K-(\



Applicant Information	(動物・製・工具・大学) カイン
Faculty Member (s): Levin Feely	Date: /2 / /
Club Name: Boys Broketball	
Acct. No.: 3230 Acct. Balance to Da	ate; \$400
Type of Fund Raiser: Candy Soler	***************************************
,	all Leggue
Start Date of Project: 12/19 Completion Date of Proj	ject: 2/28
	2:35
Sale Area/Location: 30 Gym /C (13	
Sale will be monitored by: Levn Feely Charlic	Tilas.
***********ATTACH PUBLICATION FROM VENDOR OF ITEMS	то ве sold********
Vendor Representative's Name:	
Vendor Business Name: Gertnale Howk	
Vendor Address:	
City: State & Zip code:	
Unit Cost of Product/Service: \$	
Proposal Sale Price: \$	1:
Total Cost of all Products Not to Exceed: \$	
Minimum Total Profit Expected: \$	
Faculty Advisor Signature	
Signature:	Date:
Vice Principal Signature	
Signature:	Date:
School Treasure Signature	
Signature: (Lecture Carlo)	Date:
Placed on BOE Meeting Agenda for:	
YES NO Month: Year: Approved: ☐ ☐ By	



自身被继续。由此为例为 3 2015	Applica	nt Information	的。在公司的 由于1995年。
Faculty Member (s):	evin Feely		Date: 11/19/18
Club Name: Boys	Basketball		
Acct. No.: <u>323</u> C	<u> </u>	Acct. Balance to Date:	\$400
		и и и и и и и и и и и и и и и и и и и	*************
Type of Fund Raiser:	Clothing Sal	<u> </u>	NATIONAL PROPERTY OF THE PROPE
Purpose of Fund Raiser:	Sell Cloth	as well Union	Basktoll
on them		es w/ Union wells and profession	bors
Start Date of Project:	12/15/18	Completion Date/of Project	: 12/22/18
Date of Sale(s): From	12/15/18	To:	12/22/18
Sale Area/Location:	Bir Gum	or Cla3	
Sale will be monitored by:	Kevin Fe	ely / Charles	Titas
	******************		***********
*********ATTACH	PUBLICATION FRO	M VENDOR OF ITEMS TO	BE SOLD*******
Vendor Representative's N	ame: H &	D, Promotions	James BPlan
Vendor Business Name:	A+ B f	Smotor (90)	r) 479-8187
Vendor Address:		•	•
City: Crentard	. State 8	Zip code: NT C	7016
<u> </u>			<u> </u>
Unit Cost of Product/Service	e:	\$	
Proposal Sale Price:		\$, liji.
Total Cost of all Products N	lot to Exceed:	\$	
Minimum Total Profit Exped	cted:	\$	() () () () () () () () () ()
NERS ASSENTANCES OF THE WASHINGS	Eacility	dvisor Signature	
Signature:	4v		ate: ///20/78
Signature:	Vice Fin	icipal Signature	ate:
	School Tr	easure Signature	
Signature:	Xlooky -	D	ate: Mary 18
	Placed on BOE	E Meeting Agenda for:	
Month	; Appro	YES NO ved: ☐ ☐ By:	
Month: Year	· whhte.	veo. L. L. Бу	



为6000000000000000000000000000000000000	Applicant	Information Control of the	
Faculty Member (s):	win Feely		Date: 1/13/18
Club Name: Boys	Baslaetball	*	,
Acct. No.: 3230	•	Acct. Balance to Date:	#480
Type of Fund Raiser:		***************************************	***********
Type of Futid Raiset.	elling Cloth	he Hoperel	M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	<u> </u>	my for sport	p Krque +
Senior night			
	3014		
	N		, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,
Start Date of Project:	12/19	Completion Date of Project:	12/23
Date of Sale(s): From	12/19-10	Completion Date/of Project:_ To:}ವ	123
Sale Area/Location:	Bis 6 ym	•	
Sale will be monitored by:	Lavin Fe	ely	7117
東京東京 東京	<u> </u>		法法国 计 英 苯 民 民 民 民 民 民 民 民 民 民 民 民 民 民 民 民 民 民
**********ATTACH PU	BLICATION FROM \	ENDOR OF ITEMS TO E	BE SOLD********
Vendor Representative's Name		**************************************	*************************************
Vendor Business Name:			₹ .
Vendor Address: City: /	State & Zi		
	State & ZI	o code:	
Unit Cost of Product/Service:		\$	a distribution
Proposal Sale Price:		\$	112
Total Cost of all Products Not to	Exceed:	\$	(c) (m) h
Minimum Total Profit Expected:		\$	
Toologia ta the suite and a south with the suite of	Eachly Advis	sor Signature	
Signature: +-4-e		Date	e 11/13/18
Signature:	Vice Princip		5: [1] HE [R
			* 1
Signature; \ ///	School Treas		
Jigitziai G.	loke	Date	3: M/14//8 ~
	Placed on BOE Me	eting Agenda for:	经多种证据的
Month: Year:	Approved:	YES NO □ □ By:	

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UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

