[-1]



Applicant In	
Faculty Member (s): Tony Stewart	Date: 10 - 23 - 16
Club Name: Winter Truck	•
	4
Acct. No.: 3270	Acct. Balance to Date: 3900.00

Type of Fund Raiser: 6-0 Fund	
Purpose of Fund Raiser: Raise money to	Nationals and Needs
	Completion Date of Project: Seco 15, 20
Date of Sale(s): From Sale Area/Location: UHS	To: 3an 15, 2019
	che mi V
Sale will be monitored by:	STEWANT
*******ATTACH PUBLICATION FROM V	ENDOR OF ITEMS TO BE SOLD********
Vendor Representative's Name:	
Vendor Business Name: Soap Pun	done.
Vendor Address: 6nine /	aternet
City: State & Zip	code:
11.40	
Unit Cost of Product/Service: \$ Proposal Sale Price: \$	<u>.</u> ;
Total Cost of all Products Not to Exceed:	
Minimum Total Profit Expected: \$	
-	
Faculty Advis	or Signature Date: \9\12\18
Vice Principa Signature:	al Signature Date:
Signature: () / / / / / / / / / / / / / / / / / /	
GO A	
Placed on BOE Me	
Month: Year: Approved:	YES NO



Diane Cappiello <dcappiello@twpunionschools.org>

Add to adenda!!!LOL III send it this time!!!

1 message

Tue, Oct 23, 2018 at 12:07 PM

-- See attached!!! to add to agenda1!!



Thank you

Union High School Phyllis Lang- Assistant to the Athletic Director, Phys. Ed, Health, & Nurses 2350 North Third Street, Union, NJ 07083

Phone: 908-851-6515 Fax:908-851-6517

Winter Track Fundraiser.pdf 48K (\state{\state})

	A	pplicant info	ringijon		
Faculty Member (s): MAR	IANNE	DECZ	YNSKI	Date	10/26/18
Club Name: DRAMA	-		/		·····
Acct, No.: 4		obbonina manahaman manaha	Acct, Balance t	o Date: \$8,55	0.41
Type of Fund Raiser: PR			ALES	******	******
Purpose of Fund Ratser: Of Aladdi	To Raise	funds	for the	producti	un
Start Date of Project:			mpletion Date of	Project: March	2019
Date of Sale(s): From Sale Area/Location:	12/1/2019 VUC) 	10:	3/1/2019	
Sale will be monitored by:	magu	1115	DECZYNSKI		
**************************************	et			S TO BE SOLD	**********
Sity:		Itate & Zip cod	le:		
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not Minimum Total Profit Expected		\$	0 15 - 1150 0 500,00		
Signature: Marian		WANDON	lignalure ==	Date: 10/0/0/	7/8
Signature:	Vici	Principal Si	gnature	Date:	
ignalure; ()	William	olatireasure.s)		Date: 10 Q	利8
lonth: Year:		E(©ENVEENT YES pproved: □	VAUETOE TOES NO □	Ву:	

	Applicant Information	
Faculty Member (s): MARIA NUE	DECZYNSKI	Date: 10/24 /18
Glub Name: MUSIC		
Acct. No.:	Acct, Balance	e to Date: \$ 433.15
Type of Fund Raiser; T.Shirt	Sale	,
Purpose of Fund Ralser: To prov for Students and Trip	ide music dep I funds for	artment shirts a potential field
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by: DECEMBE 12/1/18 KMS Macia		o: <u>5/31/19</u> /
******************ATTACH PUBLICATIO Vendor Representative's Name: <u>Jess</u> Vendor Business Name: <u>Creations</u> Vendor Address: <u>40 Walnut</u> Dity: Little Falls	sbysahm LLC Street	MS TO BE SOLD************************************
Init Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Ninimum Total Profit Expected;	-	+ + 1/5 screan
Ignature: Mananne Deg	CULLY Advisor Signature Ce Principal Signature 1001 Treasure Signature	Date: 10/20/18 Date: 10/20/18
onth; Year:	on 30 EMeeting Agenta to e YES NO Approved: □ □	By:

Faculty Member (8): ROSE WHUTO (SPCIONOTA) Date: 10 20 18
Club Name: Student Renaissance.
Acct, No.: 30 Acct, Balance to Date: \$1000.34
Type of Fund Raiser: Shorpox Recycling
Purpose of Fund Raiser: Paise money for kins students E help people in need.
Start Date of Project: Date of Sale(8): From NIA To: NIA Sale Area/Location: BOXES (5) WILL WE SET UP TO VEYTOUS Sale will be monitored by: 10 CONOS CROUND SCHOOL
Vendor Representative's Name:
Vendor Business Name: Shockox Recycling Vendor Address: Community recycling, biz programs Shockox - recycling State & Zip code: NIA
Init Cost of Product/Service; Proposal Sale Price: State Of all Products Not to Exceed: Inimum Total Profit Expected: State Of Products Not to Exceed: State Of Product State Of Products Not to Exceed: State Of Product/Service: State Of
ignature; Jaland Company Date: 19/24/18
Ignature: Date: Of 16/18/19 Ignature: Date: 10 20 18
onth: Year: Approved; D By:

Faculty Member (B): VISTO +TUCSO()	Date: 10 25 18
Club Name: Ski Ski Ski Ski	
Acct. No.: 40 Acct, Balance to Date:	771.50
Type of Fund Raiser: MY ISOO SOIL	
Purpose of Fund Ralser: Raise Money for school ski	<u> snwbmrc </u>
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by: Completion Date of Project: Completion Date of Project:	arch 2019 19
/endor Representative's Name: SVI SOUDOWY CLUB MEMOR	us donate
Vendor Business Name: CONCU SOCIATO VX SOIA TO IOW Vendor Address: COST OF CACH TOO State & Zip code:	er personar
init Cost of Product/Service; roposal Sale Price; state of all Products Not to Exceed; linimum Total Profit Expected; \$ 20 50 6	
gnature: Date:	10/25/18
gnature:Date:_/	0/21/17
gnature; Date:	10/26/18
onth: Year: Approved; ☐ ☐ By:	

The state of the s

Faculty Member (8): Chy 5000 LOS HUESO MCLUIO Date: 10 2	TIX
Olub Name: Student Council	
Acct, No.: 44 P Acct, Balance to Date: \$ 3000.2	4_
Type of Fund Raiser: COM OMS.	****
Purpose of Fund Raiser: Raise morey for 8th grade trip.	
conturares toppont locally a attached what missing students series to each other.	
Start Date of Project: Date of Sale(s): From Sale Area/Location: All OVE SCHOOL	<u>3</u>
Sale will be monitored by: Christian Lease Pussa Meli To	***************************************
************ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD**********	ሉ ጽጃ ቅ ቭ፤
Vendor Representative's Name:	\overline{m}
City: UNION State & Zip code: NJ 01083	
Init Cost of Praduct/Service: Proposal Sale Price: Solution	
ignature: DAMSDNEW ON LENGTH Date: 10129 L	8
Ignature; Date: 10/36/17	
ignature: ULS WILLIAM Date: 10 29 18	
onth; Year; Approved; C By:	

IF COMMITTEE OF THE PARTY OF TH	
Faculty Member (8)1 Chasting Neos	HI \$50 Ne 10 Date: 10 29 18
Olub Name: Student Courcil	
Aoot, No. # 19	Acot, Balance to Date: 33064.24
Type of Fund Ralaer: Phill Pretzel	
Purpose of Fund Raiser: RAISE, 1990	4 for 8th grade trip
Start Date of Project: 11 121118	2010
Start Date of Project: Date of Sale(s): From TUESCUS	Gompletion Date of Project: JUNP 2014.
Sale Area/Location: Maio lobby	CIC LOLL FOO POOLING
Sale will be monitored by: CNSTINI DE	MATHERA MENTIO.
********ATTACH PUBLICATION FROM VI	ENDOR OF ITEMS TO BE SOLD********
Vendor Representative's Name:	(.f. 11.00)(
Vendor Business Name: Philly Prettels	(OF WESTHELD)
Vendor Address: 295 South ale City: WESTHEID state & Zip	COST 07090
Init Cost of Product/Service:	26 for 50 pretails.
Proposal Sale Price: \$ 'otal Cost of all Products Not to Exceed: \$	2 Hoen
Minimum Total Profit Expected:	00
ignature: PMS Pringiply ACUJETO	Pate: 10 3-9118
ignature:, Principal	Signature Date: /0/3 v///
Ignature; CLUSS WOLLO	QSignature Date: 10 129 18
	IngAgentator
	Б By:

with the assessment of the second of the sec

App	
Faculty Member (s): UNISTING NO	15/14/15/10/11/16 Date: 10/29/11
Club Name: Student Cour	
Acot. No.: 10	Acot. Balance to Date: \$3204.24
Type of Fund Raiser: PICTURES W	
Purpose of Fund Raiser: Raise Rings	V
Start Date of Project: 121819	Gompletion Date of Project: 12/18/19
Date of Sale(s): From 12/18/10	To: 12/18/19
Sale Area/Location:	
Sale will be monitored by: <u>CNVSTVV</u>	News Palyse Mento
*********ATTACH PUBLICATION FR	OM VENDOR OF ITEMS TO BE SOLD********
Vendor Representative's Name:	
Vendor Business Name: Student (munci
Vendor Address:	
	a & Zip code:
Init Cost of Product/Service:	\$
Proposal Sale Price:	= 7 leach
otal Cost of all Products Not to Exceed:	\$
Ainimum Total Profit Expected:	\$
FREILLY	Advisor Signature
ignature; (1) MON	YVVV Date: W/SYLT
Ignature; Pi	Inclipal Signature Date: /v/3o///
Ignature: 1 4 5 1 1 1 1	Ceasure Signatures
	Date:
Raced on EC	Ellecting/Agendators
onth: Year: Appro	oved:



Diane Cappiello <dcappiello@twpunionschools.org>

Fundraiser Proposals - November 20th Meeting

1 message

Lori-Ann Boyd Lori-Ann Boyd <a href="mailto:Lori-An

Tue, Oct 30, 2018 at 12:06 PM

Hi Diane.

Please add the following fundraiser proposals to the November 20th Agenda:

School/Club: National Spanish Honor Society

School Account #: 2032

Type of Fundraiser: Shoprite Bagging Fundraiser Date of Event: December 1 through 31, 2018

Purpose of Fund Raiser: To raise funds for the Spanish Honor Society's scholarships and event fundraising.

School/Club: Student Council

School Account #: 2053

Type of Fundraiser: Bake Sales

Date of Event: December 14, 2018, through April 12, 2019

Purpose of Fund Raiser: To raise money for the Student Council upcoming events.

School/Club: Student Council

School Account #: 2053

Type of Fundraiser: Student vs. Faculty Football Gamet-shirt sale

Date of Event: November 21, 2018, through April 1, 2019

Purpose of Fund Raiser: To raise money for the Student Council upcoming events.

School/Club: Student Council

School Account #: 2053

Type of Fundraiser: Holiday Grams Fundraiser

Date of Event: November 30, 2018, through December 21, 2018

Purpose of Fund Raiser: To raise money for the Student Council upcoming events.

School/Club: Student Council

School Account #: 2053

Type of Fundraiser: Powderpuff Football Game Fundraiser

Date of Event: April 12, 2019, through May 31, 2019

Purpose of Fund Raiser: To raise money for the Student Council upcoming events.



Applicant Information	
Faculty Member (s): <u>Helissa Abbate</u>	Date: 10/25/18
Club Name: UHSPAC Swing Chair Advanced Musical of	ratre
Acct. No.: 2106 Acct. Balance to Date:	

Type of Fund Raiser: <u>Snach sale</u> (Smart Snack variety)	·
Purpose of Fund Raiser: To raise money for UHSPAC pra activity costs.	duction +
Start Date of Project: (1) 301 8 Completion Date of Project	: 6/2018 INA
Date of Sale(s): From 11/9 (8	131119 ANW
Sale Area/Location: Union than 5 chool Feb	
Sale will be monitored by: Melissa Abhat & Isales durano	School Stay W D
Vendor Representative's Name:	32
Unit Cost of Product/Service: \$ 49 (box)	A
Proposal Sale Price: \$ 79 per box (of 1 persnack)
Total Cost of all Products Not to Exceed:	
Minimum Total Profit Expected: \$ 5,000	
Faculty Advisor Signature Signature: <u>Melcosa Albat</u> Di	ate: 10 3 0 1 3
Signature: Vice Principal Signature D	ate: 10 30 ld
School Treasure Signature Dignature:	ate: / <i>0/30/(K</i>
Placed on BOE Meeting Agenda for: YES NO Month: Nov Year: 2018 Approved: □ □ By:	

50 Cases \$1,500.00 (/) (tel:800-500-1234) (https://oldrashgareasgy.com/checkgy/60-00)



Your Profit:

\$1.00 per Item \$30.00 per Case



	Applicant Information		藩
Faculty Member (s): L. Castaneda	(A. Revalta)	Date: 10/24/18	
Club Name: National Span -	Honor Society		
Acct. No.: 2032	Acct. Balanc	e to Date: 461.47	
	Andrian Color Color	**************************************	X K
Type of Fund Raiser: Skoprite	Bagging Dovert	10 × 3	
Purpose of Fund Raiser: Kaisk nto	Ley for fitty	a events for	
Society by		nations.	
(Preferred dates first o	or second whend e	of Dec, 2018)	······································
•			
Start Date of Project: Decer	n bev I completion Date	of Project: December 3	1 ,2018
Date of Sale(s): From		To: 102/31/18	f
Sale Area/Location: Shoprit	<u> </u>	2 mute 22	
Sale will be monitored by:	akeda + A. Peralt	Ta.	*******
************ATTACH PUBLICATIO	N FROM VENDOR OF IT	EMS TO BE SOLD********	
Vendor Representative's Name:			
Vendor Business Name:			
Yelldof Business Hamor	And the state of t		
Vendor Address:	-		·
City:	_State & Zip code:		**************************************
Unit Cost of Product/Service:	ŝ	•	
Proposal Sale Price:	\$		
Total Cost of all Products Not to Exceed:	\$	(······
Minimum Total Profit Expected:	\$		
// / / Fa	culty Advisor Signature		
Signature:		Date: 10-29 20	(() .
			and all
	ice Principal Signature	Date: 10-30-4	\$4.00 m
700.			interni
Signature:	hool Treasure Signature	Date: /0~30~/&	
(7 /O/ PN	himbracherina de 144 Maria - 1		
Placed	on BOE Meeting Agenda f	or:	
Month: WW Year: doll	YES NO Approved:	Ву:	



	ant Information
aculty Member (s): VICACIO Menjilar	Date: 10/11/18
Club Name: Student Council	de a - const
Acct. No.:2053 '	Acct. Balance to Date: \$5,254.44
Type of Fund Raiser: Boke Scies	Year Rand) 9 in total
Purpose of Fund Raiser:	
I. A	Club already how dates frombs.
Start Date of Project: Date of Sale(s): From	Completion Date of Project: 2112-318,4112 To:
Sale Area/Location:	
Sale will be monitored by:	
**************************************	OM VENDOR OF ITEMS TO BE SOLD*********
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address:	
City: Stat	e & Zip code:
Unit Cost of Product/Service:	\$
Proposal Sale Price:	\$
Total Cost of all Products Not to Exceed:	\$
Minimum Total Profit Expected:	\$
Signature: Facult	/ Advisor Signature Date: (0////
Signature:	Principal Signature Date: 10129/18
Signature: Management of the Signature o	Treasure Signature Date: 10/29/18
Placed on	BOE Meeting Agenda for: YES NO
Month: Nov Year: 2018 Ap	proved: By:



Faculty Member (s): Dana Bobertz	nt Information	Date: 10 14 2018
Club Name: Creative Content Club		
Acct. No.:		
Type of Fund Raiser: Bake sale Taffle	Holiday Showcase 4-Sho	t sale Spring Fli
Purpose of Fund Raiser: to build an accounspeakers, and an end of the year show	rt balance for Senior sel	relarships quest
Start Date of Project: 11/24/2018 Date of Sale(s): From 1/24/2018	Completion Date of Project:	5/31/doi8
Sale Area/Location: Lito, Vits Library, Sale will be monitored by: Dana Bobertz	To: 5 Front lobby, Rock entrance	1-11-
***********ATTACH PUBLICATION FROM	************************	50LD************
Vendor Representative's Name:		
Vendor Business Name:	ALAMAN AND AND AND AND AND AND AND AND AND A	
Vendor Address:State &	. Zin code	
	4.5	3
Unit Cost of Product/Service: Proposal Sale Price:	\$ 1-3,5 N/A #4 \$ \$#1-3,5 under \$5 #4	
Total Cost of all Products Not to Exceed:	\$ 500	
Minimum Total Profit Expected:	\$ 100	
Signature: AMA Faculty A	dvisor Signature Date	: 10/19/2018
Vice Prin Signature:	icipal Signature Dafe	10/19/18
Signature:	easure Signature Date	: 10784/18
Month: NOV Year: 30(8 Approx	Meeting Agenda for: YES NO YES NO By:	



	Applicant Information	
Faculty Member (s):	Men Bridges	Date: /0/9
Club Name: All Scale	gs & Empowerr	nent
ous minos y margaria	,	
Acct. No.:	Acct. Balance	a to Date:
И И И И И И И И И И И И И И И И И И И 	и и и и и и и и и и и и и и и и и и и	та и и и и и и и и и и и и и и и и и и и
Type of Fund Raiser:	eher Dress Do	10 m
Purpose of Fund Raiser: Ka Speldren and Chu	ise Money for c	charry Attids Kes.
		7 6
Start Date of Project:	12/7/18 Completion Date	of Project: 12/19/18
Date of Sale(s): From	777	Го:
Sale Area/Location:	lago Offices Upon	Sign-in V Michael Maur
Sale will be monitored by:	Patricia Ordas	X Michael Mayo
	икиминикими и и и и и и и и и и и и и и и и и	THE STREET STREE
*******ATTACH PUBL	ICATION FROM VENDOR OF IT	EMS TO BE SOLD*******
Vendor Representative's Name: _		
Vandan Businasa Nama		
Velida Dasitiess Rutter		
Vendor Address:		
City:	State & Zip code:	
Unit Cost of Product/Service:	\$	
Proposal Sale Price:	A	
Total Cost of all Products Not to	Exceed: \$	
Minimum Total Profit Expected:	\$	
	Faculty Advisor Signature	
Signature: / /// L	11 6 18	Date: /p/9/18
Signature: / KIM Utt	Vice Principal Signature	Date: /5/29/18
Signature.		
	School Treasure Signature	Date: /0/29///
Signature:)rgs	Date. (0/0-7/10)
	Placed on BOE Meeting Agenda f	or:
Month: Nov Year: 3	Ols Approved:	Ву:
Middlette 1001 Con Ot	A Tables	· • ·



Applie	cant Information Date: 0 1 18
ulty Member (s): Victoria Meny Var	
	4-001111
b Name: St. 0004 (0)101	Acct. Balance to Date: \$ 5,254. 44
ct. No.: 2055	
pe of Fund Raiser:	Acct. Balance to Bitter
urpose of Fund Raiser:	Attached
	Completion Date of Project:
start Date of Project:	To:
Date of Sale(s): From	
Sale Area/Location: Sale will be monitored by:	
Vendor Representative S Name:	FROM VENDOR OF ITEMS TO BE SOLD**********
Vendor Business Name:	
Vendor Representative's Name: Vendor Business Name: Vendor Address:	State & Zip code:
Vendor Representative's Name: Vendor Business Name: Vendor Address: City:	State & Zip code:
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service:	State & Zip code:
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service:	State & Zip code:
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed:	State & Zip code: \$ \$ \$ \$ \$ \$ \$
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	State & Zip code:
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	State & Zip code: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Culty Advisor Signature Date: O 1/18
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	State & Zip code: \$ \$ \$ \$ \$ \$ \$
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Fa	State & Zip code: \$ \$ \$ \$ \$ culty Advisor Signature Date: [O 1 / 1 / 18] Date: [O 2 / 1 / 18]
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Fa	State & Zip code: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Culty Advisor Signature Date: O 1/18
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Signature: Signature:	State & Zip code: \$ \$ \$ \$ \$ culty Advisor Signature Date: [0] 1/18 Chool Treasure Signature Date: 10[3] 18
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Signature: Signature:	State & Zip code: \$ \$ \$ \$ \$ culty Advisor Signature Date: [O 1 / 1 / 18] Date: [O 2 / 1 / 18]



App	licant Information		10/1/18
Faculty Member (s): Victoria Memiliar		Dar	e: 10/1/)8
Club Name: Student Council		<u></u>	
		Tata- # K	254.44
Acct. No.: 2053	ACCI, Dalance to		· · · · · · · · · · · · · · · · · · ·
Type of Fund Raiser: 1000000			
Purpose of Fund Raiser:	see Attached		
Start Date of Project:	Completion Date of P		
Date of Sale(s): From			
Sale Area/Location:	and the state of t		
*********ATTACH PUBLICATION	FROM VENDOR OF ITEM	S TO BE SO)LD********
Vendor Representative's Name:			
Vendor Business Name:			
Vendor Address:			
Vendor Address:	State & Zip code:		
Unit Cost of Product/Service:	\$		
Proposal Sale Price:	\$		
Total Cost of all Products Not to Exceed:	\$	١.	
Minimum Total Profit Expected:	***************************************		
Signature:	ulty Advisor Signature	Date:	10/1/18
Signature: KMR USON	ce Principal Signature	Date:	10/3/18
Signature: X- A	ool Treasure Signature	Date:	10/09/18
	on BOE Meeting Agenda for YES NO		
Month: WW Year: 2018	Approved:	Ву;	



	Applicant Information Date: 16/1/18
aculty Member (s): Victoria MenjiV	GC Date: 10/1/1/6
Hub Name: Stodent Canci	
•	86754111
4	
ype of Fund Raiser:	Football Game
Purpose of Fund Raiser:	see attached
Start Date of Project:	Completion Date of Project:
Date of Sale(s): From	T _i o:
Sale Area/Location:	
Sale will be monitored by:	,
**************************************	ON FROM VENDOR OF ITEMS TO BE SOLD*********
Vendor Representative's Name:	
AGUIDOL DUSINGSS LIMINO.	
Vendor Address:	State & Zip code:
City:	State & Lip conte.
Unit Cost of Product/Service:	\$
Proposal Sale Price:	\$
Total Cost of all Products Not to Exceed:	. \$
Minimum Total Profit Expected:	\$
	Faculty Advisor Signature
Signature:	Date: (O/1 //8
	Vice Principal Signature
Signature: WWW Sty	Date: 10/3/18
——————————————————————————————————————	School Treasure Signature
Signature:	Date: 70/29/8
Place	ed on BOE Meeting Agenda for: YES NO
Month: Nov Year: 30/8	Approved: By:



policant Information
Date: 10 11 /18
Acct. Balance to Date: \$5,254.44
Acct. Balance to Date: # 17/00 1
Madress (Baskatball)
Mudica Characterity
See Attached
Completion Date of Project:
To:
FROM VENDOR OF ITEMS TO BE SOLD*********
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State & Zip code:
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aculty Advisor Signature
Date: 10 11 8
/ice Principal Signature
/IGE Principal Signature Date: 10/3/18
chool Treasure Signature Date: 075-978
i on BOE Meeting Agenda for:
YES NO Approved: ☐ ☐ By:
White T



	Applicant Information Date: 10/1/18
Faculty Member (s): Victoria Henry	Date. 101916
Club Name: Stylent COMIT	
•	Acct. Balance to Date: \$5,254.44
Type of Fund Raiser:	le's Day Grams
Type of Land House	
Purpose of Fund Raiser:	'See attached
-	Completion Date of Project:
	To:
Date of Sale(s): From Sale Area/Location:	
Sale will be monitored by:	
**********ATTACH PUBLICATIO	ON FROM VENDOR OF ITEMS TO BE SOLD*********
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address:	State & Zip code:
City:	
Unit Cost of Product/Service:	\$
Proposal Sale Price:	*
Total Cost of all Products Not to Exceed:	\$
Minimum Total Profit Expected:	
	aculty Advisor Signature Date:
Signature:	
Signatura: 644 CAU	Vice Principal Signature Date: 10/3/(V
Signature:	
	School Treasure Signature Date: 15139/18
Signature:	
	ed on BOE Meeting Agenda for: YES NO _
Month; W Year: 2018	Approved: By:



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

		Applicant In	formation				
Faculty Member (s):	AGATA	KANTA -	CYBUR	Τ		Date: <u>/ </u>	4/292
Club Name! GERMA	N NATION	ALI HONO	ir soci	ETY			
Acct. No.: 2038	1 		Acct. B	alance to Dat	e: <u>6</u>	2038	
Type of Fund Raiser:	PRETZE	SALE	R K K E R R M R 1		**************************************		以风及报复权
Purpose of Fund Raiser:	RAISE I	FUNDS IEW YOR	FOR RU	FÌELDT	TRIP	TO GERI	MAN_
Start Date of Project:				Date of Proje			
Date of Sale(s): From		2018 AT a					
Sale Area/Location:	AGATA				ועטוי	TORIUM	,
Sale will be monitored by:	<u> </u>	1/7/1/1/77	JUST				,
**************************************	UBLICATIO	N FROM VI	ENDOR O	F ITEMS T	O BE S	OLD******	光 湖 道 武 岩 以 大大
Vendor Representative's Nar	ne:						······································
Vendor Business Name:	Philly	Pretael	Fact	ary		a	
Vendor Address: 7/6	3 Brasi			(,)			
city: <u>Bayonne</u>		_State & Zip	code:	- N.J.		······································	
Unit Cost of Product/Service	ā.	\$	0.4	7		,	
Proposal Sale Price:		\$	1				
Total Cost of all Products No		\$	47			····	
Minimum Total Profit Expect	ed:	\$	53			•	
Signature: 4-	Kaleig-	Culty Advis	or Signatu	ire	Date:/	0/24 /20	218
Signature: KWN () 85	-4-0	/ice Principa	ıl Signatur	e:	Date:_/	ofartir	
Signature:) 1) 1)	lhool Treasu	ire Signati	ire	Date:	1909118	
	********	on BOE Me					
Month: Year:	3018	Approved:	YES NO	Ву:	# #		



<i>9</i> 6 1 1 1 1 1 1 1 1 1 1	Applicant Information Date: 10 25 18
culty Member (s): Grace Mit	chko
culty Member (s):	
ub Name: HOSA	, P. for
	Acct. Balance to Date:
ect. No.:	
pe of Fund Raiser; Food Dr	ive
pe of Fund Raiser:	Drive for TWP UNION Municipal pantry - before thanksgiving.
FOOD	Drive los fore thanksgring.
Building Food	pantry octors
	25/18 Completion Date of Project: 11/21/18 To: 8 FN and provide
10/	25/18 Completion Date of Project. To: & Please provide on the hallway by front office (Please provide on the Course Mitchele)
Start Date of Project:	& Bant office / Place plant
Date of Sale(s): From	ont hallway by how large boy both
Sale Area/Location:	Grace Mitchko
Sale will be monitored by:	Grace TVITETIED ATION FROM VENDOR OF ITEMS TO BE SOLD************************************
Vendor Representative's Name: Vendor Business Name:	
Vendor Business Name:	
Vendor Address:	State & Zip code:
City:	
-	\$
Unit Cost of Product/Service:	\$\$
Proposal Sale Price: Total Cost of all Products Not to Exc	eed: \$
thereit Exhecteur	
Minimum Total From	Faculty Advisor Signature Date: 10 2.5/18
Signature:	Vice Principal Signature Date: 10 35 14
	Date.
Signature:	School Treasure Signature Date: 10/29/18
	School Treasure Signature Date: 10/24/16
Signature:	Agenda (Of-
Signature:	Placed on BOE Meeting Agenda for:
Signature: A Year: 20	# 12 (A) (* * * * * * * * * * * * * * * * * *



Applicant Information	
Faculty Member (s): SATURNER Date: 10/5/18	
Club Name: Premb Honor Society (SHF) \$740.94	(
Acct. No.: Acct. Balance to Date: # @ &	
Type of Fund Raiser: Tel-Shirts	
Purpose of Fund Raiser: to raise & for senior cords Club	
holiday parties 1 stables are s	
Completion Date of Project: 4/1/9	
Start Date of Project.	
Date of Sale(s): From	
Sale Area/Location:	
Sale will be monitored by:	
Vendor Representative's Name: Pathy Smith I 600 827 8337 x18	25
Vendor Business Name: Image Marketing	
Vendor Address: 10045 Scott Circle City: Omaha State & Zip code: NE 68122	
Unit Cost of Product/Service: \$ 15.00	
\$ /7,09	
Proposal Sale Price: Stoc.00 Total Cost of all Products Not to Exceed: \$ 20.00	
Minimum Total Profit Expected: \$ 220.00	l
Faculty Advisor Signature Date: 10-125115 °	
Signature: January Corpus	ſ
Signature: Lyn UNUS Date: 10/51/8	l - ■
School Treasure Signature Date: 10/01/18	l -
Signature:	1
Placed on BOE Meeting Agenda for: YES NO _	Ī
Month: Nov Year: 20/8 Approved: 🗆 🖂 By:	_



Applicant Information Faculty Member (s): Chery Fisling Tara Scaramozzi, Megon Kuplon, William Either Date: 10/29/18
Club Name: Senior Class
Acct. No.: 2214 Acct. Balance to Date:
Type of Fund Raiser: COCA COLAG Soda Machine in Yeachat Cafeteria
Purpose of Fund Raiser: Taise fonds for Senior Class
Start Date of Project: ACAP il 70 8 Completion Date of Project: Tune 30, 2019 Date of Sale(s): From ASAP 20 8 To: 5 une 30, 2019
· · · · · · · · · · · · · · · · · · ·
Sale Area/Location: Teacher's Cafeferia Sale will be monitored by: Senior Class Advisors
***********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD**********
Vendor Representative's Name: N/A all done online
Vendor Business Name: Cora Cola Cola Liberty Cora Cola Beverages
Vendor Address:
City: State & Zip code:
Unit Cost of Product/Service: Proposal Sale Price: Solution Sol
Faculty Advisor Signature Signature: Date: 10/29/18
Signature: Date: 10/3-9/18
School Treasure Signature Date: 17/3-9/13
Placed on BOE Meeting Agenda for: YES NO Month: Month: □ □ By: By:



Diane Cappiello <dcappiello@twpunionschools.org>

Art Honor Society - Christmas Ornament Fundraiser

1 message

Lori-Ann Boyd Lori-Ann Boyd Lori-Ann Boyd Lori-Ann Boyd <a href="mailto:Lori-Ann Boyd <a href="mailto:Lori-Ann Boyd Lori-Ann Boyd <a href="mailto:Lori-Ann Boyd</

Tue, Oct 30, 2018 at 4:33 PM

Hi Diane,

Thank you for accepting this information last minute. Please add the following fundraiser proposals to the November 20th Agenda:

School/Club: Nat'l Art Honor Society

School Account #: 2030

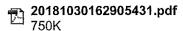
Date of Event: November 26, 2018, to December 20, 2018

Purpose of Fund Raiser: To raise funds for the Senior Nat'l Art Honor Society Scholarships & NAHS Fund.

Thank You!

Lori-Ann A. Boyd
TWP of Union Board of Education
2369 Morris Avenue
Union, NJ 07083
P: 908.851.4439
lboyd@twpunionschools.org
HUMAN, KIND, BE BOTH, -Lori A, Boyd

*Email Disclaimer: The information contained in or accompanying this e-mail is for the sole use of the intended recipient and may contain information that is confidential and/or privileged. If the reader is not the intended recipient, you are hereby notified that any dissemination, distribution, disclosure or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please notify the sender immediately and delete this e-mail from your system. Any views or opinions presented are solely those of the author and do not necessarily represent those of the Township of Union Board of Education. Please be aware that no electronic communication using equipment or services belonging to the Township of Union Board of Education is considered private. All communications created using this equipment or service is the property of the Township of Union Board of Education. The Township of Union Board of Education reserves the right to copy, archive and retain all communications as required by Federal Law.





	Applicant Inf			
Faculty Member (s): TOTMG	Amets O	Calio+II	DMAC	Date: 10 20 18
Club Name: Natival Art	+ Honor S			
Acct. No.: 2030	- 4			157.76
Type of Fund Raiser: HMOG	Holiday	Ornami	nt 5g/	<u>e</u>
Purpose of Fund Raiser: Vaise fo	nds for	Scholors	nip-func	1

Start Date of Project:	18 0	Completion Date of	of Project:	a 2018
Date of Sale(s): From 12 3	18		o: <u></u> { •	2 17 18
Sale Area/Location: D210 -				
Sale will be monitored by: Mrs.	Amicka Oc	rajio + M	I. T. 22i	20mo
*************ATTACH PUBLICAT		NDOP OF ITE	MANAMANANA MAS TO RE	· · · · · · · · · · · · · · · · · · ·
Vendor Representative's Name:	ON TON VE	MDOR OF THE	MIO TO BE	GOLD
Vendor Business Name:				
Vendor Address:				
City:	State & Zip o	ode:		
Unit Cost of Product/Service:	\$			
Proposal Sale Price:	\$_			
Total Cost of all Products Not to Exceed:	\$			
Minimum Total Profit Expected:	\$			
Signature;	Factify Adviso	r Signature	Date:_	[D]
Signature: KM, USW	Vice Principal		Date:	10 7016
Signature:	School Treasur		Date:	10/30/18
Month: Nov Year: 2018	d on BOE Mee Approved:	ing Agenga ro /es no □ □	By:	

Township of Union Board of Education STUDENT ACTIVITY ACCOUNT - REIMBURSEMENT REQUEST

EVERY EFFORT TO PAY WITH A CHECK FROM THE STUDENT ACTIVITY ACCOUNT DIRECTLY TO THE VENDOR MUST BE MADE BEFORE REIMBURSEMENT WILL BE CONSIDERED.

Student Activity Reimbursement requests must be pre-approved by the principal and superintedent <u>prior</u> to the purchase. If this Student Activity Reimbursement Request form is not submitted prior to purchase the reimbursement will NOT be processed.

Date: Employee Name:	Tationa Am	ñeta Ocasi	٥	•		
Acct Name:	NAHS					
Acct. No.:	2030	•				
Reason for Reimbursement Request: Boying applied for annual NAHS omnerst Sale						
Estimate of Itemized Expenses						
	ESCRIPTION		CO	ST		
11004 S11108			\$ 150.00			
sting Roby) <i>i</i>)		\$ 20.00			
DaiRt			\$ 30.			
			\$			
			\$	Ţ		
			\$			
			\$			
			\$	·		
	***************************************		\$			
TOTAL AMOUNT OF RI	IMBURSEMENT:		\$ 200.°°			
		Note: Sales tax	x is not eligible for	reimbursement.		
A COPY OF THIS APPROVAL MUST ACCOUMPANY YOUR OFFICIAL REQUEST FOR						
	SEMENT, ALONG					
IF TOTAL AMO	OUNT EXCEEDS \$9	99 BOARD APPR	OVAL IS REQU	RED		
			10/20/18	•		
Employee Signature			Date			
		***************************************		1 .		
FOR OFFICIAL USE ON	LY:	SOLOGRAFIERISTAGENAS PARTE SOUNDEREN FORGESEN STOR	es Nosa Promitivo Ross es limbro de subilidad de la cinta de la constante			
Approved	More Info. Needed	Not Approved	Date			
				·		
Principal Signature			Date			
Approved	More Info. Needed	Not Approved	Date			
		Acceptance of the state of the	The state of the s			
Superintendent or Designee	Signature		Date			

NAHS ORNAMENT SALE ORDER FORM \$3.00/ ORNAMENT

NAME

HOMEROOM/ROOM#

NUMBER OF ORNAMENTS

PLEASE REMEMBER ORNAMENTS ARE APPROXIMATELY 2 1/2 TO 3 INCHES WIDE! SHORT

PHRASES WORK BEST!!!!

Joy

Peace

Merry

Let it Snow

Jingle Bells

Hope

Frosty

Merry and Bright

Thankful

Love

Happy Holidays

Merry Christmas 2016

Noel

XOXO

Winter

YOU MAY PERSONALIZE WITH NAMES, PHRASES, INITIALS- FOR EXAMPLE "THE SMITHS" "MR.

AND MRS."

PLEASE SPECIFY A DESIGN YOU WOULD LIKE OR CHOOSE FROM BELOW.

Stars

Snow Covered Trees

Christmas Tree

Snowflake

Garland

Deer/ Reindeer

Curly Q's/ Lines

Snowman

Holly

Ornaments

Heart

Bow

Wreath

Student Original Design

Other

Ornament #1- Phrase

and/ or Design

Ornament #2- Phrase

_and/ or Design

Ornament 3- Phrase

_and/ or Design

PLEASE RETURN FORM AND MONEY TO D210- MISS, ARRIETA OR MISS, DAMO - BY MONDAY

12/17/18!!!!!

ORNAMENTS WILL BE COMPLETED AND DELIVERED BY 12/20/18



Burnet Middle School STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information	
Faculty Member (s): Bridget Stoan Date: 10/30/20/8	
Club Name: Drama Club (School Play)	
Acet, No.: # 201 Acet. Balance to Date: 7/46.13	
Type of Fund Raiser: DCCSS DOWDN DOW / SPIRIT WOOM FUNDOWS TO	
Purpose of Fund Raiser; Rise Runds for Drama theatre Press Doeun Jays With Crew Shirts a ready for Chresed to traise trud to school play	
Start Date of Project: NOV 15 Completion Date of Project: North 18f-20	19
Date of Sale(s): From N/A To:	1
Sale Area/Location: RMS	
Sale will be monitored by: Bridget Stoan	
***********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD**********	
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address:	
City: State & Zip code:	
Unit Cost of Product/Service:	
Proposal Sale Price:	
Total Cost of all Products Not to Exceed: \$	
Minimum Total Profit Expected; \$	
Faculty Advisor Signature	
Signature: Date: Date:	
Vice Principal Signature	
Signature: Date: 10 3 R	
School Treasure Signature Signature: Date: (2/3/22/8	
Placed on BOE Meeting Agenda for: YES NO	
Month: Year: Approved: By:	

Burnet Middle School STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information .	
Faculty Member (s): Tristin Leigher	Date: 10/30/20/8
Club Name: Kulder's Club, Student Coent	Q, NJHS
Acct. No.: # 2007 Acct. Balance to D	Date: 130514
Type of Fund Ralser: Temily Winter Testival & Vendor Fair	
Purpose of Fund Raiser: Raise Funds for School Wid	covered;
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by: NOV 16-2019 Completion Date of Project: To: SMS Sale will be monitored by: Hristin Leigher	
*******ATTACH PUBLICATION FROM VENDOR OF ITEMS	TO BE SOI D********
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address: State & Zip code;	
onyoute a zip sous,	
Minimum Total Profit Expected: \$ EacUliv Activisor Signature	Date: 70-3(-207)
Signature: XX7 is to Je 19	Date: 10 31-2011
Signature:	Date: 15-31-201
Signature: Signature Signature	Date: 10/3/00/8
Placed on BOE Meeting Agendator	
Month: Year: Approved: ☐ ☐ H	Ву: