

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 SCHOOL

Date: 4/18/19

DEPARTMENT: SCIENCE Account: 2072

VENDOR: WHITEWATER CHALLENGERS Amount: \$3,157.⁶⁷

PURPOSE OF EXPENDITURE (attach appropriate invoice(s)): PAY FOR END OF THE YEAR TRIP

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

Althea Bossard

NAME

Althea Bossard

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

RECEIVED
3/5/19

COMPLETE SECTION I ONLY

DATE 1/18/19

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

Pay \$ 3,157.⁶⁷ to the order of WHITewater CHALLENGERS

and charge the account of UHS HIKING CLUB Acct. No. 2072

Purpose: PAY FOR END OF YEAR TRIP

UHS HIKING CLUB

Club or Activity



Faculty Adviser - Signature

II. Account Balance _____ Verified by _____

Date _____ Comment _____

III. Approved Arthur Bessard
Principal - Signature

Date 3/5/19

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

Processed by _____



Adam Raffaele <araffaele@twpunionschools.org>

Confirmation: Your Order with Whitewater Challengers (#HRDQM)

1 message

Whitewater Challengers <messages@fارهarbor.com>
Reply-To: Whitewater Challengers <info@whitewaterchallengers.com>
To: araffaele@twpunionschools.org

Wed, Jan 16, 2019 at 2:24 PM

Confirmation for Order #HRDQM for Whitewater Challengers.
Email not displaying correctly? [View it online »](#)



(800) 443-8554 • info@whitewaterchallengers.com • whitewaterchallengers.com

Thanks for
booking with us!

Adam Raffaele
(908) 612-7610
araffaele@twpunionschools.org
[Order #HRDQM »](#)

Booking #31034104
Bus Shuttle
Friday, May 31 2019
1 Bus Shuttle

Booking #31033605
Camping
Friday, May 31 2019 @ 2:00pm
25 Campers - 2 Nights

Booking #31033789
Lehigh/Premier Whitewater
Saturday, June 1 2019 @ 9:50am
23 People - Individual Rate, 2 Additional
Free Spaces

Booking #31033834
Pocono Paintball Games
Sunday, June 2 2019 @ 9:00am
25 People - Individual Rate

Amount due:
\$3,157.67

Booking 1 of 4

Booking #31034104

Add to your calendar:

[Google Calendar](#)

COMPLETE SECTION I ONLY

DATE 1/18/19

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

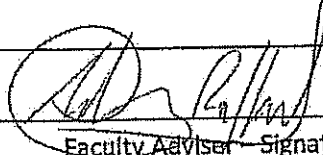
Pay \$ 3,157.⁶⁷ to the order of WHITewater CHALLENGERS

and charge the account of UHS HIKING CLUB Acct. No. 2072

Purpose: PAY FOR END OF YEAR TRIP

UHS HIKING CLUB

Club or Activity



Faculty Adviser - Signature

II. Account Balance _____ Verified by _____

Date _____ Comment _____

III. Approved Arthur Bessard
Principal - Signature

Date 3/5/19

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

Processed by _____

Bus Shuttle

Friday, May 31 2019

1 Bus Shuttle

[Apple Calendar](#)

[Yahoo Calendar](#)

[Outlook Calendar](#)

Details

Bus Shuttle:	\$100.00 x 1	\$100.00
Total		\$100.00
Amount due		\$100.00

Booking 2 of 4

Booking #31033605

Camping

Friday, May 31 2019 @ 2:00pm

25 Campers - 2 Nights

Add to your calendar:

[Google Calendar](#)

[Apple Calendar](#)

[Yahoo Calendar](#)

[Outlook Calendar](#)

Please meet us at:

288 N Stagecoach Rd
Weatherly, PA 18255

[Get directions >](#)

Camping check-in is anytime between 2:00PM and 10:00PM. If late check-in is needed please let us know. Feel free to depart anytime after your final day's activity.

For all payments and correspondence

Whitewater Challengers
PO Box 8
White Haven, PA 18661

Details

Camper - 2 Nights:	\$19.00 x 25	\$475.00
Total		\$475.00
Amount due		\$475.00

Booking 3 of 4


Booking #31033789

Lehigh//Premier Whitewater

Saturday, June 1 2019 @ 9:50am

23 People - Individual Rate, 2 Additional Free Spaces

Add to your calendar:

 [Google Calendar](#) [Apple Calendar](#) [Yahoo Calendar](#) [Outlook Calendar](#) **Next Step: Your Waivers**

Please have all participants complete the online waiver prior to arrival. It's quick and easy!

- Click "Sign Waiver"
- Please forward the required waiver along to ALL participants
- *To forward the waiver link, right click "Sign Waiver" and click "Copy Link" then paste the link into the body of an email to send to all participants. Or simply forward this confirmation email.*

[Sign Waiver >](#)

All waivers must be completed prior to check in at the rafting center.

 **Please meet us at:**

288 N Stagecoach Rd
Weatherly, PA 18255-4218

[Get directions >](#)**Important Information About Rafting**

- **NOTE:** Please plan to arrive at our Adventure Center at the listed time. This allows you at least 1/2 hour to check-in and get ready to depart. Trip lengths vary from day to day due to weather and water conditions but we estimate your trip will be approximately 3-4 hours on the river, 5-6 hours of your day.
- **TIMELY ARRIVAL:** Our trip times are strictly regulated, so we usually can't wait for late arrivals. Be sure everyone arrives no later than your stated arrival time.
- **PROPER FOOTWEAR:** Flip-flops, flimsy or loose-fitting sandals, "crocs" and bare feet are NOT permitted on the river. Old sneakers are the best. Sturdy sandals (like TEVA's) are acceptable. Appropriate footwear can be purchased or rented at our Adventure Center.
- **WHAT NOT TO TAKE IN YOUR RAFT:** Leave dry clothes and towels in your car for after the trip. Don't take in your raft any valuables, keys, coolers, alcohol, glass containers, pets, or cameras that aren't waterproof. Car keys can be left at the rafting center.
- **WHAT TO WEAR & BRING:** You WILL get wet. On warmer days, a swim suit or T-shirt and shorts are fine. Sunscreen and a visor or brimmed hat are always a good idea. In cooler weather a windbreaker is useful. Avoid cotton, especially sweat shirts and sweat pants, which will actually make you colder. If wearing glasses, be sure to secure them with reliable glass-straps. Wetsuits are available to rent at the rafting center.
- **RAFT GROUPINGS:** Organize your group into rafting teams of 6-7 before you get to the river. Make sure there's at least one adult in each raft. If your group is smaller than this you will pair up with another small group the day of the trip.

- **MEALS:** Our Lehigh River location offers breakfast, lunch and dinner service. You are welcome to bring your own (light) lunch to take on the river or purchase a box lunch from us.
- **SOUVENIR PHOTOS:** We try to capture a photo of each raft in the rapids. You can purchase these at our Rafting Center after the trip. Or if you rafted the Lehigh River you can order them online after you get home. Bring your waterproof camera! What a great way to document your adventure! Be sure to post your video online and share with your friends and tag #wwchallengers.

For more details visit our Lehigh River FAQs!





For all payments and correspondence.

Whitewater Challengers
PO Box 8
White Haven, PA 18661

Details

Person - Individual Rate: \$69.79 x 23	\$1,605.17
Additional Free Space x 2	
Local Fees: 1	6% applied per customer
Per Person Insurance Fee: 1	\$2.00 applied per customer
Total	\$1,605.17
Amount due	\$1,605.17

Booking 4 of 4

<p>Booking #31033834</p> <p>Pocono Paintball Games</p> <p>Sunday, June 2 2019 @ 9:00am</p> <p>25 People - Individual Rate</p> <p>📍 Please meet us at:</p> <p>288 N Stagecoach Rd Weatherly, PA 18255-4218</p>	<p>Add to your calendar:</p> <p> Google Calendar</p> <p> Apple Calendar</p> <p> Yahoo Calendar</p> <p> Outlook Calendar</p> <p>Get directions ></p>
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NOTE: Please plan to arrive at our Adventure Center at the listed time. This allows you at least 1/2 hour to check-in and get ready.

Details

Person - Individual Rate: \$39.10 x 25	\$977.50
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1/17/2019

Township of Union Schools Mail - Confirmation: Your Order with Whitewater Challengers (#HRDQM)

Local Fees: 1	6% applied per customer
Per Person Insurance Fee: 1	\$2.00 applied per customer
Total	\$977.50
Amount due	\$977.50

Cancellations:

***Cancellation Policy:** You can receive a full refund on your activity with Whitewater Challengers if you cancel at least 15 days in advance; 50% refund if you cancel 7 to 14 days in advance. No refunds can be made for cancellation less than 7 days ahead, or for no-shows or late arrivals.*

About this email: You are receiving this email because you provided us with your email address for updates. You can unsubscribe from all future emails.

Whitewater Challengers
(800) 443-8554
info@whitewaterchallengers.com
whitewaterchallengers.com

All prices in US dollars

Reservations and payments powered by FareHarbor

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: 4/9/2019

DEPARTMENT: Athletics: Atheltic Trainer

Account: 3220

VENDOR: Collins Sports Medicine

Amount: estimation \$2000

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): This is an estimation of the check to be
From Union Athletics to Collins for sports drinks and water for sale in the field house for
Athletes.

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.

Gregory Brennan, Business Administrator

Date: _____

Memo

To: Diane Cappiello

From: Phyllis Lang, Secretary
Athletic Office

Re: Add to agenda over \$1000.00 Expenditure

Date: 4/9

Attached are Expenditures for the Athletics over \$1000.00.

- 1) Collins Sports Medicine .

Please approve at the next Board Meeting.

Thank you

Phyllis

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 School Date: 4/8/19

DEPARTMENT: French Club Account: 2041

VENDOR: Paname French Restaurant Amount: 1,400.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]: Payment for students lunch at Paname Restaurant in New York as part of a field trip.

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

Althea Bossard

NAME

Althea Bossard

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

I. This will authorize the Treasurer of the UNION HIGH SCHOOL STUDENT ACTIVITIES ACCOUNT

Pay \$ 1,400.00 to the order of Elizabeth Boakye

Charge to CLUB ACCOUNT: French Club Acct. No. 2041

Purpose: Reimbursement for students' lunch in Paname French Restaurant in New York.

