[NAME OF SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

The Control of the Co	Applic	ant Information	
Faculty Member (s): Mrd	huel Riley, Je	n CRANE	Date: 9-17-24
Club Name: WES St	,		•
Acct. No.: 800	4	Acct. Balance to	Date: \$ 2080 80
Type of Fund Raiser: Light	Le hallways, valer	times telegrums, Roud.	entropic causes
Start Date of Project:	12 - 1 - 2 4	Completion Date of F	Desirate (
Date of Sale(s): From	12-1-24	Completion Date of F	6-15-25
Sale Area/Location:	Mashington	Cabaal	
Sale will be monitored by:	Michael Bile	er, Jen CRANE	
Vendor Business Name:			
City:	State	& Zip code:	
Úпit Cost of Product/Service		÷	
Proposal Sale Price:	•	\$	
Total Cost of all Products No	ot to Exceed:	\$	
Minimum Total Profit Expect	ted:	\$	
	Faculty A	Advisor Signature	
THE RESERVE OF THE PROPERTY OF			
Signature: Muchy			Date: 4-17-24
Signature: Mushy	1 Fiano	incipal Signature	Date: 9/17/21/
	1 Fiano	incipal Signature reasure Signature	
Signature:	/ Vi AMO School Ti		Date: 9//7/2 1/

[NAME OF SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information	
Faculty Member (s): Michael Riley Ten CRANE	Date: 9-17-24
Club Name: WES Student Council	
Acct. No.: 2004 Acct. Balance to D	Date: 8 8080-26
Type of Fund Raiser: School Store	***********
Purpose of Fund Raiser: To Ruise Money for churity - Philan	tropic causes
Start Date of Project: 12-1-24 Completion Date of Project	oject: 6-)5-25
Date of Sale(s): From $12-1-24$ To:	6-15-25
Sale Area/Location: Washington School Auditorium	
Sale will be monitored by: Michael Riley Jen CRANE	

**************************************	TO BE SOLD********
Vendor Representative's Name: beddes School Supplies and T	240
Vendor Business Name: Occides school supplies and toys	
Vendor Address: 7/10 Belair Rd. City: Buttimuse State & Zip code: MD 21206	
City: State & Zip code: MD 21206	
Unit Cost of Product/Service: \$ 0.15 - \$3.00	>
Proposal Sale Price: \$ 0.25 - \$ 3.50	
Total Cost of all Products Not to Exceed: \$	j .
Minimum Total Profit Expected: \$ \$50.00	
Faculty Advisor Signature	
Signature:	Date: 9-17-24
(Vice) Principal Signature	
Signature: Piano	Date: 9/17/21/
Signature: Signature	Date:
Placed on BOE Meeting Agenda for:	
YES NO	y:



	Ар	plicant Inforn	nation			
Faculty Member (s):	10-14				Date:	9/19/2
Club Name:	Fball				***************************************	-+
Acct. No.: 33				ce to Date:		
Type of Fund Raiser:	World's Best	Chocolate	******			
Purpose of Fund Raiser:	laise money	For end o	f the y	yer event	s, Sen	nor day,
Start Date of Project: Date of Sale(s): From	10/16/24	Com	oletion Date	of Project: 6	24/25	
Sale Area/Location:				To:		
Sale will be monitored by:						
************ATTACH Vendor Representative's N Vendor Business Name:	I PUBLICATION F	ROM VEND	OR OF IT	EMS TO BE	SOLD**	*****
Vendor Address: City:	Sta	160 9 7in I-		100000000000000000000000000000000000000	The second secon	
National Control of the Control of t	318	ite & Zip code:		Wiemia		
Jnit Cost of Product/Servi Proposal Sale Price: Fotal Cost of all Products I Ilinimum Total Profit Expe	Not to Exceed:					
Signature:	Facult	y Advisor Siç	nature			
000	a Hay			Date:	9/19	124
Signature:	Vice I	Principal Sign	nature	Date:	9/19	124
Signature:	ne Bran	Treasure Sig SOE Meeting		Date:	9/19/	24
lonth: Year		YES proved:	NO	By:		



