

F-9

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: Hannah Caldwell

Date: 1-23-2020

DEPARTMENT: _____ Account: _____

VENDOR: Imagine That!!! Amount: _____
Not to exceed \$1800.00

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

A Kindergarten field trip to a children's museum where
students learn through touch and play

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

Kira Baskerville-Williams
NAME

Kira Baskerville-Williams
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.

Manuel E. Vieira Date
Business Administrator

F-9

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

Date: 1/23/2020

DEPARTMENT: Athletics: (TRACK)

Account: 3270

VENDOR: Old Fashion Candy

Amount: estimation \$3000.00

Estimation for candy /snack sales for the Winter & Spring Track teams. This fundraiser will

Benefit the entire track season .

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- Director of Athletics

NAME



SIGNATURE

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

Manuel Vieira , Business Administrator

Date: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Tony Stewart Date: 9-12-19

Club Name: Winter/Spring Track

Acct. No.: 3270 Acct. Balance to Date: 1200.00

Type of Fund Raiser: Candy/apparel

Purpose of Fund Raiser: Raise money for track equipment

Start Date of Project: Oct. 2019 Completion Date of Project: June 15, 2020

Date of Sale(s): From Oct 16, 2019 To: June

Sale Area/Location: High School

Sale will be monitored by: Tony Stewart

***** ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD *****

Vendor Representative's Name: Monster Candy Fundraiser

Vendor Business Name: Monster Candy Fundraiser

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

Total Cost of all Products Not to Exceed: \$ _____

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: [Signature] Date: _____

Vice Principal Signature

Signature: [Signature] Date: 11/2/19

School Treasure Signature

Signature: [Signature] Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

F-9

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

Date: 1/16/2020

DEPARTMENT: Athletics: Girls basketball

Account: 2190

VENDOR: NJSIAA

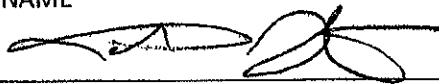
Amount: estimation \$4000.00

Estimation of ticket sales for Girls Basketball semi Finals held here, at Union High School. We will be hosting the semi final game on March 11, 2020.

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- Director of Athletics

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.

Manuel Vieira , Business Administrator

Date: _____

F-9

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

Date: 1/16/2020

DEPARTMENT: Athletics: Trainer act

Account: 3220

VENDOR: Nixon Company

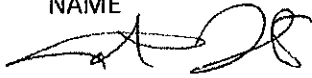
Amount: estimation \$4000.00

Gatorade drinks and snack for the athletes. The items are sold to benefit their Scholarships.

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- Director of Athletics

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.

Manuel Vieira , Business Administrator

Date: _____

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

Date: 1/16/2020

DEPARTMENT: Athletics: Hall of Fame

Account: 3205

VENDOR: Nixon Company

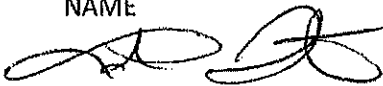
Amount: estimation \$4000.00

Hall of Fame inductees. The new names & banners for the 2019 team.

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- Director of Athletics

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.

Manuel Vieira , Business Administrator

Date: _____

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UNION, NEW JERSEY

FILE CODE 3453

EXHIBIT B-1

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

SCHOOL : Union High

Date: 1/15/2020

DEPARTMENT: Athletics: Boys Volleyball

Account: 3335

VENDOR: Old Fashion Candy

Amount: estimation \$1500.00

Check for Candy supply to sell products for Boys Volleyball. They will be fruit

snacks

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- Director of Athletics

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.

Manuel Vieira , Business Administrator

Date: _____

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FILE CODE 3453

EXHIBIT B-1

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

SCHOOL: Union High School DATE: 1/15/2020

DEPARTMENT: VHSPAC ACCOUNT: _____

VENDOR: 11thour Design AMOUNT: \$6,670.00

PURPOSE OF EXPENDITURE (Please attach the appropriate invoice(s):

Apparel, Program, Creative Production,
and Scenic Design & Construction

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

NAME: Patrick B. Phillips

SIGNATURE: PB Phillips

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.

Manny Vieira, Business Administrator

Date

EXHIBIT B-1

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

SCHOOL: UHS

Date: 1/23/20

DEPARTMENT: Senior Class Account: 2227

VENDOR: Trans Ed Amount: up to \$5,000.00 (10 buses)

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): transportation for Senior Class trip to Dave and Buster's

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

Tara Scaramuzzi

NAME

Tara Scaramuzzi

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

TRANS ED

Confirmation: 75179

TRANSPORTING AMERICA'S FUTURE SINCE 1989

Please confirm your reservation by signing below and faxing back within 3 days.
Please note that your bus will not be reserved until a confirmation has been received.

Customer Information:

Union High School
2350 N 3rd Street
Union, NJ 07083

Phone: 908-851-6500

Booked By: Tara Scaramuzzi 908-851-6500

Booking Information:

Pickup: 5/29/2020 9:15:00 AM
Return: 5/29/2020 2:15:00 PM
Number of Vehicles Requested: 9
Bus Type:

Received By: Martha H Almanzar
Destination: Dave & Buster's (Woodbridge)

Pickups/Dropoffs:

Pick Up Location	5/29/20	9:15 am	Union High School
Destination	5/29/20		Dave & Buster's (Woodbridge)
Return to PU Location	5/29/20	2:15 pm	Union High School

Billing Information

Total Due: \$4,212.00

Notes To Client: Payment or purchase order must be submitted prior to date of trip

Charges shown reflect the hours you requested. Additional charges may be added for every 15 minutes past your scheduled return time. It is recommended that you take into account potential delays due to traffic when requesting drop-off times to avoid late fees. Cancellations must be made one hour prior to pick-up time. Any cancellations made later will result in a \$75 fee, and any cancellations made while the bus is already at the pick-up location will result in a \$125 fee. Please be aware that your bus will arrive rain or shine, and any requests to cancel/reschedule a trip due to rain should follow cancellation deadlines. We would also like to remind you that you are responsible for any damages made to the interior of the bus during your trip.

Signature: 

Cell Phone #: 908-358-8722

2 Industrial Plz. Paterson, NJ 07503
29 Backus St. Newark, NJ 07105

Tel: (973) 881-8004 Fax: (973) 881-8026
Tel: (862) 240-1087 Fax: (862) 240-1089

After hours/weekends: (973) 445-8227
After hours/weekends: (862) 240-2757

Township of Union Schools K-12



Diane Cappiello <dcappiello@twpunionschools.org>

Exhibit B-1 forms from UHS SAA for February 2020 Board Approval

1 message

Laura Finnerty <lfinnerty@twpunionschools.org>

Thu, Jan 30, 2020 at 2:31 PM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Grace Mitchko <gmitchko@twpunionschools.org>, Emily Gutierrez <egutierrez@twpunionschools.org>, Michael Hamilton <mhamilton@twpunionschools.org>, Walter Alvarado <walvarado@twpunionschools.org>, Gerald Schemel <gschemel@twpunionschools.org>

Good afternoon, Diane -

Here are several Exhibit B-1 forms to request payment for the following invoices over \$1,000.00.

School/Club: HOSA Club**School Account #:** 2043**Amount of check requested:** \$2,310.00**Payable to:** Rutgers School of Health Professions**School/Club:** National Honor Society**School Account #:** 2049**Amount of check requested:** \$1,353.48**Payable to:** NASSP**School/Club:** Band/Chorus**School Account #:** 2045**Amount of check requested:** \$22,000.00**Payable to:** WorldStrides**School/Club:** JROTC**School Account #:** 2051**Amount of check requested:** \$5,847.32**Payable to:** Microtel By Wyndham

Can you please add this item to the agenda for board approval at the February meeting?

As always, your help is greatly appreciated!

Thank you,

Laura Finnerty, Secretary

Union High School

2350 North Third Street

Union, NJ 07083

(908) 851-6501


 scan_lfinnerty_2020-01-30-13-07-50.pdf

EXHIBIT B-1

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

SCHOOL: Union High School DATE: 1/29/20

DEPARTMENT: Career Ed - HOSA ACCOUNT: HOSA 2043


VENDOR: Rutgers School of Health Professions AMOUNT: \$ 2,310

PURPOSE OF EXPENDITURE (Please attach the appropriate invoice(s)):

Rutgers S.H.P. Dynamics of Healthcare
Exam; \$70

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

NAME: Grace Mitchko

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.

Manny Vieira, Business Administrator

Date



RUTGERS

School of Health Professions

QUOTE

Spring, 2020

Bill to: Union High School
1231 Burnet Avenue
Union, NJ 07083
mmalang@twpunionschools.org
Maria Malang

70/Exam

Payment Terms:
Due upon receipt of Invoice

# of Exams	Exam Title	Total
33	Dynamics of Health Care in Society	\$ 2,310.00
	Medical Terminology	\$ -
	Anatomy and Physiology One	\$ -
	Anatomy and Physiology Two	\$ -
	Emergency and Clinical Care	\$ -
	Scientific Principles of Nutrition	\$ -
	Nutrition and the Lifespan	\$ -
	Medical Mathematics	\$ -
	Introduction to Clinical Research	\$ -
	Fundamentals of Health and Wellness	\$ -
	Writing for the Health Profession	\$ -
		\$ 2,310.00

33

Make all checks payable to Rutgers - School of Health Professions.
Thank you for your business!

Mail to: School of Health Professions
Rutgers, The State University of NJ
Attention: Winston Watson watsonwl@shp.rutgers.edu
65 Bergen Street SSB 110
Newark, NJ 07107

EXHIBIT B-1

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

SCHOOL: Union High School DATE: 1/30/2020
DEPARTMENT: _____ ACCOUNT: _____
VENDOR: NASSP AMOUNT: 1,353.48

PURPOSE OF EXPENDITURE (Please attach the appropriate invoice(s):

The money will be used to purchase
students' cords and pins.

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

NAME: Emily Gutierrez
SIGNATURE: [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.

Manny Vieira, Business Administrator

Date



NASSP

Date: 30-Jan-2020

Phone: 1-800-253-7746 | Fax: 703-620-6534

INVOICE

Ship To: 01045216
 Ms Emily Gutierrez
 Union High School
 2350 N 3rd St
 Union NJ 07083-5085

Bill To: 01045216
 Ms Emily Gutierrez
 Union High School
 2350 N 3rd St
 Union NJ 07083-5085

Product Code	Description	Qty.	Unit Price	Unit Discount	Coupon	Total
7510044	NHS Honor Cord-Blue/Gold	4	\$12.25	\$1.84	\$0.00	\$41.64
7510045	NHS Honor Cord - Gold	75	\$12.25	\$1.84	\$0.00	\$780.75
7110121	NHS Membership Pin w/Card	75	\$7.80	\$1.17	\$0.00	\$497.25
7110130	NHS President's Pin	1	\$9.95	\$1.49	\$0.00	\$8.46
7110131	NHS Vice President's Pin	1	\$9.95	\$1.49	\$0.00	\$8.46
7110132	NHS Secretary's Pin	1	\$9.95	\$1.49	\$0.00	\$8.46
7110133	NHS Treasurer's Pin	1	\$9.95	\$1.49	\$0.00	\$8.46
Subtotal						\$1,353.48
Shipping						\$0.00
Shipping Method						Ground
Taxes						\$0.00
Total						\$1,353.48
Amount Due						\$1,353.48


Mail this invoice with your payment.
 Payments received without a copy of this invoice will be refunded.

PAYMENT OPTIONS




**BY CREDIT CARD OR
E-CHECK.**

For **FASTER** service, use a credit



BY CHECK

Make payable to NASSP
(FEIN #52-6006937).
Enclose payment in U.S. funds
drawn on a U. S. bank. Allow 2-4



SEND CHECK TO:

NASSP
PO Box 417939
Boston, MA 02241-7939
Include Order Number on check

EXHIBIT B-1

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

SCHOOL: UHS

Date: 1/30/2020

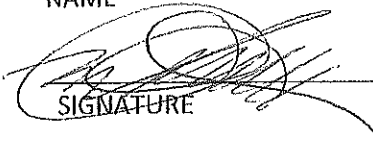
DEPARTMENT: MUSIC Account: 2045

VENDOR: World Stripes Amount: \$22,000

PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]: Payment towards the
2020 Music Department Spring Trip to Boston, MA.

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

MICHAEL HAMILTON
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.

Gregory Brennan, Business Administrator

Date



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

INVOICE

PLEASE INCLUDE THIS PAGE WITH PAYMENT

Michael Hamilton mhamilton@twpunionschools.org
 Union High School
 2350 N 3rd St
 Union, NJ 07083

Michael Hamilton
 Union High School
 Union, NJ 07083

Please include the Trip ID # on your payment
 01/29/20 11:29 am Trip ID: 181921
 PLID: 1380680
 Group/Tour ID: 43536-11

PROGRAM INFORMATION		
Event Description:	BOSTON 2020 04/25	Performing Tours Specialists Dean Pantorno
		Destination Specialist Michelle Muir
Depart Date:	THURSDAY-04/23/20	Host Festival Director Eric Jensen
Return Date:	SUNDAY-04/26/20	
Number of Nights Included in Package: 3 nights		
Hotel Nights Included in Package: 04/23; 04/24; 04/25		

Amount Currently Due: \$20,250.00 USD

Amount Remitted: \$22,000 Please

include the Trip ID# on your payment: 181921

_____ Payments sent by US Mail:

Payable to: WorldStrides
 PO Box 271549
 Salt Lake City, UT 84127

_____ Payments sent by Fedex or UPS:

Payable to: WorldStrides
 2650 S. Decker Lake Blvd, Suite 200
 Salt Lake City, UT 84119
 (800) 223-4367



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

INVOICE

Michael Hamilton mhamilton@twpunionschools.org
 Union High School
 2350 N 3rd St
 Union, NJ 07083

Michael Hamilton
 Union High School
 Union, NJ 07083

Please include the Trip ID # on your payment
 01/29/20 11:29 am Trip ID: 181921
 PLID: 1380680
 Group/Tour ID: 43536-11

PROGRAM INFORMATION			
Event Description:	BOSTON 2020 04/25	Performing Tours Specialists	Dean Pantorno
		Destination Specialist	Michelle Muir
Depart Date:	THURSDAY-04/23/20	Host Festival Director	Eric Jensen
Return Date:	SUNDAY-04/26/20		
Number of Nights Included in Package: 3 nights			
Hotel Nights Included in Package: 04/23; 04/24; 04/25			

BILLING INFORMATION			
BASE PACKAGE	QTY	PER PERSON	TOTAL
Quad Rate per person	80	320.00	25,600.00
Triple Rate per person	0	367.00	0.00
Double Rate per person	10	462.00	4,620.00
Single Rate per person	0	744.00	0.00
Going Free	3-	462.00	-1,386.00
		TOTAL	28,834.00
OPTIONAL ITEMS	QTY	COST	TOTAL
Boston Symphony 1 Union	48	51.00	2,448.00
Boston Symphony 2 Union	42	41.00	1,722.00
Six Flags New England Tickets	90	33.00	2,970.00
PENDING Museum of Science (Adult)	10	6.00	60.00
PENDING Museum of Science (Student)	80	12.00	960.00
Salem Witch Museum (Adult)	10	11.00	110.00
Salem Witch Museum (Student)	80	9.00	720.00
Boston Duck Tours (Adult)	10	35.00	350.00
Boston Duck Tours (Student)	80	32.00	2,560.00
Hard Rock Cafe Meal	90	25.00	2,250.00
Fire and Ice Dinner Package	90	32.00	2,880.00
Six Flags New England Meal Vouchers	90	18.00	1,620.00



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

INVOICE

Michael Hamilton mhamilton@twpunionschools.org
 Union High School
 2350 N 3rd St
 Union, NJ 07083
 Boston Night Chaperones (per 1 guard/night)

Michael Hamilton
 Union High School
 Union, NJ 07083

Please include the Trip ID # on your payment
 01/29/20 11:29 am Trip ID: 181921
 PLID: 1380680

Group/Tour ID: 43536-11
 1,338.00

Michael Hamilton 1 extra performances

1 175.00 175.00

Six Flags New England Bus Parking

2 25.00 50.00

TOTAL ALL ITEMS OPTIONAL ITEMS **49,047.00**
TOTAL

PAYMENTS RECEIVED

DATE	TYPE	REFERENCE	AMOUNT
12/02/19	SM	006173 - Union Township Board of Education	850.00

TOTAL PAYMENTS RECEIVED **850.00**

CURRENT ACCOUNT BALANCE \$48,197.00 USD

AMOUNT CURRENTLY DUE \$20,250.00 USD

PACKAGE AGREEMENT PAYMENT SCHEDULE

	DATE DUE*	INSTALL AMT	PAID YTD	PAST AMOUNT DUE*
Group Deposit	10/16/19	850.00	850.00	
Installment	11/02/19	3,150.00		3,150.00
Installment	01/16/20	17,100.00		17,100.00
Installment	03/06/20	27,947.00		

TOTAL BALANCE DUE \$48,197.00 USD

Charges added after the last scheduled payment shown above will be due no later than 14 days prior to departure.

*Amount Due is based on the passenger count, room types, and optional items established as of the date of the Invoice.



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

INVOICE

Michael Hamilton mhamilton@twpunionschools.org
 Union High School
 2350 N 3rd St
 Union, NJ 07083

Michael Hamilton
 Union High School
 Union, NJ 07083

Please include the Trip ID # on your payment
 01/29/20 11:29 am Trip ID: 181921
 PLID: 1380680
 Group/Tour ID: 43536-11

PROGRAM INFORMATION

Event Description: BOSTON 2020 04/25 Performing Tours Specialists Dean Pantorno
 Destination Specialist Michelle Muir
 Depart Date: THURSDAY-04/23/20 Host Festival Director Eric Jensen
 Return Date: SUNDAY-04/26/20
 Number of Nights Included in Package: 3 nights
 Hotel Nights Included in Package: 04/23; 04/24; 04/25

DEADLINES AND TERMS

Rooming List Due Date - 02/23/20

Total trip charges, Invoice and Current Balance are subject to change until rooming list and optional items have been finalized.

*Package Price is the sum of the above items that had been selected for the individual who is cancelling at one of these late dates.

In the event the school or any participant desires to cancel a reservation, all cancellations must be made in writing. Upon such a cancellation, and subject to all other provisions listed below, the participant shall only be entitled to a refund on the following basis and there shall be no other refunds, including for unused services or program features after the group departs.

Please note that upon cancellation, any amounts relating to the group deposit, and all applicable fees and penalties levied by airline, hotels, bus companies, retailers and other vendors are non-refundable. In the event of any cancellation of any reservation after an airline ticket has been issued by the air carrier, the participant shall forfeit the amount of the airline cancellation penalty in addition to the other cancellation penalties listed below.

PROGRAMS	Date Range 1	Date Range 2	Date Range 3
Carnegie Hall	At least ninety (90) days prior to departure	Less than ninety (90) days but more than thirty (30) days prior to departure	Less than thirty (30) days prior to departure
	All amounts paid less the \$225 non-refundable deposit per person	50% cancellation fee based on program price plus \$225 per person non-refundable deposit	No refund
Marching Bands Heritage Festivals	At least forty-five (45) days prior to departure	Less than forty-five (45) days but more than seven (7) days prior to departure	Less than seven (7) days prior to departure
	Refund all amounts paid less \$35 processing fee per person	50% cancellation fee based on program price	No refund
Festivals of Gold		At least thirty (30) days prior to departure departure	Less than thirty (30) days prior to departure
		Refund all amounts paid less \$35 processing fee per person	No refund
1-Day Festival		At least sixty (60) days prior to departure	Less than seven (7) days prior to departure
		Refund all amounts paid less \$100 processing fee per person	No refund
Dance	At least sixty (60) days prior to departure	Less than sixty (60) days but more than seven (7) days prior to departure	Less than seven (7) days prior to departure
	Refund all amounts paid less \$100 processing fee per person	50% cancellation fee based on program price	No refund



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

INVOICE

PLEASE INCLUDE THIS PAGE WITH PAYMENT

Michael Hamilton mhamilton@twpunionschools.org
 Union High School
 2350 N 3rd St
 Union, NJ 07083

Michael Hamilton
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Return Date:	SUNDAY-04/26/20	
Number of Nights Included in Package: 3 nights		
Hotel Nights Included in Package: 04/23; 04/24; 04/25		

Amount Currently Due: \$20,250.00 USD

Amount Remitted: \$ _____ Please

include the Trip ID# on your payment: 181921

_____ Payments sent by US Mail:

Payable to: WorldStrides

PO Box 271549

Salt Lake City, UT 84127

_____ Payments sent by Fedex or UPS:

Payable to: WorldStrides

2650 S. Decker Lake Blvd, Suite 200

Salt Lake City, UT 84119

(800) 223-4367

EXHIBIT B-1

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

SCHOOL: UHS DATE: 1/28/20

DEPARTMENT: SPORTS ACCOUNT: _____

VENDOR: Microtel By Wyndham AMOUNT: \$ 5847.32

PURPOSE OF EXPENDITURE (Please attach the appropriate invoice(s):

lodging for SPORTS Army Drill competition on

MARCH 18-22, 2020 in Richmond, VA.

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

NAME: WALTER L ALVARADO

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.

Manny Vieira, Business Administrator

Date



**MICROTEL INN & SUITES BY
WYNDHAM RICHMOND AIRPORT**
6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/25/2020 5:25:49 PM

Confirmation

Name: SCHEMEL, GERALD

Date: Saturday, January 25, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027510
Account Number: 041-895776
Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



**MICROTEL INN & SUITES BY
WYNDHAM RICHMOND AIRPORT**
6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:25:02 AM

Confirmation

Name: SCHEMEL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027511
Account Number: 073-758420

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



**MICROTEL INN & SUITES BY
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6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:25:17 AM

Confirmation

Name: SCHEMEL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027510
Account Number: 041-895776

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



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6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:25:39 AM

Confirmation

Name: SCHEMEL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027504
Account Number: 885-025275

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



**MICROTEL INN & SUITES BY
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6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:25:51 AM

Confirmation

Name: SCHEMEL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027507
Account Number: 963-167151
Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



**MICROTEL INN & SUITES BY
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6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:26:03 AM

Confirmation

Name: SCHEMEL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027509
Account Number: 010-992631

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



**MICROTEL INN & SUITES BY
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6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:26:20 AM

Confirmation

Name: SCHEMEL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027503
Account Number: 854-896537

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



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SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:26:33 AM

Confirmation

Name: SCHEMEL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027505
Account Number: 901-772951

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



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6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:26:44 AM

Confirmation

Name: SCHEMEL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027508
Account Number: 995-767729

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



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SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:26:55 AM

Confirmation

Name: SCHEMEL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027506
Account Number: 932-324158

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



**MICROTEL INN & SUITES BY
WYNDHAM RICHMOND AIRPORT**
6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:27:04 AM

Confirmation

Name: SCHMEAL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHMEAL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027519
Account Number: 225-295654

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



**MICROTEL INN & SUITES BY
WYNDHAM RICHMOND AIRPORT**
6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:27:14 AM

Confirmation

Name: SCHMEAL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHMEAL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027512
Account Number: 085-731964

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: S11, ADA/STE/1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



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6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:27:26 AM

Confirmation

Name: SCHEMEL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027514
Account Number: 147-610923

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: PNQ2, ADA 2 QN/NSMK
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



**MICROTEL INN & SUITES BY
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6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:27:39 AM

Confirmation

Name: SCHMEAL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHMEAL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027515
Account Number: 178-572895

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: PNQ2, ADA 2 QN/NSMK
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



**MICROTEL INN & SUITES BY
WYNDHAM RICHMOND AIRPORT**
6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:27:54 AM

Confirmation

Name: SCHMEAL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHMEAL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027518
Account Number: 287-937789

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



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6000 AUDUBON DRIVE
SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:28:04 AM

Confirmation

Name: SCHEMEL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027513
Account Number: 116-338984

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT



**MICROTEL INN & SUITES BY
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SANDSTON, VA 23150 US
Phone: (804) 737-3322
Fax: (804) 737-0807
Email: richmondmicrotel@gmail.com
Printed: 1/28/2020 8:28:15 AM

Confirmation

Name: SCHEMEL, GERALD

Date: Tuesday, January 28, 2020

Dear GERALD SCHEMEL,

Thank you for choosing the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT for your next stay. The following is the confirmation information that you requested.

Confirmation Number: 85349EC027517
Account Number: 256-155811

Level:
Arrival Date: Wednesday, March 18, 2020
Departure Date: Sunday, March 22, 2020
Number Of Nights: 4
Room Type Requested: SNQ1, 1 QN/NSMK/SLPRSFA
Rate Plan Requested: RACK -
GTD/CXL Policy: CANCEL BEFORE 4PM
Room Rate:
3/18/2020 (Wed) - 3/21/2020 (Sat) \$85.99 + \$0.00 Tax per night.

Special Requests:

Total Estimated Stay Amount: \$343.96 + Tax

We hope that you enjoy your stay at the MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT and look forward to seeing you again.

Thank You,

The Management of MICROTEL INN & SUITES BY WYNDHAM RICHMOND AIRPORT

EXHIBIT B-1

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

SCHOOL: Kawameeh

Date: 1/31/20

DEPARTMENT: Theatre Account: 24

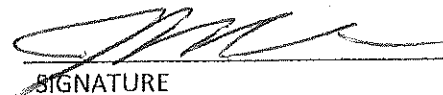
VENDOR: Medieval Times Amount: \$1777.60

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

show for theatre club students.

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
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.

Gregory Brennan, Business Administrator

Date

KAWAMEEH MIDDLE SCHOOL
KATHERINE LEWIS
490 DAVID TERRACE
UNION NJ 07083
USA

Account Number: 24111048
Invoice Date: 27-Jan-2020
Due Date: 3-Feb-2020
Invoice Number: 429804

Medieval Times Dinner and Tournament, New Jersey

Please sign and fax this contract to 201-438-2062 or scan and email the signed contract to sinan.logan@medievaltimes.com.

Your Contact: _____ Phone: _____ E-Mail Address: _____

MaryEllen Young

A 20% deposit payment of your entire balance is due to secure your date. Once your deposit is paid, your final count and remaining balance are due two weeks prior to your show date. We reserve the right to release this reservation if specified payment terms are not met. Any changes to guest counts must be communicated to Medieval Times no later than 48 hours prior to show time by calling 201-933-2220 ext 2319 or emailing sinan.logan@medievaltimes.com. Add-ons are subject to availability. If there are prepaid tickets that are unused on the day of the show, a 50% ticket credit minus gratuity will be applied to your account towards a future reservation. Ticket credits will be valid for one year from the original show date.

Seats are pre-reserved and assigned in advance.

Item Description (21841602)	Buyer	Section	Row	Seats	Qty	Total
Educational Show 06-Feb-2020 11:00 am	ECTE20	NJ GA	GA	343-389	47	\$1,642.65
Educational Show 06-Feb-2020 11:00 am	ECTE20	NJ GA	GA	392	1	\$34.95
Educational Show 06-Feb-2020 11:00 am	GCOMP	NJ GA	GA	393-394	2	\$0.00
Tip						\$100.00
Balance:						\$1777.60
Due Now:						\$1,777.60

Your Payment Schedule for Order 21841602:

Due Date	Amount	Paid/Reduced	Balance
3-Feb-2020	\$1,777.60	\$0.00	\$1,777.60

Due Date: 3-Feb-2020 **Amount Due: \$1,777.60**

PLEASE READ BEFORE SIGNING
<http://www.medievaltimes.com/about-medieval-times/terms.html>

All payments (Including deposits) are NON-REFUNDABLE and NOT VALID FOR EXCHANGE. Personal Checks are not accepted. To pay by credit card please call 201-933-2220 ext 2319. We accept all major credit cards.

Signature: _____ **Date:** _____
Signature Required

Please send checks to the address below:

Payment: _____ **Payment Amount:** _____

Medieval Times Dinner and Tournament, New Jersey
149 Polito Avenue
Lyndhurst, New Jersey 07071
T: 201-933-2220 ext 2319 F: 201-438-2062
sinan.logan@medievaltimes.com

Check or Money Order ()

THE CONTRACT HAS BEEN SENT TO THE EMAIL BELOW

E-Mail Address: klewis@twounionschools.org

EXHIBIT B-1

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

SCHOOL: OHS

Date: 2/3/20

DEPARTMENT: MUSIC Account: 2045

VENDOR: World STRIDES Amount: \$27,441-

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

Boston Trip Payment

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

MICHAEL HAMILTON

NAME

[Signature]

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



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

Current Statement of Account

Michael Hamilton mhamilton@twunionschools.org
 Union High School
 2350 N 3rd St
 Union, NJ 07083

Michael Hamilton
 Union High School
 Union, NJ 07083

Please include the Trip ID # on your payment
 01/30/20 1:51 pm Trip ID: 181921
 PLID: 1380680
 Group/Tour ID: 43536-11

PROGRAM INFORMATION			
Event Description:	BOSTON 2020 04/25	Performing Tours Specialist:	Dean Pantorno
		Destination Specialist:	Michelle Muir
Depart Date:	THURSDAY-04/23/20	Host Festival Director:	Erlc Jensen
Return Date:	SUNDAY-04/26/20		
Number of Nights Included in Package: 3 nights			
Hotel Nights Included in Package: 04/23; 04/24; 04/25			

BILLING INFORMATION			
BASE PACKAGE	QTY	PER PERSON	TOTAL
Quad Rate per person	80	320.00	25,600.00
Triple Rate per person	0	367.00	0.00
Double Rate per person	10	462.00	4,620.00
Single Rate per person	0	744.00	0.00
Going Free	3-	462.00	-1,386.00
		BASE PACKAGE TOTAL	28,834.00
OPTIONAL ITEMS	QTY	COST	TOTAL
Boston Symphony 1 Union	48	51.00	2,448.00
Boston Symphony 2 Union	42	41.00	1,722.00
Six Flags New England Tickets	90	33.00	2,970.00
PENDING Museum of Science (Adult)	10	6.00	60.00
PENDING Museum of Science (Student)	80	12.00	960.00
Salem Witch Museum (Adult)	10	11.00	110.00
Salem Witch Museum (Student)	80	9.00	720.00
Boston Duck Tours (Adult)	10	35.00	350.00
Boston Duck Tours (Student)	80	32.00	2,560.00
Hard Rock Cafe Meal	90	25.00	2,250.00
Fire and Ice Dinner Package	90	32.00	2,880.00
Six Flags New England Meal Vouchers	90	18.00	1,620.00
Boston Night Chaperones (per 1 guard/night)	6	223.00	1,338.00
Four Points Buffet Breakfast	90	15.00	1,350.00
Four Points Buffet Breakfast	90	15.00	1,350.00
Four Points Buffet Breakfast	90	15.00	1,350.00
Michael Hamilton 1 extra performances	1	175.00	175.00
Bus Driver (Room Nights)	8	145.00	1,160.00
Six Flags New England Bus Parking	2	25.00	50.00
Union High School, 2 / 54 passenger motor coaches	1	16,358.00	16,358.00
		TOTAL ALL ITEMS	70,615.00

PAYMENTS RECEIVED			
DATE	TYPE	REFERENCE	AMOUNT
12/02/19	SM	006173 - Union Township Board of Education	850.00
		TOTAL PAYMENTS RECEIVED	850.00

CURRENT ACCOUNT BALANCE \$69,765.00 USD



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

Current Statement of Account

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 Union High School
 2350 N 3rd St
 Union, NJ 07083

Please include the Trip ID # on your payment
 01/30/20 1:51 pm Trip ID: 181921
 Michael Hamilton PLID: 1380680
 Union High School
 Union, NJ 07083 Group/Tour ID: 43536-11

PROGRAM INFORMATION			
Event Description:	BOSTON 2020 04/25	Performing Tours Specialist:	Dean Pantorno
		Destination Specialist:	Michelle Muir
Depart Date:	THURSDAY-04/23/20	Host Festival Director:	Eric Jensen
Return Date:	SUNDAY-04/26/20		
Number of Nights Included in Package: 3 nights			
Hotel Nights Included in Package: 04/23; 04/24; 04/25			

DEADLINES AND TERMS
Rooming List Due Date - 02/23/20
Total trip charges, Invoice and Current Balance are subject to change until rooming list and optional items have been finalized.
*Package Price is the sum of the above items that had been selected for the individual who is cancelling at one of these late dates.
In the event the school or any participant desires to cancel a reservation, all cancellations must be made in writing, upon such a cancellation, and subject to all other provisions listed below, the participant shall only be entitled to a refund on the following basis and there shall be no other refunds, including for unused services or program features after the group departs.
Please note that upon cancellation, any amounts relating to the group deposit, and all applicable fees and penalties levied by airline, hotels, bus companies, retailers and other vendors are non-refundable. In the event of any cancellation of any reservation after an airline ticket has been issued by the air carrier, the participant shall forfeit the amount of the airline cancellation penalty in addition to the other cancellation penalties listed below.

PROGRAMS	Date Range 1	Date Range 2	Date Range 3
Carnegie Hall	At least ninety (90) days prior to departure	Less than ninety (90) days but more than thirty (30) days prior to departure	Less than thirty (30) days prior to departure
	All amounts paid less the \$225 non-refundable deposit per person	50% cancellation fee based on program price plus \$225 per person non-refundable deposit	No refund
Marching Bands Heritage Festivals Festivals of Gold	At least forty-five (45) days prior to departure	Less than forty-five (45) days but more than seven (7) days prior to departure	Less than seven (7) days prior to departure
	Refund all amounts paid less \$35 processing fee per person	50% cancellation fee based on program price	No refund
1-Day Festival		At least thirty (30) days prior to departure	Less than thirty (30) days prior to departure
		Refund all amounts paid less \$35 processing fee per person	No refund
Dance	At least sixty (60) days prior to departure	Less than sixty (60) days but more than seven (7) days prior to departure	Less than seven (7) days prior to departure
	Refund all amounts paid less \$100 processing fee per person	50% cancellation fee based on program price	No refund



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Current Statement of Account

PLEASE INCLUDE THIS PAGE WITH PAYMENT

Michael Hamilton mhamilton@twpunionschools.org
 Union High School
 2350 N 3rd St
 Union, NJ 07083

Michael Hamilton
 Union High School
 Union, NJ 07083

Please include the Trip ID # on your payment
 01/30/20 1:51 pm Trip ID: 181921
 PLID: 1380680

Group/Tour ID: 43536-11

PROGRAM INFORMATION

Event Description:	BOSTON 2020 04/25	Performing Tours Specialist:	Dean Pantorno
		Destination Specialist:	Michelle Muir
Depart Date:	THURSDAY-04/23/20	Host Festival Director:	Eric Jensen
Return Date:	SUNDAY-04/26/20		
Number of Nights Included in Package:	3 nights		
Hotel Nights Included in Package:	04/23; 04/24; 04/25		

Amount Currently Due: \$20,250.00 USD

Amount Remitted: \$ _____

Please include the Trip ID# on your payment: 181921

Payments sent by US Mail:

Payable to: WorldStrides
 PO Box 271549
 Salt Lake City, UT 84127

Payments sent by Fedex or UPS:

Payable to: WorldStrides
 2650 S. Decker Lake Blvd, Suite 200
 Salt Lake City, UT 84119
 (800) 223-4367

EXHIBIT B-1

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

SCHOOL: UHS

Date: 1/22/2020

DEPARTMENT: Senior Class of 2020 Account: 2227

VENDOR: O'Donnell Sign Company Amount: up to \$2500

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

pay for graduation lawn signs that student order
(last year we ordered ~~about~~ 107 signs and paid \$1,144)

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

Cheryl Fiske
NAME

[Signature]
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.

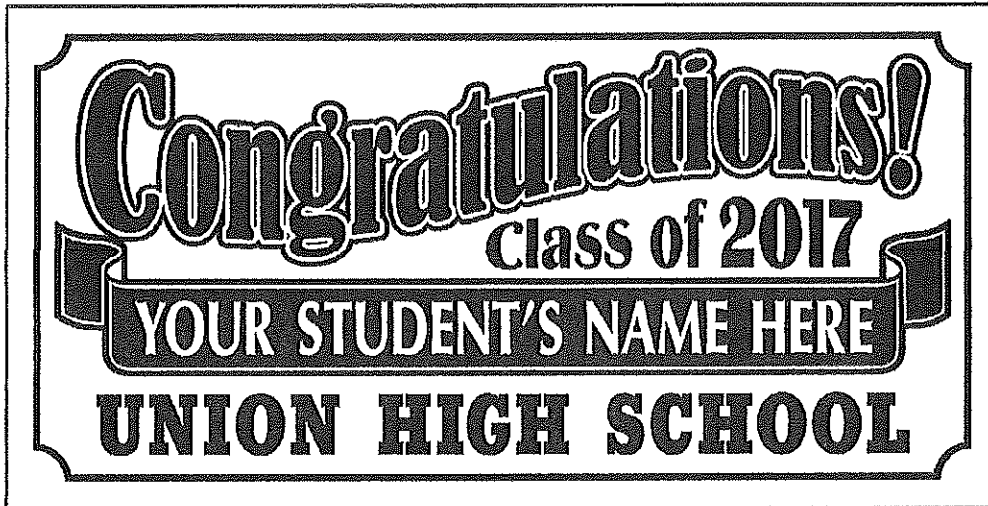
I approve the purchase of goods/services per the attached.

Gregory Brennan, Business Administrator

Date

Graduation Sign Sale

Support the Union High School Senior Class



WILL SAY
CLASS
OF 2020

- Signs will be 18" by 36" and are perfect for a window in your home or they come with wire step-stakes that can be inserted to create a lawn sign.
- Signs are maroon and white.
- Personalized signs are \$25 each.
- Contact Cheryl Fiske or Tara Scaramuzzi at Union High School with any questions. cfiske@twpunionschools.org tscaramuzzi@twpunionschools.org
- **Order Forms and money must be brought to Cheryl Fiske in C124 or Tara Scaramuzzi in C119.**
- **Orders must be placed by TUESDAY, MARCH 31st. Orders can be placed anytime between now and MARCH 31st.**

Name: _____

Phone: _____

Email: _____

Personalized: \$25 each # _____

Name to appear on sign: _____

MONEY ORDER #: _____

of personalized banners _____ x \$25 = Total _____