

Memo

To: Diane Cappiello

From: Phyllis Lang, Secretary
Athletic Office

Re: Add to agenda over \$1000.00 Expenditure

Date: 9/28/2017

Attached are Expenditures for the Athletics over \$1000.00.

1)BSN Sports for Football team Sweat shirts and apparel..

Please approve 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

Date: 9/28/2017

DEPARTMENT: Athletics Football

Account: 3240

VENDOR: BSN Sports

Amount: \$4,000.00 approx

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): This is an estimation of the check to be written to the BSN Sports for Sweat shirts and team apparel for the Football team. Money was raised last year from

Cookie dough sales

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

Linds 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: _____

**ATHLETIC
DEPARTMENT**

Memo

To: Diane Cappiello
From: Phyllis Lang, Secretary
Athletic Office
Re: Add to agenda over \$1000.00 Expenditure
Date: 9/12/2017

Attached are Expenditures for the Athletics over \$1000.00.

1)Varsity Athletic Apparel Inc.

Please approve at the next Board Meeting.

Thank you

Phyllis

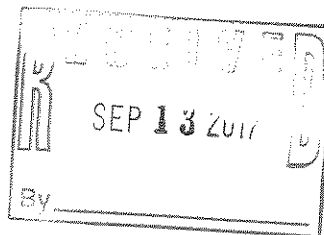


EXHIBIT B-1

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

SCHOOL : Union High

Date: 9/12/2017

DEPARTMENT: Athletics Football

Account: 3201

VENDOR: Varsity Athletic Apparel Inc.

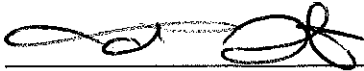
Amount: \$8,000.00 approx

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): This is an estimation of the check to be written to Varsity Atheltic Inc. for new Alumni Sports Banners to be placed in the Gym . They will list all sports Honors.

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

Linds 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: _____

ATHLETIC DEPARTMENT

Memo

To: Diane Cappiello
From: Phyllis Lang, Secretary
Athletic Office
Re: Add to agenda over \$1000.00 Expenditure
Date: 9/20/2017

Attached are Expenditures for the Athletics over \$1000.00.

- 1) Girls Gymnastic team fundraiser for Breast Cancer, in the month of October.

Please approve 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 Athletics

Date: 9/20/2017

Department: Athletics

Account: 3250

Vendor: Susan G. Koman

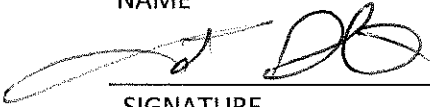
Amount: approx. \$2000.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]: This is an estimation for the a fundraising event for the month of October. The gymnastics team is funding for Breast Cancer and proceeds will be donated to the Susan G. Koman Organization.

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– Business Office

From: Phyllis Lang- Athletics

Date: 9/11/2017

Re: Please add to the agenda for the next Board Office Meeting

Attached Expenditures for Athletics over \$1000.00

- 1) Football Playoff game
- 2) Wrestling State Tournament To NJSIAA
- 3) Wrestling Tournament to UCIAC
- 4) School Health Corp

Please approve at the next Board Meeting

Thank you,

Phyllis

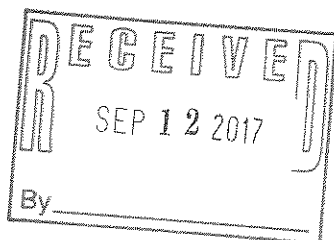


EXHIBIT B-1

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

SCHOOL : Union High

Date: 9/11/2017

DEPARTMENT: Athletics Wrestling

Account: 3380

VENDOR: UCIAC


Amount: \$4,000.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): This is an estimation of the check to be written to the UCIAC for the County Wrestling Tournament that is held here at Union High School during the winter wrestling season. This is an annual 1 day event.

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

Linds 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: _____

EXHIBIT B-1

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

SCHOOL : Union High

Date: 9/11/2017

DEPARTMENT: Athletics Student Trainer Account

Account: 3220

VENDOR: School Health Corp

Amount: 2,000.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): This is an estimation of the bill for sports Sports drinks & water sold at Field House.