The French Club [Signature]

Club Name

Club Advisor Signature

II. Account Balance: _____ Verified By: _____

Date: _____ Comment: _____

III. Approved: [Signature] Date: 4/10/19

Principal - Signature

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

Processed By: _____

Township of Union Board of Education

STUDENT ACTIVITY ACCOUNT - REIMBURSEMENT REQUEST

EVERY EFFORT TO PAY WITH A CHECK FROM THE STUDENT ACTIVITY ACCOUNT DIRECTLY TO THE VENDOR MUST BE MADE BEFORE REIMBURSEMENT WILL BE CONSIDERED.

Student Activity Reimbursement requests must be pre-approved by the principal and superintendent prior to the purchase. If this Student Activity Reimbursement Request form is not submitted prior to purchase the reimbursement will NOT be processed.

Date: 4/8/19
 Employee Name: Elizabeth Boakye
 Acct Name: French Club
 Acct. No.: 2041

Reason for Reimbursement Request:
Payment for students' lunch at Paname Restaurant in New York as part of their field trip.

Estimate of Itemized Expenses

DESCRIPTION	COST
Lunch for 40 people at \$35.00	\$ 1,400.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

TOTAL AMOUNT OF REIMBURSEMENT: \$ 1,400.00

Note: Sales tax is not eligible for reimbursement.

A COPY OF THIS APPROVAL MUST ACCOMPANY YOUR OFFICIAL REQUEST FOR REIMBURSEMENT, ALONG WITH CONFIRMING RECEIPTS.

IF TOTAL AMOUNT EXCEEDS \$999 BOARD APPROVAL IS REQUIRED

[Signature] 4/8/19
 Employee Signature Date

FOR OFFICIAL USE ONLY:			
Approved	More Info. Needed	Not Approved	Date
<u>[Signature]</u>			<u>4/10/19</u>
Principal Signature			Date
Approved	More Info. Needed	Not Approved	Date
Superintendent or Designee Signature			Date

TOWNSHIP OF UNION BOARD OF EDUCATION
 FIELD TRIP APPROVAL REQUEST
 APPLICATION DATE: 2/11/19

Pursuant to N.J.A.C. 6A:23A-5,8 Field Trips must be preapproved by the Board and not solely for entertainment purposes.
ALL REQUESTS MUST BE RECEIVED IN THE TRANSPORTATION OFFICE NO LATER THAN THE FIRST OF THE MONTH IN ORDER TO BE INCLUDED IN THE AGENDA FOR THE NEXT BOARD MEETING.
 Failure to complete this form in its entirety will result in denial.

SCHOOL Union High School GRADE 9-12
 TEACHER(S) Elizabeth Bonkay, Mr. Oser-tutu
 DATE OF TRIP 04/02/19
 DESTINATION United Nations Headquarters
 ADDRESS / CITY 1st Avenue, NY, New York 10017-1068
(Please attach directions)

PURPOSE OF TRIP To make students aware of the importance of French in the UN.
(Must be of educational value to the children)

Pick-up Time (No earlier than 8:10 AM) 8:00am

Specific Location UHS Main Entrance

Return Time (Must be back at school by 1:40 PM) 4:00pm

Specific Location UHS Main Entrance

Total Number of Passengers 40 (Bus Capacity is 54, Van Capacity is 16)

TRANSPORTATION BUDGET AC#/FUNDING SOURCE: 2041
(i.e. xx-xxx-xxx-512-xx-xx-xxxx)
 TOTAL ESTIMATED COST TO BE COMPLETED BY REQUESTOR

<u>I am requesting in house transportation</u>		<u>I am requesting contractor transportation</u>	
1. In house Bus cost	=	1. Contractor Bus cost	= \$ <u>650.00</u>
2. Entrance Fee	=	2. Entrance Fee	= \$ <u>548.00</u>
3. Total Trip Cost: Add 1 + 2	=	3. Total Trip Cost: Add 1 + 2	= \$ <u>1198.00</u>
4. District Cost Bus	=	4. District Cost Bus	=
5. Student Cost Bus	=	5. Student Cost Bus	= \$ <u>650.00</u>
6. District Cost Fees	=	6. District Cost Fees	=
7. Student Cost Fees	=	7. Student Cost Fees	= \$ <u>548.00</u>
Line 3 should equal the total of lines 4+5+6+7		Line 3 should equal the total of lines 4+5+6+7	

Morn & Union Jointure

Supervisor's Approval [Signature] Date 2/11/19
 Principal's Approval [Signature] Date 2/13/19

** Please compute in-house transport costs as follows: \$55.00 per hour weekdays, \$90.00 per hour after 4:00 pm and on weekends X the number of vehicles needed. Minimum 2 hours. Additional half hour will be added on for travel time to and from the school.

