

TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

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

SCHOOL: UHS

Date: 10/17/16

ACCT. NAME: Seniors Prom

Account: 2012

VENDOR: Grand Marquis Caterers

Amount: \$160,000.00 maximum

PURPOSE OF EXPENDITURE (attach appropriate invoice(s):
2017 Senior Prom Venue

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: 11/15/16

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

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

Pay \$ ^{max of} 60,000 to the order of Grand Marquis Caterers

and charge the account of Senior prom Acct. No. 2012

Purpose: 2017 senior prom

Senior prom Club or Activity
Cheryl Fusta Faculty Adviser - Signature

II. Account Balance \$16,085.26 Verified by [Signature]

Date 10/17/16 Comment *Check will not be cut until all money is deposited

III. Approved _____ Date _____
Principal - Signature

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

Processed by _____

UPLIGHTING INCLUDED

GRAND MARQUIS

1550 Route 9 South · Old Bridge, NJ 08857 · Tel 732.679.5700 · Fax 732.679.7209 · www.grandmarquiscaterers.com

CONTRACT

Event Date: THURS. 6/1/17 Inv: Cer:

Room: WHOLE BUILDING Cktl: 7-8 Rec: 8-12

Name: UNION HIGH SCHOOL - CHERYL FISKE

Address: 2350 NORTH THIRD STREET

UNION, NJ 07083

Phone: 908-419-4005

Affair: SENIOR PROM

Ceremony: _____

Guaranteed Adults: 500 Initials: X. CMS

Price per Guest: \$62 - CHAPERONES \$25

Price per Child: 0-4 N/C

Price per Vendor: 1/2 OFF ADULT PRICE \$25

Gratuity & Tax: INCLUDED TAX: Exempt

Deposit: \$ 500 Date: _____

DEPOSITS ARE NONREFUNDABLE

Customer Signature: X. Cheryl Fiske

Banquet Manager: _____

First Deposit of 500 due at execution of contract. Second Deposit of \$3,000.00 due (60) days after signed contract. Third Deposit of 25% due (7) months prior to affair.

All Credit Card Payments will have an additional charge of 4.5%. Final payment two (2) weeks prior to affair. PAID IN FULL CASH ONLY. Final payment brought to event.

If you violate or cancel this contract with ninety (90) days of the event, not only do you forfeit any and all deposits, but you also are responsible for 85% of the total Bill.

The Grand Marquis reserves the right to cancel your event and retain all deposits should you fail to make any of the above payments. Above deposits are for Contracted date only and are not transferable or assignable. Date Change from above contracted date will result in loss of any deposits and will require a new initial second or third deposit. Above prices are binding for contracted date only. Management reserves the right to change contracted room if number of Guests is below number guaranteed.

Meals Must be provided to all vendors at Client's Expense.

DEPOSITS Any payments not received by payment date will be subject to 5% Surcharge. ALL DEPOSITS AND FINAL PAYMENTS ARE NONREFUNDABLE

Cocktail Hour Time: 7-8 ~~6-00-7-00~~ DOME ROOM

PASSED HORS D'OEUVRES

Photo booth & from PHOTOS

done in room connecting to

Dome Room throughout event

Reception Time: 8-12 ~~6-00-7-00~~ MARQUIS ROOM

Beverage: SOFT DRINKS ONLY ~~100% cash~~ Mocktails

Toast: _____

Soup: _____ OR Salad: OF CHOICE

Entrée: BUFFET (6 ITEMS) — 4 BUFFETS

Dessert: FULL VIENNESE

Cake Type: Wedding/Sheet: NONE

Cake Upgrade: Fondant/Grooms Cake

Valet Parking: _____

Linens: Of Choice Choice: TBD

Napkins: Of Choice Choice: TBD

Room Fee: \$50 - WAIVED

Initials: X. CMS

Overtime: \$5 per guest every 1/2 hour

TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

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

SCHOOL: UHS Date: 10/24/16
ACCT. NAME: Band Account: 2033
VENDOR: DeMoulin Amount: \$2,077.53

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): guard tops for
competitive season and payment of remaining flag
balance.
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 DeGuercio
Name

Laurie DeGuercio
SIGNATURE

BOARD APPROVAL DATE: 11/15/16

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

Gregory E. Brennan, Business Administrator Date

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

Pay \$ 2,077.53 to the order of DeMaulin

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

Purpose: guard tops for competitive season

remaining balance of flag order (paid by PO)

band Club or Activity

J. M. [Signature] Faculty Adviser - Signature

II. Account Balance #11,539.17 Verified by [Signature]

Date 10/24/16 Comment _____

III. Approved _____ Date _____
Principal - Signature

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

Processed by _____



1025 S. Fourth St.
Greenville, IL 62246
(618) 664-2000 - (800) 228-8134

INVOICE NO. D111176

Brothers & Company

BILL TO	Board of Education - Township of Union
	Attn: Accounts Payable
	P.O. Box 3139
	2369 Morris Avenue
	Union, NJ 07083 USA

SHIP TO	Union High School
	Attn: Laura Muller, Band Dir.
	2350 North Third Street
	Union, NJ 07083
	USA

Salesperson: 6320 Customer Number: 20407 PO Number: Order Number: 2608904

Invoice Date: 10/20/16 Ship Date: 10/13/16 Method of Shipment: UPS GROUND Terms: Net 30 Days

Quantity	Description	Unit Price	Amount
1	-- FLAG DSI-PERFORMANCE (Balance of Flags from PO 17-00916)	546.73	546.73
3	-- MISC MAN-HOW CUSTOM NA - Allure Mens Gold 3-Large	62.95	188.85
21	-- MISC MAN-HOW CUSTOM NA - Allure Womens 8-Small / 4- Medium / 6-Large / 1-XLarge / 1-2XLarge / 1-3XLarge	62.95	1,321.95
2	-- MISC MAN-HOW CUSTOM NA - up size for allure female	10.00	20.00

Checked Items are to be supplied by Salesman.

Comments:

Stub:

Subtotal	2,077.53
Freight	
Sales Tax	
Cash Discount	
Other Discount	
Payment Received	
Balance Due	2,077.53

EXHIBIT B-1

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

SCHOOL: Kawameeh

Date: 10/31/16

DEPARTMENT: Principal Account: #19

VENDOR: Metro Fundraising Amount: \$4,521.70

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): Fundraising for
8th grade trip to Forest Lodge

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

Jason Malanda

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



81 Pension Road, Suite 120
 Manslapan, New Jersey 07726
 www.metro-schoolplan.com
 877-386-3900

Invoice

DATE	INVOICE #
10/30/2016	9238

Kawameeh M.S. Student Council
 490 David Terrace
 Union, NJ 07803
 Attn: Ms. Christina Neas

P.O. NO.	TERMS	PROJECT
	Due upon receipt	

DESCRIPTION	AMOUNT SOLD	RATE	AMOUNT
Cheesecake/Frozen	3,247	0.65	2,110.55
PRODUCT FUNDRAISER / jewelry	1,397	0.65	908.05
PRODUCT FUNDRAISER / gifts	2,363.5	0.60	1,418.10
Shipping	85	1.00	85.00

Thank you for your business. Please note all orders must be paid for in full before processing.	Total Due	\$4,521.70
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EXHIBIT B-1

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

SCHOOL : Union High

Date: 10/31/2016

DEPARTMENT: Athletics

Account: 2190

VENDOR: St Jude's Childrens' Hospital

Amount: 12,000.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): This is an estimation of the money raised for St Jude's Children's Hospital. This is an annual event involves the Boys Basketball Team, cheerleaders and the student body. Money raised from Ticket sales, food and shirt sales will be donated to St Jude's Children's Hospital.

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

Linda Forte

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: _____

EXHIBIT B-1

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

SCHOOL: Union High

Date: 10/31/2016

DEPARTMENT: Athletics Football

Account: 3240

VENDOR: Cherrydale Farms

Amount: 8,000.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): This is an estimation of the money raised for Cherrydale Farms Fundraiser. This is a fundraiser selling cookie dough etc.

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

Luider Borte

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: _____

TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

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

SCHOOL: UHS

Date: 11/2/16

ACCT. NAME: C. Faraone Field Trips

Account: 2078

VENDOR: Twp of

Amount: \$3,050.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): payment of bus for
Nov. 2015 Washington, D.C. 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: 11/15/16

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 11/2/16

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

Pay \$ ^{Maximum} 3,050.00 to the order of Trp of Union Board of Education

and charge the account of C. Farone Field Trips Acct. No. 2078

Purpose: payment of Nov 2015 Washington DC Trip - part of the payment to be received from Kawamuch Field Trip (transport)
Field Trip Club or Activity

C. Farone Faculty Adviser - Signature

II. Account Balance \$3,050.05 Verified by (initials)

Date 11/2/16 Comment _____

III. Approved _____ Date _____
Principal - Signature

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

Processed by _____

\$1000

rec'd back 10/23/15 copy to teacher

REVISED 3/20/15

TOWNSHIP OF UNION BOARD OF EDUCATION
FIELD TRIP APPROVAL REQUEST
APPLICATION DATE: 9/8/15

Pursuant to N.J.A.C. 6A:23A-5.8 Field Trips must be preapproved by the Board and not solely for entertainment purposes. ALL REQUESTS MUST BE RECEIVED IN THE TRANSPORTATION OFFICE NO LATER THAN THE FIRST OF THE MONTH IN ORDER TO BE INCLUDED IN THE AGENDA FOR THE NEXT BOARD MEETING.

Failure to complete this form in its entirety will result in denial.

SCHOOL UHS / KMS GRADE 8, 11, 12
TEACHER(S) C. FARONE / D. SHAW / S. SIMONE / A. Bertucci
DATE OF TRIP Nov. 2, 2015
DESTINATION Washington DC, Holocaust Museum, National Mall, Capito
ADDRESS/CITY Washington D.C.
(Please attach directions)

PURPOSE OF TRIP JR + SR US II Students & Government Students will have the opportunity to see first hand places & information they are studying.
(Must be of educational value to the children)

Pick-up Time (No earlier than 9:10 AM) 5:00 am Specific Location Front of School

Return Time (Must be back at school by 1:40 PM) 9:00 pm Specific Location Front of School

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

TRANSPORTATION BUDGET AC#/FUNDING SOURCE: 11000-270-512-01-10 (7538) \$1000 ONLY
(i.e. xx-xxx-xxx-512-xx-xx-xxxx)

TOTAL ESTIMATED COST TO BE COMPLETED BY REQUESTOR

I am requesting in house transportation

1. In house Bus cost	=	_____
2. Entrance Fee	=	_____
3. Total Trip Cost: Add 1 + 2	=	_____
4. District Cost Bus	=	_____
5. Student Cost Bus	=	_____
6. District Cost Fees	=	_____
7. Student Cost Fees	=	_____

Line 3 should equal the total of lines 4+5+6+7

I am requesting contractor transportation

1. Contractor Bus cost	=	<u>2026</u>
2. Entrance Fee	=	<u>50</u>
3. Total Trip Cost: Add 1 + 2	=	<u>2,026</u>
4. District Cost Bus	=	<u>1,000</u>
5. Student Cost Bus	=	<u>1,026</u>
6. District Cost Fees	=	_____
7. Student Cost Fees	=	_____

Line 3 should equal the total of lines 4+5+6+7.

* UHS only paying \$1000

\$4,110

Supervisor's Approval _____ Date _____
Principal's Approval [Signature] Date 10/1/15

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

	Approved	Disapproved	Reason	Date
BOE	<input checked="" type="checkbox"/>			OCT 20 2015
Sch Business Admin	<u>MZV</u>			
Transportation	<u>DeW</u>			10-7-15



811 East Linden Avenue
Linden, NJ 07036

Phone: 908-862-3333

Fax: 908-474-8058

Toll Free

Website: www.villanibus.com

Email: info@villanibus.com

Charter Invoice

Invoice Date: **04/15/16**

Charter No.: **56772**

Christopher Faraone

Union High School

2350 N. 3rd. Street

Union, NJ 07083 USA

Phone: **908-578-4276**

Fax: **908-687-5204**

Order Date **10/01/15**

SalesRep: **Mr.Shabazz**

Group Name: **Washington, DC Groups**

Group Leader: **Christopher Faraone**

Coaches: **2**

Equipment: **2-55 Motorcoaches**

Destination: **Washington, DC**

Leave Date: **Monday, November 02, 2015**

Return Date: **Monday, November 02, 2015**

Spot Time: **4:30 am**

Leave Time: **5:00 am**

Retn\Drop Time: **9:00 pm**

Pickup **Union High School**

Destination **Holocaust Museum**

Location: **North 3rd Street
Union, New Jersey**

Details: **100 Raoul Wallenberg Place SW
Washington, DC
202.488.0400**

Description	# Coaches	Qty	Rate	Charge
Single Day Motorcoach Trip local	2	15.00	\$137.00	\$4,110.00
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

<u>Due Dates</u>	<u>Description</u>	<u>Amount</u>	<u>Date Received</u>		
				Transport Charge:	\$4,110.00
10/01/15	Signed Contract			Amount Paid	\$0.00
12/05/15	Final Payment	\$4,110.00		Balance Due	\$4,110.00