			Applicant Inform	nation	
Faculty Memb	per (s): Dana Bo	bertz		Mary 1	Date: 6/14/2024
Club Name:_	Farmer Fam/UMa	ter			
Acct. No.:	2226/2005	***************************************	TO STORY IN THE PROPERTY OF TH	Acct. Balanc	ce to Date: \$79.66/\$356.44
Type of Fund	Raiser: T-Shirt	Sale			*****************
Purpose of Fu	und Raiser: To ra	aise money for	fall activities and	l continue to	build the UHS student community
Start Data of I	Dralaati	9/5/2024			
Start Date of I Date of Sale(s		9/5/2024	Con		of Project: 10/4/2024
Sale Area/Loc	•		and ship direct to		To: 10/4/2024
Sale will be m		D. Bobertz		.astomer/	
Vendor Repre	sentative's Nam	tom Ink	N FROM VEND	OR OF IT	EMS TO BE SOLD********
City: Wes	tfield	······································	State & Zip cod	e: NJ, 0709	0
Unit Cost of F	roduct/Service:		\$ \$15-	18	
Proposal Sale	Price:		\$ \$20		
Total Cost of	all Products Not	to Exceed:	\$ \$20)0	
Minimum Tota	al Profit Expected	d:	\$_\$20	0	
Signature:	Vana-/	a but 3	culty Advisor S	ignature	Date: 6/14/2024
Signature:	Alla	MA)	ice Principal Si		Date: 0/18/19 24
Signature:	W.M.		nool Treasure S		Date: 9/18/24
		Placed	on BOE Meetin		or:
Month:	Year:	the state of the s	Approved:		Ву:



。	Applicant Information
Faculty Member (s): Dana Bobertz	Date: 6/14/2024
Club Name: Farmer Fam/UMatter	
Acct. No.: 2226/2005	
Type of Fund Raiser: Farmer Social	
Purpose of Fund Raiser: To raise mon	
to build the I	JHS student community
	er 6, 2024 Completion Date of Project: September 6, 2024
	er 6, 2024 To: September 6, 2024
Sale Area/Location: UHS Practic	e Field
Sale will be monitored by: D. Bobertz	
	ON FROM VENDOR OF ITEMS TO BE SOLD*********
"""""""ALIACH PUBLICATIO	IN PROVIDER OF HEIMS [[] RESOLDARARARA
Vendor Representative's Name:	ON FROM VENDOR OF HEMS TO BE SOLD*********
Vendor Representative's Name:	DN FROM VENDOR OF HEMS TO BE SOLD*********
Vendor Representative's Name:	DN FROW VENDOR OF HEMS TO BE SOLD*********
Vendor Representative's Name: Vendor Business Name:	
Vendor Representative's Name: Vendor Business Name: Vendor Address:	
Vendor Representative's Name: Vendor Business Name: Vendor Address: City:	State & Zip code:
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service:	State & Zip code:
Vendor Representative's Name: Vendor Business Name: Vendor Address: City:	State & Zip code:
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service; Proposal Sale Price:	State & Zip code:
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	State & Zip code: \$\$ \$\$ \$\$ \$\$ \$\$
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	State & Zip code:
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	State & Zip code: \$ \$ \$ \$ \$ \$ \$ \$ aculty Advisor Signature Date: 6/14/2024
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	State & Zip code: \$ \$ \$ \$ \$ \$ \$ \$ aculty Advisor Signature
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Signature: Signature:	State & Zip code: \$ \$ \$ \$ \$ \$ \$ aculty Advisor Signature Date: 6/14/2024 Vice Principal Signature
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Signature: Signature:	State & Zip code: \$ \$ \$ \$ \$ \$ \$ aculty Advisor Signature Date: 6/14/2024 Vice Principal Signature Date: 9/18/24
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service; Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Signature: Signature:	State & Zip code: \$ \$ \$ \$ \$ \$ aculty Advisor Signature Date: 6/14/2024 Vice Principal Signature Date: 9 874