	Approved	Disapproved	Reason	Date
BOE	<u>[Signature]</u>			<u>3/12/19</u>
Sch Business Admin	<u>[Signature]</u>			<u>3/12/19</u>
Transportation <u>X</u> BUS	<u>[Signature]</u>			<u>3/16/19</u>

GUEST CHECK

Server	Table No.	No. Guests	Date	39566
--------	-----------	------------	------	-------

1			
2			
3			
4	H.O.P.F. LUNCH		35.00 X 40
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			1400.00
15			
16	Coffee	Tea	Milk

PAY TO THE ORDER OF
 CAPITAL ONE
 NEW YORK, NY 10022-2006
 FOR DEPOSIT ONLY
 1068 2ND AVE
 PANAME FRENCH RESTAURANT
 1068 2ND AVE
 NEW YORK, NY 10022-2006

PANAME FRENCH RESTAURANT
 1068 2ND AVE
 NEW YORK, NY 10022
 212-207-3737

Merchant ID: 8813000276902
 Record Num.: 8801

CREDIT CARD Sale

Application Label: VISA DEBIT
 XXXXXXXXXXXX3012 Exp: XX/XX
 AID: A0000000031810
 VISA Entry Method: Contact
 CHIP READ
 ATC: 012C
 AC: 891AF0ADF5713415

Amount: \$ 1,400.00
 Tip: _____
 Total: USD\$ _____

04/02/19 14:01:22
 Resp Code: 00
 TVR: 888888888
 TSI: 6888
 Inv#: 000001 Appr Code: 085482
 Apprvd: OnLine Batch#: 000058
 TRN Ref #: 589092648835415
 Validation Code: J862

DESCRIPTION: _____
 THANK YOU!
 PLEASE COME AGAIN!
 CARDHOLDER COPY
 RETAIN THIS COPY FOR STATEMENT VERIFICATION



Fri, Jan 25, 1:06 PM (5 days ago)

paname french restaurant
to me

As per our conversation the party you are having on April 2nd minimum 40 people guaranteed, \$35 per person all inclusive.

MENU

Main Course : Cod Fish

Beef Bourguignon

Organic Chicken Breast

Dessert: Apple Tart

Chocolate cake

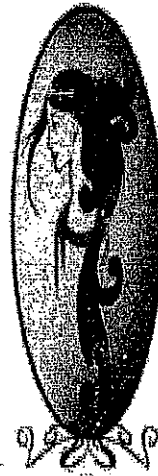
So your Grand total will be \$1400(cash).

We need your confirmation to stop the internet reservations. Thank you!



PANAME

CONTEMPORARY FRENCH RESTAURANT



main course and dessert

3 courses \$26

Includes appetizer, main course and dessert

Appetizer



Soup du Jour
Artichokes Pesto
Pate Maison aux Cornichons
Chicken Liver and Mushroom Mousse
Fresh Beef Salad with Chevre Chantilly
*Portobello Mushroom with Fresh Mozzarella,
Sherry Vinaigrette*
Caesar Salad Maison with Parmesan Cheese

Jonah Crab Cakes with Remoulade Sauce
Tomato, Mozzarella, Basil and Aged Balsamic Vinegar
Egg Mollit with Ratatouille and Chorizo
Boudin Noir with Chevre
Escarots in Baby Potatoes with Garlic Butter
Mescalun Salad with Sherry Vinaigrette
Baby Octopus with Haricots Blancs
 Lentil Salad topped with Chevre

Main Course

Hamburger (American or Swiss Cheese, Shallot/ Mushroom or Bacon + \$2)

Your Choice of Omelette with Baby Green Salad or French Fries

Any Sandwich from Lunch Menu

Penne au Vermouth and Light Creamy Tomato Sauce

Spaghetti Sirloin Bolognese

Caesar Salad with Grilled Chicken or Shrimp

Cod Fish a la Nicoise, Fresh Tomato Fondant and Mashed Potato Paillasson

Fresh Tilapia Filet with Almonds, White Wine and Lemon

Organic Chicken Breast with Compote d'Aubergines, Pine Nuts
and Thyme Blossom

Niman Ranch Pork Scaloppini with Wild Mushroom and Cidre Cream Fraiche

Chicken Paillard with Baby Green Salad

Filet of Sole with Citrus Verbaine and Pistachio Nuts, Thyme Oil (\$6 add)

New York Shell Steak with Shallots and Sauce Bordelaise (\$6 add)

Dessert

Adam's Apple

Thin Crust Apple Tart

Flour less Chocolate Cake

Mousse au Chocolat

Gateaux au Chocolat

Banana Split

Creme Maison

Creme Brulee

Chocolate Volcano

Tahitian Vanilla Ice Cream

Les Sorbets

NOT COMBINABLE WITH OTHER OFFERS OR REWARDS

Plus drinks (soda / juice)
plus tips = \$ 35.00

Paname French Restaurant

We are located at 1068 2nd Ave. NYC, 10022, between 56 & 57 Streets.

Reserve Online

or call

(212) 207-3737

Reservations Suggested.

Paname is available for Private Dining and Events. Please inquire.

Contact Person – Bernard Ros

Email: panamefirst@gmail.com



United Nations Guided Tours Reservation & Payment Policy

All visitors are required to register at the UN Visitors Check-in Office at **801 First Avenue (corner of East 45th Street)** before entering UN Headquarters located on 1st Avenue between 45th & 46th Streets.

Due to new security rules, **all visitors to the United Nations 18 years of age and older now require government-issued photo identification to enter UN Headquarters.** Photo Identification can include a passport, driver's license or national identify card.

For **UN groups of visitors of 5-20 persons**, only one representative of the group must present identification at the Visitors Check-in Office. The representative will be given a UN Security pass and identifying wrist bands for the remainder of the group members, who can wait outside the UN premises.

Groups with a minimum of 40 persons can make a booking by e-mailing our reservations team at unitg@un.org for information about availability and to purchase a group tour.

Individual tickets for 1-39 persons can be purchased online at <http://visit.un.org>.

Group Reservations:

Group bookings are made in blocks of 20 people. For example: If you have a group of 41 to 60 people, you must purchase three blocks of 20; for 61 to 80 people, four blocks must be purchased.

Below is our pricing chart (**20 persons per block**). Please contact our reservations staff for more information at unitg@un.org.

Group Tour - Adult	\$400.00
Group Tour - Student (13 years+)	\$274.00
Group Tour - Senior (60 years+)	\$260.00
Group Tour - Child (5-12 years)	\$256.00
Briefing Fee (20)	\$40.00

→ × 2 = \$548

Unfortunately, **children under five years of age are not permitted on tour.**

For groups which combine different age categories, the pricing will reflect the majority of participants.

Once your booking is confirmed with the number of blocks needed for the size of your group, it is difficult to accommodate additional people on the day of tour. For example: if you purchased three blocks (up to 60 people) and have 62 people in your group, two people will have to stay behind if there are no public tours available. Alternatively, please consider purchasing additional individual tickets online through our website <http://visit.un.org> or there may be some limited tickets available onsite with our Tour Cashier.

Hours of operation:

Monday to Friday 9:00 am to 5:30 pm (first tour starts at 9:30 am, UN entry closes at 4:30 pm)

Since we have limited tours available and most days are fully booked, we advise the following:

- Be sure to arrive at the United Nations a minimum of 60 minutes prior to the reserved tour time in order to check-in and for security screening. If your group arrives more than 15 minutes late at the tour desk inside UN Headquarters, your tour will be cancelled without refund.
- If your group is running late on the day of the reservation, please call the Tour Coordinator at **+1 (212) 963-7539**.
- We will make every effort to accommodate your group but cannot guarantee it. Thank you for your understanding.

Payments:

ALL sales are FINAL.

Payment-in-full for the reserved blocks must be received prior to the day of your tour.

For tours scheduled 90 days in advance or more, the payment is due 60 days before the tour date.

For tours scheduled less than 90 days in advance, the payment is due 15 days from the invoice issue date.

For tours scheduled less than 30 days in advance, the payment may be due sooner as indicated on the invoice.

Any late or non-payments will result in the cancellation of your tour.

We can now accept payment via credit card through our on-line vendor, Vendini. If we assist you over the telephone with a credit card payment, a \$5.00 agent's fee will be added.

You may also pay by company, organizational, or school cheque (no personal cheques), or money order.

Please make sure to send your company/school check or money order using: FedEx or USPS Priority Express™/Certified Mail with Signature Required service and Tracking Number. Do not use regular USPS first class. Once your payment is sent, kindly email us with the tracking number to keep your tentative reservation valid.

Thank you for your interest in United Nations guided tours and for your continued support.

Contact Us

UN Visitor Centre

Department of Public Information
United Nations Headquarters
Room GA-1B-31
New York, NY 10017

Guided tours

Public Inquiries

Speakers Bureau briefings

Guided tours

[Top](#)

Recorded information on tours

Call: 1-212-963-TOUR (8687)

Public Tours

Call: 1-212-963-7539

Group reservations

Call: 1-212-963-4440



Morris-Union Jointure Commission
 Transportation Department
 310 Snyder Avenue
 Berkeley Heights, NJ 07922
 Phone: (908) 790-9270 x5113
 Fax: (908) 790-9276
 Email: rsanderson@mujc.org

Drivers

2018-2019 Field Trip Price Quote

District: Union	Please DO NOT Pay until you receive the invoice!
Quote Requested By: Elizabeth Boakye	Today's Date: 01/19/19
Phone #: cell-609-968-4999	Email: eboakye@twpunionschools.org
Trip Date: April 2, 2019	
Pick-up Time: 8:00 am	Pick-up location: Union HS
Pick-up address: 2350 North 3 rd Street, Union, NJ 07083	
Destination: United Nations Headquarters & Restaurant (<i>Paname French Restaurant</i>)	
Destination address: 46 th St & 1 st Avenue, NY, New York 10017-1068 2 nd Ave NY 10022	
Bus to stay at destination:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Estimated cost of parking at destination: \$ 20 paid by teacher.	
Expected return time to origination point: 4:00 pm	
Number of passengers: <u> 4 </u> Adults <u> 36 </u> Children <u> 40 </u> TOTAL	
Number of car seats needed: All students must wear seat belts on at all times.	

***Price Quote: \$ 650.25**
 This quote is for a 54 passenger bus for *approximately* 8.5 hours (including travel costs of 0.5 hours. This quote does not include an estimate for bus parking at the destination. The parking fee is required when a trip is planned to a large city, i.e. New York City, Philadelphia, Camden, Jersey City, or there is no free parking in the area. District MUST bring cash to cover the cost of parking.

***NOTE:** Total charges will be assessed AFTER the completion of the trip. The above price quote is an *estimate*, not an official charge.

