

EXHIBIT B-1

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

SCHOOL: BURNET MIDDLE SCHOOL

DATE: December 21, 2016

DEPARTMENT: Music

VENDOR: Music in the Park

AMOUNT \$4,935.00

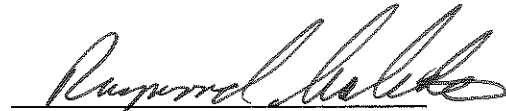
PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]:

Festival of Music - See attached

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.00.

Raymond Salvatore, Principal

Name



Signature

Per the Student Organization Funds-Policy and Procedure Manual, student bodies, only with written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.00

I approve the purchase of goods/services per the attached

Gregory E. Brennan
School Business Administrator

Date



INVOICE

Reservation #: 33978
Statement Date: 12/09/2016

Music in the Parks
1784 West Schuylkill Road
Douglassville, PA 19518

Michael Hamilton
Burnet Middle School
1000 Caldwell Avenue
Union, NJ 07083

Location: Dorney Park
Festival Date: June 2, 2017

| Ticket Description | Qty | Price | Total |
|--|-----|---------|-------------------|
| Performer: Festival and One Day Park Admission | 95 | \$55.00 | \$5,225.00 |
| Non-Performer: Festival and One Day Park Admission | 12 | \$30.00 | \$360.00 |
| Total Ticket Value: | | | \$5,585.00 |

| Discounts Applied | |
|-----------------------------------|----------|
| 2 Complimentary Director Tickets | -\$60.00 |
| 3 Complimentary Chaperone Tickets | -\$90.00 |

Total Tickets (including Free): 107 **Total Ticket Cost:**
Current Balance: \$5,435.00

| Payment Schedule | | |
|------------------|-----------------|------------|
| Initial Payment | Due: 03/04/2017 | \$500.00 |
| Balance Payment | Due: 05/03/2017 | \$4,935.00 |

Current amount due is \$0.00

Notes:

All payments must be made in USD only.

We accept VISA, MasterCard, American Express, & Discover

<https://www.festivalsofmusic.net/ext/MIP/ProcessPayment.aspx?regi=33978>

Make checks payable to: Festivals of Music
Return to: Music in the Parks
Accounting Department
1784 West Schuylkill Road
Douglassville, PA 19518
Phone: 800-323-0974
Fax: 610-327-4786
Email:
accounting@festivalsofmusic.com

EXHIBIT B-1

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

SCHOOL: BURNET MIDDLE SCHOOL

DATE: December 21, 2016

DEPARTMENT: Music

VENDOR: Villani Bus Co.

AMOUNT \$3,211.00

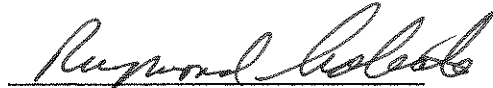
PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]:

Dorney Park - See attached

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.00.

Raymond Salvatore, Principal

Name



Signature

Per the Student Organization Funds-Policy and Procedure Manual, student bodies, only with written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.00

I approve the purchase of goods/services per the attached

Gregory E. Brennan
School Business Administrator

Date



Villani Bus Company

811 East Linden Avenue

Linden, NJ 07036

Phone: 908-862-3333

Fax: 908-474-8058

Website: www.villanibus.com

Email: info@villanibus.com

Charter Confirmation

Confirmed: **09/06/16**

Charter No. : **62195**

Michael Hamilton
Burnet Middle School
1000 Caldwell Avenue
Union, NJ 07083 USA

Phone: **908-851-6490**

Fax: **908-687-2645**

Order Date **09/06/16**

SalesRep: **Mr.Shabazz**

Thank you for selecting **Villani Bus Company** for your upcoming trip. We are committed to providing you with the very best service possible, and I am sure that you will be pleased with the quality of our equipment and drivers. This Confirmation serves as your contract for your transportation needs shown below. We must receive your deposit along with one signed and dated copy of this letter by the due date of the deposit shown below. Please review the following information to confirm our understanding of the services we will provide.

Group Name: **Burnett Middle School**

Coaches: **2**

Group Leader: **Michael Hamilton**

Equipment: **2-55 Motorcoaches**

Destination: **Allentown, Pa.**

Leave Date: **Friday, June 02, 2017**

Return Date: **Friday, June 02, 2017**

Spot Time: **6:00 am**

Leave Time: **6:30 am**

Retn\Drop Time: **7:30 pm**

Pickup **Burnett Middle School**

Destination **Dorney Park**

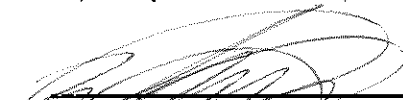
Location: **1000 Caldwell Avenue**
Union, NJ

Details: **Rte78W Off 222 N**
Allentown, PA

| Description | # Coaches | Qty | Rate | Charge |
|--|-----------|------|------------|------------|
| Single Day Motorcoach Trip local | 1 | 2.00 | \$1,605.50 | \$3,211.00 |
| Transportation rate does not include gratuity | 1 | 2.00 | \$0.00 | \$0.00 |
| UNSIGNED CONFIRMATION WILL VOID RESERVATION | 1 | 2.00 | \$0.00 | \$0.00 |
| All Trips "MUST" Be Reconfirmed 7 Days Before Trip | 1 | 2.00 | \$0.00 | \$0.00 |


| Due Dates | Description | Amount | Date Received | Transport Charge: | \$3,211.00 |
|-----------|-----------------|------------|---------------|-------------------|------------|
| 09/20/16 | Signed Contract | | | Amount Paid | \$0.00 |
| 05/19/17 | Final Payment | \$3,211.00 | | Balance Due | \$3,211.00 |

If you have not already done so, please remember to send us an itinerary complete with addresses to insure the success of your trip. Please call me if you have any questions.


 Charter Party Authorized Signature

Date

Sincerely,


 Mr.Shabazz

TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

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

SCHOOL: UHS Date: 1/3/17
ACCT. NAME: UHS PAC Account: 2077
VENDOR: World Stage Amount: \$4,200.00
PURPOSE OF EXPENDITURE [attach appropriate invoice(s):
Main lighting rental package for "Foot Loose"
see attached

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

Laurie DelGuercio
Name

Laurie DelGuercio
SIGNATURE

BOARD APPROVAL DATE: 1/19/17

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 E. Brennan, Business Administrator Date

COMPLETE SECTION 1 ONLY

Date 12/15/16

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

pay \$ 4,200.00 to the order of World Stage

and charge the account of VHSBAC Acc't. No. 77

Purpose: Main lighting Rental Package

Football
Club or Activity

[Signature]
Faculty Adviser - Signature

II. Account Balance \$7,52.21 Verified by [Signature]

Date 1/3/17 Comment _____

III. Approved _____ Date _____
Principal - Signature

IV. Date Paid _____ Check No. _____ Account No. _____

Processed by _____

SUPERINTENDENT'S APPROVAL _____

WorldStage

259 W. 30th St., 12th Floor
New York, NY 10001
Direct: 212-582-2345
Fax: 212-757-6367

Invoice # S167387
Customer # UNI109

INVOICE

Customer

Name Union High School
Address 2350 North Third Street
City Union State NJ ZIP 07083
Attn: James Mosser

Date 11/29/2016
Rep Alison May

| Qty | Description | Unit Price | |
|-----|--|---------------|-------------------|
| 1 | Union High School / Footloose Contract 100% Deposit Custom Lighting Package Make Check Payable to: Scharff Weisberg Inc | \$4,200.00 | \$4,200.00 |
| | | SubTotal | \$4,200.00 |
| | | Invoice Total | \$4,200.00 |
| | | TOTAL | \$4,200.00 |

TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

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

SCHOOL: UHS Date: 1/3/17
ACCT. NAME: Key Club Account: # 2046
VENDOR: NY District of Key Club Maximum Amount: \$6,500.00
PURPOSE OF EXPENDITURE [attach appropriate invoice(s): payment for
district convention registration
see attached

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

Laurie DelGuercio
Name

Laurie DelGuercio
SIGNATURE

BOARD APPROVAL DATE: 1/19/17

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 E. Brennan, Business Administrator Date

COMPLETE SECTION I ONLY

Date 12/14/16

I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION to pay \$ 6,500(Max) to the order of New Jersey District of Key club and charge the account of Key club Acc't. No. 46

Purpose: District Convention Registration

Key club

Club or Activity

[Signature]

Faculty Adviser - Signature

II. Account Balance \$3,677.28

Verified by

[Signature]

Date

1/3/17

Comment

check will not be cut until all money is deposited

III. Approved

Principal - Signature

Date

IV. Date Paid

Check No.

Account No.

Processed by

District Convention Registration Guidelines

1. ALL REGISTRATION FORMS MUST BE POSTMARKED BY FRIDAY, MARCH 3rd, 2017.

Registration Costs:

| | Postmarked prior February 12 | Postmarked after February 12 |
|--------------------------------------|---------------------------------|------------------------------------|
| Key Club Members (Quad Occupancy) | \$285.00 | \$290.00 |
| Chaperones (Double Occupancy) | \$330.00 | \$335.00 |
| Chaperones (Single Occupancy) | \$435.00 | \$440.00 |

2. Please send a NON-REFUNDABLE check(s) or money order (NO CASH) made payable to:
"NEW JERSEY DISTRICT OF KEY CLUB."
3. Vegetarian dishes are included in the buffets.
4. Each club must have one chaperone for every 10 members. If your club is sharing chaperones with another club, it must be indicated on the registration form. You must include the complete contact information of the shared chaperone in order for us to confirm the arrangement.
5. No incomplete forms will be accepted. Registration forms may be downloaded off of the New Jersey District website, www.njkeyclub.org in PDF Format. However, you may NOT register online. You MUST mail the forms in. Send the completed TYPED OR NEATLY PRINTED Registration Form and Convention Sign-up form with a check or money order to:

**NJ Kiwanis District Office
Key Club District Convention
120 Morris Avenue
Summit, NJ 07901**

6. The Rules and Regulations Form as well as the Parental Consent Form and Emergency Medical Treatment Authorization Form should be turned in at the Convention Registration Desk upon arrival. (DO NOT MAIL THEM.)
7. Rooms containing less than four Key Clubbers may be consolidated with other clubs.
8. Once registration has been confirmed, refunds are not permitted. If someone is unable to attend and changes become necessary, contact someone in your club (of the same gender) and make arrangements for them to take that place.
9. By sending in the required forms and payment, you acknowledge all of the above procedures.

TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

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

SCHOOL: UHS

Date: 1/3/17

ACCT. NAME: Cosmetology

Account: #2061

VENDOR: TBS New York

Amount: \$1,900.00

PURPOSE OF EXPENDITURE (attach appropriate invoice(s):
payment of trade show field trip

see attached

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

Laurie DelGuercio

Name

Laurie DelGuercio
SIGNATURE

BOARD APPROVAL DATE: 1/19/17

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 E. Brennan, Business Administrator

Date

COMPLETE SECTION I ONLY

DATE 12/16/16

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

Pay \$ 1,900 to the order of IBS New York

and charge the account of COS Acct. No 61

Purpose: TRADE Show Field Trip

Jan Salvatore

Club or Activity

Faculty Adviser - Signature

II. Account Balance \$1680.30 Verified by [Signature]

Date 1/3/17 Comment _____

III. Approved _____ Date _____
Principal - Signature

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

Processed by _____

IBSnewyork

INTERNATIONAL BEAUTY SHOW

Student Day is Tuesday, March 14

Dear School Administrator:

IBS New York will be here before you know it! The show takes place March 12-14, 2017 and Student Day is **TUESDAY, MARCH 14.**

We're working hard at putting together an educational conference program that will inspire both you and your students. As always, more than 500 exhibitors will line the exhibit hall and offer thousands of products and tools at professionals-only pricing, along with incredible in-booth education.

Registration for the show is now open. Please be sure to read the Rules and Information sheet included in this packet before placing your order. Changes have been made to the 2017 program and this document will tell you everything you need to know to make registering easy and efficient.

The deadline for registering your group of students is Wednesday, February 8. You can register in two ways:

- Online at www.IBSnewyork.com: Click REGISTER NOW and then SCHOOL REGISTRATION.
- Complete and mail/fax the registration form included in this packet, with payment, to the number/address on the form.

The student price before the February 8 deadline is \$38 and \$45 after, and because of the reduced price, students are **ONLY ALLOWED TO ATTEND ON TUESDAY, MARCH 14.** Any groups/students that show up on a day other than Tuesday **WILL BE TURNED AWAY.**

Also, enclosed in this packet, is a poster you can personalize with your school's contact information to hang in your student and teacher lounges. We will send you the Student/Instructor Conference Program after it is completed, but meanwhile, please reference our website at www.IBSnewyork.com for more information.

Should you have any questions after reading the Rules & Information sheet, please contact us via email at IBSNYSTUDENTS@xpressreg.net or by phone at **508.743.8547.**

We look forward to seeing you in New York!



Natasha Bhalla
Marketing Manager
International Beauty Shows

TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

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

SCHOOL: UHS

Date: 1/3/17

ACCT. NAME: UHS PAC

Account: # 2077

VENDOR: Home Depot Credit Services

Amount: \$ 5,381.02

PURPOSE OF EXPENDITURE [attach appropriate invoice(s):
payment for scenery "Footloose"
see attached

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

Laurie DelGuercio

Name

Laurie DelGuercio
SIGNATURE

BOARD APPROVAL DATE: 1/19/17

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I approve the purchase of goods/services per the attached.

Gregory E. Brennan, Business Administrator

Date

COMPLETE SECTION 1 ONLY

Date 12/15/16

I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION to pay \$5,381.02 to the order of Home Depot Credit Service and charge the account of VHSBAC Acc't. No. 77

Purpose: Survey

Football
Club or Activity

[Signature]
Faculty Adviser - Signature

II. Account Balance \$ 7152.21 Verified by [Signature]

Date 1/3/17 Comment _____

III. Approved _____ Date _____
Principal - Signature

IV. Date Paid _____ Check No. _____ Account No. _____

Processed by _____

SUPERINTENDENT'S APPROVAL _____



ACCOUNT ACTIVITY STATEMENT

RETURN MAIL ADDRESS
PO BOX 790420
ST. LOUIS, MO 63179

Commercial Account: 6035 3225 3188 7093
Statement Date 11/28/16
Credit Line \$3,600
Credit Available \$0

UNION HS PERFORMING
2350 N 3RD ST
UNION, NJ 07083-5049

Account Balance \$5,381.02

Account Information

Please see Payment Page(s) for Amount Due and Payment Due Date(s)

| | |
|--|------------|
| Current Payments and Unapplied Payments | \$0.00 |
| Current Purchases and Debits | \$2,844.29 |
| Current Returns, Exchanges and Adjustments | -\$133.88 |
| Previously Billed Invoices | \$2,670.61 |
| Disputed Items | \$161.97 |

201602

**What's on your
new billing
statement?**

Everything you need to know about your account is here:
account number, payments, fees, contact information and more.
**Please see the enclosed sample for additional
information on how to read your statement.**

SPECIAL NOTICE

Don't forget, 1-Year returns credited back to your Home Depot Card*

Additional benefits available to Commercial Card Holders:

- **60-day Terms:** On new purchases, receive net 60 payment terms with no late fees if paid in full
- **Fuel Rewards@ savings:** Earn Fuel Rewards@ savings for every \$100 of qualifying purchases made using your The Home Depot Commercial Credit Card

Enroll your card today to take advantage of 60-day payment terms and start earning Fuel Rewards@ savings by visiting HomeDepot.com/CardBenefits

Already enrolled? Log in to your Fuel Rewards@ savings account to keep track of your Fuel Rewards savings balance, expiring rewards and more at FuelRewards.com/homedepot

*Refer to The Home Depot Returns Policy for details

Beginning on July 17, 2016, we require the full name and Date of Birth (DOB) for each Authorized Buyer being added to your account.

| CURRENT PURCHASES AND DEBITS | | | | | | |
|------------------------------|-------------------------------|-----------|-------------------------|----------------------|----------|----------|
| Date | Purchase Location/Description | Invoice # | Purchase Order/Job Name | Customer Agreement # | Amount | Due Date |
| 10/29/16 | | 6011691 | | | \$119.70 | 12/18/16 |
| 10/30/16 | | 5020529 | | | \$436.08 | 12/18/16 |
| 10/30/16 | | 5020614 | | | \$88.12 | 12/18/16 |
| 10/30/16 | | 5041157 | | | \$60.80 | 12/18/16 |

Questions About Your Account
 ACCT MGR HOME DEPOT CREDIT SERVICES
 PHONE 1-800-395-7363
 FAX 1-877-969-6751
 GO TO WWW.MYHOMEDEPOTACCOUNT.COM

Send Billing Inquiries to:
 HOME DEPOT CREDIT SERVICES
 PO Box 790840
 St. Louis, MO 63179-0840

Send a SECURE MESSAGE
 right now to a customer
 service professional online at
myhomedepotaccount.com

