

EXHIBIT B-1

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

SCHOOL: U. H. S. Date: 10/27/23
DEPARTMENT: Model UN. C. Farone Account: 2087
VENDOR: Union B.O.E Amount: Not to exceed \$3,000.00

PURPOSE OF EXPENDITURE (attach appropriate invoice(s): Washington D.C. Trip-
P.O. to Vallani Bus \$2950.00
District covering \$1,000.00

Balance to be covered by U.H.S Student Activity Act. #2087
In accordance with the Student Organization Fund - Policy and Procedure Manual, I request approval of
the referenced expenditure in excess of \$1,000. to be deposited into budget Act #
11-006-070-512-01-10 ext
7538

Althea Bossard

NAME

Althea Bossard

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.

Business Administrator

Date

UHS STUDENT ACTIVITIES ACCOUNT

DATE:

I. This will authorize the Treasurer of the UNION HIGH SCHOOL STUDENT ACTIVITIES ACCOUNT

Pay \$ 1,950 to the order of Union Board of Education

Charge to CLUB ACCOUNT: Model un C. Farone Acct.No. 2087

Purpose: C. Farone Washington D.C. Trip

Check to be deposited into budget acct#

11-000-070-512-01-10 ext. 7538

Club Name Model un. C. Farone

Club Advisor Signature _____

II. Account Balance: 756.44 Verified By: _____

Date: _____ Comment: _____

III. Approved: Aurora Bessard
Principal - Signature

Date: 10/27/23

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

Processed By: _____

Sent 9/19/23

**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: 9/19/2023
 School Union High School Grade 10-12
 Teacher(s) Name E. FARMORE, S. Motin, M. Kaplan, G. Pagnano, A. Carr
 Date of Trip 11/6
 Destination Holocaust Museum, National Mall, Capitol (Washington DC)
 Address 100 Raoul Wallenberg Pl SW Washington DC
 Purpose of Trip For students to experience the museum, & U.S. Capitol
 Departure time (No earlier than 9:15am) 5am Pick up location Front of School
 Return time (Must be back by 1:40pm) 8pm
 # of Passengers 54 # of Wheelchairs _____ (Bus capacity = 54 Van capacity = 16)
 Transportation Funding Source (Systems 3000 Budget Acct.#) 11-000-270-512-01-10-17538

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 1/4 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>\$2950</u>
2. Entrance fee = _____	2. Entrance fee = <u>0</u>
3. Total (add 1 & 2) = _____	3. Total (add 1 & 2) = <u>\$2950</u>
4. District bus cost = _____	4. District bus cost = <u>1000</u>
5. Student bus cost = _____	5. Student bus cost = <u>\$40 per student</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 9/21/23
 Principal Signature [Signature] Date _____

	Approved	Denied	Reason	Date
School Business Admin.				
Transportation				



Villani Bus Company

811 East Linden Avenue

Linden, NJ 07036

Phone: 908-862-3333

Fax: 908-474-8058

Website: www.villanibus.com

Email: info@villanibus.com

Charter Confirmation

Confirmed: **09/18/23**

Charter No. : **91730**

Christopher Faraone
Union Township Public Schools
2369 Morris Avenue
Union, NJ 07083

Phone: **908-851-6420**

Fax: **908-851-9688**

Order Date **09/18/23**

SalesRep: **Vania**

Thank you for selecting **Villani Bus Company** for your upcoming trip. We are committed to providing you with the very best service possible, and I am sure that you will be pleased with the quality of our equipment and drivers. This Confirmation serves as your contract for your transportation needs shown below. We must receive your deposit along with one signed and dated copy of this letter by the due date of the deposit shown below. Please review the following information to confirm our understanding of the services we will provide.

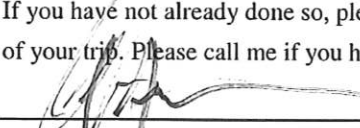
Group Name: Union High	# Coaches: 1
Group Leader: Christopher Faraone	Equipment: 1-55 MotorCoach
Destination: washington DC, WA	
Leave Date: Monday, November 6, 2023	Return Date: Monday, November 6, 2023
Spot Time: 4:45 am	
Leave Time: 5:00 am	Retn\Drop Time: 7:00 pm
Pickup Location: Union, New Jersey	Destination Details: Holocaust Museum 100 Raoul Wallenberg Place SW Washington, DC 202.488.0400

Description	# Coaches	Qty	Rate	Charge
Single Day Motorcoach Trip - Local Service	1	1.00	\$2,950.00	\$2,950.00
Operators Gratuity separate from rental rate quote	1	1.00	\$0.00	\$0.00
Group pays bus parking fees at all tour points.	1	1.00	\$0.00	\$0.00
UNSIGNED CONFIRMATION WILL VOID RESERVATION	1	1.00	\$0.00	\$0.00

<u>Due Dates</u>	<u>Description</u>	<u>Amount</u>	<u>Date Received</u>	Transport Charge:	\$2,950.00
10/02/23	Deposit	\$500.00		<u>Amount Paid</u>	\$0.00
10/23/23	Final Payment	\$2,450.00		Balance Due	\$2,950.00

CANCELLATION POLICY: A full refund when cancelled 30 days before Leave Date, less than 30 days to 48 hours \$500 fee per bus will be charged. Cancellation less than 48 hours before the Leave Date/Time will be full price.

If you have not already done so, please remember to send us an itinerary complete with addresses to insure the success of your trip. Please call me if you have any questions.


 Charter Party Authorized Signature _____
 Date **9/26/23**

Sincerely,
 Vania