

P.9
M

**ATHLETIC
DEPARTMENT**

Memo

To: Diane Cappiello

From: Phyllis Lang, Secretary
Athletic Office

Re: Add to agenda over \$1000.00 Expenditure

Date: 12/23/2015

Attached are Expenditures for the Athletics over \$1000.00.

Basketball team Fundraiser- Benefit St Judes Children's Hospital

Please approve these expenditure, at the next Board Meeting.

Thank you

Phyllis

EXHIBIT B-1

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

SCHOOL : Union High School

Date: 12/23/2015

DEPARTMENT: Athletics - Basketball

Account: 2190

VENDOR: St. Jude's Childrens Hospital

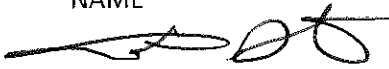
Amount: \$12,000.00 approx.

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): This is just an estimation for the fundraiser the Basketball team will conduct. This will be to benefit St. Judes Children's Hospital. The proceeds of Ticket sales and food sold for the event will benifit the children.

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, Phys Ed, Health & Nurses

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 E. Vieira, Business Administrator

Date

F-99

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

SCHOOL UHS

DATE 12/16/15

ACCOUNT NAME Key Club

ACCT.# 2046

VENDOR NY District of Key Club

Maximum AMOUNT \$7,000.00

PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S):

DCON - Key Club District Convention

see attached

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

Laurie DelGuerchio

NAME

Laurie DelGuerchio

SIGNATURE

BOARD APPROVAL DATE: 1/19/15

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

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

JAMES J. DAMATO, BOARD SECRETARY

DATE

Manuel E. Vieira, Business Administrator

DATE

COMPLETE SECTION I ONLY

Date 12/16/15

I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION to pay \$ 7,000.00 (MAY) to the order of NJ District of Key Club and charge the account of Key Club Acc't. No. 46

Purpose: OCON-Key Club District convention

Key Club Club or Activity [Signature] Faculty Adviser - Signature

II. Account Balance \$3,200.87 Verified by [Signature]

Date 12/16/15 Comment *Check will not be cut until all money is deposited

III. Approved _____ Date _____
Principal - Signature

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

Processed by _____

Registration Guidelines

1. ALL REGISTRATION FORMS MUST BE POSTMARKED BY FRIDAY, MARCH 3rd, 2016. The prices are: **\$285** for Key Clubbers and **\$325** for chaperones (double occupancy room) or **\$430** for chaperones (single occupancy room). If your club registers prior to Friday, February 12th, 2016, you may receive a deduction of \$5 per person. Registrations (check or school voucher) postmarked after February 12th CANNOT take the \$5 discount.
2. The Club's name and division MUST appear at the top of the page.
3. Please send a NON-REFUNDABLE check(s) or money order (NO CASH) made payable to: "NEW JERSEY DISTRICT OF KEY CLUB."
4. Vegetarian dishes are included in the buffets.
5. Each club must have one chaperone for every 10 members. If your club is sharing chaperones with another club, it must be indicated on the registration form. You must include the complete contact information of the shared chaperone in order for us to confirm the arrangement.
6. Please indicate the positions held by the 2015-2016 club officers attending convention on the registration form. If elections for the 2016-2017 club officers have been held, please indicate this as well.
7. No incomplete forms will be accepted. Registration forms may be downloaded off of the New Jersey District website, www.njkeyclub.org in PDF Format. However, you may NOT register online. You MUST mail the forms in. Send the completed TYPED OR NEATLY PRINTED Registration Form and Convention Sign-up form with a check or money order to:

ATTENTION DCON	NJ Kiwanis District Office 120 Morris Avenue Summit, NJ 07901	ATTENTION DCON
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8. The Parental Consent Form and Medical Questionnaire and Emergency Medical Treatment Authorization Form should be turned in at the Convention Registration Desk upon arrival. (DO NOT MAIL THEM.)
9. The raised seal must be evident in order for emergency treatment. **THESE FORMS MUST BE NOTARIZED.** An attorney's signature alone is NOT valid in New Jersey. Key Clubbers without necessary forms will not be permitted to stay.
10. Rooms containing less than four Key Clubbers may be consolidated with other clubs.
11. Once registration has been confirmed, refunds are not permitted. If someone is unable to attend and changes become necessary, contact someone in your club (of the same sex) and make arrangements for them to take that place.
12. By sending in the required forms and payment, you acknowledge all of the above procedures.
13. Upon arrival at Ocean Place, ALL clubs MUST present a copy of the Registration/Payment email confirmation that was sent to the email address specified on the Registration Form. No club will be allowed to register without this email confirmation.