per 11/12/18

<u> Parkin da da kabupatèn P</u> A	pplicant Information	
culty Member (s):	Lemburk.	Date: [1][2]
ub Name: Boys Socci	er) co hi	•
	<u> </u>	
cet. No.: 3380	Acct. Balance t	to Date: 81.00
******************************		*****************
pe of Fund Raiser: Sell - wal	(eu)	
urpose of Fund Raiser: help Day	C. Boys Soco	es team
urpose of Fund Raiser: help pay for for	Dut	
7	1.50	
tart Date of Project:	Dec 19 Completion Date of	Project: ~
ate of Sale(s): From	Dec 19 To:	Project: 54
ale Area/Location:	JERio - High Schoo	C
ale will be monitored by: よく	es Lembres) L
********ATTACH PUBLICATION	FROM VENDOR OF ITEM	IS TO BE SOI D********
		NO TO DE OCED
endor Representative's Name: - Puch	one items at B	5's / Cosce
endor Representative's Name: Puck	one items at B	5'S / Cosces
endor Representative's Name: Quick	are items at 13	5'S / Cosces
endor Representative's Name: Puck endor Business Name: endor Address:	ese items at B	5'S /Cosce
endor Representative's Name: \tau_index	ese items at B	5'S /Cosce
endor Representative's Name: Quick endor Business Name: endor Address:	ese items at B	5'S /Cosces
endor Representative's Name: \(\text{puck} \) endor Business Name: endor Address: ty: nit Cost of Product/Service:	ese items at B	5'S /Cosce
endor Representative's Name:endor Business Name:endor Address:endor Endor Address:endor Endor Address:endor Endor End	ese items at B	5'S /Cosce
endor Representative's Name:	ese items at B	5'S /Cosce
endor Representative's Name: endor Business Name: endor Address: ty: nit Cost of Product/Service: roposal Sale Price: ptal Cost of all Products Not to Exceed: inimum Total Profit Expected: Fact	State & Zip code: \$ \$ \$ \$ \$ \$	5'S /Cosces
endor Representative's Name: endor Business Name: endor Address: ty: nit Cost of Product/Service: roposal Sale Price: ptal Cost of all Products Not to Exceed: inimum Total Profit Expected: Fact	ese items at B	S'S /Cosces
endor Representative's Name: endor Business Name: endor Address: ity: nit Cost of Product/Service: roposal Sale Price: otal Cost of all Products Not to Exceed: inimum Total Profit Expected:	State & Zip code: \$ \$ \$ \$ \$ \$ Ilty Advisor Signature	S'S /Cosces
endor Representative's Name: endor Business Name: endor Address: ty: nit Cost of Product/Service: oposal Sale Price: tal Cost of all Products Not to Exceed: nimum Total Profit Expected: Gnature: Vic	State & Zip code: \$ \$ \$ \$ \$ \$	S'S / Cose®
endor Representative's Name: endor Business Name: endor Address: endor Address: ity: nit Cost of Product/Service: roposal Sale Price: otal Cost of all Products Not to Exceed: inimum Total Profit Expected: gnature: Vic	State & Zip code: \$ \$ \$ \$ ulty Advisor Signature e Principal Signature	S'S /Cosces
endor Representative's Name: endor Business Name: endor Address: ty: nit Cost of Product/Service: oposal Sale Price: tal Cost of all Products Not to Exceed: nimum Total Profit Expected: gnature: Vic	State & Zip code: \$ \$ \$ \$ \$ \$ Ilty Advisor Signature	Date: 1 12 16
endor Representative's Name: endor Business Name: endor Address: ty: nit Cost of Product/Service: oposal Sale Price: otal Cost of all Products Not to Exceed: nimum Total Profit Expected: gnature: Vic	State & Zip code: \$ \$ \$ ulty Advisor Signature e Principal Signature pol Treasure Signature	Date: 12 12 16
endor Representative's Name: endor Business Name: endor Address: ty: endor Address: endor Address: endor Address: ty: endor Address: endor Addres	State & Zip code: \$ \$ \$ \$ ulty Advisor Signature e Principal Signature	Date: 12 12 16





Faculty Member (s):		ant information	Date: /(/ j٩/)8
		and the state of t	Date. !(/ 1/) 13
Club Name: UNION	HIGH SCHOOL HIKIN	AC CLUB	
Acct. No.: 2072		Acct. Balance to Date:	
Type of Fund Raiser:	CHOCOLATE BAR SAL	exexxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	***************
Purpose of Fund Raiser:	RAISE FUNDS	FOR END OF YEAR TRIP	
Start Date of Project: Date of Sale(s): From	January 2019 January 2019		: May 2019 2019
Sale Area/Location:		_ /* \	
Sale will be monitored by	A .		
東京東京 1 年 1 年 1 年 1 年 1 年 1 年 1 年 1 年 1 年 1			
	Name: MARTIN G	OM VENDOR OF ITEMS TO	
-			
Vendor Business Name:	FUNDRAISING. COM		The state of the s
Vendor Address:			
City:	State	& Zip code:	
Unit Cost of Product/Ser	rice:	\$ 4,220	
Proposal Sale Price: Total Cost of all Products	Not to Evened	a 41/20	
Minimum Total Profit Exp		e U 10h	
	Λ	Advisor Signature	
Signature: (XbX	> lalla_		ate: 11/19/18
	AVIGE DI	incipal Signature	
Signature:	Day		ate: 11-19-14
	School T	reasure Signature	
Signature: X & S	5/2/		ate: //-20-/8
	Placed on BC	E Meeting Agendation:	
Month: See Ye	ear: <u>AO(8</u> Appro	YES NO oved:	

· Acknowledge that you are 18 years of age or older, as Fundraising.com does not sell to minors without the written consent of a parent or guardian.

I have read and agree to the above.

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Fundraising Adviser since 2001

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IFUNDRAISING

From: Adam Raffaele <araffaele@twpunionschools.org> Sent: November 19, 2018 1:18 PM

[Quoted text hidden]

[Quoted text hidden]



	· <u> </u>	Applicant Inf	ormation		-	
Faculty Member (s):	Wandy	MENDAIX			Date: 11/25	7/18
Club Name: Union			Baske	Hoall	4.	<i>P</i>
Acct. No.:	3320	· · · · · · · · · · · · · · · · · · ·	Acct. Bala	ance to Date:_	# 11.13	
Type of Fund Raiser:	Free I	AVOW FUE	idvaisev.	*****	*************	
Purpose of Fund Raiser	: Raise	funds for	r the	girla	basketbal	
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored b		119 o	<u>نب</u>	ate of Project: To:	2/8/19	
**************************************	s Name:			ITÉMS TO	BE SOLD********	東 調 道 東 道 J た分
Vendor Address:	- January	 			***	
City:	, , , , , , , , , , , , , , , , , , ,	State & Zip o	ode:		· · · · · · · · · · · · · · · · · · ·	
Unit Cost of Product/Set Proposal Sale Price: Total Cost of all Product Minimum Total Profit Ex	ts Not to Exceed pected:	. \$				3.1
Signature:		Faculty Adviso	· N2		ite:	• • • •
Signature:		Vice Principal	Signature	***************************************	ite:	
Signature:	Ulles (School Treasur		Da	ite:	
Month:Y	ear:		YES NO	Ву:		



Faculty Member (s): Lindai Tontal	Dates 11124 112
	Date: 11 30 //8
Club Name: Athletic Trainer Act	,
Acct. No.: 3320 Acct. Balance to Date:	ક્લું ૯ ક
Type of Fund Raiser: Manly Sales after games during	winter
Purpose of Fund Raiser:	•
Scholarships for helpen-athletic events	during
Fall winter season.	<u> </u>
Start Date of Project: Dec. 19, 2018 Completion Date of Project: The	u End of season More
Date of Sale(s): From To: T	
Sale Area/Location: Big sym	
Sale will be monitored by: L. Tonto, L. Williams,	
*********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE S Vendor Representative's Name:	OLD********
Vendor Business Name:	
Vendor Address:	
City: , State & Zip code:	
Unit Cost of Product/Service: \$	1
Proposal Sale Price: \$	ţ I
Total Cost of all Products Not to Exceed:	
Minimum Total Profit Expected: \$	*
Faculty Advisor Signature	
Signature: January Date:	11 pa/18.
Signature: Vice Principal Signature Date:	
	11/30/18
Signature: Date: 1	1/30//8
Placed on BOE Meeting Agenda for:	文额对方式等等 2
YES NO Month: Year: Approved: □ □ By:	***************************************

