

Applicant Information
TRAP + JADA NYARKO Date: 10/09/202
CLASS
Acct. Balance to Date: \$0.00
show
- Money FOR JUNIOR CLASS
024 Completion Date of Project: 06/2025
APPROVAL To: LAST DAY OF SCHOOL
UNION HIGH SCHOOL
LE TICIPP + JADA NYAIZKO
ON FROM VENDOR OF ITEMS TO BE SOLD*********
ON PROM VENDOR OF HEMIS TO BE SOLD
State & Zip code:
\$
\$
\$
\$
aculty Advisor Signature
Date: 10/09/2024
Vice Principal Signature
Date: 18/1424
School Treasure Signature
Date: 10/10/11/
d on BOE Meeting Agenda for:
YES NO Approved: By:



Faculty Member (s):	AD 1C Titz	$\mathcal{P} + \mathcal{I}$		AICWO Date	: <u>10/09/20</u> 24
Club Name: Jun Joi	Z CLA	-55	· · · · · · · · · · · · · · · · · · ·		
Acct. No.: 2228			cct. Balance i	to Date: 🖠 🔘 . (<i>0</i> 0
Type of Fund Raiser:	KAIZAOK	E NIB			
Purpose of Fund Raiser:	RAISE	MONEY	FOIZ	JUNJOR	GASS
	y 12-011	•		2/4	
Start Date of Project:	11/2029 Par 10029	Comp	etion Date of	Project: 06/2	-029 - C - C - C - C - C - C - C - C - C -
Date of Sale(s): From Sale Area/Location:					HT OF SCHOOL
Sale will be monitored by:	Ecse	NZON HIL TREPP	+ JA:	SA PYARA	10
*********ATTACH PUE					1. 河 波 宮 宮 図 図 図 図 図 図 図 図
Vendor Representative's Name:					D
Vendor Business Name:		4			
Vendor Address:City:		*4-4- 0 7:			
Oity.	3	nate & Zip code:	*		
Unit Cost of Product/Service:		\$			
Proposal Sale Price:		¢.			
Total Cost of all Products Not to	Exceed:	\$			
Minimum Total Profit Expected:		\$			
Signature:	Facu	lty Advisor Sig	nature		109/124
Signature: 4 du to		Principal Sign		Date:	10/24
Signature:		ol Treasure Sig		Date:	chy
	Placed on	BOE Meeting			
Month:Year:		YES Approved:	NO □	Ву:	



Faculty Member (s):	re Tre	ppleant Information of the A	nation BA MYAK	KO	Date: 10/09/2024
Club Name: Jul	NIOR	CUSS	· · ·		
Acct. No.: 2228	5		Acct. Balance to	o Date:	60.00
Type of Fund Raiser:	TUNIC	OIZ CAS		CE	
Purpose of Fund Raiser:	RAISE	MONEY	FOR :	IntoR	- Cass
		•	,		
Start Date of Project:	11/2024	Com	pletion Date of	Project:	06/2025
Date of Sale(s): From	BOE APPR		To:	LAST	DAY OF SCHOOL
Sale Area/Location:	un				
Sale will be monitored by:	Ettse	- TREF	P + JAD	A NYA	eko
	INTERNATION				
**************************************				12 10 BE	SOLD
vendor Kepresentative's Nan	116.				
Vendor Business Name:					
Vendor Address:					
City:			e: ·		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Unit Cost of Product/Service:	•	\$			
Proposal Sale Price:		\$			
Total Cost of all Products No		\$			
Minimum Total Profit Expecte	∍d:	\$			
	Faci	ilty Advisor S	ignature		
Signature:				Date:_	10/09/2024
	Vic	Principal Si	unature		
Signature: 4	110		.p.:.e.o	Date:	16/1×/01/
	Sobo	ol Treasure S	Savatura		0119107
Signature: 6	<u> </u>		AGITARUTE .	Date:	Internal of the second
mar 1	/8/3				10110109
	Plaised Of	YES YES	g Agenda for: NO		
Month: Year:_		Approved:		Ву:	



Faculty Member (s):	Ecre To	pplicant Inform		141TKO	Date:	10/09/2021
Club Name:	SUNJOR	CUSS				
Acct. No.: 228	28	<i>.</i>	cct. Balance t	o Date:	\$0.0	0
Type of Fund Raiser:	ESCAP	E ROOM				
Type of Fund Raiser: Purpose of Fund Raiser:	RAISE	= MONE	1 FOR	June	2012 	Cuss
Start Date of Project:	11/202	<u>4</u> Comp	letion Date of	Project: &	06/20	25
Date of Sale(s): From		PROVAL	То:	LAST	DAY O	F ScHOOL
Sale Area/Location:	- UN	CON HIB	H ScH	00L		
Sale will be monitored by:	EIZ	IC TRUP	P + J	4BA N	YARK	<u> </u>
**************************************	t	FROM VEND		IS TO BE	SOLD*	******
Vendor Business Name: _						
Vendor Address:						
City:		State & Zip code				
Unit Cost of Product/Servi	ce:	\$				
Proposal Sale Price:		\$				
Total Cost of all Products I	Not to Exceed:	\$				
Minimum Total Profit Expe	cted:	\$				
	Fac	ulty Advisor Si	gnature		· \$ 12 - 2 - 2	
Signature:				Date:_	10/0	9/2024
	Vi	ce Principal Sig	nature			w is resident
Signature:	14			Date:_	16/10	724
Signature:	Sch	ool Treasure Si	gnature	Date:_	175/10	124
	Placed o	n BOE Meeting	And the second s			
Month: Yea	r:	YES Approved: □	NO	Ву:		



Faculty Member (s):		TICEP.			NO	Date: 10	109/2020
Club Name: Jul	VIOR	Cuss				· · · ·	
Acct. No.: 222	8	,	Acct. Ba	alance to Dat	e:\$	0.0	0
Type of Fund Raiser:		NEO GA	ME TO	NENAMO	ENT		
Purpose of Fund Raiser:	RAI	SE ME	NET I	FOR 3	Juna	COIC (USS
Start Date of Project:	11/2	024	Completion	Date of Proje	ct: C	6/202	25
Date of Sale(s): From	BOE	APPIROVAL	-	To:	ST I	THY OF	-ScHOOL
Sale Area/Location:		INZON H	16H SC	HOOL			
Sale will be monitored by:		IC TO	IPP +	JADA	NY	ATM	D
************ATTACH Vendor Representative's N		ION FROM \	/ENDOR O	F ITEMS TO	D BE S	SOLD***	**************************************
Vendor Business Name: _							
Vendor Address:							
City:		State & Zi	p code:				
Unit Cost of Product/Servic	· A*		¢				
Proposal Sale Price:			\$ \$				
Total Cost of all Products N	lot to Exceed	•	\$\$				
Minimum Total Profit Exped		-	\$ \$				
			,				
Signature:		Faculty Advis	sor Signatui		Date:	10/00	10071
olgrididio,					Date	10/09	12024
Signature: William		Vice Princip	al Signature		Date:	1414	8
Signature:	40	School Treas	ure Signatu		Date:		
hllst		vilender Steetle	- 15			14/14	4
	. Plac	ed on BOE Me	eting Ageni YES NO	da for		- da d	
Month: Year	# B	Approved:		Ву:			



Faculty Member (s):	Exic 1			NYARKODate: 10/09/202
	INJOR.	_	U-CDA	
Club Name.	10.40K		· · · · · · · · · · · · · · · · · · ·	
Acct. No.: 226	18	•	Acct. Balaı	nce to Date: # 0 . OO
Type of Fund Raiser:		OE BALL	TOUZA	MENT
Purpose of Fund Raiser:	RA-1SE	MONE	Y FOR	JUNGOZ CLASS
			•	
Start Date of Project:	11/2	024	Completion Dat	te of Project: 06 / 2025
Date of Sale(s): From	BOE ,	APPIZOUAL		TO: UST DAY OF SCHOOL
Sale Area/Location:	<u> </u>	NION H	1841 SCA	1001
Sale will be monitored by		1e Tos	PP + 5,	ADA NYARKO
· ####################################	H PUBLICATI	ON FROM VE	NDOB OF I	TEMS TO BE SOLD********
Vendor Representative's				LEMIS TO BE GOLD
Vendor Business Name:				
Vendor Address:				
City:		State & Zip	code:	
Unit Cost of Product/Ser	vice:	\$		
Proposal Sale Price:		\$		
Total Cost of all Products	s Not to Exceed:	\$		
Minimum Total Profit Exp	pected:	\$_		
		aculty Adviso	or Signature	
Signature:				Date: 10/09/2024
		Vice Principa	l Signature	
Signature:	an last	1990 Mary State Control of the Contr		Date: 10/10/24
Signature:		chool Treasu	re Signature	
Ugnature. WM	100			Date: 16/16/14
A STATE OF THE STA	Place	d on BOE Mee		for:
Month: Ye	ear:	Approved:	YES NO	Ву:



		* Abbille mellin	ormation			
Faculty Member (s):	Exce	TICOPP +	JADA	NYATCKE	Date:_	10/10/2022
Club Name: 50	NIOR	CLASS	· · ·			
Acct. No.: 222	18	•	Acct. Bala	nce to Date:_	生0.0米	00
	: ининий т и					
Type of Fund Raiser:	CAN	DY GRAI	<u> </u>	· · · · · · · · · · · · · · · · · · ·	*	
Purpose of Fund Raiser:	RAIS	SE MONE	4 Foil	C Jui	UZOIZ	Cass
Start Date of Project:	11/2	1024 C	ompletion Da	te of Project:_	06/2	025
Date of Sale(s): From	ROE	APPICOVAL		To: LAST	- DAY C	JE ScHOOL
Sale Area/Location:						
Sale will be monitored by	<u></u>					
*********ATTACh	1 PUBLICAT	ION FROM VE	NDOR OF I	IEWS IOE	SE SOLD.	
Vendor Representative's	Name:					···········
Vendor Business Name:					-	
Vendor Address:						
City:		State & Zip c	ode:			
Unit Cost of Product/Serv	ice:	\$				
Proposal Sale Price:		\$				
Total Cost of all Products	Not to Exceed	l: \$				
Minimum Total Profit Expe	ected:	\$				
		Faculty Adviso	r Simnakura			
Signature:	an maintain an	THE COLUMN			e: 10/10	12024
	· .		.	75-77-20-5		
Signature:	11	Vice Principal	Signature	Dat	<u> </u>	ing areas
- Will	764			Dat	.e	/
		School Treasur	e Signature			
Signature:	100			Dat	e: / <i>O</i> / 7 6	124-
	Plac	ed on BOE Meet	ing Agenda	for.		
Month		Y	ES NO			
Month:Yea	11.	Approved:		Ву:		



"是是我们的人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,	Applicant Infor	mation	
Faculty Member (s):	RAPP + J	ADA NYATCH	O Date: 10/10/202
Club Name: JUNIOR (CLASS.		
Acct. No.: 2228	•	Acct. Balance to Date	<u>** \$0.00</u>
Type of Fund Raiser:	t - A - Te	7CHEZ	
Purpose of Fund Raiser:	SE MONE	1 FOR JU	WIOR CLASS
Start Date of Project: 11 2 2	024 Cor	mpletion Date of Projec	
	APPROVAL	ScHOOL	D OF SCHOOL
Sale will be monitored by:	ilic TUR		NYARKO
**************ATTACH PUBLICAT Vendor Representative's Name:	HON FROM VENI	DOR OF ITEMS TO) BE SOLD*******
Vendor Business Name:			
Vendor Address: City:	State & Zin cor	de:	
	outo a zip ooc		
Unit Cost of Product/Service:	\$		
Proposal Sale Price:	\$		
Total Cost of all Products Not to Exceed	l: \$		
Minimum Total Profit Expected:	\$		
	Faculty Advisor S	Signature	
Signature:	- Constitution of the Cons		Date: 10 10 7024
	Vice Principal Si	ionature	
Signature: Add In			Date: 10/10/20
	School Treasure 5	Signatura	
Signature:			Date: 10/20/21/
			TU/10/14
	ed on BOE Meetin Yes		
Month: Year:	Approved:		