Applicant Informa	tion
Faculty Member (s): Daly, Minders	Date: 9/13/24
Club Name: School Class	
Acct. No.:	ct. Balance to Date:
Type of Fund Raiser: Senior T-Shirts and Gradual	non Laws Signs
Purpose of Fund Raiser: Laise money for fani	or Eventy
Start Date of Project: 9 13 24 Comple	tion Date of Project: 6/30/75
Date of Sale(s): From	To: 6/30/25
Sale Area/Location:	
Sale will be monitored by: Daly Mendus	
**************************************	ROFITEMS TO BE SOI D*********
Vendor Representative's Name:	TO BE GOLD
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 Sign	ature
Signature: Au Duly	Date: 9/13/64
Signature: Vice Principal Signa	Date: 9/18/24
Signature: School Treasure Sign	Date: 0/8/14
Placed on BOE Meeting Ac	genda for:
MODIN' VOORI	Ву:



	Applicant Information	
Faculty Member (s): Daly M	0.4 10.00	Date: 9/13/24
Club Name: Senior Cl	uss	71.44
Acct. No.:	Acct, Bala	nce to Date:
Type of Fund Raiser:	Dine to Donate	, Restaurant Fundraisers
Purpose of Fund Raiser: Raise mo	viey For Senior day,	· Restaurant Fundraiters Senior events, equipment prop
Start Date of Project: Date of Sale(s): From Sale Area/Location:	124	te of Project: 6 30 25 To: 6 30 25
Sale will be monitored by:	Menders	

Vendor Representative's Name:	VIN VENDOR OF I	IEMS TO BE SOLD*******
Vendor Business Name:		
Vandar Addusas		
City:		
Unit Cost of Product/Service:	•	
Proposal Sale Price:	. \$	
Total Cost of all Products Not to Exceed:	\$	
Minimum Total Profit Expected:	\$	
in the second se	aculty Advisor Signature	
Signature: Sun Wilde	aculty Advisor Signature	Date: 9/12/24
. //	Vice Bringing! Circust	- H13/104
Signature:	Vice Principal Signature	Date: 0/16/24
Signature:	chool Treasure Signature	
7,00		Date: 9/18/14
Placed	on BOE Meeting Agenda	for:
Month: Year:	Approved:	Ву:



Applicant I	nformation
Faculty Member (s): Daly Menders	Date: 9/13/24
Club Name: Semor Class	,
Acct. No.:	Acct. Balance to Date:
Type of Fund Raiser:	· · · · · · · · · · · · · · · · · · ·
Purpose of Fund Raiser: Land money for	Senior events
Start Date of Project: 9 13 24	Completion Date of Project: 6 \$ 0 / 25
Date of Sale(s): From	To: 6/30/25
Sale Area/Location:	Λ4 .
Sale will be monitored by:	Menders
*********ATTACH PUBLICATION FROM \	
Vendor Representative's Name:	- The second of
Vendor Business Name:	
Vendor Address:	
City: State & Zi	p code:
Unit Cost of Product/Service:	\$
Proposal Sale Price:	\$
Total Cost of all Products Not to Exceed:	\$
Minimum Total Profit Expected:	\$
Faculty Advi	sor Signature
Signature: Alm Maly	Date: 9/13/29
Vice Princip	oal Signature
Signature:	Date: 4/19/1/U
School Trace	sure Signature
Signature: Q.T.//a	Date: 0//6/14
Went to the	1/10/01
Placed on BOE M	eeting Agenda for:
Month: Year: Approved	YES NO By:



	Applicant	Information		
Faculty Member (s):	aly, Menden			Date: 9/13/29
Club Name: Sen	or Class			
Acct. No.:				
Type of Fund Raiser:	Fashion Show			
Purpose of Fund Raiser:	Parse money	for end of fl	n year	senior events
Start Date of Project:	9/13/24	Completion Date of	Project:&	0/30/73
Date of Sale(s): From Sale Area/Location: Sale will be monitored by:	<u> 4/13/74</u> <u> Uffs</u>	_ To:_	6/	30/23
**************************************	UBLICATION FROM \	ZENDOR OF ITEM	S TO BE S	SOLD********
Vendor Business Name:				
City:	State & Zi	p code:		
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not Minimum Total Profit Expecte	to Exceed;	\$\$ \$\$		
Signature:	Faculty Advis	sor Signature	Date:	9/13/29
Signature: While		al Signature	Date:	9/18/24
Signature: Q	to	ure Signature	Date:	9/18/14
Month: Year:	Placed on BOE Me	eeting Agenda for: YES NO	Ву:	· ·



	Information
Faculty Member (s):	24 JADA NAMO Date: 09/17/2024
Club Name: JUNIOR CLAS	5
Acct. No.: 2228	Acct. Balance to Date: \$\\\Delta \cdot \cd
Type of Fund Raiser:	DONATE
Purpose of Fund Raiser: ZAZSE Mo	NET FOIZ JUNGOR GASS
Start Date of Project: 10/2024	Completion Date of Project: END OF SCHOOL YOU
Date of Sale(s): From BOE APPROV.	4L TO: /AST DAY OF SCHOOL
Sale Area/Location: UN-40N H	18H SCHOOL
Sale will be monitored by:	RIPP + JADA NYARIKO
**************************************	VENDOD OF ITEMS TO DE COLDECTION
Vendor Representative's Name:	VENDOR OF ITEMS TO BE SOLD*********
Vendor Business Name:	
Vendor Business Name: Vendor Address:	
Vendor Business Name: Vendor Address:	Zip code:
Vendor Business Name: Vendor Address:	Zip code:
Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price:	
Vendor Business Name: Vendor Address: City: State & : Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed:	Zip code:
Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price:	Zip code:
Vendor Business Name: Vendor Address: City: State & 2 Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	Zip code:
Vendor Business Name: Vendor Address: City: State & 2 Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Faculty Advantage of the state of the st	Zip code: \$ \$ \$ \$ \$ \$ \$ visor Signature
Vendor Business Name: Vendor Address: City: State & : Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Faculty Adv. Signature: Vice Prince	Zip code: \$ \$ \$ \$ \$ \$ visor Signature Date: 07 17 2024
Vendor Business Name: Vendor Address: City: State & : Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Faculty Adventure: Signature: Signature: School Treating Signature: Signature: Signature:	Zip code: \$ \$ \$ \$ \$ visor Signature Date: 9 17 2024 ipal Signature Date: 9 18 24



Applicant Information
Faculty Member (s): CRIC TRIPP + SADA NYARKO Date: 09/09/20
Club Name: JUNZOR CLASS
Acct. No.: 2228 Acct. Balance to Date: 40.00
Type of Fund Raiser: SNACK SALE
Purpose of Fund Raiser: RAISE MONEY FOR JUN 2012 GASS AND PROVIDE STUDENTS WITH SNACK ACTETEMATINES NOT AVAILABLE THROUGHOUT THE DAY
Start Date of Project: 10 / 2024 Completion Date of Project: END OF SCHOOL Date of Sale(s): From BOE APPROVAL To: LAST DAY OF SCHOOL Sale Area/Location: UNJON HIGH SCHOOL C-117 A -109 Sale will be monitored by: ERIC TRIPP + JADA NYARKO

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: 09 17 12024
Signature: Date: OH 8/14
School Treasure Signature Date: 01 10 1
1000 90 00 00 00 00 00 00 00 00 00 00 00
Placed on BOE Meeting Agenda for:
Month: Year: Approved: □ □ By:



Applicant Information
Faculty Member (s): Case TRAPP + JADA NARKO Date: 09/09/200
Club Name: Juntoiz Class
Acct. No.: 2228 Acct. Balance to Date: 40.00
Type of Fund Raiser: CLASS OF 2026 APPAREL
PURPOSE OF FUND RAISE MONEY FOR JUNIOR CLASS A PROVIDE CLASS SPECIFIC SCHOOL APPAREN TO THE STUDENTS
Start Date of Project: 10 12024 Completion Date of Project: TSD
Date of Sale(s): From BOE APPROVAL To: TBN
Sale Area/Location: UNION HIGH SCHOOL 1C-117 (A-109
Sale will be monitored by: LICLE TRUP + JADA NYARMO
********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 Date: 89 17 7824
Vice Principal Signature
Signature: Date: 9/18/24
School Treasure Signature Signature: Date: 0/18/24
Placed on BOE Meeting Agenda for:
Month: Year: Approved: By:



Applicant Information
Faculty Member (s): JENNSFER BRUBAKER + THOMAS O'KETLLY Date: 9/17/24
Club Name: SOFHOMORE CLASS
Acct. No.: 2229 Acct. Balance to Date: \$0.00
Type of Fund Raiser: Spack Sale
Purpose of Fund Raiser: To RAISE FUPOS FOR THE CLASS OF 2027 ACTIVITIES
Start Date of Project: OCTOBER 2024 Completion Date of Project: JUNE 2025
Date of Sale(s): From BOE APPROVAL TO: LAST DAY OF SOURCE
Date of Sale(s): From BOE APPROVAL To: LAST DAY OF SCHOOL Sale Area/Location: UHS, Clo3, B106
Sale Area/Location: UHS, C103, B106 Sale will be monitored by: T. O'REJULY T S. BRUGAKER
·
*********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD********* Vendor Representative's Name:
Vendor Business Name:
City:State & Zip code:
Unit Cost of Product/Service: \$
Dunnan I Oak Dalam
Take On the Call Day of the Ca
Minimum Total Profit Expected: \$
Signature: Diale: 0/17/24
Vice Principal Signature
Signature: Date: 9/18/24
School Treasure Signature
Signature: Date: C/A/W
Placed on BOE Meeting Agenda for:
Month: Year: Approved: ☐ ☐ By:



Faculty Member (s): TADA CUARCO Club Name: PCM Acct. No.: 300	_Date: 9/16/24		
Type of Fund Raiser: SNACK SALF Purpose of Fund Raiser: TOPAIS F. MONEY FOR			
Start Date of Project: OCHOON Completion Date of I Date of Sale(s)From:	Project: <u>JUNE2025</u>		
Sale Area/Location: Sale will be monitored by: JADA WARDICO			
*********ATTACH PUBLICATION FROM VENDOR OF ITEM	S TO BE SOLD*******		
Vendor Representative's Name:			
Vendor Business Name:			
Vendor Address:			
City: State & Zip code:			
Unit Cost of Product/Service: \$			
Proposal Sale Price: \$			
Minimum Total Profit Expected: \$			
Faculty Advisor Signature			
Signature:	Date: 9/16/24		
Principal/Vice Principal Signature			
Signature: Will by	Date: 9/18/24		
School Treasurer Signature	1 1		
Signature: Will be	Date: 9/8/24		
Placed on BOE Meeting Agenda For:			
Month: Year: Approved: YES NO	Ву:		



Faculty Member (s): TADA NUARKO Club Name: PROM	Date:	9/16/24
Acct. No.: Acct. Balance to Dat	e:	
Type of Fund Raiser: PIB A TEACHER Purpose of Fund Raiser: TO EAHSE MONEY	FOR	PROU
Start Date of Project: Oct 2024 Completion Date of Date of Sale(s)From:To:	Project:	JUNEAUZT
Sale Area/Location: UHS Sale will be monitored by: JAPA-LUARIO		
*********ATTACH PUBLICATION FROM VENDOR OF ITEM	IS 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 Francis		
Minimum Total Profit Expected: \$		
Faculty Advisor Signature		
Signature:	Date: C	7/16/24
Principal/Vice Principal Signature		
Signature: 4 July 10 A	Date: 0	1/18/24
School Treasurer Signature		
Signature: WWW DA	Date: 9	1/8/24.
Placed on BOE Meeting Agenda For		,
Month: Year: Approved: YES NO	Ву:	