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Faculty Member (s): MARIANUE D	team Information ECZYPSKI Date: 11/26/18
Club Name: Drama	<u> </u>
Cino Ivalita. Di Alli V	/ [[
Acct. No.: 41	Acct, Balance to Date: \$ 8,550, 4
Type of Fund Raiser: Candy Soda	**************************************
Purpose of Fund Raiser: To r-ai.ce	money for Drama Club.
Date of Sale(s): From ## on ac//ic	Completion Date of Project: 6/17/19
Sale Area/Location: <u>ド州S</u> Sale will be monitored by: <i>MARIANU</i>	E DECZYNSKI
	OM VENDOR OF ITEMS TO BE SOLD*********
Vendor Business Name: Costco	
/endor Address:	
	& Zip code:
Init Cost of Product/Service;	* various * 1.00 per item
Proposal Sale Price:	\$ 1.00 per item
otal Cost of all Products Not to Exceed:	\$ 1000
linimum Total Profit Expected:	\$ 500
ilgnature; Marianne Slogges	Advisor Signature Date: 1/26/18
teritain teritamenteritaitusteritaituseen tilaunus teritainin tavatatain katamista attesta teritaitus en terita	ncipal Signature Date: ///27//Y
ignature: School II	reasure Signature Date: 15
	Eilleeling Agenda for: YES NO Oved: By:
white take	1 } 5-4 5-4

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 superintedent prior to the purchase. If this Student Activity Reimbursement Request form is not submitted prior to purchase the reimbursement will NOT be processed.

Date:

Employee Name:	MARIANNE	DECLYUSE		
Acct Name:	DRAMA			
Acct. No.:	41	,		
Reason for Reimburseme	se itens	for card	y/soda se	rle
	Estimate of Itemized	Exnenses		
	DESCRIPTION	Z.A.Ponisco	COST	
Purchases o	e condular	101	\$ 1000,00	
Low Letter	w sold to	6)	\$	
O bearlet	Deama Co	1.10	\$	
1 191100	to		\$	
			\$	
			\$	
			\$	
			\$	(v
			\$	
TOTAL AMOUNT OF I	REIMBURSEMENT:		\$ 1000.00	
			x is not eligible for re	
A COPY OF THIS AP				UEST FOR
	RSEMENT, ALONG			77.
IF TOTAL AN	4OUNT EXCEEDS \$9	99 BOARD APPR		ED
Marianne St	rzypski		11/26/18	
Employee Signature	01		Date	
TOD OFFICIAL TICE O	NIT XZ.			
FOR OFFICIAL USE O				
Approved	More Info. Needed	NoteApproved	Date	
T		· • • • • • • • • • • • • • • • • • • •	Data 4//27/18	
Principal Signature			Date 1//21//Y	
Approved	More Info. Needed	Not Approved	Date	
Superintendent or Designo	ee Signature		Date	

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

	formatión	
Faculty Member (8): CMSTMA NOS PHIL	1550 Melillo	Date: 11 27118
Club Name: Student Council	The state of the s	-
Acct, No.: \	Acct, Balance to Date:	504.24
Type of Fund Ralser: Smartys Raff	16	И И Я К И Ж И Ж И И И И И И И И И И И И И И И
Purpose of Fund Ralser: RAISE MORRE STUDENTS WILL GUESS ARE IN A TANGE GLASS	for Sih grack how many Jan	smartys
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by:	Completion Date of Project: 1 To: 1118 OS Alussa Me	18 19 19 2110
**************************************	1 dougted pr	1/) O
/endor Address: NA Dity: NA State & Zip c	ode: NA	
Init Cost of Product/Service: Proposal Sale Price: Sotal Cost of all Products Not to Exceed: Inimum Total Profit Expected: \$ 1	per guess	
ignalure; / / / / A RECILIVATIVE OF	Signature Date:	
Ignature: Principal	Signature Date: //	1/21/17
gnature; SSC Y L C SSC	Signeting Date:	ame
onth: Year: Approved: E	ng/Agendatork ≅ No] □ By:	

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

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Applicantinionalion
Faculty Member (B): Chrysting USOS HUSSCI Meli 110 Date: 11 2 / 15
Club Name: STUCENT COUNCIL
Acct. No.: 19 Acct. Balance to Date: \$5,04.04
Type of Fund Raiser: Little Caesar's Pi27a Kits
Purpose of Fund Ralser: To raise money for the 8th grade trip.
Start Date of Project: Date of Sale(s): From Date of Sale(s): From NOS Completion Date of Project: 11119 To: 11719 VMS
Sale will be monitored by: Christian News Alussa Melillo

Vendor Business Name: UHIE COCSOR'S P1230 KITS
Vendor Address: 2211 UVXXVUXCVC PURICE Sity: CETCOLT State & Zip code: MT 48201-3900
Init Cost of Product/Service: Proposal Sale Price: Stotal Cost of all Products Not to Exceed: Initimum Total Profit Expected: \$ 20-40 / por Cl+ \$ 300
Ignature; Date:
ignature:
gnature: Senop visosure Signature: Date: V A D
Planed for EQE Meating Agenda for Yes NO onth; Year: Approved: \(\precedent \) \(\precede

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View Cart (/Cart.aspx) | Login (https://www.pizzakit.com:443/Login.aspx)

ABOUT US (HTTPS://WWW.PIZZAKIT.COM:443/ABOUT)

MANAGE MY FUNDRAISER (HTTPS://WWW.PIZZAKIT.COM:143/FUNDRAISER.ASPX)

PRODUCTS (HTTPS://WWW.PIZZAKIT.COM:443/FUNDRASING-PRODUCTS)

REQUEST INFO (HTTPS://WWW.PIZZAKIT.COM:443/REQUESTANTO

HOW IT WORKS (HTTPS://WWW.PIZZAKIT.C

HOW IT WORKS (/HOW-IT-WORKS)

Getting Started

GETTING STARTED (/GETTING-STARTED)

TIPS & TOOLS (/FUNDRAISING-TIPS-AND-TOOLS)

VIDEOS (/VIDEOS, ASPX)

FAQS (/FAQS)

PROFIT (/FUNDRAISING-PROFIT)

START A FUNDRAISER

(/START-A-FUNDRAISER)

Start a Fundraiser

(/start-a-fundraiser) Request Info

(/RequestInformation.aspx) Shop for Kits

(/fundraising-

products?

shop=ICt=landing)

Customer Testimonials

See the difference that Pizza Kit fundraisers make for our customers and how a Pizza Kit fundraiser could help your

groupi (/testimonial-stories) Getting Your Fundraiser Started Is Easy!

Register Your Fundraiser

It's easy to get your Little Caesars® Pizza Kit fundraiser started! You can Register Online (/Login Create.aspx?returnto=/StartFundraiser.aspx) at your convenience 24 hours a day, or by calling our Customer Care Center Monday-Friday from 8:30 a.m. - 8:00 p.m. ET. We will guide you through the entire process by working with you to schedule your delivery day and time to help ensure your group/organization will be on the way to earning Big! Big! Dough!