Bus Pricing: Mon.-Sat. rate: \$72.42 per hour for a 24-passenger (and smaller) vehicle / \$76.50 per hour for a 54-passenger vehicle.
 Sun. & Holiday rate: \$87.72 per hour for a 24-passenger (and smaller) vehicle / \$98.94 per hour for a 54-passenger vehicle.
 No-show (no cancellation) fee: \$100.00.
 Parking fees will be paid by the teacher when a trip is planned to a large city, or there is no free parking in the area. A half fee is included to the trip time for our travel cost to and from your location.
 We will not reserve Rain Dates: Please discuss scheduling with our dispatcher.

This price quote does NOT serve as a field trip confirmation notice. You must SIGN below and return this form by email or fax as soon as possible to book this field trip. This is ONLY a quote.
 This quotation is for immediate acceptance. We will hold your trip slot for a period of 15 days. If we do not receive your signed form with 15 days, your trip slot will become available to other districts.

To officially book this trip, YOU MUST SIGN below and fax or email to the address above:

<u>Elizabeth Boakye</u>	<u><i>[Signature]</i></u>	<u>1/25/19</u>
Print Name	Signature	Date

EXHIBIT B-1

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

SCHOOL: UHS Date: 5/7/19

DEPARTMENT: MUSIC Account: 2045

VENDOR: Mr. Gregory Amount: \$1350
Duncan

PURPOSE OF EXPENDITURE [attach appropriate invoice(s):
full refund of Disney trip - Student
Colin Duncan

Due to family circumstances not able to attend trip.
In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.

Shawn Papperno
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

UHS STUDENT ACTIVITIES ACCOUNT

DATE: 5/7/19

I. This will authorize the Treasurer of the UNION HIGH SCHOOL STUDENT ACTIVITIES ACCOUNT

Pay \$ 1350.00 to the order of Mr. Gregory Duncan

Charge to CLUB ACCOUNT: spring trip / chow / food Acct. No. 2045

Purpose: Due to Family Circumstances not able to attend Trip
Full refund of Disney trip - student Colin Duncan

Card

Club Name

[Signature]

Club Advisor Signature

II. Account Balance: _____ Verified By: _____

Date: _____ Comment: _____

III. Approved: [Signature]

Principal - Signature

Date: 5/7/19

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

Processed By: _____

EXHIBIT B-1

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

SCHOOL: UHS

Date: 4.29.19

DEPARTMENT: AP Testing Account: 2025

VENDOR: College Board Amount: not to exceed \$20,000.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]: To pay for AP Exams.

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

Althea Bossard

NAME

Althea Bossard

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

not to exceed

I. This will authorize the Treasurer of the UNION HIGH SCHOOL STUDENT ACTIVITIES ACCOUNT

Pay \$ 20,000 to the order of Collegeboard

Charge to CLUB ACCOUNT: AP Exams Testing Acct. No. 2025

Purpose: to pay for AP Exams

AP Exams
Club Name

[Signature]
Club Advisor Signature

II. Account Balance: _____ Verified By: _____

Date: _____ Comment: _____

III. Approved: [Signature] Bossard
Principal - Signature

Date: 5/6/19

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

Processed By: _____

Grand Total (All Months of Service)

Item	Credit	Debit	Running Total
Total Fees Collected by TR	\$15,954.00		\$15,954.00
Total TR Payment Processing Fee		\$638.16	\$15,315.84
Total Partial Payment Processing Fees		\$0.00	\$15,315.84
Total Refunds Processed		\$784.00	\$14,531.84
Fee for TR Recorded Refunds		\$0.00	\$14,531.84
Invoices for Service		\$296.30	\$14,235.54
Checks TR Paid School		\$0.00	\$14,235.54
Payments to TR From School	\$0.00		\$14,235.54

Balance Remaining (Net Total - Checks - Refunds - TR Invoice) = \$14,235.54

The following info is used to create the subtotals found in the calculations above.

Checks TR Paid School

Date Written	Check #	Amount
Total Checks		\$0.00

Payments to TR From School

Date Received	Check #	Amount
Total Checks		\$0.00

EXHIBIT B-1

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

SCHOOL: UHS

Date: 5.6.19

DEPARTMENT: Class of 2019 Account: 2214

VENDOR: Oak Hall Amount: \$8,000.00 ^{NOT TO EXCEED}

PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]: payment of the
Class of 2019 Senior Class cap & gowns.

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

Althea Bossard
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


I. This will authorize the Treasurer of the UNION HIGH SCHOOL STUDENT ACTIVITIES ACCOUNT

Pay \$ 2,000.00 to the order of Oak Hall

Charge to CLUB ACCOUNT: Class of 2019 Acct. No. 2214

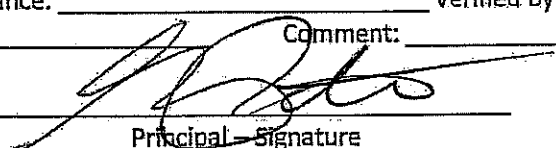
Purpose: Payment for the 2019 Senior Class

Cap & Gowns.

Class of 2019 Club Name  Club Advisor Signature

II. Account Balance: _____ Verified By: _____

Date: _____ Comment: _____

III. Approved:  Date: 5/7/2019
Principal - Signature

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

Processed By: _____

OAK HALL CAP & GOWN

Sales Quote

P.O. Box 1078 - 840 Union Street - Salem, VA 24153
Telephone (540) 387-0000 Fax (540) 387-2034

Page: 1

Sales Quote Number: 066031
Sales Quote Date: 9/26/2018

Sell Customer ID: 009132
To: UNION HIGH SCHOOL
ATTN: LAURIE DELGUERCIA
2350 N THIRD ST
UNION, NJ 07083

Ship
To: UNION HIGH SCHOOL
ATTN: LAURIE DELGUERCIA
2350 N THIRD ST
UNION, NJ 07083

Ship Via
Terms Net 30 Days

Delivery Date: 05/20/19
Grad Date: 06/20/19
Cust. Serv. Rept: OAKHALLI
SalesPerson: KEVIN TOOHILL

Description	Quantity	Unit Price	Total Price	Rep Commission
GOWN OSFA CAP NUHORIZON MAROON	545	13.00	7,085.00	
MAROON/WHITE TASSEL-RGYD	545			
COLLARS W/TABS - WHITE	1			

Amount Subject to Sales Tax 0.00
Amount Exempt from Sales Tax 7,085.00

Subtotal: 7,085.00
Invoice Discount: 0.00
Tax: 0.00

Total: 7,085.00

Streamlined Sales and Use Tax Agreement – New Jersey Certificate of Exemption

This is a multistate form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. Check if you are attaching the Multistate Supplemental form.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
2. Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____

3. **Please print**

Name of purchaser
UNION HIGH SCHOOL

Business Address City State Zip Code
ATTN: Lori-Ann Boyd UNION NJ 07083

Purchaser's Tax ID Number State of Issuance Country of Issuance
226002350 NJ USA

If not Tax ID enter one of the following:	FEIN	Driver's License Number/State Issued ID Number	Foreign diplomat number
		State of issuance: Number:	

Name of seller from whom you are purchasing, leasing or renting

Oak Hall Industries, LP

Seller's address City State Zip Code
840 Union St Salem VA 24153-5121

4. **Type of business.** Circle the number that describes your business.


- | | |
|---|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, hunting | <input type="checkbox"/> 12 Utilities |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 13 Wholesale trade |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 14 Business services |
| <input type="checkbox"/> 05 Information, publishing, and communications | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining | <input checked="" type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 20 Other (explain) _____ |

5. **Reason for exemption.** Circle the letter that identifies the reason for exemption.

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agriculture production # _____ |
| <input checked="" type="checkbox"/> B State or local government (name) <u>Union High Schc</u> | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____ | <input type="checkbox"/> J Direct pay permit # _____ |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Direct mail # _____ |
| <input type="checkbox"/> E Charitable organization # _____ | <input type="checkbox"/> L Other (explain) _____ |
| <input type="checkbox"/> F Religious organization _____ | |
| <input type="checkbox"/> G Resale # _____ | <input type="checkbox"/> M Educational organization # _____ |

6. **Sign here.**

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signed authorized purchaser	Print name here	Title	Date
	Lori-Ann Boyd	Bookkeeper	2019-05-06



2019-04-27

UNION HIGH SCHOOL
ATTN: LAURIE DELGUERCIA 2350 N THIRD ST
UNION, NJ 07083

RE: SALES AND USE TAX RESALE/EXEMPTION CERTIFICATE REQUEST:
Customer # 009132
States where goods are delivered: NJ

Dear Valued Customer:

The U.S. Supreme Court handed down its highly anticipated decision in *South Dakota v. Wayfair*. The decision overturned *Quill*, a 1992 U.S. Supreme Court Case that had established a physical presence nexus standard for Sale and Use Tax. The Court found that South Dakota's law requiring out of state sellers with 200 transactions or \$100,000 in sales to collect and remit Sales and Use Tax without physical presence in South Dakota is permissible under the Commerce Clause. Numerous states have jumped on board by passing similar laws that have been or will be enacted in the near future.

Before this ruling, Oak Hall Industries, LP (dba Oak Hall Cap & Gown, CE Ward, Bentley & Simon, etc.) was only required to collect and submit Sales and Use Tax in a few states. Now we are required to register and report Sales and Use Tax in the majority of the states. We are configuring our systems to abide by these new laws and will begin charging Sales and Use Tax on all products in accordance to the regulations. We recently employed the services of Avalara to assist us in the process.

While we are in the process of converting all of our customers to pay Sales and Use Tax, we understand that some of our customers are exempt from paying Sales and Use Tax. State rules regarding sales tax vary in every state; however, many states allow exemptions from the payment of sales tax to educational, governmental, and religious organizations, as well as resellers of goods. If you fall in those categories and your state allows an exemption, we are asking for a copy of your state exemption certificate. We are in the process of reviewing and updating our customer files to ensure we have valid Sales Tax Exemption Certificates that are accurate and up-to-date, as well as collecting certificates from customers who are located in a state where we previously were not registered.

If you are required to pay Sales and Use Tax, simply reply that you are "taxable". We will begin charging Sales and Use Tax when we have reached our target date tentatively set for June 1, 2019. If you are exempt from paying Sales and Use Tax, I am requesting that you submit your exemption form at this time in order for you to avoid being charged Sales and Use Tax when the system is activated. I ask that you provide your certificate by May 10, 2019 to avoid delay.

Depending on your status, you may be exempt from sales tax based on one of the following exemption possibilities for which we need documentation:

- Sales for Resale: If Oak Hall Cap & Gown drop ships product on your behalf to multiple states, we will need the forms applicable to all those states. A multi-state form (MTC) is accepted by numerous states.
- Non-profit exempt organizations/Government Entities/Schools: If your state allows an exemption, please provide the necessary certificate or proof.



Please note that W-9s, registrations, sales tax permits/licenses, and IRS federal exemption letters are **not** valid documentation of state exempt status.

To submit a new exemption certificate, please click on the link below or use the following request code on Avalara's CertExpress Website:

Link: <https://app.certexpress.com?r=Jf-Gh-F3-rY> CertExpress Website: <https://app.certexpress.com> Request Code: Jf-Gh-F3-rY

Please email your certificate to: ar@oakhall.com or fax to: (540) 767-2940.

Please complete all of the fields on the state forms and date and sign, if appropriate. Incomplete forms will delay your exemption. Our new system will only recognize complete, valid forms. Should we have no certificate or an incomplete or invalid certificate, our system will default to charging tax in the appropriate jurisdiction.

An email is going out to all of Oak Hall's accounts, so if you have multiple accounts with us, you will receive more than one of these requests. If using the link to upload your certificate please upload it to your multiple accounts. If you email it or fax it, you will only need to provide one copy. Please note all of your account numbers in the body of the email or on the fax cover sheet. I apologize for any duplicate request. Some of our staff have been making phone calls and you may have been called about this same matter. I apologize for any duplicate request.

If we drop ship to customers on your behalf we will need appropriate documentation for all your drop ship states.

If you are in a state that exempts clothing, please note that we sell some items that are not clothing.

Should you have questions please email ar@oakhall.com or call Samantha Willenbring at (540) 387-0047. Thank you for your prompt cooperation in updating our documentation.

Sincerely,

Patty Oshida
Controller



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: UHS Date: 5/8/19
DEPARTMENT: Senior Cass Account: 2214
VENDOR: 2K Printing Amount: 34.24
PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]: Senior Shirts

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

Althea Bossard
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

UHS STUDENT ACTIVITIES ACCOUNT

DATE: 5/8/19

I. This will authorize the Treasurer of the UNION HIGH SCHOOL STUDENT ACTIVITIES ACCOUNT

Pay \$ 3424 to the order of 2K Printing and Promotions

Charge to CLUB ACCOUNT: Senior class Acct. No. 2214

Purpose: Senior Shirts:

<u>Senior class</u>	<u>W. Chas Eichert</u>
Club Name	Club Advisor Signature

II. Account Balance: _____ Verified By: _____

Date: _____ Comment: _____

III. Approved: [Signature] Date: _____
Principal - Signature

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

Processed By: _____



Phone: 908.547.5000 Fax: xxx-xxx-xxxx
 E-Mail: billing@2kprinting.com
 170 W. Westfield Ave. Roselle Park NJ, 07204

Quotation

Date	Quote Number
12/3/2018	S 17090

Senior Class Shirts

Bill To:

Union High School
Cheryl Fiske

Phone: 908-419-4005 Cell: - -
 E-Mail: cfiske@twpunionschools.org Fax: - -

Ship To:

Customer Pick Up

Ship Method: Pick Up

Terms	Sales Rep
Due on receipt	Glenn

Style	Description	Colors / Stitches	Size	Qty	Rate	Amount
PC61	Short Sleeve Port & Company 174 - Essential T-Shirt. PC61	Jet Black	S	93	8.00	744.00
			M	147	8.00	1176.00
			L	66	8.00	528.00
			XL	30	8.00	240.00
			2XL	11	10.00	110.00
PC61LS	Long Sleeve Port & Company® - Long Sleeve Essential Tee	Jet Black	S	12	11.00	132.00
			M	22	11.00	242.00
			L	7	11.00	77.00
			XL	3	11.00	33.00
			2XL	4	13.00	52.00
	Custom Screen Printing	3 Cols, Chest - Left	395			
	Screen Usage Charge		3	15.00	45.00	
Custom Screen Printing	3 Cols, Center - Back	395				
Screen Usage Charge		3	15.00	45.00		

Total	3424.00
Tax Amount	0.00
Net Total	3424.00

Please allow for a 1-2% spoilage rate on all orders. Orders under 50 pieces allow for a 1-2 piece spoilage rate. Spoilage over 2% will be credited.

Deposit Required: 0.00

All orders are subject to our standard terms on conditions.

Full Name: _____ Signature: _____ 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: Hannah Caldwell

Date: May 1 2019

DEPARTMENT: _____ Account: _____

VENDOR: Somerset Patriots Baseball Amount: Not to exceed \$2500.00

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

3rd and 4th grades are going on a field trip to watch a Somerset Patriots Baseball Game

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

Vincent B. Rettino

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

EXHIBIT B-1

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

SCHOOL: Hannah Caldwell

Date: May 1 2019

DEPARTMENT: _____ Account: _____

VENDOR: Rizzo's Wildlife World Amount: 1064.00

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

1st Grade Field Trip

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

Vincent B. Rettino

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

EXHIBIT B-1

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

SCHOOL: Hannah Caldwell

Date: May 1 2019

DEPARTMENT: _____ Account: _____

VENDOR: Artome Amount: Not to exceed \$2000.00

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

Art club Fundraiser

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

Vincent B. Rettino

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