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

Linds 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: _____

EXHIBIT B-1

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

SCHOOL : Union High

Date: 9/11/2017

DEPARTMENT: Athletics Wrestling

Account: 3380

VENDOR: NJSIAA

Amount: \$12,000.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): This is an estimation of the check to be written to the NJSIAA for the State Wrestling Tournaments that are held here at Union High School during the winter wrestling season. This is an annual event over a 3 day period..

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

Linda Jonta- 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: _____

EXHIBIT B-1

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

SCHOOL : Union High

Date: 9/11/2017

DEPARTMENT: Athletics Football

Account: 2100

VENDOR: NJSIAA

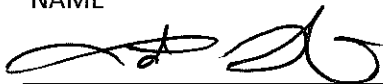
Amount: \$4,000.00 approx

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): This is an estimation of the check to be written to the NJSIAA for a State Football Game if we get into a state playoff game. This would be for money taken in at the ticket booth if played at home.

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

Linda Jonta- 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: _____

EXHIBIT B-1

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

SCHOOL: Union High School Date: 10/2/17

DEPARTMENT: MUSIC Account: 2033

VENDOR: LAURA Muller Amount: \$783.93

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

reimbursement for the rental of
16' truck for band camp - to
carry luggage & equipment

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

Corey Lowery
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

DATE 8/30/17

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

Pay \$ 783.93 to the order of Laura Muller

and charge the account of marching band Acct. No. 33

Purpose: reimbursement for rental of marching band equipment

band Club or Activity [Signature] Faculty Adviser - Signature truck

II. Account Balance _____ Verified by _____
Date _____ Comment _____

III. Approved [Signature] Principal - Signature Date 9/28/17

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

Processed by _____

TAXES
NJ SALES TAX



\$42.06

TOTAL DUE: \$783.93

PAYMENTS AND REFUNDS

Pay Type	Trans	Date	Card #	Approval Code	
DS	PYMT	08/25/2017	xxxxxxxxxxxx2227	02583R on 08/25/2017	(\$2.00)
DS	PYMT	08/25/2017	xxxxxxxxxxxx2227	01995R on 08/19/2017	(\$781.93)
PAYMENT:					(\$783.93)
NET DUE:					\$0.00

Customer acknowledges that Customer has read, or been given an opportunity to read, the Rental Agreement, including this Cover Sheet, the General Terms and Conditions, as well as any attachments hereto and agrees to be fully bound by its terms. To the extent the Customer had purchased Limited Damage Waiver coverage, Customer acknowledges reading, understanding, and agreeing with the disclosures, exclusions, and terms and conditions applicable to Limited Damage Waiver as set forth in Attachment D to the Rental Agreement.

By: _____
Customer/Authorized Signatory

Rental Agreement Cover Sheet



24/7 Roadside Assistance:
1-800-526-0798

Rental Agreement #:61073548

Created by: M.CANTA
 Completed by: M.CANTA
 Entered At: 0443-10
 Status: **COMPLETED**
 Customer Name: UNION HIGH SCHOOL MARCHING B
 Created On: 08/19/17 05:07 PM

COMMERCIAL LOCAL

Pick Up Date: 08/19/17 02:45 PM
 Expected Drop-Off: 08/25/17 01:22 PM
 Actual Drop-Off: 08/25/17 06:00 AM
 End Bill Date: 08/25/17 06:00 AM
 8025 on 08/25/17
 Changed On: 08/25/17 10:24 PM