Big! Big! Profit

The more Little Caesars® Pizza Kits your group/organization sells, the more dough you make. Earn \$6 on every Kit sold*! You'll be amazed at how quickly your profits (/fundraising-profit) add up!

Selling Period

We recommend actively selling for 2-3 weeks. During this time, your Sellers collect their orders and payment, As customers place their Pizza Kit orders, ask your Sellers to collect payment by check made payable to your group/organization. To get the most out of your fundraiser, be sure to take advantage of our e-mail invites and easy-to-use online sales tools.

Placing Your Order

We suggest allowing one week to collect Order Forms from your Sellers, gather any late orders and tally the number of Kits you need to have delivered and place your final order,

Making Payment

Payment for your group/organization's fundraiser is due at delivery (/pick-up-locations). The delivery driver will accept payment in the form of a cashier's check or money order. School checks will also be accepted. Delivery drivers cannot accept cash, organization/personal/starter checks or credit cards.

Delivery Day

Your Kits will be delivered directly to your group/organization in a refrigerated truck. To ensure a quick and smooth delivery, he sure to have your delivery in an accessible area, avoiding stairs whenever possible. Enlist one volunteer helper for every 100 items sold to ensure sorting and distributing your orders goes smoothly. Schedule your pick-up time 1-3 hours after your delivery time to allow enough time to unload, count and sort orders.

*Delivery minimums and under the minimum charges will apply and may vary in <u>Canada</u> (http://www.pizzakit.ca/).

Start New Fundraiser (/StartFundraiser.aspx)

Toin Us! (https://ww Privacy Policy (/privacy-policy) | Canada (http://www.pizzakit.ca) | Help (/help) | Site Map (/ritemap) | Contact Us (/Contact Us.aipx) | Sign Le

(http://www.littlecaesars.com/Locations.aspx) | Fundraising Tips & Resources (/fundraising-tips-and-resources)

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

The formation to be a few to the state of the

Faculty Member (s): 💢 🕻	Application altonicitor	Potes 311 Valls
Club Name: TENCI		Date: 11/20118
Acct. No.: 40	Acct, Balan	ce to Date: \$ (). OO
Type of Fund Raiser:	BCICL SOLE	F E F F F F F F F F F F F F F F F F F F
Purpose of Fund Ralser: 1	Paise fands for 1	nardi gas
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by:	1/4/19 Gompletion Date 1/4/19 Gompletion Date 1/4/19 1/4/1	of Project: 1/4/19 To: 1/14/19
Vendor Representative's Nar Vendor Businass Name: Vendor Address;	/A	EMS TO BE SOLD************************************
City: <u>\//f</u> Unit Cost of Product/Service; Proposal Sale Price; Fotal Cost of all Products Not Minimum Total Profit Expecte	t to Exceed: \$ 1-2 PC	CIHM
Signature (Juliu 1177)	Faculty/Advisors/ignature Raincipal Signatures	Date: // Q(e/18
Ignature;		Date: 1/24/8
onth: Year:	Placed on Externee in page in a voi Yes No Approved:	By:

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Faculty Member (8):	Lâura Detie		Date: /// Q (e//8
Club Name: Fret	xh Club		• •
Acct. No.: 49		Aççt, Balanç	e to Date: \$ 6,00
Type of Fund Raiser:	Bake sale	***************************************	***************************************
Purpose of Fund Raise	"To raise lebration	functs for	mardi Gras
Start Date of Project; Date of Sale(\$); From Sale Area/Location; Sale will be monitored	7.		of Project: 12/4/19 10: 2/4/19
Vendor Representative Vendor Business Name Vendor Address: <u>M</u>	's Name! <u>WA - STU</u> : <u>WA</u> A	CLONS CLOOC	ems to be sold************************************
city: <u>N/A</u>	State	& Zip code:	
Unit Cost of Product/Se Proposal Sale Price: Fotal Cost of all Produc Vinimum Total Profit Ex	ts Not to Exceed:	\$ 1-2 per \$ 1-3 per \$ NIA \$ 500	Hen
Signature (ZVVI) I		OVISOT STOTELUTES	Dale: //) (c//
Signature:	Pill Pill	icipal Signature	Date: ///27///
ignalure;	Se Well		Date: 11/26/18
Nonth; Y	ear; Approl	AMERITONACENTIANO YES NO	By:
20111111		~~	= / -

HANNAH CALDWELL ELEMENTARY SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

	Appl	icant Information		
Faculty Member (s): _	Anne Marie Caldarola		•	Date: 11/15/18
Club Name:		<u></u>	. به الراطات كالتربي	
Acct. No.:		Acct. Bala	nce to Date:	
Type of Fund Ralser:	Artome, LLC			
Purpose of Fund Ralse	r: <u>Student premier Art</u> Trips and Murals.	t Show to raise fur	nds for School	s Art Club, Supplies
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored I	April 4, 2019 Hannah Caldwe	19 Completion Da ell Gymnasium darola and PTA		2019
Vendor Representative Vendor Business Name Vendor Address: <u>1225</u>	OLD ALPHARETTA	nez ROAD SUITE#29	: .	
City: <u>ALPHARET</u>	TA State	e & Zip code: GA 30	0005	
Unit Cost of Product/Se Proposal Sale Price: Total Cost of all Produc Minimum Total Profit Ex	ts Not to Exceed: cpected:	\$ \$25.00 / a \$ N/A \$ N/A		
Signature: Wather	Faculty D Durann	Advisor Signature	Date:	11/22//8
Signature:	Vice P	rincipal Signature	Date:	
Signature:	School	lireasure Signature	Date:	
Month:Y		OE Meeting Agenda YES NO roved: ☐ ☐	Жож Ву;	



Diane Cappiello <dcappiello@twpunionschools.org>

Fwd: Your scan (Scan to My Email)

1 message

Lori-Ann Boyd
lboyd@twpunionschools.org>

To: Diane Cappiello <dcappiello@twpunionschools.org>

Tue, Dec 4, 2018 at 11:40 AM

Hey Diane,

Please add the attached item to the December 18th BOE Agenda.

School/Club: National Art Honor Society

School Account #: 2030

Type of Fundraiser: Coffee & Canvas Night Fundraiser - January

Date of Event: January 2nd - January 25th, 2019

Purpose of Fund Raiser: To raise funds for the Senior Scholarship Fund.

School/Club: National Art Honor Society

School Account #: 2030

Type of Fundraiser: Valentine's Day Carnation Sale Fundraiser

Date of Event: January 22nd - February 14th, 2019

Purpose of Fund Raiser: To raise funds for the Senior Scholarship Fund.

School/Club: National Art Honor Society

School Account #: 2030

Type of Fundraiser: Coffee & Canvas Night Fundraiser - March

Date of Event: March 1st - March 22nd, 2019

Purpose of Fund Raiser: To raise funds for the Senior Scholarship Fund.

School/Club: Junior Class School Account #: 2228

Type of Fundraiser: Spring Pep Rally - Pie in the Face Fundraiser

Date of Event: May 1st - May 22nd, 2019

Purpose of Fund Raiser: To raise funds for the Junior Class of 2020.

School/Club: Junior Class School Account #: 2228

Type of Fundraiser: Stop the "Bop" Fundraiser **Date of Event:** February 7th - June 14th, 2019

Purpose of Fund Raiser: To raise funds for the Junior Class of 2020.

School/Club: Class of 2019 School Account #: 2214

Type of Fundraiser: Food Truck Fundraiser Date of Event: December 19th - June 14th, 2019

Purpose of Fund Raiser: To raise funds for the Senior Class of 2019.

Thanks, Lori-Ann A. Boyd TWP of Union Board of Education 2369 Morris Avenue Union, NJ 07083 P: 908.851.4439

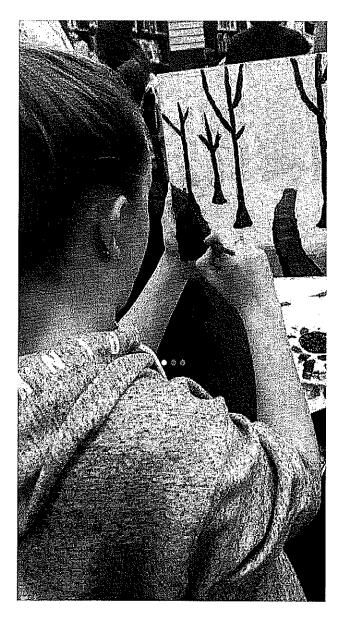
lboyd@twpunionschools.org

HUMAN, KIND, BE BOTH, -Lori A, Boyd

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Appl	icant Information	
Faculty Member (s): T. A. OCGJI'D +	T.DAMO	Date: [[27] [
Club Name: NEthichal AA Ho	nor Society	' '
Acct. No.: 2030	Acct. Balance	e to Date: 857.76
Type of Fund Raiser: CARC and	awas Nigh-	t MacM
Purpose of Fund Raiser: Senior Su	holaship fund	
Start Date of Project: 31,10	Completion Date of	of Project: 3 22 19
Date of Sale(s): From		o: 3/22/19
- · · · · · · · · · · · · · · · · · · ·	45	
Sale will be monitored by: TAOCGSI	D + T. DAMO	
*******ATTACH PUBLICATION FR	OM VENDOD OF ITE	
Vendor Representative's Name:	CON VENDOR OF THE	ING TO BE SOED
Vendor Business Name: Vendor Address:		
	e & Zip code:	
Unit Cost of Product/Service: Proposal Sale Price:	\$	
Total Cost of all Products Not to Exceed:	\$ \$	
Minimum Total Profit Expected:	\$	
Signature: Faculty	Advisor Signature	Date: 11 /2 7 / 1 K
Signature: Vice P	rincipal Signature	Date: 11 127 (W
Signature:	Treasure Signature	Date: /3/4//X
	DE Meeting Agenda for YES NO	
Month: DCC Year: DIS App	roved: 🗍 🗍	Ву:





uhs.nahs Thank You to everyone who attended our Coffee&Canvas Night!

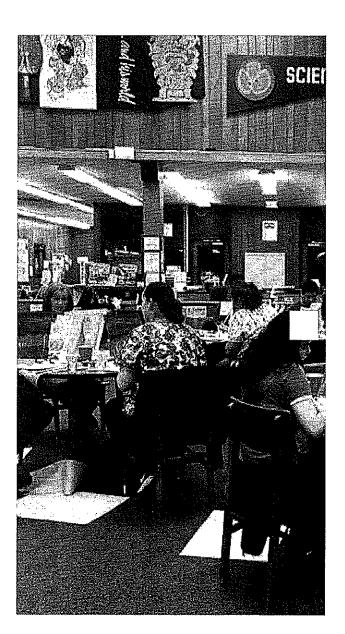
FEBRUARY 9

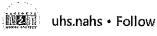
Log in to like or comment.



	pplicant Information
Faculty Member (s): T. Arricta Occ	asio + T. DAMO Date: 11 07 18
Club Name: National And Han	for Society
Acct. No.: <u>2030</u>	Acct. Balance to Date: 257.74
Type of Fund Raiser:	anuas Night January
Purpose of Fund Raiser: Senicy Sc	holaship Find
· · · · · · · · · · · · · · · · · · ·	
Start Date of Project: 12/19	Completion Date of Project: 1 25 9
Date of Sale(s): From	To: 1/25-/19
Sale Area/Location:	<i>HS</i> ''
Sale will be monitored by:	all + T. DAMO
Vendor Representative's Name:	FROM VENDOR OF ITEMS TO 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:	\$
	ulty Advisor Signature
Signature:	Date: // /2 7//\$
Vio	se Principal Signature
Signature: WW UTY	Date: 11/27/4
Signature:	ool Treasure Signature Date: 19918
	n BOE Meeting Agenda for:
Month: Dec Year: Del	YES NO Approved: By:







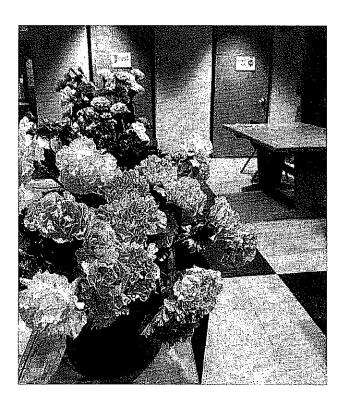
uhs.nahs Paint Night 🕬!

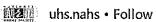
APRIL 7, 2017

Log in to like or comment.



Applicant	Information
Faculty Member (s):	Date: 11 37 18
Club Name: National AA Have	y Saicte
Acct. No.: <u>2030</u>	Acct. Balance to Date: 257.76
Type of Fund Raiser: Valential DAU	I CANATION SAGE
Purpose of Fund Raiser: Senitr Scholus	hip find
Start Date of Project: 1 22 19	Completion Date of Project: 2 14 19
Date of Sale(s): From	To: 2/14/19
Sale Area/Location: Dato UHS	n+T.DAMO
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 & Z	ip code:
Unit Cost of Product/Service:	\$
Proposal Sale Price:	\$
Total Cost of all Products Not to Exceed:	\$
Minimum Total Profit Expected:	\$
	isor Signature
Signature:	Date: リノュコ
Signature: Vice Princip	pal Signature Date: ////////
Signature: Signature:	Sure Signature Date: 19/4/18
Placed on BOE M Month: DU Year: <u>OVS</u> Approved	leeting Agenda for: YES NO : □ □ By:





uhs.nahs Our carnations are ready for delivery tomorrow morning!

FEBRUARY 13

Log in to like or comment.



