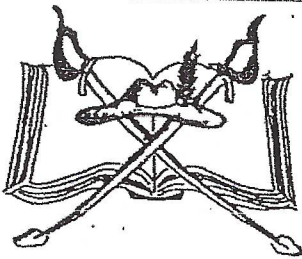
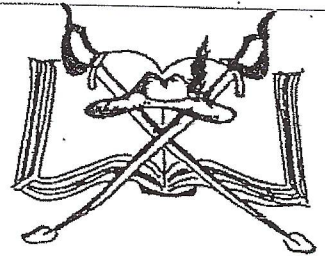


1993



BURNET MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL



Applicant Information

Faculty Member (s): Sloan, Erin Date: 6/20/24

Club Name: Student Council

Acct. No.: 2012 Acct. Balance to Date: _____

Type of Fund Raiser: Snack Sales; Field Day; Community Events

Purpose of Fund Raiser: Funding club initiatives and community service projects

Start Date of Project: 9/5/24 Completion Date of Project: 6/19/25

Date of Sale(s) From: 9/5/24 To: 6/19/25

Sale Area/Location: BMS

Sale will be monitored by: E. Sloan

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

Vendor Representative's Name: _____

Vendor Business Name: _____

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: \$ \$2,000

Faculty Advisor Signature

Signature: [Signature] Date: 6/20/24

Vic. Principal Signature

Signature: [Signature] Date: 6/20/24

School Treasure Signature

Signature: [Signature] Date: 6/20/24

Placed on BOE Meeting Agenda for:

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



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Cassiano Dos Santos Date: 5/29/24

Club Name: Union Girls Soccer

Acct. No.: 3300 Acct. Balance to Date: _____

Type of Fund Raiser: Snack Sale

Purpose of Fund Raiser: Senior Night Gifts

Start Date of Project: 9/15/24 Completion Date of Project: 10/15/24

Date of Sale(s): From 9/15/24 To: 10/15/24

Sale Area/Location: School

Sale will be monitored by: Cassiano Dos Santos

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

Vendor Representative's Name: _____

Vendor Business Name: _____

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: _____ Date: 5/29/24

Vice Principal Signature

Signature: _____ Date: 5/29/24

School Treasure Signature

Signature: Anne Branco Date: 5/29/24

Placed on BOE Meeting Agenda for:

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



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Cassiano Dos Santos Date: 5/29/24

Club Name: Union Girls Soccer

Acct. No.: 3300 Acct. Balance to Date: _____

Type of Fund Raiser: Clothing Sale / R+D Promotions

Purpose of Fund Raiser: Awards, Team Breakfast and end of the year party.

Start Date of Project: 9/1/24 Completion Date of Project: 9/15/24

Date of Sale(s): From 9/1/24 To: 9/15/24

Sale Area/Location: School

Sale will be monitored by: Cassiano Dos Santos

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

Vendor Representative's Name: Rick

Vendor Business Name: R+D Promotions

Vendor Address: 164 Van Liew Ave

City: Milltown State & Zip code: N.J 08850

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ 500

Faculty Advisor Signature

Signature: _____ Date: 5/29/24

Vice Principal Signature

Signature: _____ Date: 5/29/24

School Treasure Signature

Signature: Janet Bruno Date: 5/29/24

Placed on BOE Meeting Agenda for:

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



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Marissa Kowalskie Date: 6/13/24
 Club Name: Union High School Field Hockey
 Acct. No.: 3290 Acct. Balance to Date: _____

.....
 Type of Fund Raiser: chocolate

Purpose of Fund Raiser: TO raise money for the UHS FH team.

Start Date of Project: 9/2/24 Completion Date of Project: 10/2/24
 Date of Sale(s): From _____ To: _____

Sale Area/Location: Union High School
 Sale will be monitored by: Marissa Kowalskie / Annie Branco

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

Vendor Representative's Name: World's Finest Chocolate
 Vendor Business Name: Castle Kreations - Tricia Topal

Vendor Address: 3 Cass St
 City: Keyport State & Zip code: NJ, 07735

Unit Cost of Product/Service: \$ _____
 Proposal Sale Price: \$ _____
 Total Cost of all Products Not to Exceed: \$ _____
 Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: Marissa Kowalskie Date: 6/13/24

Vice Principal Signature

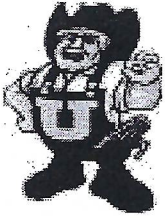
Signature: [Signature] Date: 6/28/24

School Treasure Signature

Signature: Annie Branco Date: 6/14/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Julia Saladin Date: 6/13/24
 Club Name: Key Club
 Acct. No.: 46 Acct. Balance to Date: _____

