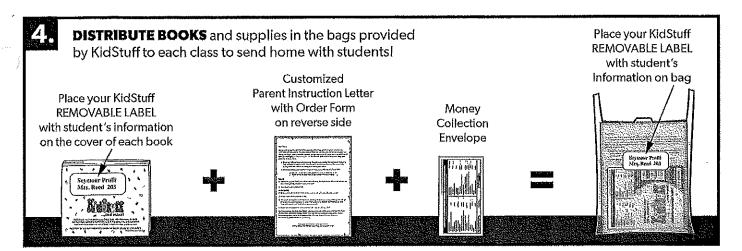
F-11



Applicant Information
Faculty Member (s): Mr Larry Petral Date: 9/6/18
Club Name: Union Middle School Soccer.
Acct. No.: Acct, Balance to Date:
Type of Fund Raiser: KOSTAL COUPON BOOK
of the fear awards celebration if possible.
10/15/18
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by: Other Project: Other Completion Date of Project: Other Comp
**********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD********** Vendor Representative's Name: 405+44 Crew
Vendor Business Name: 140 Stuff Coupon Books
Vendor Address: 6520 Stonegate Dr Suite 160 City: Allentown State & Zip code: PA 18106
Unit Cost of Product/Service: \$ 17.50
Proposal Sale Price: \$ 25.00
Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: \$ 300.00
Signature: Date: 9/6/18
Signature: Date: Q / 7 / 3
Signature:
Placed on BOE Meeting Agenda for:
YES NO Month: Year: Approved: □ □ By:



YOUR SALE SHOULD RUN
APPROXIMATELY 2 WEEKS

Send **KidStuff Reminder Notices** throughout the sale to encourage families to sell and submit orders by the end date of your sale!

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KIDSTUFF CLASS UST ILAGARE HAVE MYS. Reed CMS 205 CMS 105

FREE BOOK
PROGRAM!!!

When filling orders...Keep track of the number of **FREE BOOKS** each family earns!

PLUS OUR NEW APP IS INCLUDED WITH EVERY BOOK!



FAMILIES EARN 1 FREE BOOK WORTH \$25 FOR EVERY 5 BOOKS THEY SELL!!!

SELL 5 BOOKS



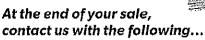
EARN 1 FREE BOOK



7.

KIDSTUFF DOES NOT CHARGE FOR MISSING OR DAMAGED BOOKS!

When you send books home you probably will have some missing or damaged books...It's OK! We appreciate all of your efforts to retrieve outstanding books from your sale! B. "DEFINITELY
A WIN-WIN
IN MY BOOK!"



- 1. # of books sold/money collected
- 2. # of FREE books earned
- 3. # of missing /damaged books
- # of books needed to fill additional orders, including other area editions

KidStuff covers shipping costs for the delivery and return of books!

We love to help! Please call us Toll Free 1-888-404-5437 with any questions!!!



Ms Fundraiser form 2018

1 message

Phyllis Lang <plang@twpunionschools.org>

Tue, Sep 18, 2018 at 8:06 AM

To: Diane Cappiello <acappiello@twpunionschools.org>, Laurence Petras <lpetras@twpunionschools.org>, Linda Ionta lionta@twpunionschools.org>

Diane,

Please add to the agenda for the next Board Meeting, in October. This is a Middle school fundraser. Looking to get it approved!

See attached, original is in the mail.



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

MS Soccer Fundraiser Approval form 2018.pdf 267K



UHS Fundraiser - October Meeting

1 message

Lori-Ann Boyd boyd@twpunionschools.org

Wed, Sep 19, 2018 at 12:06 PM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Edward Boffa <eboffa@twpunionschools.org>, Kathy Brooks <kbrooks@twpunionschools.org>

Hi Diane,

Please add this fundraiser to the October 16th Agenda.

School/Club: Campers School Account #: 2014

Type of Fundraiser: Brownie/Snack Sale Date of Event: October 18, 2018 to May 30, 2019

Purpose of Fund Raiser: To raise funds for the camp trip and other field trips during the school year.

School/Club: Interact Club School Account #: 2044

Type of Fundraiser: Gertrude Hawk Candy Sale Date of Event: October 17, 2018 to May 31, 2019

Purpose of Fund Raiser: To raise funds to support both the local and international projects/charities requirements for

interact clubs by Rotary International..

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

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20180919120323345.pdf 361K



Applicant Information
Faculty Member (s): K. Bratts Date: 9 17118
Club Name: Campers
Acct. No.: 2014 Acct. Balance to Date:
Type of Fund Raiser: Brown le / Snack Sale
Purpose of Fund Raiser: To raise funds for Camp Trip and other field trips
Start Date of Project: Date of Sale(s): From See back To: Sale Area/Location: Sale will be monitored by: **Topical Completion Date of Project: **Double May 3 **Topical Completion Date of Project: **Doubl
************ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD********* Vendor Representative's Name: Vendor Business Name:
Vendor Address: Uwon NJ. City: UNCON State & Zip code: NJ 0708-3
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: \$ 505.00
Faculty Advisor Signature Signature: 女 けっしんの Date: 억月は 118
Signature: Km (18ty Date: 9-17-w
School Treasure Signature Signature: Date: 7-19-18 Placed on BOE Meeting Agenda for: YES NO Month: Year: Approved: By:
Month: () CT - Year: CCO(8) Approved: By:

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	NOTE AND DESCRIPTION OF THE PROPERTY OF THE PR	pplicant Inform	nation		
Faculty Member (s):	DWARD	BOFF	<u>).</u>	Date: 4	1-14-18
Club Name: INT	ENACT (TUB			
Acct. No.:	2044		Acct. Balance to D	ate:	
Type of Fund Raiser:	CANDY	SALE C	GERTHOPE	HAWK)	
Purpose of Fund Raiser:					
LOCAL AND	NTERA	JATIONAL	PROJECT	1 / CHARITI	25
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INTERNA	······································				- Al
Start Date of Project:	OCTIFICE	0/8- Com	pletion Date of Pro	ject: MAY	31,2019
Date of Sale(s): From	10-1-18	3-	To:	5-31-16	
Sale Area/Location:	BEFONG,	PAFTER SCI	4001, OFF	PREMISIS	
Sale will be monitored by:	EDW	ARD BO	FFA		
************ATTACH F Vendor Representative's Na	me:				******
Vendor Business Name:	GEILIKE	DE NA	WK CIGOC	20CA TES	
Vendor Address: 9	KEYSTON	State & Zin code	. <i>PA</i>	18512	
ORY. /2 0707010 VE	<u> </u>				
Unit Cost of Product/Service) ;	\$,60		
Proposal Sale Price:		\$	1.00		
Total Cost of all Products N	ot to Exceed:	\$	£000 //		<i>\$6.0</i> = 0.0
Minimum Total Profit Expec	ted:	\$	4010 08	Votal gales	\$ 2000.00 60A
Signature:	11/1/A	EUITY Advisor S	gnature	Date: 4'-14-	
Signature:	VI WY	ce Principal Si	jnature	Date: 9-17	-11
Signature:		ooli Treasure S	ignature	Date: 9-	9- IX
	PERMIN	n BOE Meetin	r Agenda to:		
Month: Det . Year:	2018	YES Approved:	NO	y:	



Edward Boffa <eboffa@twpunionschools.org>

Sweet Opportunities For Fall Fundraising!

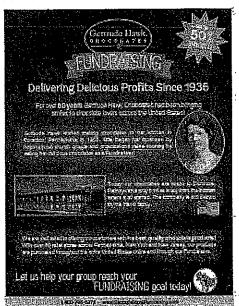
Gertrude Hawk Fundraising <enews@gertrudehawk.com> Reply-To: Gertrude Hawk Fundraising <enews@gertrudehawk.com> To: eboffa@twpunionschools.org

Fri, Sep 7, 2018 at 11:31 AM



IT'S FUNDRAISING TIL

Don't wait, plan now for Fall & Winter success and get ready to PROFIT PROFIT **PROFIT!**



click to view larger

Gertrude Hawk Chocolates Figs NEW PRODUCTS for HOLIDAY 2018 and <u>NEW PRIZEINCENTIVES!</u>



Call us today to learn more: 1-800-706-6275.

Partner with us today to help



Please add to the next Agenda for Board approval Boys Basketball

1 message

Phyllis Lang <plang@twpunionschools.org> Wed, Sep 26, 2018 at 3:07 PM To: Diane Cappiello <dcappiello@twpunionschools.org>, Antonella Melchionna <amelchionna@twpunionschools.org>

See attached Boys Basketball fundraiser & reimbursement form



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



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7/18 Completion	Date of Project:	11/17/18
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	Date:	7/20/18
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	Date:	
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Approved:	Ву:	
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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: Acct Name: Acct. No.:	9/26/18 Kevin Feelin Boys Buskett	1 0 × 1/		
Reason for Reimburseme	4.70	Com Protein	Burs	· · · · · · · · · · · · · · · · · · ·
•	Estimate of Itemized Ex	menses		·
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Approved	More Info. Needed	NOT Approved	Date	
Superintendent or Designee	Signature		Date	1



Diane Cappiello cdcappiello@twpunionschools.org

Re: Fundraiser Proposals - October 16th Meeting

1 message

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

Wed, Sep 26, 2018 at 9:02 AM

To: Diane Cappiello <dcappiello@twpunionschools.org>, Lisa Padden

<lpadden@twpunionschools.org>

Cc: Kimberly Osty <kosty@twpunionschools.org>

Hey D!

Please add this to the October Agenda.

School/Club: Senior Awards

Type of Fundraiser: College & Career Fair Dress Down Day Fundraiser

Date of Event: October 24, 2018

Purpose of Fund Raiser: To raise funds for the Maureen Baldwin Counseling

Scholarship for a class of 2019 senior.

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

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On Mon, Sep 24, 2018 at 11:46 AM Diane Cappiello <dcappiello@twpunionschools.org> wrote:

Got it, thanks!
Diane Cappiello
Executive Administrator Assistant - Business Office
Township of Union Board of Education
2369 Morris Avenue
Union, NJ 07083
Email: dcappiello@twpunionschools.org

Email: dcapplello@twpunionschools.org

Fax: 908-964-1462

On Mon, Sep 24, 2018 at 11:27 AM Lori-Ann Boyd https://doi.org/boyd@twpunionschools.org/ wrote:

School/Club: Hiking Club School Account #: 2072 Type of Fundraiser: Bake Sale

Date of Event: October 17, 2018, to June 14, 2019

Purpose of Fund Raiser: To raise funds for the Hiking Club's trips & transportation

fees.



Faculty Member (s): 150		Applicant I		ion_		Date: 9/	25/18
						,	•
Club Name: <u>Senior Ou</u>	NOTOS						
Acct. No.: <u>2018</u>			Ac	ct. Balance to	Date:		
网络阿拉斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	********		.,	*****	********		
Type of Fund Ralser:	See at	10che	<u> </u>	<u> </u>			***************************************
Purpose of Fund Raiser:		-			<u> </u>		·····
- And	10000	18/200	1 -	- 11	0111/04	. D. //-	
Counsling	1100	care	150	4-10	aur eer	N EMEN	<u> </u>
_ counsuing	Janor	certic	<i>y</i>				
Start Date of Project:	10/24/1	8	Comple	etion Date of F To:	Project: [0/24/18	
Date of Sale(s): From	1,1		_	To:	+1	, ,	
Sale Area/Location:						<u></u>	
Sale will be monitored by:	Lisa Pac	lden_		-			
***********ATTACH P		X EDOM V	/ENDO	R OF ITEM	S TO BE	SOI D****	***********
Vendor Representative's Nап			4	***************************************			
Vendor Business Name:							
					•		
Vendor Address:		State & 7	in code.	<u> </u>			
City:		_ Omto G L	ip oode.				
Unit Cost of Product/Service:			\$				
Proposal Sale Price:			\$				
Total Cost of all Products No	t to Exceed:		\$				
Minimum Total Profit Expecte	ed:		\$				
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Signature: dial					Date:	7/25	118
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Signature: AM U	84				Date:_	9/26/	8
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Signature:	Durk				Date:_	4/26/	/8
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O	A		YES	NO.			
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Fundraiser Proposals - October 16th Meeting

1 message

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

Mon, Sep 24, 2018 at 11:26 AM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Adam Raffaele <araffaele@twpunionschools.org>, lisa padden

<lpadden@twpunionschools.org>, Atzbi Michael <matzbi@twpunionschools.org>

School/Club: Hiking Club School Account #: 2072 Type of Fundraiser: Bake Sale

Date of Event: October 17, 2018, to June 14, 2019

Purpose of Fund Raiser: To raise funds for the Hiking Club's trips & transportation fees.

School/Club: Hiking Club School Account #: 2072 Type of Fundraiser: Pizza Sale

Date of Event: October 17, 2018, to June 14, 2019

Purpose of Fund Raiser: To raise funds for the Hiking Club's trips & transportation fees.

School/Club: Robotics Team School Account #: 2023

Type of Fundraiser: T-Shirt Sale Fundraiser

Date of Event: October 24, 2018, to November 24, 2018

Purpose of Fund Raiser: To raise funds to cover the costs of registering teams

for competition and purchasing new equipment.

School/Club: Counselors for a Cure - Relay For Life of Union c/o Lisa Padden Type of Fundraiser: Support Relay for Life Dress Down Day Fundraiser Date of Event: May 2019 (Exact date TBD by UHS Administration)

Purpose of Fund Raiser: To raise funds to Support Relay for Life - all funds will be

collected by Ms. Padden and sent to Relay for Life.

Lori-Ann A. Boyd TWP of Union Board of Education 2369 Morris Avenue Union, NJ 07083 P: 908.851.4439 Iboyd@twpunionschools.org

HUMAN, KIND, BE BOTH, -Lori A. Boyd

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		ant Information	8/01/0
Faculty Member (s):AD	am Kaffaele		Date: 1/21/18
Club Name: UHS	HIKING CLUB		
Acct. No.: 2072		Acct, Balance to Date:	
Type of Fund Raiser:	Boke SALE		
Purpose of Fund Raiser:	To Ruse Funds	FOR TRANSPORTATION & TRIPS	
Start Date of Project:	OCTOBER 20K	Completion Date of Projects	JUNE 2019
Date of Sale(s): From	TRN	Completion Date of Project: To: TBD	00/10
Sale Area/Location:	FRANT LOBAL	AMOJOR ROCK ENTRANCE, UHS	<u></u>
Sale will be monitored by:	ADAM RAFEA		
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Vendor Address:		a will	of N
City:	State	& Zip code: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7 0
Unit Cost of Product/Service Proposal Sale Price:	•	* Show for	So so.
Total Cost of all Products No	ot to Exceed:	\$ ()	CB
Minimum Total Profit Expect	eď:	* by ch X)
Signature:	Faculty A	Advisor Signature Date	:: 9/2//8
Signature: Kun (Vice Pri	ncipal Signature Date	1-24-11
Signature:	School T	reasure Signature Date	: 9-24-18
Month: <u>Oet.</u> Year:	Placed on BO	E Meeting Agenda for: YES NO oved: By:	



				ormation
Faculty Member (s):	_ADAM_	RAFFAEL	۶	Date: 9/21/18
Club Name: UHS	HIKING	CLUB		
Acct. No.: 2072				Acct. Balance to Date:
Type of Fund Raiser:	Pizza	SALE		
Purpose of Fund Raiser:	To	RAISE F	inns for	TRANSPORTATION & TRIPS
Start Date of Project:			o)& c	To: TSD
Date of Sale(s): From Sale Area/Location:		BD - L	Pak ANDÍN	Prix Edmarge (111)
			AFFAGLE	ROCK ENTRANCE, UHS
Sale will be monitored by	/·	NDAUL 1	MILVER	
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Vendor Address:				of My de K
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Unit Cost of Product/Ser			\$	The Carlot
Proposal Sale Price:	71001		\$	0 /201
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Minimum Total Profit Exp			\$	6 Ca XO C
Signature:) Waffa	4		r Signature Date: ૧/ՀՀ/18
Signature: <u>/_/_/_</u>	VISCO	Vice	Principal	Signature Date: 4-24-8
Signature:	85			e Signature Date: ターシソー/よ
Month: Out - Ye	ear: 201	A)	fing Agenda for: YES NO □ □ By:



	Applican	t Information	
Faculty Member (s): M.A+	sbi A. Pedic	การ์	Date: 9/17/18
Club Name: Robotics T	ear		
Acct. No.: 2023	2	Acct. Balance to	Date: \$281.80
Type of Fund Raiser:	hirt Sale fundra	(
Purpose of Fund Raiser: To		registering teams	for Compatition and
Start Date of Project:	May 10/29	Completion Date of	Project: 11/24
Date of Sale(s): From	* 10/24	To:	14/24
Sale Area/Location:	Online Custon	mink, com/fundraising	/uhs robo
Sale will be monitored by:	M. Atzbí	,	
Vendor Representative's Nam Vendor Business Name:	e: <u>Online-No</u> Custom ink. Con	riprosintative	S TO BE SOLD********
Vendor Address: 2910 City: Fair Fax	UISTRUT AVE.	Zip code: √A	7-2031
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not Minimum Total Profit Expecte		\$ #MMh 8.70 \$ 20 \$ 0 - No upfort 6 \$ 90.1	Costs
Signature:	Faculty Ad	visor Signature	Date: 4/1/18
Signature:	Vice Princ	ipal Signature	Date: <u>Q-21-18</u>
Signature:	Schrol Tre	asure Signature	Date: 9-24-18
Month: Of Year:	Placed on BOE	Meeting Agenda for YES NO ed:	Ву:





Ap	plicant Information	
Faculty Member (s): LWCL Paddo		Date: 9/50//8
Club Name: Courselor to for a	Curl- Procy	for Supe of Union
Acct. No.:	A A Platau	
***************************************		аккынакынынынының ада пананынын /
Type of Fund Raiser: Support	ulay for dife	Drew Down
Purpose of Fund Ralser: Dote W Odnumetra	tel be assig	red by
Start Date of Project: May 20	Completion Date o	of Project: May 2019
		>:
Sale Area/Location: Man of	fece	
Sale will be monitored by: <u>Lea Pab</u>	lder	
Vendor Representative's Name: Vendor Business Name: Vendor Address:		
City:	State & Zip code:	
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Proposal Sale Price:		
Total Cost of all Products Not to Exceed:		
Minimum Total Profit Expected:	\$	
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Signature: Vym Ustay	e Principal Signature	Date: 9-24-18
Signature:	ool Treasure Signature	Date: 9-24-18
A.A 0.4	n BOE Meeting Agenda fo YES NO Approved: □ □	B y:

2-11



Diane Cappiello <dcappiello@twpunionschools.org>

Peer Ambassador Blood Drive

1 message

Patricia Bridges <patbridges@twpunionschools.org>
To: Diane Cappiello <dcappiello@twpunionschools.org>

Mon, Oct 1, 2018 at 8:20 AM

Good Morning Mrs. Cappiello;

The Peer Ambassadors partnered with the Red Cross last year for our first Blood Drive in May. We are hoping to have the Board approve the Blood Drive for this academic year on November 2 and hopefully for a latter date to be determines by the Red Cross in March. Please let me know if there is a form to submit for board approval for this event. Thank you Regards,

Pat

Patricia C. Bridges School Counselor, Union High School 908-851-6812 908-686-6730 (F)





PLease add to agenda for next meeting

1 message

Phyllis Lang <plang@twpunionschools.org> Fri, Sep 28, 2018 at 3:29 PM To: Diane Cappiello <dcappiello@twpunionschools.org>, Antonella Melchionna <amelchionna@twpunionschools.org>, Linda lonta alionta@twpunionschools.org>, Dana Bobertz <dbobertz@twpunionschools.org>, Cheryl Fiske <cfiske@twpunionschools.org>

See attched for St Jude Event Fundraising!



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

St Judes.pdf 112K



Application of the Application o	cant Information	- 1 - 2
Faculty Member (s): Chery Fishe, Dans Bober	tz, Kevin Feeley	Date: 9/28/18
Club Name: Boys Baskelball		
Acct. No.: 3230	Acct. Balance to Date:	
Type of Fund Raiser: St Jude Classic	& Event, Drew Down Day, T-shirt	- sales, Concessions.
Purpose of Fund Raiser: <u>Caise Monly</u> to Research Hospital	•	
Event		
Start Date of Project: Kidey 12/14/18	Completion Date of Project:	12/14/18
Date of Sale(s): From <u>lved miday 12/12/</u>	18To:12//	
Sale will be monitored by: <u>Chery Fisha, (</u>	ve, carreria, 99m Dana, Bobertz, Kevin Feeley, Linda	Lonta
*************ATTACH PUBLICATION FR	OM VENDOR OF ITEMS TO B	E SOLD************************************
Vendor Representative's Name: Vendor Business Name:	OM VENDOR OF ITEMS TO B	E SOLD********** ,
Vendor Representative's Name: Vendor Business Name: Vendor Address:	OM VENDOR OF ITEMS TO B	E SOLD************************************
Vendor Representative's Name: Vendor Business Name: Vendor Address:	& Zip code:	E SOLD************************************
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:	\$ donations \$ 50015 - \$5 / doess down \$ 850	- \$5 / toncessions - = ve
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: State Unit Cost of Product/Service: Proposal Sale Price:	\$ donations \$ 50015 - \$5 / doess down \$ 850	- 45 / toncessions - = va g to be a charitable don
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: State Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	* & Zip code: \$ denations \$ souts - \$5 / dress down \$ \$ 850 \$ all proceeds are goin Advisor Signature	- 45 / loncessions !- = va g to be a charitable don
Vendor Representative's Name: Vendor Business Name: Vendor Address: City: City: State Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Signature: Faculty Signature:	* Sinctions \$ donations \$ sinds - \$ divess down \$ \$ 850 \$ all proceeds are goin Advisor Signature Date	- 45 / toncessions - = va g to be a charitable don
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: Vice P.	* & Zip code: \$ denation S \$ sorts - \$5 / dress down \$ \$ 850 \$ all proceeds are goin Advisor Signature Date	- 45 / loncessions - = va g to he a charitable don
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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: Vice Pi	* & Zip code: \$ denation S \$ sorts - \$5 / dress down \$ \$ 850 \$ all proceeds are goin Advisor Signature Date Treasure Signature	- 45 / toncessions - = ve g to he a charitable don : 9/28/18
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: Faculty Signature: Vice P. Signature:	* & Zip code: \$ denation S \$ sourts - \$5 / dress down \$ \$ 850 \$ all proceeds are goin Advisor Signature Date Incipal Signature	- 45 / loncessions - = va g to be a charitable don = 9/28/18
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: Vice P. Signature: School:	* & Zip code: \$ denation S \$ sorts - \$5 / dress down \$ \$ 850 \$ all proceeds are goin Advisor Signature Date Treasure Signature	- 45 / toncessions - 4 ve g to he a charitable done : 9/28/18 : 9/28/18

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 prior to the purchase. If this Student Activity Reimbursement Request form is not submitted prior to purchase the reimbursement will NOT be processed.

9/20/10

1/28/18		
	, Dana Bobertz, Kevin Feeley	
Acct Name: Boys Basket	ball	
Acet. No.: 3230		<u> </u>
		•
Reason for Reimbursement Request:		š
decorations & supplies for St Jude C	lace's on 12/14/14	:
The state of the s		1
<u></u>		•
Estimate of Ite	emized Expenses	į
DESCRIPTION		\mathbf{T}
Balloon o other decerations	\$	
Paper acoducts	s intel not	
3 1 F		8X50
Concession supplies	s to exceed	00-
	\$	
44	\$	
	\$	
,	· . \$	
	\$	
	D	
	GENTE: On I la ou	1 000
TOTAL AMOUNT OF REIMBURSEM		<u> 830 </u>
	Note: Sales tax is not eligible for	
	T ACCOUMPANY YOUR OFFICIAL RE	QUEST FOR
	ONG WITH CONFIRMING RECEIPTS.	
J TOTAL AMOUNT EXCER	EDS \$999 BOARD APPROVAL IS REQUI	RED
Chel Fish	9/28/18	
Employee Signature	Date	
·		
FOR OFFICIAL USE ONLY:		
	Needed Not Approved Date	
Approx.		
District Circles	Date	
Principal Signature		
Approved More Info. N	Needed Not Approved Date	
- Soula	9/28/18	
Superintendent or Designee Signature	Date	





Re: Fundraiser Proposals - October 16th Meeting

1 message

Lori-Ann Boyd Lori-Ann Boyd lovd@twpunionschools.org

Fri, Sep 28, 2018 at 2:27 PM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Rhonda Wright <rwright1@twpunionschools.org>, Jessica Motta

<jmotta@twpunionschools.org>, Rebecca Mazur <rmazur@twpunionschools.org>, Fiske Cheryl <cfiske@twpunionschools.org>, Tara Scaramuzzi <tscaramuzzi@twpunionschools.org>, Will Eichert <weichert@twpunionschools.org>, Megan Kaplan

<mkaplan@twpunionschools.org>

Hey Diane,

I have some more for you.

School/Club: Cheerleading School Account #: 2029

Type of Fundraiser: Coldweather ear muff sale Date of Event: October 17, 2018, to October 30, 2018

Purpose of Fund Raiser: To raise funds for the cheerleading club's new uniforms.

School/Club: UHS GSA (Gay-Straight Alliance)

School Account #: 2048

Type of Fundraiser: Valentine's Day Candy Gram Sale **Date of Event:** February 1, 2019, to February 14, 2019

Purpose of Fund Raiser: To raise funds for the GSA club activities and graduation gifts.

School/Club: UHS GSA (Gay-Straight Alliance)

School Account #: 2048

Type of Fundraiser: Selling lanyards for the day of silence

Date of Event: April 12, 2018 2019

Purpose of Fund Raiser: To raise funds for the GSA in order to raise awareness.

School/Club: Class of 2019 School Account #: 2214

Type of Fundraiser: Fashion Show Fundraiser

Date of Event: January 11, 2019

Purpose of Fund Raiser: To raise funds for the class of 2019 senior.

School/Club: Class of 2019 School Account #: 2214 Type of Fundraiser: Mr. UHS Date of Event: May 17, 2019

Purpose of Fund Raiser: To raise funds for the class of 2019 senior.

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

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Faculty Member (s): Knonda Wright	Information Date: 9/20/18
Club Name: Cherleading	
Acct. No.: 2829	Acct, Balance to Date:
Type of Fund Raiser: Selling Cold Wea	ther Ear Muffs (Cheerleading)
Type of Fund Raiser: Selling Cold Wed	6 Pr New uniforms
Start Date of Project: 10/17([8	Completion Date of Project: 10/30/18
Date of Sale(s): From 10 17 1 (X	To: <u>(0/30/(</u> 8
Sale Area/Location: UHS Mc 1/10 idst	1 Ms. MoHa
//	·
************ATTACH PUBLICATION FROM	VENDOR OF ITEMS TO BE SOLD*********
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address:	
	Zip code:
Unit Cost of Product/Service:	
Proposal Sale Price:	\$
Total Cost of all Products Not to Exceed:	\$
Minimum Total Profit Expected:	\$
	visor Signature
Signature: Khanda Wrugh	Date: 9/26// X
Signature: Yum Usug Vice Princ	ipal Signature Date: 4177117
School Treat	asure Signature Date: 9-2-7-18
Placed on BOE	Meeting Agenda for:
Month: Of. Year: 2018 Approve	d: By:



MANAGEMENT DESIGNATION OF	A	oplicant Inf	ormation 🦠		1981.6 W. 6	
Faculty Member (s): Jessics	Mother	/Becky 1	ngzur	:	Date:	9/25/18
Club Name: 65A		r 			***************************************	
Acct. No.:			Acct. Balar	ce to Date:	***************************************	
Type of Fund Raiser: Valen	rines Day	Cardy	Gram	*********	******	
Purpose of Fund Raiser:						
To raise money to	or He G	SA Clu	b genivie	s and t	te po	rchase
Purpose of Fund Raiser: The revise money for graduation gr	rb					
Start Date of Project:	2/1/18			te of Project:	.4	
Date of Sale(s): From	2/1/18		•	To: 2//	1/18	
Sale Area/Location:	A108					
Sale will be monitored by:	Jessica	/Becky				
****************	*********	****	*********	******	******	*******
*********ATTACH PUI		FROM VE	NDOR OF I	TEMS TO BE	SOLD*	******
Vendor Representative's Name:						
Vendor Business Name:			and a second a second and a second a second and a second a second and a second and a second and		***************************************	***************************************
Vendor Address:						
City:		State & Zip o	ode:			
NO 14 PAGE OF THE STREET		•				
Unit Cost of Product/Service:	•	ቅ <u>.</u> .			****	
Proposal Sale Price: Total Cost of all Products Not to	Evened:	⊅ ¢		((
Minimum Total Profit Expected:		₽ <u></u>				
Manadan Total Tront Expected.		Ψ				
	Facı	ulty Adviso	r Signature			
Signature:	NATE OF THE PROPERTY OF THE PR			Date:	4/6	K//F-
Signature:	Vic	e Principal	Signature :	Date:	9/27	TO STATE OF
	9.5	iol Treasur	e Signature		R. W. S. J. T. A. M. T.	
Signature: Arrivet	Hard		S SIGNISHER	Date:	9-2	7-18
	Diagon A	n BOE Mee	ling Agenda	for the Education	Lighter of the state of the	3-19350 to 9-52-19-20
	,		ES NO		9-2 Y . 48-658, 7 .	(4) (4) (4) (4) (4) (4) (4)
Month: Oct. Year: 2	UIS I	Approved:		Ву:	,-,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	



Faculty Member (s): _	Jessieu MoHa/	Becky Mazur	Date: 9/25/18
Club Name: 65/	4		
Acct. No.:		Acct. Bala	nce to Date:
rype of Fund Raiser:	Day of Silence	(4/12)	*****************************
Purpose of Fund Rais Raise mone	er: 1 for the club	in orde to	invegee quarners
Start Date of Project: Date of Sale(s): From	4/8	Completion Da	te of Project: 4/12 To: 4/12
Sale Area/Location: Sale will be monitored	d by: Jessies 1	/ Becky	Dark
Vendor Representativ	ACH PUBLICATION re's Name:	******	TEMS TO BE SOLD*********
City:		State & Zip code:	
Unit Cost of Product/S Proposal Sale Price: Total Cost of all Produ Minimum Total Profit	ucts Not to Exceed:	\$	
Signature:	Fac	ulty Advisor Signature	Date; <i>② / うと//ぐ</i>
Signature:K_W.		e Principal Signature	Date: 9/27/1/
Signature:	8034	ool Treasure Signature	Date: <u>ター</u> ンチー18
Month: Oct.	54.6	n BOE Meeting Agenda YES NO Approved: □ □	for:

End the bullying End the name-calling End the harassmen NO MATTER April 12,2019 How will you end the How will you end the silence?



Faculty Member (s): () Prq H3/42, Tora Scan	nt Information amozzi, Will Eithert, Megan Kaplan Date: 9/27/18
Club Name: Senior Class	
Acct. No.: 2205	Acct. Balance to Date:
Type of Fund Raiser: <u>Fashion Show</u>	
Purpose of Fund Raiser: <u>faise money for</u>	Senior Class
Event is	
	Completion Date of Project: NA
Date of Sale(s): From ticket Sales 1/2/	Completion Date of Project: N/A To: 1/1//9
Sale Area/Location: <u>event in auditori</u>	
Sale will be monitored by: <u>\all 9 advisor</u>	Х
**************************************	VENDOR OF ITEMS TO BE SOLD*********
Vendor Representative's Name:	" VERNOTO DE SOLD
Vendor Business Name:	4
Vendor Address:	,
	Zip code:
Unit Cost of Product/Service:	e
Proposal Sale Price:	\$ 5
Total Cost of all Products Not to Exceed:	\$
Minimum Total Profit Expected:	\$
Faculty Ac	lvisor Signature
Signature: Williams Williams	um Eichert Date: 9/27/18
Vice Prin	cipal Signature
Signature:	Date: 9/27/11
School Tre	asure Signature Date: 9-2-7-18
	Meeting Agenda for:
	YES NO
Month: Oct Year: <u>OU/R</u> Approv	ed: 🗌 🗎 By:



Applicant Infort	mation
Applicant Information Faculty Member (s): Chery Fishe, Tora Scaramozzi,	Will Eithert, Megan Kaplan Date: 4/27/18
Club Name: Senior Class	
Acct. No.:	Acct. Balance to Date:
Type of Fund Raiser: Mr. UHS event	***************************************
Purpose of Fund Raiser: <u>Paise Money for Senia</u>	~ Class
Event 13	
Start Date of Project: May 17, 2019 Com	npletion Date of Project: May 17, 2019
Date of Sale(s): From <u>41004 Sales 5/6/19</u>	To: 5/17/19
Sale Area/Location: <u>even t in auditorium</u>	-
Sale will be monitored by: <u>All 4 advisors</u>	
**************************************	OOR OF ITEMS TO BE SOLD*********
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address:	
City: State & Zip code	e:
Unit Cost of Product/Service: \$	
Proposal Sale Price: \$ 5	
Total Cost of all Products Not to Exceed:	
Minimum Total Profit Expected:	
Faculty Advisor S Signature: AMW William E	The state of the s
Vice Principal Signature:	gnature Date: 9/27/11
School Treasure S	Date: 7-27-18
Placed on BOE Meeting YES Month: Oct. Year: 2018 Approved:	The state of the s



	Applicant	Information		
Faculty Member (s): <u>Chery</u>	1 Fishe, Dana Bobertz, 1	Kevin Feeley		Date: 9/28/18
Club Name: <u>Boys Baske</u>			•	•
Acct. No.: 3230		Acct. Balance	to Date:	
Type of Fund Raiser:	Jude Classic :	Event, Drew Down 1	ay, T-shxt rale	i, Concessions.
Purpose of Fund Raiser: <u>Ca</u> Research Hospital	isse monly to be	completely donate	ed to St Ju	de Children's
Start Date of Project:	Event	Completion Date	of Project:	1,41,8
Date of Sale(s): From	Friday 12/14/18 Wednesday 12/12/18	completion bate. T	o: 12/14/18	,
Sale Area/Location:	UHS main office	- rafekcia. 9 um	·· <u>··/////</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sale will be monitored by:	Cheryl Fisher, Dana	Bobertz Krum Feel	ley Linda I	Onta
***********ATTACH PL Vendor Representative's Name Vendor Business Name:		VENDOR OF ITE	MS TO BE S	OLD*******
Vendor Address:				
City:	State & Z	Zip code:		
	**************************************	·		•
Unit Cost of Product/Service:		\$ donations		
Proposal Sale Price:	to Possado		<u>dvess down - 4</u>	5 / loncessions '- s
Total Cost of all Products Not Minimum Total Profit Expected		\$ \$ 850 \$ 000 0000000000000000000000000000000	mark and the	in a containment of the
withindin Total From Expected				be a charitable do
Signature: (Muy 9	Faculty Adv	isor Signature	Date:	1/28/18
Signature:	Vice Princi	pal Signature	Date:	7/48/13
Signature:	Sr nool Trea	sure Signature	Date:	9178/18
	Placed on BOE N	leeting Agenda fo		
Month: Year:	Approved	YES NO	Ву:	

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

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Faculty Member (8): ALSSO METITO / Christing NEOS Date: 9/28/18
Club Name: Student council
Acct. No.: #19 Acct. Balance to Date: #3,264,24
Type of Fund Raiser: Pumpkin Sale
Purpose of Fund Raiser: Raise money for 8th grade trip to Forest Lodge.
Start Date of Project: 10/18/18 Completion Date of Project: 10/3/18 Date of Sale(s): From
Sale Area/Location: QUAITORUM (POSSIBLE)
Sale will be monitored by: Chasting Deas Aussa Melillo *********************************
Vendor Business Name: Green Grove Fruit & Flower
Vendor Address: 1439 Stuyvesant Ave City: Union State & Zip code: NJ 07083
Unit Cost of Praduct/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: \$ 1.85/eq - PUMPTINS. \$ 3-5/eq \$ 3-5/eq
Signature: Chiche Date: 9/35 18
Signature:
Signature; AUSCI MULLO Date: 9/28/18
Month; Year: Approved: D By:

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

The standard of the second of the second

Faculty Member (s); CN / Str M NCS / Al (SQ NC///) Date: 9/28	
Club Name: Student Council	
Acct. No.: #19 Acct. Balance to Date: \$3,264, 24	
Type of Fund Raiser: Yankee Candle	**!
Purpose of Fund Raiser: TO raise money fur 8th grack Inp to Forest Locige	
Start Date of Project: 10 116 18	
**************************************	f W 1
tly: South Deecheld State & Zlp code: MA 01373	<u> </u>
nit Cost of Product/Service: poposal Sale Price: potal Cost of all Products Not to Exceed: Inimum Total Profit Expected: \$ COTOLO \$ COTOLO \$ Inimum Total Profit Expected:	
gnature (14) Stra Nead) Date: 9/38/18	
Principal Signature Date: /////	<u>a</u>
gnature: Date: 9738/18	
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some comments of the season for the page to be a season for the se	ᆔ



Re: Fundraiser Proposals - October 16th Meeting

1 message

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

Tue, Oct 2, 2018 at 2:08 PM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Hey Diane,

Sorry for the delay, I have some more for you. Have a great day!

School/Club: Farmer Fam School Account #: TBD

Type of Fundraiser: Spirit Items Sale

Date of Event: October 17, 2018, to October 31, 2018

Purpose of Fund Raiser: To promote school spirit and unity @ UHS and to begin building

funding for the club.

School/Club: Seekers Club School Account #: 2102 Type of Fundraiser: Bake Sale

Date of Event: November 29, 2018 & May 10, 2019

Purpose of Fund Raiser: To raise funds for Seekers Club Scholarships.

School/Club: Awareness Club School Account #: 2103 Type of Fundraiser: Bake Sale

Date of Event: November 29, 2018 & May 10, 2019 Purpose of Fund Raiser: To raise funds for charities.

School/Club: Peer Ambassadors

School Account #: 2003

Type of Fundraiser: Dress Down Day

Date of Event: March 1, 2019

Purpose of Fund Raiser: To funds transportation for Peer Ambassador event in NYC.

School/Club: Peer Ambassadors

School Account #: 2003

Type of Fundraiser: Leadership Dinner Banquet

Date of Event: May 18, 2019

Purpose of Fund Raiser: To funds for Peer Ambassador scholarships (Collegiate & Global

Service Learning).

School/Club: Peer Ambassadors

School Account #: 2003

Type of Fundraiser: Candy Sale

Date of Event: January 7, 2019 to January 25, 2019

Purpose of Fund Raiser: To raise funds for jackets and events offsite for Peer

Ambassadors.

School/Club: Peer Ambassadors

School Account #: 2003

Type of Fundraiser: Drawstring Backpack Sale

Date of Event: October 29, 2018 to November 19, 2018

Purpose of Fund Raiser: To funds for Peer Ambassador scholarships (Collegiate &

Global Service Learning).

School/Club: National Art Honor Society

School Account #: 2030

Type of Fundraiser: The Great Swamp Trip

Date of Event: November 5, 2018

Purpose of Fund Raiser: Students will be paying \$7 to cover the bus fee for the trip.

School/Club: Class of 2019 School Account #: 2214

Type of Fundraiser: Apparel Sale

Date of Event: October 17, 2018 to October 31, 2018

Purpose of Fund Raiser: To raise funds for the class of 2019 senior.

School/Club: Hiking Club School Account #: 2072

Type of Fundraiser: Shoprite Bagging Fundraiser

Date of Event: December 15, 2018

Purpose of Fund Raiser: To raise funds for the Hiking Club's transportation costs.

School/Club: Model U.N. School Account #: 2087

Type of Fundraiser: Washington D.C. Trip

Date of Event: November 5, 2018

Purpose of Fund Raiser: Students will be paying \$24 to cover the bus fee for the trip.

School/Club: Empowerment Mentoring Club

School Account #: TBD

Type of Fundraiser: Bake Sale

Date of Event: October 30, 2018

Purpose of Fund Raiser: To raise funds for the Empowerment Mentoring Club.

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

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On Fri, Sep 28, 2018 at 2:27 PM Lori-Ann Boyd lboyd@twpunionschools.org wrote: Hey Diane,

I have some more for you.

School/Club: Cheerleading School Account #: 2029

Type of Fundraiser: Coldweather ear muff sale

Date of Event: October 17, 2018, to October 30, 2018

Purpose of Fund Raiser: To raise funds for the cheerleading club's new uniforms.

School/Club: UHS GSA (Gay-Straight Alliance)

School Account #: 2048

Type of Fundraiser: Valentine's Day Candy Gram Sale **Date of Event:** February 1, 2019, to February 14, 2019

Purpose of Fund Raiser: To raise funds for the GSA club activities and graduation gifts.

School/Club: UHS GSA (Gay-Straight Alliance)

School Account #: 2048

Type of Fundraiser: Selling lanyards for the day of silence



Applicant Ir	iformation
Faculty Member (s): Dana Bobertz, Rafael	Pros Date: 9 28 18
Club Name: Farmer Fam	
Acct. No.: TBD	Acct. Balance to Date:
Type of Fund Raiser: Spirit items	***************************************
Purpose of Fund Raiser: to promote school to begin building an account for levents in the future.	spirit and unity @ UHS and the student section to hold
Start Date of Project: 10 17 /18	To: 10/31/18 To: 10/26/18
Date of Sale(s): From 10/17/18	To: 10/26/18
Sale Area/Location: LIO, LIO, cafety	a, tootball games
Sale will be monitored by: Dana Bobertz, Route	iel Kios
*********ATTACH PUBLICATION FROM V Vendor Representative's Name:	ENDOR OF ITEMS TO BE SOLD**********
Vendor Business Name:	
Vendor Address:	
City: State & Zip	code:
Unit Cost of Product/Service: \$	N/A #
Proposal Sale Price: \$ Total Cost of all Products Not to Exceed: \$	1-3/per (m)
Total Goot of Bill Loudons Hot to Exteed.	N/A
minimum rotat ross Expedieu.	
Signature: Faculty Advis	or Signature Date: 9/28/2018
	il Signature
Signature:	Date: 9/28/6
School Treast	
Signature:	Date: 10/3/18
Placed on BOE Me	
Month: Oct. Year: 2018 Approved:	YES NO By:
	•



Applicant Information
aculty Member (s): 1 Atn cua Bndace Date: 10/1/18
Jub Name: Seekers Club
acct. No.: 2102 Acct. Balance to Date: Unknown
acct. No.: Acct. Balance to Date: United to Date:
ype of Fund Raiser: Sake Sales
Purpose of Fund Rajser: To raise money for Seekers Club Scholarship
Start Date of Project: November Completion Date of Project: May Date of Sale(s): From 11/29 & 5/10 To: Sale Area/Location: Date of Project: May To:
Sale will be monitored by:
**********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD**********
/endor Representative's Name:
Vendor Business Name:
Vendor Address:
Cîty: State & Zip code:
Unit Cost of Product/Service: \$
Total Cost of all Products Not to Exceed:
Minimum Total Profit Expected:
Signature: Date: 1011/18
Signature: / Lyw Usu Date: 1010-1117
School Treasure Signature Date: /0/3/18
Placed on BOE Meeting Agenda for:
Month: Oct Year: 2018 Approved: By:



Ap	plicant Information	
Faculty Member (s): Atmous	Dridges_	Date: /b///8
Club Name: Hwareness	Club	
Acct. No.: 2/03	Acct. Balance to	Date: 170, 10
Type of Fund Raiser:	ales	
Purpose of Fund Raiser: 70 Val S	e money to	r Charties
Start Date of Project: Date of Sale(s): From 10/19, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 11/8, 1	HS Lobby	roject: May 16
**********ATTACH PUBLICATION		S TO BE SOLD*****
Vendor Representative's Name:		
Vendor Business Name:		
_		
Vendor Address:	State & Zip code:	
City:	diate a Lib code.	
Unit Cost of Product/Service:	. \$	
Proposal Sale Price:	\$	
Total Cost of all Products Not to Exceed:	\$	-
Minimum Total Profit Expected	\$	
Signature:	fullty Advisor Signature	Date: 10/1/18
Signature: Hun Voly	ce Principal Signature	Date: /o / ////
Signature: Signature:	ool Treasure Signature	Date: 10/2/18
Placed o		是是是自己的意思的思想的自己的意思。
Month: Oct. Year: 2018	YES NO Approved:	Ву:



Applicant Information	
Faculty Member (s) Pathan Endges	Date: 9/2/8//8
Club Name: Peer Ambassadors Lende	rship Frogram
Club Maine.	170 06
Acct. No.: 2003 Acct, Balance to Dat	e: //////
***************************************	医水类 医复数医复数 医多种性 医克里氏 医克里氏 医克里氏 医克里氏 医克里氏 医克里氏 医克里氏 医克里氏
Type of Fund Raiser: Friday Dress Down	
Purpose of Fund Raiser; To fund Hansport Hmbhssador event offsite in	ation for
Start Date of Project: Date of Sale(s): From Completion Date of Project: To:	ect:
Sale Area/Location: Sunjon HS	
Sale will be monitored by: Patricia Bridges	
**************************************	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 Expedted: \$	-
Signature: Faculty Advisor Signature	Date: 9/2-8/18
Vice Principal Signature Signature: 4 May \$ 1807	Date: 10/2/15
Signature: Signature	Date: /o/2-//
Placed on BOE Meeting Agenda for:	
YES NO	yy:



Applicant Information
Faculty Member (s); TATICIA BRIDGES Date: 1/08/18
Club Name: Per Ambissador Leadership Program
Acct. No.: Acct. Balance to Date: /70, 08
я их и и и и и и и и и и и и и и и и и и
Type of Fund Raiser: Leaders hip Dinner Banquet
Purpose of Fund Raiser: To raise money for Scholarship DOTH Collegiate and Global Service Learning
Start Date of Project: Date of Sale(s): From Sale Area/Location: Completion Date of Project: To:
Sale will be monitored by:

Vendor Business Name: Costa del Sel
Vendor Address: Vauxhall Raad Union, NO 8 7083
City: State & Zip code:
Unit Cost of Product/Service: \$
Proposal Sale Price: \$
Total Cost of all Products Net to Exceed: \$ 3000.00
Minimum Total Profit Expected: \$ 3200.00
Faculty Advisor Signature
Signature: Date: 10/2/18
Signature: Date: 10 > 18
Signature: Date: 10/0/18
Placed on BOE Meeting Agenda for:
Month: Oct Year: 2018 Approved: By:



Applicant Information
Faculty Member (s): Patricia Bridges Date: 9/28/18
Club Name: Per Ambassadors Leadership Hog man
Acct. No.: 2003 Acct. Balance to Date:

Type of Fund Raiser: Chn dy Sale.
Purpose of Fund Raiser: To raise broney for Jackets and Went offsite for Ambassactors
Start Date of Project: Completion Date of Project:
Date of Sale(s): From / 18/3-/18 To: 1/25/19
Sale Area/Location: Klavon HS and community
Sale will be monitored by: Patricia Bridges

Vendor Representative's Name: And Than Ochneeder
Vendor Business Name: MSS Chocalate Hund Karsing
Vendor Address: 300 Spagno 1, Rohd City: Melville Ny State & Zip code: 11747
Unit Cost of Product/Service: \$
Proposal Sale Price:
Total Cost of all Products Not to Exceed: \$ 50 10 40 Order
Minimum Total Profit Expected: \$ 4/000,00
Faculty Advisor Signature
Signature: Date:
Vice Principal Signature
Signature: Date: 10/24/
Signature: Date: 10/2/18
Placed on BOE Meeting Agenda for:
Month: Oet. Year: 2018 Approved: By:



Chocolate Dipped Pretzel Rods

1968 \$ 50 \$ 2018

Satisfy both your sweet salty cravings with our largest variety pack of pretzel rods.





Sweet & Salty Pretzel



60 RODS per Carrier 4 Carriers per Case Item #71492

15 Peanut Butter Candy Crunch

15 Rainbow Sprinkles

15 Crunchy Toffee

15 Candy Coated Chocolate Chunk





misschocolate.com

300 Spagnoli Road, Melville, NY 11747

631.777.2400





Applicant Information	
Faculty Member (s): Patricia Bridges	Date: 9/20/18
Club Name: Peer Am bassador Leader	ship Frogram
Acct. No.: 2083 Acct. Balance to	Date: 170.00
***************************************	************************
Type of Fund Raiser: Drawsting Backpai	ekoale
Purpose of Fund Raiser: To raise money for both Collegiate and Global Se	Scholarship ewice Learning
- /a/a / / a	ulialia
Start Date of Project: $\frac{10/29/18}{}$ Completion Date of	Project: ///////
Date of Sale(s): From $\frac{10\sqrt{29}1/8}{}$	//_///\&
Sale Area/Location: DIStrict-Wide	Sale
Sale will be monitored by: Patricia Bridges	
**************************************	NS TO BE SOLD********
A	erder
	4
Vendor Business Name: Miss Chololete Hin	draising
200 00 1 61	
Vendor Address: SDO Sparket / PRACTICE State & Zip code:	7 47
City: Melville / 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: (()(H))	Date: 9/28/18
Vice Principal Signature	
Signature: KIM WATI	Date: 10 10-1116
School Treasure Signature	
Signature:	Date: /0/3/18
	. /
The same of the sa	
Month: Dot. Year: 30/8 Approved: D	Ву:

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Shopping Cart (0)

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Apparel

Fundraisers

Science Fair

Outreach Program



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	Applicant Information
	Ora Scaramuzzi, Will Eithert, Megan Kaplan Date: 7/28/18
Club Name: Senior Class	
Acct. No.: 2214	Acct. Balance to Date:
Type of Fund Raiser:	
1 1	
Purpose of Fund Raiser:	ney for Senior Class
	· · · · · · · · · · · · · · · · · · ·
Start Date of Project: 10/17//8	Completion Date of Project: 10/31/18
Date of Sale(s): From 10/17/18	Completion Date of Project: 10/31//8 To: 10/31/18
Sale Area/Location: Order for	rm Sales
Sale will be monitored by: <u>all 4</u>	advisors

-1 1	ON FROM VENDOR OF ITEMS TO BE SOLD**********
Vendor Representative's Name: <u>Glen</u>	
Vendor Business Name: 2K Printin	
Vendor Address: 170 Westfield	are wert
City: Roselle Park	State & Zip code: NJ 07204
	-
Unit Cost of Product/Service:	* Noder form attached
Proposal Sale Price:	\$ 1000 for m authences
Total Cost of all Products Not to Exceed:	
Minimum Total Profit Expected:	\$ 300 s O O
automorphic programme and a second programme	aculty Advisor Signature
Signature:	Date: 1/ 08//8
And the second s	/ice Principal Signature
Signature: W UST	Date: 4/4/1/8
	chool Treasure Signature
Signature	
Planed	on BOE Meeting Agenda for:
Month: Oct. Year: 2018	YES NO
wonth: VVI Year: VIA	Approved: By:

Apparel

proceeds to support UHS senior class, project grad, prom, senior trip

BLACK LS TEE W/ MAROON AND GOLD IMPRINT

BLACK TEEW/ MAROON AND GOLD IMPRINT

BLACK CREWNECK SWEATSHIRT W/ MAROON AND GOLD IMPRINT

BLACK HOODED SWEATSHIRT
W/ MAROON AND GOLD IMPRINT
W/ MAROON AND GOLD IMPRINT ONLEFTLEG











BLACK ZIP HOODIE w/ MAROONAND GOLD IMPRINT ON FRONT LEFT CHEST & BACK

BLACK SWEATSHIRT CINCH PACK W/ MAROON AND GOLD IMPRINT

CUSTOM OUTDOOR MAGNET MAROON AND GOLD

BLACK DRI-FITTEE W/ MAROON AND GOLD IMPRINT









ORDER FORM	•					•		
Name		Phon	e No),				····
School/Grade		Roc	om#/	HR_	·····	····	· · · · · · · · · · · · · · · · · · ·	1
3°E5#		ADULT SIZES				TOTAL	UNIT PRICE ADULT	
ITEM	S	M	L	XL	^XXL	QTV.	ADULT	TOTAL PRICE
LONG SLEEVE TEE							\$18.00	
T-SHIRT							\$15,0D	
CREW NECK SWEATSHIRT		Ì					\$20.00	
HOODIE SWEATSHIRT							\$25.00	
ZIP-UP HOODIE SWEATSHIRT							\$30.00	
SWEATPANTS							\$25.00	
SWEATSHIRT CINCH PACK							\$15,00	
CUSTOM CAR MAGNET							\$6.00	
DRI-FIT TEE		1					\$18.00	
			········				TOTAL	

*PLEASE NOTE XXLARGE \$2.00 MORE ANY QUESTIONS CONTACT CHERYL FISKE AT: cfiske@twpunionschools.org CASH OR MONEY ORDER ONLY, NO CHECKS!