Please note: If your club adds members later on, you will be required to submit a new rooming list, any adjustments to the chaperones attending (1 for every 10 Key Clubbers), adult address information and correct payment. All rooming decisions will be made at the discretion of the Convention Registration Committee Chairperson. All decisions are final. Any club who has not paid both International and District dues will not be permitted to attend the convention. If you have any questions, please feel free to contact Bobbie Boettinger, Convention Registration Chairperson, at treasurer.boettinger@gmail.com.

Bobbie Boettinger
New Jersey District Treasurer
23 Artho Lane Roselan, NJ
73) 865-6742
reasurer.boettinger@gmail.com

KEY CLUB®



Throughout Key Club's history and throughout the mighty New Jersey District's history, Key Clubbers have changed the world completely. In commemorating the service and hard work done throughout the service year, we invite you to attend the New Jersey District's 70th Annual Key Club District Convention (District Educational & Leadership Conference). You have now been given the license to serve the weekend of April 1st – April 3rd 2016 at the New Jersey District's 70th Annual Key Club District Convention!

Here are some helpful ideas and hints to help make your Registration Process run smoothly:

1. **Start planning with your Advisor and Administration as soon as possible.** Find a plan to help members pay. Determine if your club is able to subsidize a portion of the costs for some or all of your members to attend. If needed, ask your Kiwanis club for financial help as soon as possible.
2. If you need permission from your school principal, administrations, or Board of Education, please ask now. Do not wait until the week before.
3. Plan transportation now, especially if you need a bus from your school or an outside source. It may be easier to share with other area clubs. Contact your Lieutenant Governor to find out about the other clubs in your division's means of transportation.
4. Chaperones are mandatory for this trip. If chaperones need to be found, please start looking now. If you do not have a chaperone, please contact your respective Lieutenant Governor for assistance.
5. If you need to submit a voucher to your school, please do it early. If you need to get the New Jersey Key Club to sign it, send it to District Treasurer Bobbie Boettinger with a self-addressed stamped envelope to the address above. It will be signed and sent back to you. Allow enough time to meet the deadlines. This can be done without enclosing the money. With many more issues to consider, remember to read through the entirety of this packet and mailing to gain a full understanding of the registration process and district convention.

It is also worth noting that a new policy is being implemented for the 2016 District Convention. It is specifically stated in number thirteen (13) on the next page in the "Registration Guidelines." Please refer to that and contact us should you have any questions.

All of the enclosed information and the Elections and Scholarship Packets will be posted on the District web site: www.njkeyclub.org.

If you have any further questions, please contact your Lieutenant Governor, any member of the Kiwanis Committee, or myself.

Remember to start planning early! We look forward to seeing you at convention!

Bobbie Boettinger
Registration Chairperson

Josie Suddeth
District Governor

Ms. Kaitlin McCann
District Administrator

Mr. Peter Mollo
Financial Counselor

EXHIBIT B-1

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

SCHOOL: BURNET MIDDLE SCHOOL

DATE: November 23, 2015

DEPARTMENT: MUSIC DEPT.

VENDOR: Cherrydale Farms

AMOUNT \$3,271.36


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

Fundraiser - Band Acct# 2006

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

Raymond Salvatore, Principal

Name



Signature

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

I approve the purchase of goods/services per the attached

Manuel E. Vieira, Business Administrator

Date



REMIT PAYMENT TO:
Cherrydale Farms

707 N. Valley Forge Rd., Lansdale, PA 19446
Phone: (877)619-4822

INVOICE
2273851

B
I FRBURLN Group Code:967695
L Burnet Middle School Music Dep
L 100 Caldwell Ave.
L Union NJ 07083
T Attention: Michael Hamilton
O Phone: (845)300-2241 Fax:

S
H FRBURLN Group Code:967695
I Burnet Middle School Music Dep
P 100 Caldwell Ave.
L Union NJ 07083
T Attention: Michael Hamilton
O Phone: (845)300-2241 Fax:

Sales Rep RUTH SOMERS Phone (973)746-3896 Fax Date 13-Nov-15 Terms Net Due Ship Via CSI Customer PO FRBURLN15F1 Page 1 of 1