BILLING INFORMATION

Invoice #: PO #: Billing Cycle: Weekly
 Bill Start Date:08/19/17 01:22 PM

Remit To: PENSKE TRUCK LEASING CO.,L.P. - P.O.BOX 827380 PHILADELPHIA, PA 19182-7380 USA

CHARGES

Type	Quantity	Unit of Meas	Rate	Charge
Unit #:91604861	1	Week	\$350.00	\$350.00
Mileage Out: 10,035 In: 10,218	183	Miles	\$0.1900	\$34.77
Ldw \$1000 Responsibility	6	Day	\$25.00	\$150.00
Liability Accident Insurance	6	Day	\$20.00	\$120.00
environmental fee	1 Week @	\$15.00		\$15.00
Vehicle Licensing Recovery Fee	1 Week @	\$10.00		\$10.00
Unleaded Gasoline 150361061 Tkt# 150361061 Loc# 0443-10 Date 08/25/2017	20.7	Gallons	\$3.00	\$62.10
SUBTOTAL:				\$741.87

TAXES

NJ SALES TAX \$42.06

TOTAL DUE: \$783.93

PAYMENTS AND REFUNDS

Pay Type	Trans	Date	Card #	Approval Code	
DS	PYMT	08/25/2017	xxxxxxxxxxxx2227	02583R on 08/25/2017	(\$2.00)
DS	PYMT	08/25/2017	xxxxxxxxxxxx2227	01995R on 08/19/2017	(\$781.93)

PAYMENT: (\$783.93)

NET DUE: \$0.00

Customer acknowledges that Customer has read, or been given an opportunity to read, the Rental Agreement, including this Cover Sheet, the General Terms and Conditions, as well as any attachments hereto and agrees to be fully bound by its terms. To the extent the Customer had purchased Limited Damage Waiver coverage, Customer acknowledges reading, understanding, and agreeing with the disclosures, exclusions, and terms and conditions applicable to Limited Damage Waiver as set forth in Attachment D to the Rental Agreement.

By: _____
 Customer/Authorized Signatory

EXHIBIT B-1

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

SCHOOL: Union High School

Date: 10/2/17

DEPARTMENT: MUSIC Account: 2033

VENDOR: Laura Muller Amount: \$894.88

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

reimbursement for the purchase
of lumber + paint for construction
of marching band props

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

Cory Lowery
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

DATE 9/18/17

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

Pay \$ 894.88 to the order of Laura Muller

and charge the account of marching band Acct. No. 33

Purpose: reimbursement for purchase of
lumber & paint for band props

band Club or Activity Faculty Adviser - Signature J Muller

II. Account Balance _____ Verified by _____

Date _____ Comment _____

III. Approved [Signature]
Principal - Signature

Date 9/28/17

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

Processed by _____

PAINT for



BAND
PROPS
More saving.
More doing.™

2445 SPRINGFIELD AVE, VAUXHALL NJ 07088
STORE MGR. GERRY THOMAS (908)686-9804

0915 00003 16711 09/16/17 08:34 AM
CASHIER TIARAH

022367568573 GL EXT SG <A> 105.00N
GLIDDEN PREM EXT SG BASE 3 4.33GAL
000346381405 4-1/2 ECC <A> 10.97N
BOSCH 4-1/2"X12TPI T-SHANK JIGSWBLDE
022367572556 AF EXT SG <A>
A/FINEST EXT SG BASE 1 4.80GAL
2@34.83 169.66N

SUBTOTAL 285.63
SALES TAX 0.00
TAX EXEMPT
TOTAL \$285.63
XXXXXXXXXXXX2227 DISCOVER USD\$ 285.63
AUTH CODE 01699R/4031637 TA
Chip Read
AID A0000001523010 446973636F766572204
37265646974
TVR 0000008000
IAD 01056080010000001E0300000000000000
TSI E800
ARC 00



0915 03 16711 09/16/2017 7895

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 12/15/2017
THE HOME DEPOT RESERVES THE RIGHT TO
LIMIT / DENY RETURNS. PLEASE SEE THE
RETURN POLICY SIGN IN STORES FOR
DETAILS.

BUY ONLINE PICK-UP IN STORE
AVAILABLE NOW ON HOMEDEPOT.COM.
CONVENIENT, EASY AND MOST ORDERS
READY IN LESS THAN 2 HOURS!

ENTER FOR A CHANCE
TO WIN A \$5,000
HOME DEPOT GIFT CARD!

