

EXHIBIT B-1

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

SCHOOL: Bms

Date: 10/16/24

DEPARTMENT: \_\_\_\_\_

Account: 2006

VENDOR: High Note Festivals

Amount: not to exceed \$7000

PURPOSE OF EXPENDITURE (attach appropriate invoice(s): \_\_\_\_\_

Entrance fee to High Note Music Festival

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

Julie Carvalho  
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 \$1,000.00.

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

\_\_\_\_\_  
Yolanda Koon; Business Administrator

\_\_\_\_\_  
Date

# INVOICE



Mr. Stephen Myers  
 Burnet Middle School  
 1000 Caldwell Ave  
 Union, NJ 07083

## Payment Schedule

\$3,226.00 due March 30, 2025  
 Balance due April 29, 2025

Date:	September 27, 2024	Group #	4039	Destination:	Dorney Park
High Note Festivals Representative:	Brian Heim		Event Date:	Thursday, May 29, 2025	

Date	Description	Price	Charges	Credits	Balance
	100 Students	\$62.00	\$6,200.00		
	7 Adults / Chaperones	\$36.00	\$252.00		
	5 Free Packages:				
	112 Total Packages				
	<u>Miscellaneous Charges</u>				
	Deposit Due	\$50.00	\$50.00		
	<u>Payments Received</u>				
9/27/2024	Waiting for deposit			\$0.00	
			\$6,452.00	\$0.00	\$6,452.00

All checks should be made payable to High Note Festivals, Inc. and mailed to PO Box 307, Cedar Grove, NJ 07009

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

SCHOOL: BMS

Date: 10/16/24

DEPARTMENT: \_\_\_\_\_

Account: 2006

VENDOR: Charter Up

Amount: not to exceed  
\$60000.00

PURPOSE OF EXPENDITURE (attach appropriate invoice(s): \_\_\_\_\_

transportation, round trip, to High Note  
Music Festival

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

Julie Carvalho

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 \$1,000.00.

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

\_\_\_\_\_  
Yolanda Koon, Business Administrator

\_\_\_\_\_  
Date

High Note  
Festival  
5/29/25

Billing Contact

First Name	Last Name
Stephen	Myers
Email Address	Phone Number
smyers@twpunionschools.org	(908) 328-3559

To be  
paid by  
check

Reservation #1044585

1	Address 1000 Caldwell Ave, Union, NJ 07083, USA	Pickup Date 5/29/2025 8:00 AM
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2	Address Calvary Temple of Allentown 3436 Winchester Rd, Allentown, PA 18104, USA	Dropoff Date 5/29/2025 9:30 AM	Pickup Date 5/29/2025 11:00 AM
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3	Address Dorney Park & Wildwater Kingdom 4000 Dorney Park Rd, Allentown, PA 18104, USA	Dropoff Date 5/29/2025 11:15 AM	Pickup Date 5/29/2025 5:00 PM
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4	Address 1000 Caldwell Ave, Union, NJ 07083, USA	Dropoff Date 5/29/2025 6:30 PM
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Trip Type Round Trip	Passengers 108	Vehicle 2 Charter Bus	Drivers 2
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Students will  
cover full  
cost

Rates	Charges
	Base Fare \$4,356.00
	Processing Fees \$0.00
	Discount \$0.00
	Amenities \$0.00
	<b>Trip Total \$4,356.00</b>

Payments Received
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Grand Total \$4,356.00

Remaining Balance \$4,356.00

Due Date 6/28/2025

If paying by check, please mail the check and include this invoice to the following mailing address:

CharterUP LLC  
6595 Roswell Rd  
Ste G291  
Atlanta, GA 30328

If paying by wire, the banking information can be found below:

CharterUP LLC  
6595 Roswell Rd  
Ste G291  
Atlanta, GA 30328  
Bank: JP Morgan Chase  
Account Number: 888756209  
Routing Number: 061092387

Terms & Conditions were accepted on 10/16/2024 6:01 PM (GMT).  
See <https://www.charterup.com/transportation-terms>.

**Township of Union Board of Education**

**FIELD TRIP APPROVAL REQUEST**

Pursuant to N.J.A.C. 6A:23A-5:8 Field Trips must be pre-approved by the Board and not solely for entertainment purposes.

**ALL REQUESTS MUST BE RECEIVED IN THE TRANSPORTATION OFFICE NO LATER THAN 12 NOON ON THE TRANSPORTATION AGENDA DEADLINE DATE**

Application Date: 9/27/24  
 School Burnet Middle School Grade 6-8  
 Teacher(s) Name Myers, Singletary, Esquivel, Campbell, E. Sloan, Frazier, Murray, Orpilla, Awakom  
 Date of Trip May 29, 2025  
 Destination Calvary Temple + Dorney Park  
 Address 3436 Winchester Rd. Allentown, PA 18104 / 4000 Dorney Park Rd Allentown, PA 18104  
 Purpose of Trip Music Competition  
 Departure time (No earlier than 9:15am) 7:30 AM Pick up location Burnet MS  
 Return time (Must be back by 1:40pm) 7:30 PM  
 # of Passengers 120 # of Wheelchairs \_\_\_\_\_ (Bus capacity = 54 Van capacity = 16)  
 Transportation Funding Source (Systems 3000 Budget Acct.#) \_\_\_\_\_

**TOTAL ESTIMATED COST TO BE COMPLETED BY REQUESTOR**

\*\*Please compute in-house transportation costs as follows: \$55.00 per hour weekdays, \$90.00 per hour after 4pm and on weekends multiplied by the number of vehicles needed. MINIMUM of 2 hours. Additional 1/2 hour will be added on for travel time to and from the school. \*\*

**\*\*\*Failure to complete this form in its ENTIRETY will result in denial\*\*\***

<input type="checkbox"/> I am requesting IN HOUSE transportation	<input checked="" type="checkbox"/> I will be using an OUTSIDE contractor (include confirmation with request)
1. In house bus cost = _____	1. Contractor bus cost = <u>Not to exceed \$6000</u>
2. Entrance fee = _____	2. Entrance fee = <u>Not to exceed \$7000</u>
3. Total (add 1 & 2) = _____	3. Total (add 1 & 2) = <u>Not to exceed \$13,000</u>
4. District bus cost = _____	4. District bus cost = <u>N/A</u>
5. Student bus cost = _____	5. Student bus cost = <u>Not to exceed \$6000</u>
6. District cost fees = _____	6. District cost fees = <u>N/A</u>
7. Student cost fees = _____	7. Student cost fees = <u>Not to exceed \$7000</u>
Line 3 should EQUAL the TOTAL of lines 4+5+6+7	Line 3 should EQUAL the TOTAL of lines 4+5+6+7

Supervisor Signature [Signature] Date 10/17/24  
 Principal Signature [Signature] Date \_\_\_\_\_

	Approved	Denied	Reason	Date
School Business Admin.				
Transportation				