243.00	Quad occupancy package~	\$17,010.00
0	\$254.00	Triple occupancy package~	\$0.00
0	\$276,00	Double occupancy package~	\$0.00
0	\$384.00	Single occupancy package~	\$0.00
0	\$12.00	Surcharge less than 40 paying guests~	\$0.00
0	(\$73.00)	Adult non-skier discount~	\$0.00
0	\$44.00	Student ski or board rental pkg~	\$0.00
0	\$10.00	Helmet rental∼	\$0.00
0	\$71.00	2 hr group ski or board lesson~	\$0.00

3 Free Leaders **Total Cost:**

\$17,010.00

70 Guests 73

Total Paid:

\$3,500.00

Total Guests

Balance Due:

\$13,510.00

SKI LIFTS

Date	Location	Tickets
3/25/17	Killington 2 day lift ticket~	73



COMMENTS

Bus driver gratuity not included though customary. We recommend \$2 per person, per day. Tour host gratuity optional. Rentals and lessons must be ordered and paid for with the final payment. Any rentals or lessons needed upon arrival will be at mountain rates. Please advise us of any allergies or food restrictions as soon as possible! Rooming list due by March 3rd, please!

Deposit Requirements: \$900.00 due within 10 days of confirmation.

\$150.00 per person due by 12/19/2016

Please see "Payment and Policies" sheet for more information regarding this trip.

Final payment due by 3/3/2017

All rates will be confirmed when 1st deposit is received.

Rates are based on 40 paying people.

Please make check payable to: Ski 93 Trips

Thank you __ Abby Constantineau

FILE CODE 3453

EXHIBIT B-1

SCHOOL: Kawameeh	Ī	Date: 02/06/2017
DEPARTMENT: Principal	Account: #40	_
VENDOR: Passaic Valley Bus Co	Amount: \$6,300.0	00
PURPOSE OF EXPENDITURE [attach	appropriate învoice(s): Ski/Snowboard Club trip to Stowe, VT
March 24th - March 26th, 2017	· · · · · · · · · · · · · · · · · · ·	
In accordance with the Student Or the referenced expenditure in exc		cy and Procedure Manual, I request approval of
Jason Malanda		
NAME (MALL)		
SIGNATURE		
*********	******	*********
	ecretary/Business Adm	ral Manual, student bodies, only written inistrator, may obligate themselves by contract 00.
I approve the purchase of goods/s	ervices per the attache	ed.
		, and an
Gregory Brennan, Business Admin	istrator	Date



Phone: 973-635-2374 Fax: 973-635-0199

Confirmation

Trip #: 40303

Trip Date: 24-Mar-2017

Group: Kawameeh Middle School

Union Township Board of Education

Union High School Union, NJ 07083

Contact: Kristen Hudson

Phone: 732-687-9545

Fax: 908-687-5204

Booked Date: 29-Dec-2016

Total Vehicles: 2 Total Passengers: 0

Sales Person: Andy Steinfeld

55 BUS

 $2 \times \$3,150.00 = \$6,300.00$

Spot Time

24-Mar-2017 12:00 PM Kawameeh Middle School

490 David Terrace Union, NJ 07083

Depart Time

24-Mar-2017 12:30 PM Kawameeh Middle School

490 David Terrace Union, NJ 07083

Drop Off

24-Mar-2017 4:40 PM

Killington Ski Resort

4763 Killington Rd Killington, VT 05751

Destination

26-Mar-2017 3:30 PM

Killington Ski Resort

4763 Killington Rd Killington, VT 05751

Leave Drop Off

26-Mar-2017 8:00 PM

Kawameeh Middle School

490 David Terrace Union, NJ 07083

Notes to Client

Itinerary, Any change in itinerary may affect price.

Pickup group at Kawameeh Middle School 490 David Terrace.

Total:

\$6,300.00

Deposit of \$1,000.00 is due on 24-Feb-2017 Balance of \$5,300.00 is due on 13-Mar-2017

Thank you for selecting Passaic Valley Coaches for your upcoming trip. We are committed to providing you with the very best service possible. This contract serves as an invoice for your transportation needs shown above. We must receive your deposit along with one signed and dated copy of this letter by the due date of the deposit. Please review the following information to confirm our understanding of the services we will provide. Please write trip number on all correspondence and payment.

If paying by credit card, a 4% processing fee will be added. If transporting minors, a chaperone is required.

Cianoturo:	Date:
Signature:	Date:

Printed On: 27-Jan-2017

Page: 1 of 1