Tell us about your store visit!
Complete our short survey and
enter for a chance to win at:

www.homedepot.com/survey

PARTICIPE EN UNA
OPORTUNIDAD DE GANAR
UNA TARJETA DE
REGALO DE THD
DE \$5,000!

Comparta Su Opinion! Complete la breve
encuesta sobre su visita a la tienda y
tenga la oportunidad de ganar en:

www.homedepot.com/survey

User ID:
HTJ 34626 33714

Props



Band
More saving.
More doing.™

2445 SPRINGFIELD AVE, VAUXHALL NJ 07088
STORE MGR. GERRY THOMAS (908)686-9804

0915 00003 16612 09/16/17 08:16 AM
CASHIER TIARAH

0000-166-081 5/8 RTD SHTG <A>
19/32 4X8 RTD PLYWOOD
25@24.37 609.25N

SUBTOTAL 609.25
SALES TAX 0.00
TAX EXEMPT
TOTAL \$609.25
XXXXXXXXXXXX2227 DISCOVER USD\$ 609.25
AUTH CODE 01632R/4031633 TA
Chip Read
AID A0000001523010 446973636F766572204
37265646974
TVR 0000008000
IAD 01056080014000001E0300000000000000
TSI E800
ARC 00



0915 03 16612 09/16/2017 7895

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 12/15/2017
THE HOME DEPOT RESERVES THE RIGHT TO
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TO WIN A \$5,000
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Tell us about your store visit!
Complete our short survey and
enter for a chance to win at:

www.homedepot.com/survey

PARTICIPE EN UNA
OPORTUNIDAD DE GANAR
UNA TARJETA DE
REGALO DE THD
DE \$5,000!

Comparta Su Opinion! Complete la breve
encuesta sobre su visita a la tienda y
tenga la oportunidad de ganar en:

www.homedepot.com/survey

User ID:
HTJ 34428 33516

Password:
17466 33513

EXHIBIT B-1

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

SCHOOL: Union High School Date: 10/2/17

DEPARTMENT: MUSIC Account: 2033

VENDOR: Laura Muller Amount: not to exceed \$2,000

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

- estimated - reimbursement for the rental of equipment truck for marching band competitions (weekends of 10/14, 10/21, 10/28, 11/4)

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

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



24/7 Roadside Assistance:
1-800-526-0798

Rental Reservation

C Muller @ Twp Union Schools.org

Reservation #:61754316

Created by: C.ROSARIO
Completed by: C.ROSARIO
Entered At: 0443-10
Status: CONFIRMED

Pick Up Date: 10/14/17 08:00 AM
Return Date: 10/15/17 07:00 PM
Created On: 10/03/17 10:15 AM

COMMERCIAL LOCAL

CUSTOMER INFORMATION

Acct: 33UY0D00
UNION HIGH SCHOOL MARCHING B
2350 N 3RD ST
UNION, NJ 07083-5049 USA
Day (908) 851-6457
Eve (908) 347-7145

PICK UP/DROP OFF LOCATION

PENSKE LINDEN (0443-10)
1551 S PARK AVE
LINDEN, NJ 07036-1611 USA
Voice (908) 925-7200
Fax (908) 925-8252

DRIVER NAME(S):

TRAVEL SCOPE: Intrastate

UNIT INFORMATION

Unit #:
1315 - 15' Cube Van

Max. Payload: 0 lbs.
Owning Location:

Height: 0 ft.0 in.