Faculty Member (s): JADA LAPLO Club Name: PROU Acct. No.: 2012 Acct. Balance to Date	e:	0/16/24
Type of Fund Raiser: 5004 HACHIUE Purpose of Fund Raiser: 10 FALSE HOUEY TO		in 190 14 in 60 16 16 16 17 17 17 18 18 18 18 18 18 18 18 19 19 19 19 19 18 18 17 17 18 18 18 18 18 18 18 18 1
Start Date of Project: CCT 2024 Completion Date of Date of Sale(s)From: To:	Project:	JUNE 202 9
Sale Area/Location: UHS Sale will be monitored by: JADA WHECO		
**********ATTACH PUBLICATION FROM VENDOR OF ITEN	IS TO E	BE SOLD*******
Vendor Representative's Name:		
Vendor Business Name:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Vendor Address:		
City: State & Zip code:	- 11	
Unit Cost of Product/Comics	***************************************	
Proposal Sale Price: \$		
Total Coof of all Deadards Alex Communications		
Minimum Total Profit Expected: \$		
Faculty Advisor Signature		
Signature:	Date:	9/16/24
Principal/Vice Principal Signature		
Signature: Till by	Date:	9/18/24
School Treasurer Signature		
Signature: Www Uto	Date:	9/18/24.
Placed on BOE Meeting Agenda For		
Month: Year: Approved: YES NO	Ву:	



Faculty Member (s): TADA LYA Club Name: POM Acct. No.: 2012	Acct. Balance to Dat		
Type of Fund Raiser: CAUSY (2) Purpose of Fund Raiser: TO RAIS	BRAM	2PROH	
Start Date of Project: OC+ 202 U Date of Sale(s)From:	Completion Date of	Project: JUNE 202 3	
Sale Area/Location:	UHS ADA LUKARICO		
*********ATTACH PUBLICATION F	ROM VENDOR OF ITEM	1S TO BE SOI D********	
Vendor Representative's Name:			
Vendor Business Name:	W		
Vendor Address:			
City: State & Zip code:			
Unit Cost of Product/Service:	6		
Proposal Sale Price:	\$		
Total Cost of all Products Not to Exceed:	\$		
Minimum Total Profit Expected:	\$		
Facul	lty Advisor Signature		
Signature:	>	Date: 9/16/24	
Principal	/Vice Principal Signature		
Signature: Willia &		Date: 9/18/24	
Schoo	ol Treasurer Signature	1 1	
Signature: VIII UN		Date: 9/18/24	
Placed on BOE Meeting Agenda For:			
Month: Year: Approv	ed: YES NO.	Ву:	



Faculty Member (s): DADA OHROS Club Name: PROY	Date:Q//6/24
Acct. No.: 8012 Acct. Balance to	Date:
Type of Fund Raiser: Purpose of Fund Raiser: DEAUSE UNDER	PORPEOM
Start Date of Project: Completion Date Date of Sale(s)From: To:	of Project: JUNE 200
Sale Area/Location: Sale will be monitored by: JADA PHARKA	
*********ATTACH PUBLICATION FROM VENDOR OF IT	EMS 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 Event	
Minimum Total Profit Expected: \$	
·	•
Faculty Advisor Signature	
Signature:	Date: 9/16/24
Principal/Vice Principal Signatur	re
Signature: Will Ho	Date: 9/18/7,4
School Treasurer Signature	1 1
Signature:	Date: 0/18/24
Placed on BOE Meeting Agenda F	ori
Month: Year: Approved: YES NO	Ву:



Faculty Member (s): JADA VYARKO	Date: 9/16/24		
Club Name: 102701			
Acct. No.: Acct. Balance to Da	ite:		
Type of Fund Raiser: APPACE SAIC - TSAIR S Purpose of Fund Raiser: TO PAIS F. MONEY FROM	BOD CHR FORDING		
Purpose of Fund Raiser: TO PAIS E MOIUEY FOR PE	204		
	,		
Start Date of Project: OCTOOQU Completion Date of Date of Sale(s)From:	f Project: <u>Ja N</u> ≥ 202 z		
Sale Area/Location: UHS Sale will be monitored by: TADA DYAEKO			
********ATTACH PUBLICATION FROM VENDOR OF ITE	MS 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 Cook of all Dundred Market Barrier			
Minimum Total Profit Expected: \$			
	-		
Faculty Advisor Signature			
Signature:	Date: 9/16/24		
Principal/Vice Principal Signature	, ,		
Signature: Quille US	Date: 9/18/24		
School Treasurer Signature	, ,		
Signature:	Date: 9/18/24		
Placed on BOE Meeting Agenda For:			
Month: Year: Approved: YES NO	Ву:		



Applicant Information Faculty Member (s): Club Name: Acct. No.: Type of Fund Raiser: Purpose of Fund Raiser: Start Date of Project: Completion Date of Project: Date of Sale(s).....From: Sale Area/Location: Sale will be monitored by: ********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: DQU Principal/Vice Principal Signature Signature: Date: School Treasurer Signature Signature: Date: Placed on BOE Meeting Agenda For: Approved: YES NO By: Year: Month:



Applicant Information			
Faculty Member (s): J. Daly A. R. R. Chardson Club Name: National Honor Society Acct. No.: Acct. Balance to Date			
Type of Fund Raiser: Little Siks & Chic Purpose of Fund Raiser: Raise money for &	to Cookies		
Start Date of Project: November 2024 Completion Date of Date of Sale(s)From: To:	Project: May 2025		
Sale will be monitored by:	0150m		
*********ATTACH PUBLICATION FROM VENDOR OF ITEM			
Vendor Representative's Name:	19 10 BE SOLD		
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: 9/16/2024		
Principal/Vice Principal Signature			
Signature: William Offi	Date: 9/16/24		
School Treasurer Signature	/		
Signature: With the same of th	Date: 9/16/24		
Placed on BOE Meeting Agenda For:			
Month: Year: Approved: YES NO	Ву:		



		nt Informa	ition	《其文》是"数据基本的关系,
Faculty Member (s): Dana Bol	pertz			Date: 6/14/2024
Club Name: Farmer Fam/UMat	ter			
			cct. Balance to I	Date: \$79.66/\$356.44
Type of Fund Raiser: DONAT	IONS for Everything Bu			96
Purpose of Fund Raiser: to a	id TUPS familes in need	d during the	holiday season	
Start Date of Project:	November 1, 2024	Compl	etion Date of Pr	roject: December 20, 2024
Date of Sale(s): From			To:	
Sale Area/Location:	Union High School			
Sale will be monitored by:	D. Bobertz			
***********ATTACH PU Vendor Representative's Nam Vendor Business Name: Vendor Address:	e:			
City:	State &	¿ Zip code:		
Unit Cost of Product/Service:		\$		
Proposal Sale Price:		•		
Total Cost of all Products Not	to Exceed:	\$		
Minimum Total Profit Expected	d:	\$		
Signature:	7 KH3		nature	Date: 6/14/2024
Signature:	los-	icipal Sigr		Date: 0/1/8/24
Signature: <u>a fill d</u>	School Tre Placed on BOE			Date: 0//8/24
Month: Year:	Approv	YES	NO	ву:



Faculty Member (s): JADA WARKO Club Name: PROM Acct. No.: Acct. Balance to Date	Date: e:		
Type of Fund Raiser: STEP CHALLENGE Purpose of Fund Raiser: O BAISE DOUE FO	r pr	2M	
Start Date of Project: OCTOOS G Completion Date of Date of Sale(s)From: MD To:	Project:	JUNE 2021	
Sale Area/Location:Sale will be monitored by:			
*********ATTACH PUBLICATION FROM VENDOR OF ITEM	IS 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: 9	16/24	
Principal/Vice Principal Signature			
Signature:	Date:		
School Treasurer Signature			
Signature:	Date:	,	
Placed on BOE Meeting Agenda For:			
Month: Year: Approved: YES NO	Ву:		