Type of Fund Raiser: Snack Sale
 Purpose of Fund Raiser: Raise money for DECON (annual convention)

Start Date of Project: Sep 2024 Completion Date of Project: June 2025
 Date of Sale(s).....From: Sep 2024 To: June 2024

Sale Area/Location: Before/After School L105
 Sale will be monitored by: Julia Saladin

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

Vendor Representative's Name: _____
 Vendor Business Name: _____
 Vendor Address: _____
 City: State & Zip code: _____
 Unit Cost of Product/Service: \$ varies
 Proposal Sale Price: \$ varies
 Total Cost of all Products Not to Exceed: \$ _____
 Minimum Total Profit Expected: \$ 100

Faculty Advisor Signature	
Signature: <u>[Signature]</u>	Date: <u>6/13/24</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>6/18/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>6/20/24</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Julia Saladino Date: 6/13/24
 Club Name: Key Club
 Acct. No.: 46 Acct. Balance to Date: _____

Type of Fund Raiser: Ice Cream Social
 Purpose of Fund Raiser: Raise money for DECA (annual convention)

Start Date of Project: Sep 2024 Completion Date of Project: Oct. 2024
 Date of Sale(s).....From: Sep 2024 To: Oct. 2024

Sale Area/Location: Cafe
 Sale will be monitored by: Julia Saladino

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

Vendor Representative's Name: _____
 Vendor Business Name: _____
 Vendor Address: _____
 City: State & Zip code: _____
 Unit Cost of Product/Service: \$ varies
 Proposal Sale Price: \$ varies
 Total Cost of all Products Not to Exceed: \$ \$100
 Minimum Total Profit Expected: \$ \$100

Faculty Advisor Signature	
Signature: <u>Julia Saladino</u>	Date: <u>6/13/24</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>6/18/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>6/20/24</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____	Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO
By: _____	



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Julia Saladino Date: 6/13/24
 Club Name: key club
 Acct. No.: 46 Acct. Balance to Date: _____

Type of Fund Raiser: Bake sale
 Purpose of Fund Raiser: raise money for DECON annual convention

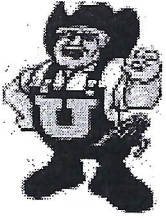
Start Date of Project: sep 2024 Completion Date of Project: June 2025
 Date of Sale(s).....From: sep 2024 To: June 2024

Sale Area/Location: Main Lobby after school
 Sale will be monitored by: Julia Saladino

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

Vendor Representative's Name: _____
 Vendor Business Name: _____
 Vendor Address: _____
 City: State & Zip code: _____
 Unit Cost of Product/Service: \$ varies
 Proposal Sale Price: \$ varies
 Total Cost of all Products Not to Exceed: \$ 25 (will have member donations)
 Minimum Total Profit Expected: \$ 50

Faculty Advisor Signature	
Signature: <u>Julia Saladino</u>	Date: <u>6/13/2024</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>6/18/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>6/20</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____	Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO
By: _____	



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Julia Saladino Date: 6/13/24
 Club Name: Key Club
 Acct. No.: 46 Acct. Balance to Date: _____

Type of Fund Raiser: Halloween candy - goody bags
 Purpose of Fund Raiser: Raise money for DESEN (annual convention)

Start Date of Project: October 2024 Completion Date of Project: October 2024
 Date of Sale(s).....From: October 2024 To: October 2024

Sale Area/Location: Students may pre-order in lunch periods / cafe
 Sale will be monitored by: Julia Saladino

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

Vendor Representative's Name: _____
 Vendor Business Name: _____
 Vendor Address: _____
 City: State & Zip code: _____
 Unit Cost of Product/Service: \$ varies
 Proposal Sale Price: \$ varies
 Total Cost of all Products Not to Exceed: \$ \$100
 Minimum Total Profit Expected: \$ \$100

Faculty Advisor Signature	
Signature: <u>[Signature]</u>	Date: <u>6/13/2024</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>6/18/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>6/20</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 6/11/24

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Car wash

Purpose of Fund Raiser: Raise funds for 2024/2025 productions

Start Date of Project: 8/1/2024 Completion Date of Project: 5/1/2025

Date of Sale(s): From 8/11/2024 To: 8/11/2024

Sale Area/Location: Behind BOE building

Sale will be monitored by: Melissa Hannon

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

Vendor Representative's Name: NA

Vendor Business Name: _____

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ NA (donated)

Proposal Sale Price: \$ ~~10 per car~~ 10-15 per car

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

Minimum Total Profit Expected: \$ 500

Faculty Advisor Signature

Signature: [Redacted] Melissa Hannon Date: 6/11/2024

Vice Principal Signature

Signature: [Signature] Date: 6/13/24

School Treasure Signature

Signature: [Signature] Date: 6/12/2024

Placed on BOE Meeting Agenda for:

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

[Signature] 6/11/24



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 6/11/2024

Club Name: Chorus/Band Fundraising, UHSPAC, Advanced Musical Theatre

Acct. No.: 2045/2077/2001 Acct. Balance to Date: _____

Type of Fund Raiser: Candy sale

Purpose of Fund Raiser: Raise funds for 2024/2025 productions, 2025 competition trip, and
Advanced Musical Theatre student-directed production

Start Date of Project: 8/1/2024 Completion Date of Project: 6/1/2025

Date of Sale(s): From 9/1/2024 To: 6/1/2025

Sale Area/Location: individual sales

Sale will be monitored by: Melissa Hannon

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

Vendor Representative's Name: _____

Vendor Business Name: Freedom Fundraising

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ approx \$80 per box

Proposal Sale Price: \$ 2 per bar/\$120 per box

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

Minimum Total Profit Expected: \$ 1000

Faculty Advisor Signature

Signature: Melissa Hannon Date: 6/11/2024

Vice Principal Signature

Signature: Willen Date: 6/13/24

School Treasure Signature

Signature: [Signature] Date: 6/12

Placed on BOE Meeting Agenda for:

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

[Signature] 6/11/24



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 6/11/2024

Club Name: Chorus/Band Fundraising, UHSPAC, Advanced Musical Theatre

Acct. No.: 2045/2077/2001 Acct. Balance to Date: _____

Type of Fund Raiser: ShopRaise

Purpose of Fund Raiser: Raise funds for 2024/2025 productions, 2025 competition trip, and
Advanced Musical Theatre student-directed production

Through ShopRaise, we earn up to 10% on our supporters' everyday shopping through major retailers
when they use the app

Start Date of Project: 8/1/2024 Completion Date of Project: 6/1/2025

Date of Sale(s): From 9/1/2024 To: 6/1/2025

Sale Area/Location: online

Sale will be monitored by: Melissa Hannon

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

Vendor Representative's Name: _____

Vendor Business Name: ShopRaise

Vendor Address: online organization

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 0

Proposal Sale Price: \$ NA

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

Minimum Total Profit Expected: \$ 300

Faculty Advisor Signature

Signature: Melissa Hannon Date: 6/11/2024

Vice Principal Signature

Signature: [Signature] Date: 6/13/24

School Treasure Signature

Signature: [Signature] Date: 6/12

Placed on BOE meeting Agenda for:

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

[Signature] 6/11/24



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 6/11/2024

Club Name: Chorus/Band Fundraising + UHS PAC

Acct. No.: 2045 | 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Blast Fundraiser

Purpose of Fund Raiser: Raise funds for 2025 competition trip + 2024/2025 productions

Start Date of Project: 8/1/2024 Completion Date of Project: 5/1/2025

Date of Sale(s): From 8/1/2024 To: 4/1/2025

Sale Area/Location: Online

Sale will be monitored by: Melissa Hannon

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

Vendor Representative's Name: _____

Vendor Business Name: Blast Fundraising

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 0

Proposal Sale Price: \$ Donations

Total Cost of all Products Not to Exceed: \$ 0

Minimum Total Profit Expected: \$ 1000

Faculty Advisor Signature

Signature: Melissa Hannon Date: 6/11/2024

Vice Principal Signature

Signature: [Signature] Date: 6/13/24

School Treasure Signature

Signature: [Signature] Date: 6/11/2024

Placed on BOE Meeting Agenda for:

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

[Signature] 6/11/24



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 6/11/2024

Club Name: Chorus/Band Fundraising & UHSPAC

Acct. No.: 2045/2077 Acct. Balance to Date: _____

Type of Fund Raiser: Popcorn sale

Purpose of Fund Raiser: Raise funds for 2024/2025 productions and 2025 competition trip

Start Date of Project: 8/1/2024 Completion Date of Project: 5/1/2025

Date of Sale(s): From 9/1/2024 To: 12/1/2024

Sale Area/Location: Online

Sale will be monitored by: Melissa Hannon

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

Vendor Representative's Name: _____

Vendor Business Name: Double Good

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 0

Proposal Sale Price: \$ approx \$12 per bag

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

Minimum Total Profit Expected: \$ 500

Faculty Advisor Signature

Signature: Melissa Hannon Date: 6/11/2024

Vice Principal Signature

Signature: Villen Date: 6/13/24

School Treasure Signature

Signature: James Date: 6/11/24

Placed on BOE Meeting Agenda for:

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

[Signature] 6/11/24



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Kohn, Meixner, Musarra, self contained paras Date: 6/14/24
 Club Name: Not for a club- For the self contained/WBL program at UHS
 Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Donors choose
 Purpose of Fund Raiser: To fundraise for items needed for our programs

Start Date of Project: 9/1/24 Completion Date of Project: August 2025
 Date of Sale(s).....From: _____ To: _____

Sale Area/Location: online
 Sale will be monitored by: Kohn, Meixner, Musarra, self contained paras

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

Vendor Representative's Name: _____

Vendor Business Name: _____

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: <u>[Signature]</u>	Date: <u>6/14/24</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>6/17/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>6/17/24</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Kohn, Meixner, Musarra, Baker, Mincoelli, Wong Date: 6-2-24

Club Name: Unified Club, SONJ club, Club TESSLO

Acct. No.: 2066 Acct. Balance to Date: \$13,209

Type of Fund Raiser: Snack and Water sales

Purpose of Fund Raiser: To raise money for Unified activities, Special Olympics
This also is a vocational learning activity for the self contained students.

Start Date of Project: 9-5-24 Completion Date of Project: last Day of School

Date of Sale(s): From 9-5-24- To: last day of school

Sale Area/Location: Kohn's classroom

Sale will be monitored by: Kohn, Meixner, Musarra, Baker, Mincoelli, Wong, classroom staff

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ \$3-\$22 prices vary by product

Proposal Sale Price: \$ \$1.00

Total Cost of all Products Not to Exceed: \$ \$15,000 for year

Minimum Total Profit Expected: \$ \$10,000 depends on how much products we purchase

Faculty Advisor Signature

Signature: [Signature] Date: 6/5/24

Vice Principal Signature

Signature: [Signature] Date: 6/5/24

School Treasure Signature

Signature: [Signature] Date: 6/6/24

Placed on BOE Meeting Agenda for:

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

RECEIVED
6/10/24



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Kohn, C. Baker Date: 6-2-24

Club Name: Unified Club, SONJ club, Club TESSLO

Acct. No.: 2066 Acct. Balance to Date: \$13,209

Type of Fund Raiser: Thanks4giving Cool School Challenge Dash and Splash

Purpose of Fund Raiser: _____

Raise money for Unified Club and SONJ and give students with and without disabilities the opportunity to participate in inclusive sports/activities to help build an inclusive environment and to help build meaningful , true friendships

Start Date of Project: 9-5-24 Completion Date of Project: 11-27-24

Date of Sale(s): From 9-5-24 To: 11-27-24

Sale Area/Location: Online, district wide and in the community

Sale will be monitored by: Kohn, C. Baker

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

Vendor Representative's Name: _____

Vendor Business Name: _____

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: 6/5/24

Vice Principal Signature

Signature: [Signature] Date: 6/5/24

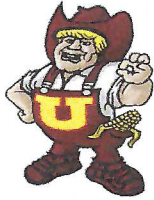
School Treasure Signature

Signature: [Signature] Date: 6/5/24

Placed on BOE Meeting Agenda for:

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





UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Kohn, C. Baker, K. Matta Date: 6-2-24

Club Name: Unified Club, SONJ club, Club TESSLO

Acct. No.: 2066 Acct. Balance to Date: \$13,209

Type of Fund Raiser: Spirit wear sales

Purpose of Fund Raiser: To raise money for Unified program and activities, Special Olympics

Start Date of Project: 9-5-24 Completion Date of Project: last Day of School

Date of Sale(s): From 9-5-24- To: last day of school

Sale Area/Location: Kohn's classroom

Sale will be monitored by: Kohn, C. Baker, K. Matta

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ prices vary by product

Proposal Sale Price: \$ \$15.00 t-shirts, \$30 sweatshirts

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: [Signature] Date: 6/5/24

Vice Principal Signature

Signature: [Signature] Date: 6/5/24

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

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