NO HAZARDOUS MATERIAL BEING TRANSPORTED

OPTIONAL PROTECTION PLANS

Limited Damage Waiver/LDW \$1000 Responsibility *ACCEPTED*
Rates: \$758.33/Month \$175.00/Week \$25.00/Day
Liability Coverage/LIABILITY ACCIDENT INSURANCE *PENSKE PROVIDES*
Rates: \$606.66/Month \$140.00/Week \$20.00/Day
Supplemental Liability *DECLINED*

CHARGES

Type	Quantity	Unit of Meas	Rate	Charge
1315 - 15' Cube Van				
Rates: \$20.00 /Hour \$80.00 /Day \$400.00 /Week	\$1,733.00 /Month	\$0.1900 /Mile		\$245.50
Discounts Applied: Price adjustment				
Ldw \$1000 Responsibility				\$50.00
Liability Accident Insurance				\$40.00
environmental fee	1 Day @ \$3.00			\$3.00
Vehicle Licensing Recovery Fee	1 Day @ \$2.50			\$2.50
SUBTOTAL:				\$341.00

TAXES

Estimated Taxes \$20.53

PAYMENTS AND REFUNDS

Pay Type	Trans	Date	Card #	Approval Code
				ESTIMATED TOTAL \$361.53

By: _____
Customer/Authorized Signatory



24/7 Roadside Assistance:
1-800-526-0798

Rental Reservation

Reservation #:61754330

Created by: C.ROSARIO
Completed by: C.ROSARIO
Entered At: 0443-10
Status: CONFIRMED

COMMERCIAL LOCAL

Pick Up Date: 10/21/17 08:00 AM
Return Date: 10/22/17 07:00 PM
Created On: 10/03/17 10:15 AM

CUSTOMER INFORMATION

Acct: 33UY0D00
UNION HIGH SCHOOL MARCHING B
2350 N 3RD ST
UNION, NJ 07083-5049 USA
Day (908) 851-6457
Eve (908) 347-7145

PICK UP/DROP OFF LOCATION

PENSKE LINDEN (0443-10)
1551 S PARK AVE
LINDEN, NJ 07036-1611 USA
Voice (908) 925-7200
Fax (908) 925-8252

DRIVER NAME(S):

TRAVEL SCOPE: International

UNIT INFORMATION

Unit #:
1315 - 15' Cube Van

Max. Payload: 0 lbs.
Owning Location:

Height: 0 ft.0 in.

NO HAZARDOUS MATERIAL BEING TRANSPORTED

OPTIONAL PROTECTION PLANS

Limited Damage Waiver/LDW \$1000 Responsibility *ACCEPTED*
Rates: \$758.33/Month \$175.00/Week \$25.00/Day
Liability Coverage/LIABILITY ACCIDENT INSURANCE *PENSKE PROVIDES*
Rates: \$606.66/Month \$140.00/Week \$20.00/Day
Supplemental Liability *DECLINED*

CHARGES

Type	Quantity	Unit of Meas	Rate	Charge
1315 - 15' Cube Van				
Rates: \$20.00 /Hour \$80.00 /Day \$400.00 /Week \$1,733.00 /Month \$0.1900 /Mile				\$245.50
Discounts Applied: Price adjustment				
Ldw \$1000 Responsibility				\$50.00
Liability Accident Insurance				\$40.00
environmental fee	1 Day @ \$3.00			\$3.00
Vehicle Licensing Recovery Fee	1 Day @ \$2.50			\$2.50
SUBTOTAL:				\$341.00

TAXES

Estimated Taxes \$20.53

PAYMENTS AND REFUNDS

Pay Type	Trans	Date	Card #	Approval Code
				ESTIMATED TOTAL \$361.53

By: _____
Customer/Authorized Signatory

Rental Reservation



24/7 Roadside Assistance:
1-800-526-0798

Reservation #:61754331

Created by: C.ROSARIO
Completed by: C.ROSARIO
Entered At: 0443-10
Status: CONFIRMED

COMMERCIAL LOCAL

Pick Up Date: 10/28/17 08:00 AM
Return Date: 10/29/17 07:00 PM
Created On: 10/03/17 10:15 AM

CUSTOMER INFORMATION

Acct: 33UY0D00
UNION HIGH SCHOOL MARCHING B
2350 N 3RD ST
UNION, NJ 07083-5049 USA
Day (908) 851-6457
Eve (908) 347-7145

PICK UP/DROP OFF LOCATION

PENSKE LINDEN (0443-10)
1551 S PARK AVE
LINDEN, NJ 07036-1611 USA
Voice (908) 925-7200
Fax (908) 925-8252

DRIVER NAME(S):

TRAVEL SCOPE: International

UNIT INFORMATION

Unit #:
1315 - 15' Cube Van

Max. Payload: 0 lbs.
Owning Location:

Height: 0 ft.0 in.

NO HAZARDOUS MATERIAL BEING TRANSPORTED

OPTIONAL PROTECTION PLANS

Limited Damage Waiver/LDW \$1000 Responsibility *ACCEPTED*
Rates: \$758.33/Month \$175.00/Week \$25.00/Day
Liability Coverage/LIABILITY ACCIDENT INSURANCE *PENSKE PROVIDES*
Rates: \$606.66/Month \$140.00/Week \$20.00/Day
Supplemental Liability *DECLINED*

CHARGES

Type	Quantity	Unit of Meas	Rate	Charge
1315 - 15' Cube Van				
Rates: \$20.00 /Hour \$80.00 /Day \$400.00 /Week			\$1,733.00 /Month \$0.1900 /Mile	\$245.50
Discounts Applied: Price adjustment				
Ldw \$1000 Responsibility				\$50.00
Liability Accident Insurance				\$40.00
environmental fee	1 Day @ \$3.00			\$3.00
Vehicle Licensing Recovery Fee	1 Day @ \$2.50			\$2.50
SUBTOTAL:				\$341.00

TAXES
Estimated Taxes \$20.53

PAYMENTS AND REFUNDS

Pay Type	Trans	Date	Card #	Approval Code
				ESTIMATED TOTAL \$361.53

By: _____
Customer/Authorized Signatory



24/7 Roadside Assistance:
1-800-526-0798

Rental Reservation

Reservation #:61754332

Created by: C.ROSARIO
Completed by: C.ROSARIO
Entered At: 0443-10
Status: CONFIRMED

COMMERCIAL LOCAL

Pick Up Date: 11/04/17 08:00 AM
Return Date: 11/05/17 07:00 PM
Created On: 10/03/17 10:15 AM

CUSTOMER INFORMATION

Acct: 33UY0D00
UNION HIGH SCHOOL MARCHING B
2350 N 3RD ST
UNION, NJ 07083-5049 USA
Day (908) 851-6457
Eve (908) 347-7145

PICK UP/DROP OFF LOCATION

PENSKE LINDEN (0443-10)
1551 S PARK AVE
LINDEN, NJ 07036-1611 USA
Voice (908) 925-7200
Fax (908) 925-8252

DRIVER NAME(S):

TRAVEL SCOPE: International

UNIT INFORMATION

Unit #:
1315 - 15' Cube Van

Max. Payload: 0 lbs.
Owning Location:

Height: 0 ft.0 in.

NO HAZARDOUS MATERIAL BEING TRANSPORTED

OPTIONAL PROTECTION PLANS

Limited Damage Waiver/LDW \$1000 Responsibility *ACCEPTED*
Rates: \$758.33/Month \$175.00/Week \$25.00/Day
Liability Coverage/LIABILITY ACCIDENT INSURANCE *PENSKE PROVIDES*
Rates: \$606.66/Month \$140.00/Week \$20.00/Day
Supplemental Liability *DECLINED*

CHARGES

Type	Quantity	Unit of Meas	Rate	Charge
1315 - 15' Cube Van				
Rates: \$20.00 /Hour \$80.00 /Day \$400.00 /Week			\$1,733.00 /Month \$0.1900 /Mile	\$245.50
Discounts Applied: Price adjustment				
Ldw \$1000 Responsibility				\$50.00
Liability Accident Insurance				\$40.00
environmental fee	1 Day @ \$3.00			\$3.00
Vehicle Licensing Recovery Fee	1 Day @ \$2.50			\$2.50
SUBTOTAL:				\$341.00

TAXES
Estimated Taxes \$20.53

PAYMENTS AND REFUNDS

Pay Type	Trans	Date	Card #	Approval Code
				ESTIMATED TOTAL \$361.53

By: _____
Customer/Authorized Signatory

EXHIBIT B-1

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

SCHOOL: UHS Date: 10/2/17
DEPARTMENT: Sr. Prom Account: 2012
VENDOR: O'Donnell Sign Company Amount: 1344.00
PURPOSE OF EXPENDITURE (attach appropriate invoice(s)): senior graduation lawn signs

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

Corey Lowery
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

O'DONNELL SIGN COMPANY, LLC
 269 Bloomfield Avenue
 Verona, New Jersey 07044
 Phone: 973.879.9369 www.ODonnellSign.com odsigns@aol.com

Invoice No. 44367

INVOICE

Customer

Name UNION HIGH SCHOOL SENIOR PROM 2017
 Address 2350 NO. 3rd STREET
 City UNION State NJ ZIP 07083
 Phone CHERYL FISKE 908-419-4005

Misc

Date 5/15/2017
 Order No. CHERYL
 Rep BILL
 FOB

Qty	Description	Unit Price	TOTAL
50	18" X 36" SCREENED CONGRATULATIONS GRADUATE SIGNS NAMES ADDED TO ABOVE SIGNS @ \$7. PER NAME ADDITIONAL NAMES BILLED SEPARATELY AND DUE UPON DELIVERY. THIS WILL VARY AS WE CANNOT DETERMINE THE EXACT AMOUNT OF SIGNS THAT WILL BE LETTERED. TAX-EXEMPT	\$10.50	\$525.00

SubTotal	\$525.00
Shipping	
TOTAL	\$525.00

Payment Check

Comments _____
 Name _____
 CC # _____
 Expires _____

Tax Rate(s)

Office Use Only

"Thank You for Choosing O'Donnell Sign Company!"

"Thank You for Choosing O'Donnell Sign Company!"

O'DONNELL SIGN COMPANY, LLC

269 Bloomfield Avenue

Verona, New Jersey 07044

Phone: 973.879.9369 www.ODonnellSign.com adsigns@aol.com

Invoice No. 44396

INVOICE

Customer			
Name	UNION HIGH SCHOOL SENIOR PROM 2017		
Address	2350 NO. 3rd STREET		
City	UNION	State NJ	ZIP 07083
Phone	CHERYL FISKE 908-419-4005		

Misc	
Date	6/21/2017
Order No.	CHERYL
Rep	BILL
FOB	

Qty	Description	Unit Price	TOTAL
2	NAMES ADDED TO GRADUATION SIGNS @ \$7. PER NAME	\$7.00	\$14.00
	THIS IS YOUR FINAL INVOICE FOR 2017 CONGRATULATIONS GRADUATE SIGNS.		
	PREVIOUS INVOICES STILL UNPAID: INVOICE 44365 \$805.00 5/15/2017 INVOICE 44367 \$525.00 5/15/2017		
	THANK YOU. IT IS ALWAYS A PLEASURE WORKING WITH YOU.		
	TAX-EXEMPT		

Payment	Check
Comments	
Name	
CC #	
Expires	

SubTotal	\$14.00
Shipping	
TOTAL	\$14.00

Office Use Only

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"Thank You for Choosing O'Dannell Sign Company"

O'DONNELL SIGN COMPANY, LLC
 269 Bloomfield Avenue
 Verona, New Jersey 07044
 Phone: 973.879.9369 www.ODonnellSign.com odsigns@aol.com

Invoice No. 44365

INVOICE

Customer

Name UNION HIGH SCHOOL SENIOR PROM 2017
 Address 2350 NO. 3rd STREET
 City UNION State NJ ZIP 07083
 Phone CHERYL FISKE 908-419-4005

Misc

Date 5/15/2017
 Order No. CHERYL
 Rep BILL
 FOB

Qty	Description	Unit Price	TOTAL
50	18" X 36" SCREENED CONGRATULATIONS GRADUATE SIGNS	\$10.50	\$525.00
40	NAMES ADDED TO ABOVE SIGNS @ \$7. PER NAME	\$7.00	\$280.00
	ADDITIONAL NAMES BILLED SEPARATELY AND DUE UPON DELIVERY. THIS WILL VARY AS WE CANNOT DETERMINE THE EXACT AMOUNT OF SIGNS THAT WILL BE LETTERED.		
	TAX-EXEMPT		

SubTotal	\$805.00
Shipping	
TOTAL	\$805.00

Payment Check

Comments _____
 Name _____
 CC # _____
 Expires _____

Tax Rate(s)

Office Use Only

"Thank You for Choosing O'Donnell Sign Company!"

"Thank You for Choosing O'Donnell Sign Company!"



School Name: KAWAMEEH MIDDLE SCHOOL
Address Line 1: 490 DAVID TERRACE
Address Line 2:
City, State, Zip: UNION, NJ, 07083
Chairperson's Name: MARY LEWIS
Chairperson's Phone: 9088516582
Chairperson's Email: mlewis@twpunionschools.org

Date: 09/29/2017
Fair ID: 3722929
Account #: 319412
Region ID: 14
Rep Code:

BOOK FAIR INVOICE INSTRUCTIONS

Review all information to ensure all sales have been recorded accurately.

SEND A COPY OF YOUR BOOK FAIR INVOICE with payment to:

**Scholastic Book Fairs - 14 (*Please note new payment address)
PO BOX 3745
Jefferson City, MO 65102**

If you had TAX-EXEMPT SALES, include copies of your TAX-EXEMPT CERTIFICATE OR RESALE CERTIFICATE to ensure that your Book Fair is finalized correctly, if you have not already sent it in.

IMPORTANT REMINDERS!

Did you know, you can receive a 10% **Multiple Fair Reward** on any additional Fair, after your first Fair, based on your sales? Each additional Fair must be over \$2500 in sales (minus tax) and run between August 1, 2017 and July 31, 2018. Contact your Book Fair consultant to schedule your next Fair. [See all details.](#)



BOOK FAIR INVOICE

School Name: KAWAMEEH MIDDLE SCHOOL Address Line 1: 490 DAVID TERRACE Address Line 2: City, State, Zip: UNION, NJ, 07083 Chairperson's Name: MARY LEWIS Chairperson's Phone: 9088516582 Chairperson's Email: mlewis@twpunionschools.org	Date: 09/29/2017 Invoice #: W3722929BF Fair ID: 3722929 Account #: 319412 Region ID: 14 Rep Code:
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BOOK FAIR SALES – INCLUDING SALES TAX

Cash & Checks	Credit Cards	POs		
[\$3389.68]	[\$339.99]	[\$0.00]	+	\$3729.67
Total includes any All for Books donations.				

SALES TAX COLLECTED

Tax-Exempt Transactions	\$3729.67
Total Amount Collected (excluding Tax-Exempt Transactions)	\$0.00
Tax Rate (your tax rate is 6.875)	1.06875
Taxable Transactions (excluding Sales Tax)	\$0.00
Sales Tax Amount	\$0.00

BOOK FAIR SALES

Taxable Transactions (excluding Sales Tax)	\$0.00
Tax-Exempt Transactions	\$3729.67
Total Fair Sales (excluding Sales Tax)	3729.67

PROFIT OPTIONS

Your Fair Sales of \$3729.67 entitles you to receive (50%) in Scholastic Dollars or (25%) in Cash.	
Scholastic Dollars Value	\$350.00
Cash Profit Value	\$757.42

AMOUNT DUE TO SCHOLASTIC

Total Fair Sales (excluding Sales Tax)	\$3729.67
Subtract Cash Profit	\$757.42
Sub-Total	\$2972.25
Subtract Credit Cards [\$339.99] + POs [\$0.00]	\$339.99
Sub-Total	\$2632.26
Add Sales Tax	\$0.00
Sub-Total	\$2632.26
CHECK AMOUNT TO REMIT TO SCHOLASTIC BOOK FAIRS	\$2632.26

Print Name: _____

Signature: _____

Phone Number: _____