Faculty Member (s): ADAM RAFFACLE	Oli Date: 9/28/18
Club Name: UHS HIKING CLUB	V /-
Acct. No.: 2072 Acct	t. Balance to Date:
Type of Fund Raiser: SHOPRITE BAGGING FUNDRALS	<u> </u>
Purpose of Fund Raiser: RAISE FUNDS TO COVER	TRANSPORTATION COSTS FOR TRIPS
No 10 O-10	15 0.10
Start Date of Project: UECEMBEL 15, 2018 Complete Date of Sale(s): From 12/15/18	ion Date of Project: DECEMBER 15, 2018
Sale Area/Location: SHofRITE OF UNION 240	To: 12/15/18 01 D, ROUTE 22, UNION, NJ 07083
Sale will be monitored by: ADAM RAFFACLE	
***********ATTACH PUBLICATION FROM VENDOR	
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address:	
City: State & Zip code:	
William Committee to the Committee of th	
Minimum Total Profit Expected: \$	
Signature: (A) (Figure 1) Faculty Advisor Signature:	
Vice Principal Signat	ture Date: 9/29/18
School Treasure Signature:	ature Date: /0/2/18
	genda fore NO



A	pplicant Information	是是这些"自然"的是是一个人,但是一个人的一个人,但是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的
Faculty Member (s): Michael	Mayes	Date: \ <u>\</u>
Club Name: Empowerne	& Melary	5-0-6
Acct. No.: TBD	Acct. Balance t	to Date: \$ 60.00
Type of Fund Raiser: Biake 5	**************************************	***************************************
Purpose of Fund Raiser: To vail		-gest of
Date of Sale(s): From	1& Completion Date of 18 To 1 OFFICE/ The Maye 1 Michael Maye	Project: 10/30/18: 10/30/18: oct Aven Cafter School
*************ATTACH PUBLICATION Vendor Representative's Name: Vendor Business Name:		
Vendor Address:		
ony.	oute a Lip code.	
Unit Cost of Product/Service:	\$	•
Proposal Sale Price:	\$	
Total Cost of all Products Not to Exceed:	\$	
Minimum Total Profit Expected:	\$	
Signature: The Signature	culty Advisor Signature	Date: 1 0 (1 1)
Signature:	ce Principal Signature	Date: 10-2-1/
Signature:	ool Treasure Signature	Date: 10-2+18
Month: Oct. Year: 4018	on BOE Meeting Agenda for YES NO Approved: ☐ ☐	Ву:

Applicant Information Faculty Member Mr. Michael Mayes (s): Date:10/1/2018

Club Name:Empowerment Mentoring Group

Acct. No.: Acct. Balance to Date: Type of Fund-Raiser: Bake Sale

Purpose of Fund-Raiser: To raise monies in support of group

Start Date of Project: Tuesday, October 30, 2018 Completion Date of Project: Tuesday, October 30, Date of

Sale(s): From To: Sale Area/Location: Main Office Vestibule Area and The Rock Area

Sale will be monitored by: Mr. Michael Mayes

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: \$

YES NO Month: Year: Approved:

By:

4

Faculty Member (s):	Candinionneurone	Date: Of 4 2
	lixed Chair	Bul.
Acct. No.: 2006	Acct. Balance to	Date: 40.09
Type of Fund Raiser: <u>OTIS SPUNK</u>	MEYER SINE	FUNDRASER_
Purpose of Fund Raiser: Lustic i	n the Parks Costs	yearly
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by: Oct 30 Powhet	Completion Date of P -2019 To: Swill for h Uncertify by	3
************ATTACH PUBLICATION FF Vendor Representative's Name: Vendor Business Name:	ROM VENDOR OF ITEMS	S TO BE SOLD********
Vendor Address:		
City: Stat	te & Zip code:	
Unit Cost of Product/Service:	\$	
Proposal Sale Price:	\$	
Total Cost of all Products Not to Exceed:	\$	м
Minimum Total Profit Expected:	\$	
Faculiy Signature:	/ Advisor Signature	Dete:
Vice F Signature:	Principal Signature	Date:
Signature:School	Treasure Signature	Date:
	OE Meeting Agenda for: YES NO Proved: [] []	By:

	ntshironnation as a second sec
Faculty Member (s): Arigh Roof Ke, J.K.	ristin Proflex Date: 18/2/2018
Club Name: Feld Trip, Cheer lea	din , Junior Noticel hours Studet a
Acot. No.: 2012 - 2009 2011	Acct, Balance to Date: 2007 - \$200.43
Type of Fund Raiser: ARDR - SCHOOL	RAVE SA
. 1	
Purpose of Fund Ralser: Suffer di	Ferent Clubs and festivities -
	Completion Date of Project: Tunk 2019
Date of Sale(s): From Sale Area/Location:	To:
	*
Sale will be monitored by:	
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:	\$
Signature: Fáculty Ac	Visor Signature
Vice Print Signature;	Sipal Signature Date;
School Tre	asure Signature Date:
Placed on BOE Month: Year: Approv	Meeting Agenda for: YES NO ed; □ □ By:

Applic	a <u>nt Information</u>	
Faculty Member (s): NA	dest TTA	Date: 10 2 15
Club Name: PTA EVCut		′ / '
Acct. No.: N/A	Acct. Balance to Date:	NIA
Type of Fund Raiser: PTA APTER-SCI	MODIL SWACK A TITUM	7
Purpose of Fund Ralser: To raiso (JUDS, ACT VITES, and The Grade		uffered, ad
Start Date of Project: OCT 2018 Date of Sale(s); From Sale Area/Location:	Completion Date of Project: To:	JUNE 2019
Sale will be monitored by:		,
*******ATTACH PUBLICATION FRO	M VENDOR OF ITEMS TO BE	SOI D*******
Vendor Representative's Name:	TARK 19 Anni Argani marga, mark 2 a mangani mer pimer merm	
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 / Signature:	Advisor Signature Date:	
Vijce:Pri Signature;	ncipal Signature Date:	
School Ti Signature:	reasure Signature Date:	====
Placet on BO Month: Year: Appro	E Meeting Agenda for: YES NO OVER THE BY:	
	The same state of the same sta	

		Information			
Faculty Member (s):	em lervell	Shore Ira	yter De	ıte:	
Club Name: Cheerle	Cod AC Build	las S Club	del by	cC	
Acct. No.: 2009	20 121		JANK!	720	ordered.
Acct. No.: LOUG		_ Acct. Balan	ce to Date: 7º/	1.30	
Type of Fund Raiser: STA	LOENT SPIRI	T WEAR D	ESIGN CONT	ST AND	ar .
Purpose of Fund Raiser:	Build School	of Culi	ture and munity	Fun Stylet	TOPHSA - -
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by:	October 5		of Project: Ng To:		<u></u>
Vendor Representative's Nam Vendor Business Name: Vendor Address:					-
2537 ·	State & ZI	p code:			_
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not Minimum Total Profit Expecte		\$ \$ \$			
Signature:	Faculty Advis	sor Signature	Date:		
Slgnature;	Vice Princip	al/Signature	Dafe;		
Signature:	School Treas	ure Signature	Date;		
	Placed on BOE Mo	eding Accance at	o Ig		
Month: Year:	Approved:	YES NO	Bur		