VApplica Faculty Member (s): <u>Michael () الأموان ب</u>	nt Information Also College	Date: // <u>/\$C</u>
	74.7.	
Club Name: Junior Class		
Acct. No.: 22/4		
Type of Fund Raiser: Sping Rep Kally	~ lie in	Face
Purpose of Fund Raiser: Ragic money	for Junior	class to be
Type of Fund Raiser: Sping Rep Rally Purpose of Fund Raiser: Ragte money Spent dulding schlor ye. Start Date of Project: May 2019 Date of Sale(s): From		ill et
Start Date of Project: Date of Sale(s): From	Completion b.	agany =
Sale Area/Location:		
Sale will be monitored by:	,	
**************************************	M VENDOR OF ITEMS	S TO BE SOLD********
Vendor Business Name:		
Vendor Address:		
	Zip code:	
Unit Cost of Product/Service:	\$	•
Proposal Sale Price:	\$	
Total Cost of all Products Not to Exceed:	\$	
Minimum Total Profit Expected:	\$	
Faculty A Signature: <i>[Nichael Wifel</i>	dvisor Signature	Date: 11/30/18
Signature: Kun USTA	icipal Signature	Date: 12/3/18
School Tr Signature:	easure Signature	Date: / 3/4/17
Month: Dec Year: 2018 Appro	YES NO	Ву:



Faculty Member (s): <u>Michael Dilaclo</u>	Applicant Information 4 Adam Kaffaele	Date: /30
Club Name: Juntar Class		,
Acct. No.: 22/4		\
Type of Fund Raiser: Steel of Bak	"Bop" ~ Music on loop of	all dusing lunch
Purpose of Fund Raiser: Kaise money for their search year	Punior class duch +	e be used during
Date of Sale(s): From Sale Area/Location:		e a Junior class officer
Sale will be monitored by: Michael ************************************		
Vendor Representative's Name:	16 Sales	
Vendor Business Name:		
Vendor Address:		
City:	State & Zip code:	
Unit Cost of Product/Service:	\$	
Proposal Sale Price:	\$	•
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed:	\$	
Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	\$ \$ \$	•
Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	\$\$ \$ (culty Advisor Signature	•
Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Signature: MACALL STATES Signature:	\$\$ \$ culty/Advisor Signature ce Principal Signature	
Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Signature: Signature:	\$s ss iculty/Advisor Signature /ice Principal Signature -hool Treasure Signature	Date:///3σ/ίβ



]	Applicant Faculty Member (s): Chery Fishe, Tora Scaram	mormation vzzi, Will Gchart, Megan Kaples Date:	
	Club Name: Senior Class	, ,	
	figt t light	Acct. Balance to Date:	
	可用用用用用用的可能的 医多种性 医多种性 医多种性 医二乙二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二		
	Purpose of Fund Raiser: <u> Paise money for</u>	Senior Class	
	17) M. Phior (194)	1/2 days and 10% - 25% would go	
not place	Start Date of Project: Date of Sale(s): From $\frac{12}{21}$, $\frac{1}{9}$, $\frac{1}{122}$, $\frac{2}{128}$, $\frac{2}{13}$, $\frac{3}{13}$, $\frac{5}{124}$, Sale Area/Location:	Completion Date of Project: June 2018 921-926 To:	
all of	Sale will be monitored by: all 4 advisors		
Vendor Representative's Name: Different food trucks throughout the School year - all woold me School year - all woold me Vendor Business Name: Vendor Business Name:			
	Vendor Address:		
		Zip code:	
	Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed:	\$\$ \$	
	Minimum Total Profit Expected:	P	
	Signature: Church Full	visor Signature Date: 12/3/18	
	Signature: 4 9	ipal Signature Date: 12/3/16	
	Signature:	asure Signature Date: (2/4/18	
	Placed on BOE	YES NO	
1	Month: Dec Year: 2018 Approve	ed:	



Applicant Information
Faculty Member (s): Chery Fishe, Tora Scaramozzi, Will Eithert, Megan Kaplan Date:
Club Name: Senior Class
Acct. No.: 2200 Acct. Balance to Date:
Type of Fund Raiser: Food Truck
Purpose of Fund Raiser: <u>Caise Money for Senior Class</u>
- food trucks would serve lunch on the 1/2 days and 10% - 25% would go to the senjor class
Start Date of Project: 100 Completion Date of Project: 100 Date of Sale(s): From $12/21$, $1/9$, $1/22 - 1/28$, $2/13$, $3/13$, $5/24$, $9/21 - 6/26$ To: Sale Area/Location: Sale will be monitored by: 100 10
*************************** Vendor Representative's Name: Different food trucks throughout the School year - all would medit the Standards established by the Union Township Fire Department Vendor Business Name: Vendor Address:
City: State & Zip code:
Unit Cost of Product/Service: \$
Signature: Date: 12/3/18
Signature: Date: 12/3/18
Signature: Date:
Placed on BOE Meeting Agenda for: YES NO Month: Year: Approved: By:



	t Information
Faculty Member (s): William En Chert	Date: 12 / 3/1/
Club Name: Senior Class	
Acct. No.: 2214	
Type of Fund Raiser: Sen or Cluss	T-Shirt / Sweatshirt
Purpose of Fund Raiser: Raise funds	for Senior class activities
Date of Sale(s): From Sale Area/Location: 5 en w ody	Completion Date of Project: 1/16/19 To: 1/16/19 Sov Cluss 100ms. Odvisors
*********ATTACH PUBLICATION FROM	VENDOR OF ITEMS TO BE SOLD********
Vendor Representative's Name: 26 Printin	g & Promotions Glenn Zuhl
Vendor Business Name:	
Vendor Address: 170 Westfield Que	75- and a. N.T. 07200
City: Rose/le fork State &	Zip code: <u>NJ 07204</u>
Unit Cost of Product/Service:	\$ 7 ²⁵ 9 ³⁰
Proposal Sale Price:	\$ 15 sharsheeve 20 long sheve
Total Cost of all Products Not to Exceed:	\$
Minimum Total Profit Expected:	7
Signature: Hul Sub-	visor Signature Date: 12/3//8
Signature: Vice Prince	cipal Signature Date:
Signature:	asure Signature Date:
Placed on BOE	Meeting Agenda for:
Month: Year: Approv	YES NO ed:



Phone: 908.547.5000 Fax: xxx-xxxx

E-Mail: billing@2kprinting.com

170 W. Westfield Ave Roselle Park NJ, 07204

SALES ORDER

Order Date	Due Date	Order Number
11/27/2018 (Tue)	12/7/2018 (Fri)	S 17055

178 shirt/30 SwtPant/25 Dri-Fit/150 Mgnt

Page 1 of 3

	Ship To:
Cell: Fax:	Ship Method: Pick Up

Terms	Sales Rep	Customer PO
Due on receipt	Glenn	UHS178/UHS25/UHS25BP/UHS150-1

Style	Description	Colors /Stitches	Size	Qty	Rate	Amount
	Long Sleeve T-Shirts					
2400	GIL Adult L/S Ultracotton Tee	BLACK	s	5	10.50	52.50
			M	8	10.50	84.00
			L	12	10.50	126.00
			XL	8	10.50	84.00
	Short Sleeve T-Shirts					
5000	Gildan - Heavy Cotton 100% Cotton	Black	S	4	7.00	28.00
	T-Shirt. 5000		М	12	7.00	84.00
			L	7	7.00	49.00
			XIL.	6	7.00	42.00
			2XL	2	9.00	18.00
	Crew Neck Sweatshirts			1		
12000	Gildan - DryBlend 153 Crewneck	Black (3XL)	s	3	13.50	40.50
	Sweatshirt. 12000		М	3	13.50	40.50
			L	7	13.50	94.50
			XL	3	13.50	40.50
	Hoodies					
18500	Gildan - Heavy Blend153 Hooded	Black	S	12	16.00	192.00
	Sweatshirt. 18500		М	26	16.00	416.00
			L	19	16.00	304.00
			XL.	13	16.00	208.00
			2XL	5	19.00	95.00
	1			1		

Sweatpants get small U on left leg. Zip Ups get Large U on back and small U on Front Left Chest. Total 4266.22
Tax Amount 0.00
Net Total 4266.22
Payments 0.00
Balance Due 4266.22

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.



Phone: 908.547.5000 Fax: x

Fax: xxx-xxx-xxxx

E-Mail: billing@2kprinting.com

170 W. Westfield Ave Roselle Park NJ, 07204

SALES ORDER

Order Date	Due Date	Order Number
11/27/2018 (Tue)	12/7/2018 (Fri)	S 17055

178 shirt/30 SwtPant/25 Dri-Fit/150 Mgnt

Page 2 of 3

Bill To:		Ship To:
Union High School Cheryl Fiske 2350 N 3rd St. Union, NJ 07083		
Phone: 908-419-4005 E-Mail: cfiske@twpunionschools.org	Cell: Fax:	Ship Method: Pick Up

Terms	Sales Rep	Customer PO
Due on receipt	Glenn	UHS178/UHS25/UHS25BP/UHS150-1

Style	Description	Colors /Stitches	Size	Qty	Rate	Amount
	Custom Screen Printing	2 Cols, Center - Front		155		
	Zip Up Hoodies			1		
18600	Gildan - Heavy Blend153 Full-Zip	Black	S	5	21.00	105.00
	Hooded Sweatshirt		M	8	21.00	168.00
			L	1 1	21.00	21.00
			XL	6	21.00	126.00
			2XL	3	24.00	72.00
	Custom Screen Printing	2 Cols, Chest - Left		23		
	Custom Screen Printing	2 Cols, Center - Back	İ	23		
	SweatPants					
12300	12300 Gildan Ultra Blend Open	Black	S	9	20.50	184.50
	Bottom Pocketed Swea		M	11	20.50	225.50
			L	4	20.50	82.00
			XL	4	23.50	94.00
			2XL	2	19.86	39.72
	Custom Screen Printing	2 Cols, Leg - Left		30		
	Dri-Fit T-Shirt	-				
PC380	Port & Company® Performance Tee	Black	s	5	12.00	60.00
7 0000	l'orta companyo i siloniano tos		м	5	12.00	60.00
			L	10	12.00	120.00
			XL	5	12.00	60.00
	Custom Screen Printing	2 Cols, Center - Front		25		
	Oddioin Ooloon Frieding			1 ~1		

Sweatpants get small U on left leg. Zip Ups get Large U on back and small U on Front Left Chest.

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.



Phone: 908.547.5000 Fax: x:

Fax: xxx-xxx-xxxx

E-Mail: billing@2kprinting.com

170 W. Westfield Ave Roselle Park NJ, 07204

SALES ORDER

Order Date	Due Date	Order Number
11/27/2018 (Tue)	12/7/2018 (Fri)	S 17055

178 shirt/30 SwtPant/25 Dri-Fit/150 Mgnt

Page 3 of 3

Bill To:		Ship To:		
Union High School Cheryl Fiske 2350 N 3rd St. Union, NJ 07083				
Phone: 908-419-4005	Cell:	Ship Method: Pick Up		
E-Mail: cfiske@twpunionschools.org	Fax:	J		
Terms	Sales Rep	Customer PO		
Due on receipt	Glenn	UHS178/UHS25/UHS25BP/UHS150-1		

Style	Description	Colors /Stitches	Size	Qty	Rate	Amount
	Cinch Backpacks					
BG614	Port & Company® Core Fleece Sweatshirt Cinch Pack	Black		25	8.50	212.50
	Custom Screen Printing Magnets	2 Cols, Center - Front		25		
3501 SET UP SHIPPING	Custom Outdoor Magnets Set up fee - WAIVED!!! FedEx Ground Shipping to NJ Included	Futi Color	5" x 4.783"	150 1 1	4.25	637.50

Sweatpants get small U on left leg. Zip Ups get Large U on back and small U on Front Left Chest.
 Total
 4266.22

 Tax Amount
 0.00

 Net Total
 4266.22

 Payments
 0.00

 Balance Due
 4266.22

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.



Diane Cappiello <dcappiello@twpunionschools.org>

Fwd: Your scan (Scan to My Email)

1 message

Lori-Ann Boyd Lori-Ann Boyd loyd@twpunionschools.org To: Diane Cappiello dcappiello@twpunionschools.org

Tue, Dec 4, 2018 at 1:42 PM

Hi Diane,

If it is not too late, please add these items to the December 18th BOE Agenda.

School/Club: National Art Honor Society

School Account #: 2030

Type of Fundraiser: Canvas /Mural Raffle Date of Event: February 1st -April 30th, 2019

Purpose of Fund Raiser: To raise funds for the Senior Scholarship Fund.

School/Club: Intercultural Student Organization (ISO)

School Account #: 2022

Type of Fundraiser: Chocolate Bar Sale Date of Event: January 1st - March 1st, 2019

Purpose of Fund Raiser: To raise funds for field trips and Senior Scholarships.

School/Club: Intercultural Student Organization (ISO)

School Account #: 2022

Type of Fundraiser: Cultural Food/ Bake Sale

Date of Event: January 7, 2019

Purpose of Fund Raiser: To raise funds for field trips and Senior Scholarships.

Thank You!
Lori-Ann A. Boyd
TWP of Union Board of Education
2369 Morris Avenue
Union, NJ 07083
P: 908.851.4439

lboyd@twpunionschools.org

HUMAN, KIND, BE BOTH, -Lori A. Boyd

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Applica Faculty Member (s):	nt Information	Date:
Club Name: National AA	Huncr Society	. , ,
Acct. No.: <u> </u>	Acct. Balance to Date:	70697
Type of Fund Raiser:	ZAFR	
	for senior sch iner gets muelt drock.	iolochiys-
Start Date of Project: Date of Sale(s): From Sale Area/Location: 2-1-19 2-1-19 Date - Mai	Completion Date of Project To:_ え	
Sale will be monitored by: T.A.O.C.C.	SIO +T. DAMO	·)
**************************************	M VENDOR OF ITEMS TO	BE SOLD*******
Vendor Representative's Name:		
Vendor Business Name:		
Vendor Address:		
	& Zip code:	
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed:	\$ \$ \$	
Minimum Total Profit Expected:	\$	
Signature:	.dvisor Signature	Pate: 12/4/18
Signature: KLM USU	ncipal Signature	Date: 13-9-11
Signature:		Pate: /2-4-/8
Month: <u>Jec</u> Year: <u>Jel</u> Appro	E Meeting Agendator: YES NO ved: □ □ By:	



	nformation
Faculty Member (s):	Date: 1/2- 4
Club Name: Intercultural Student Or	ganization
Acct. No.: 7	Acct. Balance to Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Type of Fund Raiser: Chocolate Bar Sale	
Purpose of Fund Raiser: TO MISE MONEY FOR	r field trips and senior scholarships.
	1.4.5
Start Date of Project: January 157	Completion Date of Project: March 15+
Date of Sale(s): From Date rereived Sale Area/Location: Indepent Sale ()	onducted by club members
Sale will be monitored by:	MEMORITOR BAL CLAND LIPATING
**************************************	ZENDOR OF ITEMS TO BE SOLD*********
Vendor Representative's Name: Kimberly Ki	
Vendor Business Name: World's Finest Ch	rocolate
Vendor Address: 3 Cass Street	
City: he yport State & Zi	p code: NJ, 07735
Unit Cost of Product/Service:	\$36 per(GO) count box
Proposal Sale Price:	\$ 1 per chocolate bar
Total Cost of all Products Not to Exceed:	\$ 600 15 (60) count boxes \$ 216
Minimum Total Profit Expected:	
Signature:	sor Signature Date: 12-닉
Signature: 14 UM UBA)	Date: 13-4-18
Signature:	sure Signature: Date: /ォーソー/人
	eeting Agenda for: YES NO
Month: Vear: 2018 Approved	

Kastle Fundraising - Sales Agreement 3 Cass St., Keyport, NJ 07735 Phone: 732-525-8333 800-527-8535 Fax: 732-525-0909 Email: Kastlefundraising@gmail.com 100 | Intercultural Student Organizationate 12/ Where The Customer is Treated Like Royalty School# (9以) 851-6506 Organization Union Fax # (Acct # Address 2550 County State NJ City Oki Of Title_____ C # (90%) 358 -3415 Contact 1- TEANY ____ Other # Title_____ C # (____)___ Contact 2-Email: Brochure Delivery: ___/___ _____Will Advise Sale Starts / Terms: Net O-Prepaid O-COD Sale Ends / K.O. ___ /_ Number in Group:___/___ Previous Sale: \$ Letter: KF- ___ School-__ Supplied to KF-_ **Profit** Program(s) Eng-___ SP-___ Pre Approved-Checks Payable to: Special Instructions_____ pp: -S.P.-O Tally-O Bulk-O Brochures Collated Y N O - Delivery Charge is applicable for minimum sales. If sale is _____ Units or Less, Delivery is \$___ 40% which purchasing 1-49 carriers Special Instructions: when purchasing 50 or more Carriers Profit- * % Delivery Date-__/___ - AM or PM A - Chocolate Bars WOY Total Retail Unit Price Item Description Count Carriers

responsible for damages. If credit is given, Organization will pay on time or may incur finance charges.

I have been appointed to represent the above organization. I am authorized to contractually obligate the organization for the full amount of this order plus any future orders for the above fundraising project. According to the terms of this agreement. We are ___, Are Not ____ Tax Exempt. Since our organization considers itself to be Tax Exempt, if the state should bill Kastle Fundraising for sales tax, our organization agrees to be fully responsible for the payment of those same taxes as well as any penalties assessed with in 10 days of being notified by Kastle Fundraising.

Sales tax will be charged unless and acceptable Tax Exempt Certificate is provided.

Unopened cases may be returned within 30 days of delivery for Credit. Organization will ensure the chocolate is stored in a safe environment and will be

Sales Tax Freight

K ACIAN KOLALAN Kastle Fundraising Authorized Signature Sales Rep	Organization's Authorized Signature	Date
---	-------------------------------------	------

51NCE 19491"



WORLD'S FINEST°

The World's Finest Fundraiser!"



Earn the most money in the least amount of time!



WORLD'S FINEST°

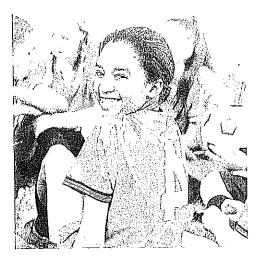
CHOCOLATE

WE FUND COMMUNITIES"

Since 1949, we have helped groups like yours reach their goals.







\$1 - 60 Bar Variety Pack

INCLUDES:

18 Caramel Bars 12 Almond Bars 12 W.F. Crisp® Bars 12 Milk Chocolate Bars 6 Dark Chocolate Bars

Call your local WFC Rep at 1.800.WFC.FUND. Or visit WorldsFinestChocolate.com.



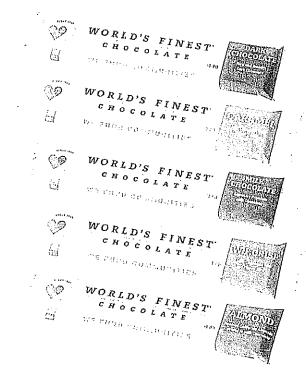
Raise Morel
'Excludes freight cost
and applicable taxes.
Minimum order, terms
and conditions apply



With over \$4 billion raised, our product speaks for itself.



Most fundraisers wrap up in just 2 weeks.



8 case minimum order. Configurations may vary by geography.







Faculty Member (s):Morelli	Applicant Information Date: 간년
Club Name: Intercultural S	Fudent Organization
Acct. No.:	Acct. Balance to Date: Nol2.09
Type of Fund Raiser: (Ultura)	FOOD Sale Bake Sale (Store laught only)
Purpose of Fund Raiser: TO rais	e money for senior scholarship awards
Start Date of Project:	Completion Date of Project:
Date of Sale(s): From Sale Area/Location:	. 7 @ 2:36 pm. To: Jan. 7 @ 3:30 pm
Sale Area/Location: FION	nt (Main) Entrance
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 Excee	ed: \$
Minimum Total Profit Expected: Signature:	Faculty Advisor Signature Date: 12-4
Signature: Kum () Sty	Vice Principal Signature Date:)}・リーピ
Signature: Li Hong	School Treasure Signature Date: / ノーイ
Month: <u> </u>	iced on BOE Meeting Agenda for: YES NO Approved: By: