

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: Charter Up

Amount: \$1125.00

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

Transportation to Kimmel Center for the Performing Arts - Philadelphia

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 Carvano

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

**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: 10/2/24  
 School Burnet Middle School Grade 6-8  
 Teacher(s) Name Myers, Singletary, Campbell, Scaturro, Orpilla  
 Date of Trip April 10, 2025  
 Destination Kimmel Center for the Performing Arts  
 Address 300 S Broad St. Philadelphia, PA 19102  
 Purpose of Trip Watch a professional orchestra + possible @ @ A  
 Departure time (No earlier than 9:15am) 8:00 Pick up location Burnet  
 Return time (Must be back by 1:40pm) 3:00  
 # of Passengers 50 # of Wheelchairs \_\_\_\_\_ (Bus capacity = 54 Van capacity = 16)  
 Transportation Funding Source (Systems 3000 Budget Acct.#) 7539/11.000.270.512.01.11

**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>\$1483.83</u>
2. Entrance fee = _____	2. Entrance fee = <u>N/A</u>
3. Total (add 1 & 2) = _____	3. Total (add 1 & 2) = <u>1483.83</u>
4. District bus cost = _____	4. District bus cost = <u>\$358.83</u>
5. Student bus cost = _____	5. Student bus cost = <u>\$1,125</u>
6. District cost fees = _____	6. District cost fees = <u>0</u>
7. Student cost fees = _____	7. Student cost fees = <u>0</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				

Philly Orchestra  
4/10/25

Billing Contact

Pay by check

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

Reservation #1030950

1	Address	Pickup Date	
	1000 Caldwell Ave, Union, NJ 07083, USA	4/10/2025 8:00 AM	
2	Address	Dropoff Date	Pickup Date
	300 S Broad St, Philadelphia, PA 19107, USA	4/10/2025 9:30 AM	4/10/2025 1:00 PM
3	Address	Dropoff Date	
	1000 Caldwell Ave, Union, NJ 07083, USA	4/10/2025 2:30 PM	

Reservation Description

Your purchase order must be sent by 3/6/25. If we don't have the PO before, your trip will be at risk of cancellation. Please send it to [billing@charterup.com](mailto:billing@charterup.com) and include your reservation number (1030950).

Trip Type Round Trip	Passengers 48	Vehicle 1 Charter Bus	Drivers 1
-------------------------	------------------	--------------------------	--------------

Students covering \$1,125  
Asking District to cover \$358.83

Rates

Charges

Base Fare	\$1,516.44
Processing Fees	\$45.49
Discount	-\$78.10
Amenities	\$0.00

**Trip Total** **\$1,483.83**

Payments Received

Grand Total \$1,483.83

Remaining Balance \$1,483.83

Due Date 5/10/2025

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 10/2/2024 1:40 PM (GMT).  
See <https://www.charterup.com/transportation-terms>.