Ordered	Shipped	Item	Description	Unit \$	Amount
8 ea	8 ea	1861	ORANGE COOKIE	9.60	76.80
5 ea	5 ea	2115	SAUSAGE & PEPPERONI PIZZA 12"	7.80	39.00
17 ea	17 ea	2116	PEPPERONI PIZZA 12"	7.80	132.60
21 ea	21 ea	2117	3 CHEESE PIZZA 12"	7.15	150.15
2 ea	2 ea	2118	SAUSAGE PIZZA 12"	7.80	15.60
13 ea	13 ea	2119	ZIA'S CHEESE & GARLIC BREAD 2 PK	7.80	101.40
9 ea	9 ea	2121	FRENCH BREAD PEPPERONI/SAUSAGE COMBO PK	7.15	64.35
10 ea	10 ea	2122	DELUXE PIZZA 12"	8.45	84.50
26 ea	26 ea	4451	HAND TWISTED PRETZELS	9.60	249.60
25 ea	25 ea	7260	DBL CHOCOLATE CHIP BROWNIES	9.60	240.00
47 ea	47 ea	7262	CHOCOLATE CHIP COOKIE DOUGH	9.60	451.20
13 ea	13 ea	7263	CARNIVAL	9.60	124.80
13 ea	13 ea	7264	BUTTER SUGAR	9.60	124.80
10 ea	10 ea	7265	PEANUT BUTTER	9.60	96.00
21 ea	21 ea	7266	TRIPLE CHOCOLATE CHUNK	9.60	201.60
10 ea	10 ea	7267	SNICKERDOODLE	9.60	96.00
22 ea	22 ea	7268	WHITE CHOCOLATE MACADAMIA NUT	9.60	211.20
19 ea	19 ea	7269	OATMEAL RAISIN	9.60	182.40
14 ea	14 ea	7270	MINT CHOCOLATE CHUNK	9.60	134.40
12 ea	12 ea	7271	CRANBERRY OATMEAL	9.60	115.20
10 ea	10 ea	7273	STRAWBERRY SHORTCAKE	9.60	96.00
33 ea	33 ea	7280	SOFT PRETZEL NUGGETS	9.60	316.80
			CDF MAINPP		
			OTIS VIP BONUS FOR 15F-1% OFF INVOICE		
				Sub Total	3,304.40
				Credit	-33.04

360 360 Balance Due 3,271.36

A 1.5% per month interest charge will be applied to accounts past 30 days

Account Summary FRBURLN Burnet Middle School Music Dep

DATE	ACTIVITY	\$ AMOUNT	\$ BALANCE
11/13/15	Main Order #2273851	3,271.36	3,271.36
Total Due:		\$3,271.36	

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

SCHOOL UHS

DATE 1/4/16

ACCOUNT NAME UHS PAC

ACCT.# 2077

VENDOR The Costumer

AMOUNT \$5,319.46

PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S):

main costume rental for "Union Goes to Hollywood"

see attached

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

Laurie DelGuercio

NAME

Laurie DelGuercio

SIGNATURE

BOARD APPROVAL DATE: 1/19/16

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

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

JAMES J. DAMATO, BOARD SECRETARY

DATE

Manuel E. Vieira, Business Administrator

DATE

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

SCHOOL UHS

DATE 1/4/16

ACCOUNT NAME UHSPAC

ACCT.# 2077

VENDOR Home Depot Credit Services

AMOUNT \$2,428.93

PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S):

scenery for "Union Goes to Hollywood"

see attached

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

Laurie DelGuercio

NAME

Daniel J. Damato

SIGNATURE

BOARD APPROVAL DATE: 1/19/16

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

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

JAMES J. DAMATO, BOARD SECRETARY

DATE

Manuel E. Vieira, Business Administrator

DATE

COMPLETE SECTION I ONLY

DATE 12/14/15

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

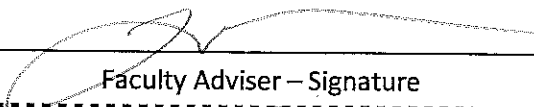
Pay \$ 2,428.93 to the order of Home Depot Credit Services

and charge the account of VHSPAC Acct. No. 77

Purpose: Society For Union Goes to Hollywood

VHSPAC


Club or Activity



Faculty Adviser - Signature

II. Account Balance \$ 14,126.25 Verified by 

Date 1/4/16 Comment _____

III. Approved 
Principal - Signature

Date _____

IV. Date Paid _____ Check No. _____ Acct. No. _____

Processed by _____



Commercial Account



ACCOUNT ACTIVITY STATEMENT

RETURN MAIL ADDRESS
PO BOX 790420
ST. LOUIS, MO 63179

Commercial Account: 6035 3225 0151 6615
Statement Date 11/27/15
Credit Line \$3,600
Credit Available \$1,171

UNION HS PERFORMING
2350 N 3RD ST
UNION, NJ 07083-5049

Account Balance \$2,428.93

Account Information

Please see Payment Page(s) for Amount Due and Payment Due Date(s)

Current Payments and Unapplied Payments	\$0.00
Current Purchases and Debits	\$630.65
Current Returns, Exchanges and Adjustments	\$0.00
Previously Billed Invoices	\$1,798.28

**What's on your
new billing
statement?**

Everything you need to know about your account is here:
account number, payments, fees, contact information and more.

Please see the enclosed sample for additional
information on how to read your statement.

CURRENT PURCHASES AND DEBITS

Date	Purchase Location/Description	Invoice #	Purchase Order/Job Name	Customer Agreement #	Amount	Due Date
11/01/15	THE HOME DEPOT VAUXHALL, NJ	9175102			\$43.72	12/18/15
11/08/15	THE HOME DEPOT VAUXHALL, NJ	2902910	NONE		\$170.52	12/18/15
11/14/15	THE HOME DEPOT VAUXHALL, NJ	6903032	NONE		\$102.46	12/18/15
11/20/15	THE HOME DEPOT VAUXHALL, NJ	903157	NONE		\$170.43	12/18/15
11/21/15	THE HOME DEPOT VAUXHALL, NJ	9024559			\$143.52	12/18/15
TOTAL					\$630.65	

PREVIOUSLY BILLED INVOICES

Please submit payment for all past due amounts.

Date	Purchase Location/Description	Invoice #	Purchase Order/Job Name	Customer Agreement #	Amount	Due Date
10/04/15	THE HOME DEPOT VAUXHALL, NJ	7025460			\$100.38	11/18/15
10/10/15	THE HOME DEPOT VAUXHALL, NJ	1010429			\$685.86	11/18/15
10/11/15	THE HOME DEPOT VAUXHALL, NJ	30436			\$112.08	11/18/15
10/17/15	THE HOME DEPOT VAUXHALL, NJ	4041101			\$111.36	11/18/15
10/23/15	THE HOME DEPOT VAUXHALL, NJ	8041737			\$489.32	11/18/15
10/24/15	THE HOME DEPOT VAUXHALL, NJ	7154968			\$158.96	11/18/15
10/25/15	THE HOME DEPOT VAUXHALL, NJ	6022305			\$140.32	11/18/15
TOTAL					\$1,798.28	

Questions
About Your
Account

ACCT MGR HOME DEPOT CREDIT SERVICES
PHONE 1-800-995-7363
FAX 1-877-969-6751
GO TO WWW.MYHOMEDEPOTACCOUNT.COM

Send Billing Inquiries to:
HOME DEPOT CREDIT SERVICES
PO Box 790340
St. Louis, MO 63179-0340

Send a SECURE MESSAGE
right now to a customer
service professional online at
myhomedepotaccount.com

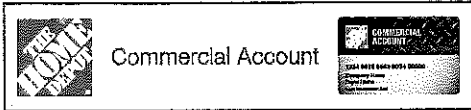


PAYMENT PAGE

Commercial Account 6035 3225 0151 6615

Statement Date 11/27/15

View, manage and pay your account online at myhomedepotaccount.com



Remit payment and make checks payable to:
HOME DEPOT CREDIT SERVICES
DEPT. 32 - 2501516615
PO BOX 9055
DES MOINES, IA 50368-9055

Invoices to Be Paid

IMPORTANT:

To ensure accurate posting of your payment, please indicate which invoices you are paying by checking the appropriate box below. Please remit entire Payment Page(s) when sending payment.

CURRENT ACTIVITY

Transaction Date	Invoice #	Original Invoice Amount	Amount Due	Payment Due Date	Check if Paying	Payment Amount (If less than Amount Due)
11/01/15	9175102	\$43.72	\$43.72	12/18/15	<input type="checkbox"/>	\$
11/08/15	2902910	\$170.52	\$170.52	12/18/15	<input type="checkbox"/>	\$
11/14/15	6903032	\$102.46	\$102.46	12/18/15	<input type="checkbox"/>	\$
11/20/15	903157	\$170.43	\$170.43	12/18/15	<input type="checkbox"/>	\$
11/21/15	9024559	\$143.52	\$143.52	12/18/15	<input type="checkbox"/>	\$

PREVIOUSLY BILLED OPEN ITEMS

Transaction Date	Invoice #	Original Invoice Amount	Amount Due	Payment Due Date	Check if Paying	Payment Amount (If less than Amount Due)
10/04/15	7025460	\$100.38	\$100.38	11/18/15	<input type="checkbox"/>	\$
10/10/15	1010429	\$685.86	\$685.86	11/18/15	<input type="checkbox"/>	\$
10/11/15	30436	\$112.08	\$112.08	11/18/15	<input type="checkbox"/>	\$
10/17/15	4041101	\$111.36	\$111.36	11/18/15	<input type="checkbox"/>	\$
10/23/15	8041737	\$489.32	\$489.32	11/18/15	<input type="checkbox"/>	\$
10/24/15	7154968	\$158.96	\$158.96	11/18/15	<input type="checkbox"/>	\$
10/25/15	6022305	\$140.32	\$140.32	11/18/15	<input type="checkbox"/>	\$

447504

Your Account Number is 6035 3225 0151 6615



P.O. Box 790420
St. Louis, MO 63179

For proper credit, please write
6035 3225 0151 6615
on your check and enclose
with this payment coupon.

Total Balance

\$2,428.93

Check here if paying all invoices

Amount Enclosed: \$

Print address changes on the reverse side.

Make Checks Payable to ▼

Statement Enclosed

UNION HS PERFORMING
2350 N 3RD ST
UNION, NJ 07083-5049

HOME DEPOT CREDIT SERVICES
DEPT. 32 - 2501516615
PO BOX 9055
DES MOINES, IA 50368-9055





Commercial Account



Remit payment and make checks payable to:
HOME DEPOT CREDIT SERVICES
DEPT. 92 - 2501516615
PO BOX 9055
DES MOINES, IA 50368-9055

INVOICE DETAIL

BILL TO:
Acct: 6035 3225 0151 6615
UNION HS PERFORMING

Amount Due:	Trans Date:	DUE DATE:	Invoice #: 9175102
\$43.72	11/01/15	12/18/15	
PO:		Store: 915, VAUXHALL	

PRODUCT	SKU #	QUANTITY	UNIT PRICE	TOTAL PRICE
MEGA CUFF	00006523990000300021	1.0000 EA	\$3.88	\$3.88
1/4X1/2HMRST	00006329380000300020	1.0000 EA	\$8.28	\$8.28
MEGA CUFF	00006523990000300021	1.0000 EA	\$3.88	\$3.88
TOOL HOLDER	00004707780001100005	4.0000 EA	\$5.95	\$23.80
MEGA CUFF	00006523990000300021	1.0000 EA	\$3.88	\$3.88

Purchased by: MOSSER JAMES

SUBTOTAL	\$43.72
TAX	\$0.00
SHIPPING	\$0.00
TOTAL	\$43.72

BILL TO:
Acct: 6035 3225 0151 6615
UNION HS PERFORMING

Amount Due:	Trans Date:	DUE DATE:	Invoice #: 2902910
\$170.52	11/08/15	12/18/15	
PO: NONE		Store: 915, VAUXHALL	

PRODUCT	SKU #	QUANTITY	UNIT PRICE	TOTAL PRICE
2X4-16 GDF	00006036350000300003	4.0000 EA	\$6.78	\$27.12
3/4 RTD SHTG	00001661030000100002	3.0000 EA	\$23.68	\$71.04
2X3-96" STUD	00008450000000600005	15.0000 EA	\$1.98	\$29.70
1X6X12 NO.2	00009147970000500002	1.0000 EA	\$13.54	\$13.54
1X6X8 NO.2	00009147700000500002	2.0000 EA	\$8.98	\$17.96

Purchased by: 20

SUBTOTAL	\$159.36
TAX	\$11.16
SHIPPING	\$0.00
TOTAL	\$170.52

BILL TO:
Acct: 6035 3225 0151 6615
UNION HS PERFORMING

Amount Due:	Trans Date:	DUE DATE:	Invoice #: 6903032
\$102.46	11/14/15	12/18/15	
PO: NONE		Store: 915, VAUXHALL	

PRODUCT	SKU #	QUANTITY	UNIT PRICE	TOTAL PRICE
5 MM PLYWOOD	00004929300000100007	8.0000 EA	\$11.97	\$95.76

Purchased by: 20

SUBTOTAL	\$95.76
TAX	\$6.70
SHIPPING	\$0.00
TOTAL	\$102.46

BILL TO:
Acct: 6035 3225 0151 6615
UNION HS PERFORMING

Amount Due:	Trans Date:	DUE DATE:	Invoice #: 903157
\$170.43	11/20/15	12/18/15	
PO: NONE		Store: 915, VAUXHALL	

PRODUCT	SKU #	QUANTITY	UNIT PRICE	TOTAL PRICE
CAT6 CMR BLU	00005556060000900016	2.0000 EA	\$79.64	\$159.28

Purchased by: 20

SUBTOTAL	\$159.28
TAX	\$11.15
SHIPPING	\$0.00
TOTAL	\$170.43

661505



Commercial Account



Remit payment and make checks payable to:
HOME DEPOT CREDIT SERVICES
DEPT. 32 - 2501516615
PO BOX 9055
DES MOINES, IA 50368-9055

INVOICE DETAIL

BILL TO:
Acct: 6035 3225 0151 6615
UNION HS PERFORMING

Amount Due:	Trans Date:	DUE DATE:	Invoice #:
\$143.52	11/21/15	12/18/15	9024559
PO:		Store: 915, VAUXHALL	

PRODUCT	SKU #	QUANTITY	UNIT PRICE	TOTAL PRICE
2X4-96 STUD	00001616400000600002	20,0000 EA	\$2.68	\$53.60
3/4 RTD SHTG	00001661030000100002	4,0000 EA	\$22.48	\$89.92

Purchased by: LEVITZ AL

SUBTOTAL	\$143.52
TAX	\$0.00
SHIPPING	\$0.00
TOTAL	\$143.52

905199



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

SCHOOL UHS

DATE 1/4/16

ACCOUNT NAME UHS PAC

ACCT.# 2077

VENDOR Encore Orchestra of NJ

AMOUNT \$6,000.00

PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S):

orchestra for "Union Goes to Hollywood"

see attached

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

Laurie DelGuercio

NAME

Laurie DelGuercio

SIGNATURE

BOARD APPROVAL DATE: 1/19/15

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

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

JAMES J. DAMATO, BOARD SECRETARY

DATE

Manuel E. Vieira, Business Administrator

DATE

COMPLETE SECTION I ONLY

DATE 12/4/15

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

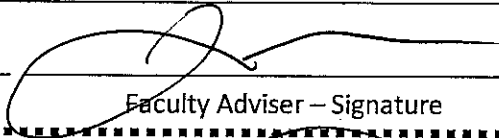
Pay \$ 6,000.00 to the order of Ensemble Orchestra at New Jersey

and charge the account of UHSPAC Acct. No. 77

Purpose: Orchestra for Union Goes to Hollywood

UHSPAC

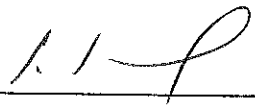
Club or Activity



Faculty Adviser - Signature

II. Account Balance \$14,126.25 Verified by 

Date 1/4/16 Comment _____

III. Approved 
Principal - Signature

Date _____

IV. Date Paid _____ Check No. _____ Acct. No. _____

Processed by _____

Encore Orchestra of New Jersey, Inc.

38 Chatham Road, 2nd Floor
 Short Hills, NJ 07078
 EIN# 47-4651135

Invoice

Date	Invoice #
12/4/2015	2015-102

Bill To
Township of Union Board of Education Attn: James Mosser 2369 Morris Avenue Union, New Jersey 07083

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	FOR PROFESSIONAL SERVICES RENDERED: HIRED ORCHESTRA AND MUSIC DIRECTOR FOR - UNION GOES TO HOLLYWOOD REHEARSAL TUESDAY - 12/8/15 REHEARSAL THURSDAY - 12/10/15 REHEARSAL FRIDAY - 12/11/15 PERFORMANCE FRIDAY - 12/11/15 PERFORMANCE SATURDAY - 12/12/15	6,000.00	6,000.00
		Total	\$6,000.00

Phone #	Fax #	E-mail	Web Site
908-686-7084	973-376-2239	vjviolin@yahoo.com	www.EncoreOrchestraNJ.com

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

SCHOOL UHS

DATE 1/4/16

ACCOUNT NAME Senior Prom

ACCT.# 2012

VENDOR Yankee Candle Fundraising

AMOUNT _____

PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S)):

payment of fundraising items

see attached

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

Laurie DelGuerico

NAME

Laurie DelGuerico

SIGNATURE

BOARD APPROVAL DATE: 1/19/16

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

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

JAMES J. DAMATO, BOARD SECRETARY

DATE

Manuel E. Vieira, Business Administrator

DATE

YANKEE CANDLE FUNDRAISING

INVOICE

Customer Address:
UHS BOOSTER ASSOCIATION
2350 N THIRD ST
UNION HIGH SCHOOL
UNION NJ 07083 US

Remit to Address:
P.O. Box 3750
Boston, MA 02241-3750
To make a payment by phone:
1-855-YCC FUND

Date: 12/3/2015
Attn: CHERYL FISKE
Organization: UHS BOOSTER ASSOCIATION

Sales Rep: BRENDA FIELD

Total Due: \$1,231.40 by 1/2/2016

Please use Customer #99516501 on check.

Total Sale:	\$1,899.00
Less Profit:	\$759.60
Subtotal:	\$1,139.40
Total Tax:	[Tax-Exempt]
Shipping:	\$92.00
Total Due:	\$1,231.40

If Payment received by YCF on or before 1/2/2016 please pay \$1,197.22 to take advantage of the prompt pay discount.

Please note, online orders are not included in this invoice as they are pre-paid by the purchaser at the time of purchase on the website.

Please return this portion with payment

Customer: #99516501
Organization: UHS BOOSTER ASSOCIATION

Total Due: \$1,231.40

Amount Paid: \$

Please use Customer #99516501 on check.

Mail Payment to:
Yankee Candle Fundraising
P.O. Box 3750
Boston, Ma 02241-3750

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

SCHOOL UHS

DATE 1/4/16

ACCOUNT NAME Cosmetology

ACCT.# 2061

VENDOR IBS New York 2016

AMOUNT \$1,500.00

PURPOSE OF EXPENDITURE (ATTACH APPROPRIATE INVOICE(S):

field trip - International Beauty Show

see attached

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

Laurie DelGuericio

NAME

Laurie DelGuericio

SIGNATURE

BOARD APPROVAL DATE: 1/19/16

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

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

JAMES J. DAMATO, BOARD SECRETARY

DATE

Manuel E. Vieira, Business Administrator

DATE



Student Day is Tuesday, March 8

Dear School Administrator:

IBS New York will be here before we know it! The show takes place March 6-8, 2016 and Student Day is Tuesday, March 8.

We're working hard at putting together an educational conference program that will inspire both you and your students. As always, more than 500 exhibitors will line the exhibit hall and will offer thousands of products and tools at professionals-only pricing, along with incredible in-booth education.

Registration for the show is now open. Please be sure to read the Rules and Information sheet included in this packet before placing your order. Changes have been made to the 2016 program and this document will tell you everything you need to know to make registering easy and efficient.

The deadline for registering your group of students is Monday, February 8th. You can register in two ways:

- Online at **www.IBSnewyork.com**: Click REGISTER NOW and then SCHOOL REGISTRATION. Online registration opens in October.
- Complete and mail/fax the registration form included in this packet, with payment, to the number/address on the form.

The student price before the February 8th deadline is \$38 and \$45 after, and because of the reduced special price, students are **ONLY ALLOWED TO ATTEND ON TUESDAY, MARCH 8**. Any groups/students who show up on a day other than Tuesday **WILL BE TURNED AWAY**.

Also, enclosed in this packet, is a poster you can personalize with your school's contact information to hang in your student and teacher lounges. We will send you the Student/Instructor Conference Program after it is completed, but meanwhile, please reference our website at **www.IBSnewyork.com** for more information.

Should you have any questions after reading the Rules & Information sheet, please contact me via email at **IBSNYSTUDENTS@xpressreg.net** or by phone at **508.743.8547**.

We look forward to seeing you in New York!

Sincerely,

A handwritten signature in black ink, appearing to read "Natasha Bhalla", written over a horizontal line.

Natasha Bhalla
School Program Coordinator