

Pymt # 0010029951
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	08/28/2026	165.00 10-2271-240-000-10-200-000-000-0000	ELEMENTARY MATH TOPICS
TUITION 26-27	08/28/2026	165.00 10-2271-240-000-10-200-000-000-0000	GAME ON! ENHANCING MATH LEARNI
Payment Amount:		330.00	

Pymt # 0010029951
09/09/2026

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TUITION 26-27	08/28/2026	165.00 10-2271-240-000-10-200-000-000-0000	ELEMENTARY MATH TOPICS
TUITION 26-27	08/28/2026	165.00 10-2271-240-000-10-200-000-000-0000	GAME ON! ENHANCING MATH LEARNI
Payment Amount:		330.00	

0010029951

09/09/2026

*****330.00

PAY Three Hundred Thirty and 00/100 Dollars

To the Order of:

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehigh.org



TO:

DATE: 8/28/2026

Building: LAEC
Position: Teacher

FOR: Tuition Reimbursement

2026-2027

Total: \$165

Semester Hours: 3

PAID

SEP 09 2026

College/University: Idaho State University

Name of Course: Game On! Enhancing Math Learning With Interactive and Engaging Practice

Grade: Pass

Acct Code: EC Teacher 10-2271-240-000-10-200-015

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehigh.org

TO:

DATE: 8/28/2026

Building: LAEC
Position: Teacher

FOR: Tuition Reimbursement

2026-2027

Total: \$165

Semester Hours: 3

PAID
SEP 09 2026

College/University: Idaho State University

Name of Course: Elementary Math Topics

Grade: Pass

Acct Code: EC Teacher 10-2271-240-000-10-200-016

REQUEST FOR TUITION REIMBURSEMENT

Lehigh Area School District

Name: [REDACTED] Building: E.C. School Year: 25/26

Course Information

- ☐ Proof of prior approval for this course is attached.

Course #	Title of Course	College/ University	Total Credit	Grade	Cost per Credit ESU Graduate Tuition Rate	Total Cost
EDUC 5598P-42804	Game On: Enhancing Math Learning with Interactive Practice	Idaho State	3	Pass	\$55.00	\$165.00
EDUC 5598P-42774	Elementary Math Topics	Idaho State	3	Pass	\$55.00	\$165.00

Additional Information

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SEP 09 2026

- ☐ Copy of proof of payment attached [Check or charge receipt is not acceptable]
- ☐ Copy of proof of grade attached

I, hereby, certify that the above information is accurate and correct, and I request reimbursement in accordance with Board policy and the Collective Bargaining Agreement.

Date: 8/23/2026 Employee Signature: [REDACTED]

Grade <u>Pass</u>	<u>100</u> % of \$ <u>165.00</u> =	\$ <u>165.00</u>	Grade of "A"	= 100%
Grade <u>Pass</u>	<u>100</u> % of \$ <u>165.00</u> =	\$ <u>165.00</u>	Grade of "B"	= 100%
Grade _____	_____ % of \$ _____ =	\$ _____	Grade of "C"	= 70%
			Grade Below "C"	= 00%
			Pass/Fail	= 100%
				for Pass

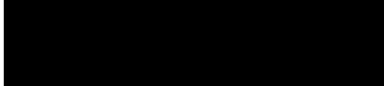
TOTAL TO BE PAID \$ 330.00

Date: 8/25/26 Superintendent's Signature: [REDACTED]

1841

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district.

Part I [Completed by Employee]	
Name: 	Position: <u>5th Grade</u> Building: <u>E.C.</u>
Present Degree/Step Level:	☐ Bachelors ☒ Earned Masters ☐ Masters Equiv. ☐ M+15 ☐ M+30 ☐ M+45 ☐ Level I ☐ Level II
Name of Activity/Course:	<u>Game On: Enhancing Math Learning with Interactive and Engaging</u> practice
Date(s): From:	<u>8/3/26</u> To: <u>8/17/26</u>
Activity/Course given by:	<u>Scott Clifton</u>
Location:	<u>Idaho State University (Online Asynchronous)</u>
School Year:	<u>26/27</u> Cost (Tuition Only): \$ <u>165.00</u>
Program of Studies:	<u>Continuing Education</u> Approval Date: <u>7/9/26</u>
Employee's Signature: 	Date: <u>7/10/26</u>

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SEP 09 2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:
1) Grade Report
2) Receipt of payment from college or university

For conferences, workshops, seminars continue to utilize "Request from Absence from Regular Duty" and "Request for Reimbursement for Personal Expenses on School Business" forms. Submit certificate/letter of completion to Superintendent's Office.

Part II [Completed by Superintendent]	
☒ Approved ☐ Denied - Reason: _____	
Superintendent's Signature: <u>J62</u>	Date: <u>7/28/26</u>
Date of Board Approval: <u>APPROVED JUL 27 2026</u>	

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

1841

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
 [Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district.

Part I [Completed by Employee]	
Name: [REDACTED]	Position: <u>5th Grade</u> Building: <u>E.C.</u>
Present Degree/Step Level: ☐ Bachelors ☒ Earned Masters ☐ Masters Equiv. ☐ M+15 ☐ M+30 ☐ M+45 ☐ Level I ☐ Level II	
Name of Activity/Course: <u>Elementary Math Topics</u>	
Date(s): From: <u>8/3/26</u> To: <u>8/17/26</u>	
Activity/Course given by: <u>Shannon Ament</u>	
Location: <u>Idaho State University (Online Asynchronous)</u>	
School Year: <u>26/27</u>	Cost (Tuition Only): \$ <u>165.00</u>
Program of Studies: <u>Continuing Education</u>	Approval Date: <u>7/9/26</u>
Employee's Signature: [REDACTED]	Date: <u>7/10/26</u>

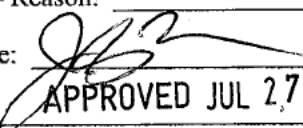
PAID

SEP 09 2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

- 1) Grade Report
- 2) Receipt of payment from college or university

For conferences, workshops, seminars continue to utilize "Request from Absence from Regular Duty" and "Request for Reimbursement for Personal Expenses on School Business" forms. Submit certificate/letter of completion to Superintendent's Office.

Part II [Completed by Superintendent]	
☒ Approved ☐ Denied – Reason: _____	
Superintendent's Signature: <u></u>	Date: <u>7/28/26</u>
Date of Board Approval: <u>APPROVED JUL 27 2026</u>	

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

Vendor: ALLAMER-All American Athletics
1691 9th Street Ext FREEDOM PA 15042

Pymt # 0010029952
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
11054414	07/02/2026	4400.00 10-2620-431-000-30-800-000-026-0000	RECOATING MAIN GYM FLOOR-HS
Payment Amount:		4400.00	

Vendor: ALLAMER-All American Athletics
1691 9th Street Ext FREEDOM PA 15042

Pymt # 0010029952
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
11054414	07/02/2026	4400.00 10-2620-431-000-30-800-000-026-0000	RECOATING MAIN GYM FLOOR-HS
Payment Amount:		4400.00	

0010029952

09/09/2026

*****4,400.00

PAY Four Thousand Four Hundred and 00/100 Dollars

To the Order of:

All American Athletics
1691 9th Street Ext
FREEDOM PA 15042

NON-NEGOTIABLE

All American Athletics, LLC
1691 9th Street Ext
Freedom, PA 15042
4127210800
mdg130@aaaaflooring.org



BILL TO
Leighton School District
1000 Union Street, Leighton, PA
18235

INVOICE 11054414

DATE 07/02/2026 TERMS 45% DOWN/55%
COMPLETION

DUE DATE 07/03/2026

PAID

SEP 03 2026

JOB LOCATION
GYM MAINTENANCE

CONTACT INFORMATION

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Recoat	Recoat MAIN GYM 10,000SF OIL BASED FINISH	1	4,400.00	4,400.00

Check or ACH preferred.
Please contact us for cleaning products!

TOTAL DUE \$4,400.00

Necessary materials may be delivered on site in advance upon
request.
CoStars #014-212

PAID
SEP 09 2026

10-2620-431-000-30 800-000-024

Board
Approved
May 24, 2026
Needed
Recoating Done

Thank you for your business!
*After 30 days a 1.5% late fee will accrue

Payments made by methods besides check or bank transfer may require service fee.

Vendor: AT&T MO01-AT&T Mobility
PO Box 6463 CAROL STREAM IL 60197-6463

Pymt # 0010029953
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
287015173591X08	08/18/2026	564.50 10-2620-538-000-00-000-028-000-0000	MONTHLY PHONE BILL-AUG 26
Payment Amount:		564.50	

Vendor: AT&T MO01-AT&T Mobility
PO Box 6463 CAROL STREAM IL 60197-6463

Pymt # 0010029953
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
287015173591X08	08/18/2026	564.50 10-2620-538-000-00-000-028-000-0000	MONTHLY PHONE BILL-AUG 26
Payment Amount:		564.50	

0010029953

09/09/2026

*****564.50

PAY Five Hundred Sixty-Four and 50/100 Dollars

To the Order of:

AT&T Mobility
PO Box 6463
CAROL STREAM IL 60197-6463

NON-NEGOTIABLE

Want to learn more about your details and usage? Sign into Premier eBill at wireless.att.com/premiercare and go to your customizable reporting.

Total due

\$564.50

Please pay by:
Sep 13, 2026

Account summary

Your last bill	\$554.06
Payment, Aug 11 - Thank you!	-\$554.06
Remaining balance	\$0.00

Service summary

 Wireless	Page 2	\$564.50
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Total services	\$564.50
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Total due

Please pay by Sep 13, 2026

\$564.50

Antonia L. L. L. 8/28/26

PAID

SEP 09 2026

Ways to pay and manage your account:



business.att.com



Call 611

800.331.0500

Scan to pay



Wireless

Monthly charges							
Number	User	Page	Plan	Add-ons	Company fees & surcharges	Government fees & taxes	Total
Group 3		2	\$187.00	-\$46.75	\$3.19	-	\$143.44
	HS TECH ANALYST	4	\$15.00	-\$1.25	\$5.37	\$1.95	\$21.07
	MS SOCIAL WORKER	4	\$15.00	-\$1.25	\$5.37	\$1.95	\$21.07
	EC CUSTODIAN	5	\$15.00	-\$1.25	\$5.37	\$1.95	\$21.07
	SECURITY IPAD 1	5	\$10.00	-\$1.25	\$4.74	-	\$13.49
	SECURITY IPAD 2	5	\$10.00	-\$1.25	\$4.74	-	\$13.49
	SUBSTITUTE COORDINATOR	6	\$15.00	-\$1.25	\$5.37	\$1.95	\$21.07
Subtotal for Group 3			\$267.00	-\$54.25	\$34.15	\$7.80	\$254.70
Group 4		3	\$187.00	-\$46.75	\$3.19	-	\$143.44
	EC TECH ANALYST	6	\$15.00	-\$1.25	\$5.37	\$1.95	\$21.07
	HS LAVA COORDINATOR	7	\$15.00	-\$1.25	\$5.37	\$1.95	\$21.07
Subtotal for Group 4			\$217.00	-\$49.25	\$13.93	\$3.90	\$185.58
	ADMIN CUSTODIAN	7	\$45.00	-\$12.50	\$8.01	\$1.95	\$42.46
	HS CLEANER	7	\$34.99	\$33.75	\$11.07	\$1.95	\$81.76
Total			\$563.99	-\$82.25	\$67.16	\$15.60	\$564.50

Pooling detail

Data Pool: Mobile Select - Pooled

Allocation factor: 0.0000 | Total under: 3,145,728 | Total overage: 0

Number	User	Allowance (KB)	Used (KB)	Allocation Back (KB)	Adjustment Amount
	ADMIN CUSTODIAN	3,145,728	0	0	\$0.00
Total for Mobile Select - Pooled		3,145,728	0	0	\$0.00

Group 3

6 Devices

Monthly charges

Jul 19 - Aug 18

1. Mobile Share Advantage for Business 25GB

\$199.00

Group 3 continues...





Page: 3 of 30
Issue Date: Aug 18, 2026
Account Number: [REDACTED]
Foundation Account: [REDACTED]
Invoice: 287015173591X08262026

...Group 3 continued

2. Discount for Mobile Share	-\$12.00
3. National Account Discount	-\$46.75

Company fees & surcharges

4. Federal Universal Service Fee	\$2.18
5. State Gross Receipts Surcharge	\$1.01

Total for Group 3 **\$143.44**

Shared usage summary (Jul 19 - Aug 18)

Number	User	Data (GB)	Text	Talk
[REDACTED]	HS TECH ANALYST	0.84	1,288	136
[REDACTED]	MS SOCIAL WORKER	0.00	0	0
[REDACTED]	EC CUSTODIAN	0.11	5	29
[REDACTED]	SECURITY IPAD 1	0.01	0	0
[REDACTED]	SECURITY IPAD 2	0.00	0	0
[REDACTED]	SUBSTITUTE COORDINATOR	0.12	156	131

Total usage	1.06	1,449	296
Included in plan	25.00	unlimited	unlimited

*Rollover available through Aug 18: 23.54GB

0.00

Rollover available starting Aug 19

23.94

Usage is rounded up based on your plan. For more details on your Shared usage summary, visit business.att.com.

* Unused Rollover Data expires after 1 billing period or when you change your plan or account.

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Group 4

2 Devices

Monthly charges

Jul 19 - Aug 18

1. Mobile Share Advantage for Business 25GB	\$199.00
2. Discount for Mobile Share	-\$12.00
3. National Account Discount	-\$46.75

Company fees & surcharges

4. Federal Universal Service Fee	\$2.18
5. State Gross Receipts Surcharge	\$1.01

Total for Group 4 **\$143.44**

Shared usage summary (Jul 19 - Aug 18)

Number	User	Data (GB)	Text	Talk
[REDACTED]	EC TECH ANALYST	0.05	4	0
[REDACTED]	HS LAVA COORDINATOR	0.21	1	0

Total usage	0.26	5	0
Included in plan	25.00	unlimited	unlimited

*Rollover available through Aug 18: 24.80GB

0.00

Rollover available starting Aug 19

24.75

Group 4 continues...



Page: 4 of 30
Issue Date: Aug 18, 2026
Account Number: [REDACTED]
Foundation Account: [REDACTED]
Invoice: 287015173591X08262026

...Group 4 continued

Usage is rounded up based on your plan. For more details on your Shared usage summary, visit business.att.com.
* Unused Rollover Data expires after 1 billing period or when you change your plan or account.

Phone, [REDACTED]
HS TECH ANALYST

Monthly charges		Jul 19 - Aug 18
1. Access for iPhone 4G LTE w/ VVM		\$40.00
2. Discount for Access		-\$25.00
3. CRU Detail Bill ZC		\$0.00
4. Plan messages		\$0.00
5. National Account Credit		-\$1.25

Company fees & surcharges	
6. Administrative Fee	\$3.49
7. Federal Universal Service Fee	\$0.44
8. Regulatory Cost Recovery Fee	\$1.25
9. State Gross Receipts Surcharge	\$0.19

Government fees & taxes	
10. 911 Service Fee	\$1.95

Total for [REDACTED] \$21.07

Phone, [REDACTED]
MS SOCIAL WORKER

Monthly charges		Jul 19 - Aug 18
1. Access for iPhone 4G LTE w/ VVM		\$40.00
2. Discount for Access		-\$25.00
3. CRU Detail Bill ZC		\$0.00
4. Plan messages		\$0.00
5. National Account Credit		-\$1.25

Company fees & surcharges	
6. Administrative Fee	\$3.49
7. Federal Universal Service Fee	\$0.44
8. Regulatory Cost Recovery Fee	\$1.25
9. State Gross Receipts Surcharge	\$0.19

Government fees & taxes	
10. 911 Service Fee	\$1.95

Total for [REDACTED] \$21.07

Usage summary

Talk	Used
Plan minutes (unlimited)	136
Call over Wi-Fi	48

Text	Used
Plan messages (unlimited)	1288

Data	Used
Mobile Share Advantage for Business 25GB (25.00 GB)	0.84





Page: 5 of 30
Issue Date: Aug 18, 2026
Account Number: [REDACTED]
Foundation Account: [REDACTED]
Invoice: 287015173591X08262026

...Wireless continued

Phone [REDACTED]
EC CUSTODIAN

Monthly charges

Jul 19 - Aug 18

1. Access for iPhone 4G LTE w/ VVM	\$40.00
2. Discount for Access	-\$25.00
3. CRU Detail Bill ZC	\$0.00
4. Plan messages	\$0.00
5. National Account Credit	-\$1.25

Company fees & surcharges

6. Administrative Fee	\$3.49
7. Federal Universal Service Fee	\$0.44
8. Regulatory Cost Recovery Fee	\$1.25
9. State Gross Receipts Surcharge	\$0.19

Government fees & taxes

10. 911 Service Fee	\$1.95
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Total for [REDACTED] **\$21.07**

Tablet [REDACTED]
SECURITY IPAD 1

Monthly charges

Jul 19 - Aug 18

1. Access for iPad on 4G LTE	\$10.00
2. CRU Detail Bill ZC	\$0.00
3. National Account Credit	-\$1.25

Company fees & surcharges

4. Administrative Fee	\$3.49
5. Regulatory Cost Recovery Fee	\$1.25

Total for [REDACTED] **\$13.49**

Tablet [REDACTED]
SECURITY IPAD 2

Monthly charges

Jul 19 - Aug 18

1. Access for iPad on 4G LTE	\$10.00
2. CRU Detail Bill ZC	\$0.00
3. National Account Credit	-\$1.25

Company fees & surcharges

4. Administrative Fee	\$3.49
5. Regulatory Cost Recovery Fee	\$1.25

Total for [REDACTED] **\$13.49**

Usage summary

Talk	<i>Used</i>
Plan minutes (unlimited)	29
Call over Wi-Fi	64
Text	<i>Used</i>
Plan messages (unlimited)	5
Data	<i>Used</i>
Mobile Share Advantage for Business 25GB (25.00 GB)	0.11

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Usage summary

Data	<i>Used</i>
Mobile Share Advantage for Business 25GB (25.00 GB)	0.01

Wireless continues...



Page: 6 of 30
Issue Date: Aug 18, 2026
Account Number: [REDACTED]
Foundation Account: [REDACTED]
Invoice: 287015173591X08262026

...Wireless continued

Phone, [REDACTED]
SUBSTITUTE COORDINATOR

Monthly charges

Jul 19 - Aug 18

1. Access for iPhone 4G LTE w/ VVM	\$40.00
2. Discount for Access	-\$25.00
3. CRU Detail Bill ZC	\$0.00
4. Plan messages	\$0.00
5. National Account Credit	-\$1.25

Company fees & surcharges

6. Administrative Fee	\$3.49
7. Federal Universal Service Fee	\$0.44
8. Regulatory Cost Recovery Fee	\$1.25
9. State Gross Receipts Surcharge	\$0.19

Government fees & taxes

10. 911 Service Fee	\$1.95
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Total for [REDACTED] \$21.07

Phone, [REDACTED]
EC TECH ANALYST

Monthly charges

Jul 19 - Aug 18

1. Access for iPhone 4G LTE w/ VVM	\$40.00
2. Discount for Access	-\$25.00
3. Plan messages	\$0.00
4. National Account Credit	-\$1.25

Company fees & surcharges

5. Administrative Fee	\$3.49
6. Federal Universal Service Fee	\$0.44
7. Regulatory Cost Recovery Fee	\$1.25
8. State Gross Receipts Surcharge	\$0.19

Government fees & taxes

9. 911 Service Fee	\$1.95
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Total for [REDACTED] \$21.07

Usage summary

Talk	Used
Plan minutes (unlimited)	131
Text	Used
Plan messages (unlimited)	156
Data	Used
Mobile Share Advantage for Business 25GB (25.00 GB)	0.12

PAID
SEP 09 2026

Usage summary

Talk	Used
Call over Wi-Fi	1
Text	Used
Plan messages (unlimited)	4
Data	Used
Mobile Share Advantage for Business 25GB (25.00 GB)	0.05

Wireless continues...



Page: 7 of 30
Issue Date: Aug 18, 2026
Account Number: [REDACTED]
Foundation Account: [REDACTED]
Invoice: 287015173591X08262026

...Wireless continued

Phone, [REDACTED]
HS LAVA COORDINATOR

Monthly charges

Jul 19 - Aug 18

1. Access for iPhone 4G LTE w/ VVM	\$40.00
2. Discount for Access	-\$25.00
3. CRU Detail Bill ZC	\$0.00
4. Plan messages	\$0.00
5. National Account Credit	-\$1.25

Company fees & surcharges

6. Administrative Fee	\$3.49
7. Federal Universal Service Fee	\$0.44
8. Regulatory Cost Recovery Fee	\$1.25
9. State Gross Receipts Surcharge	\$0.19

Government fees & taxes

10. 911 Service Fee	\$1.95
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Total for [REDACTED] \$21.07

Phone, [REDACTED]
ADMIN CUSTODIAN

Monthly charges

Jul 19 - Aug 18

1. Mobile Select 3GB Pool iPhone on 4G LTE VVM	\$70.00
2. Discount for Mobile Select Savings	-\$25.00
3. CRU Detail Bill ZC	\$0.00
4. National Account Credit	-\$1.25
5. National Account Discount	-\$11.25

Company fees & surcharges

6. Administrative Fee	\$3.49
7. Federal Universal Service Fee	\$2.16
8. Regulatory Cost Recovery Fee	\$1.25
9. State Gross Receipts Surcharge	\$1.11

Government fees & taxes

10. 911 Service Fee	\$1.95
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Total for [REDACTED] \$42.46

Phone, [REDACTED]
HS CLEANER

Monthly charges

Jul 19 - Aug 18

1. Business Nation 450 with Rollover	\$39.99
2. Credit for Business Nation 450 with Rollover	-\$5.00
3. CRU Detail Bill ZC	\$0.00
4. DataPro 3GB for iPhone on 4G LTE with Visual Voicemail	\$45.00

Usage summary

Text	Used
Plan messages (unlimited)	1
Data	Used
Mobile Share Advantage for Business 25GB (25.00 GB)	0.21

PAID
SEP 09 2026

[REDACTED] continues...



Page: 8 of 30
Issue Date: Aug 18, 2026
Account Number: [REDACTED]
Foundation Account: [REDACTED]
Invoice: 287015173591X08262026

[REDACTED] continued

PAID
SEP 09 2026

5. Text Messaging Unlimited - No Picture/Video	\$20.00
6. Credit for Text Messaging Unlimited - No Picture/Video	-\$10.00
7. Pay Per Use Picture/Video Messaging	\$0.00
8. National Account Credit	-\$1.25
9. National Account Discount	-\$20.00

Company fees & surcharges

10. Administrative Fee	\$3.49
11. Federal Universal Service Fee	\$3.99
12. Regulatory Cost Recovery Fee	\$1.25
13. State Gross Receipts Surcharge	\$2.34

Government fees & taxes

14. 911 Service Fee	\$1.95
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Total for [REDACTED] **\$81.76**

Total for Wireless **\$564.50**

Detailed usage

Mobile to Mobile minutes (unlimited)	0
Night & Weekend minutes (5000)	0
Rollover minutes summary	Used
Previous Rollover available	4,950
Rollover added this bill period	+450
Expired Rollover *	-450
New Rollover balance	4,950
* Unused Rollover Minutes expire after 12 bill periods.	

Pymt # 0010029954
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	08/28/2026	165.00 10-2271-240-000-10-200-000-000-0000	SCIENCE OF READING: FROM RESEA
TUITION 26-27	08/28/2026	165.00 10-2271-240-000-10-200-000-000-0000	GETTING "APPY" IN THE CLASSROO
Payment Amount:		330.00	

Pymt # 0010029954
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	08/28/2026	165.00 10-2271-240-000-10-200-000-000-0000	SCIENCE OF READING: FROM RESEA
TUITION 26-27	08/28/2026	165.00 10-2271-240-000-10-200-000-000-0000	GETTING "APPY" IN THE CLASSROO
Payment Amount:		330.00	

0010029954

09/09/2026

*****330.00

PAY Three Hundred Thirty and 00/100 Dollars

To the Order of:

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235
(610) 377-4490 www.lehigh.org

2

TO:

DATE: 8/28/2026

Building: LAEC
Position: Teacher

FOR: Tuition Reimbursement

PAID

SEP 09 2026

2026-2027

Total: \$165

Semester Hours: 3

College/University: Idaho State University

Name of Course: Getting "Appy" in the Classroom

Grade: Pass

Acct Code: EC Teacher 10-2271-240-000-10-200-013

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehighton.org

TO:

DATE: 8/28/2026

Building: LAEC
Position: Teacher

FOR: Tuition Reimbursement

PAID

SEP 09 2026

2026-2027

Total: \$165

Semester Hours: 3

College/University: Idaho State University

Name of Course: Science of Reading: From Research to Practice

Grade: Pass

Acct Code: EC Teacher 10-2271-240-000-10-200-014

1/05

REQUEST FOR TUITION REIMBURSEMENT

Lehigh Area School District

Name

Building: LAEC School Year: 26-27Course Information
☒ Proof of prior approval for this course is attached.

Course #	Title of Course	College/University	Total Credit	Grade	Cost per Credit ESU Graduate Tuition Rate	Total Cost
EDUC 5598P-42800	Getting 'Appy' in the Classroom	Idaho State Univ.	3	S		\$165
EDUC 5598P-42914	Science of Reading: From Research to Practice	Idaho State University	3	S		\$165

PAIDAdditional Information

SEP 09 2026

- ☒ Copy of proof of payment attached [Check or charge receipt is not acceptable]
☒ Copy of proof of grade attached

I, hereby, certify that the above information is accurate and correct, and I request reimbursement in accordance with Board policy and the Collective Bargaining Agreement.

Date: 8-11-26 Employee Signature

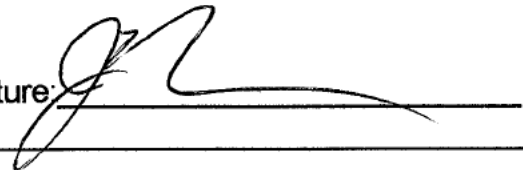
Grade <u>PASS</u>	<u>100</u> % of \$ <u>65</u> =	\$ <u>65</u>	Grade of "A" = 100%
Grade <u>PASS</u>	<u>100</u> % of \$ <u>65</u> =	\$ <u>65</u>	Grade of "B" = 100%
Grade _____	_____ % of \$ _____ =	\$ _____	Grade of "C" = 70%
			Grade Below "C" = 00%
			Pass/Fail = 100% for Pass

TOTAL TO BE PAID \$ 130.00

Date:

8/24/26

Superintendent's Signature



904

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: teacher Building: Elementary Center

Present Degree/Step Level: ☐ Bachelors ☒ Earned Masters ☒ M+15 ☐ M+30 ☐ M+45
☐ Level I ☒ Level II

Name of Activity/Course: Getting "Appy" in the Classroom

Date(s): From: 06/22/2026 To: 06/22/2027

Activity/Course given by: Idaho State University **PAID**

Location: online **SEP 09 2026**

School Year: 2025-2026 Cost (Tuition Only): \$ \$165.00

Program of Studies: post master's non degree seeking

Employee's Signature: X [REDACTED] Date: 06/11/2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

- 1) Grade Report
- 2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied – Reason: _____

Superintendent's Signature: X [REDACTED] Date: 6/26/26

Date of Board Approval: APPROVED JUN 22 2026

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

904

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: teacher Building: Elementary Center

Present Degree/Step Level: ☐ Bachelors ☒ Earned Masters ☐ M+15 ☐ M+30 ☐ M+45
☐ Level I ☒ Level II

Name of Activity/Course: Science of Reading

Date(s): From: 06/22/2026 To: 06/22/2027

Activity/Course given by: Science of Reading

Location: online

School Year: 2025-2026 Cost (Tuition Only): \$ \$165.00

Program of Studies: post masters non degree seeking

Employee's Signature: X [REDACTED] Date: 06/11/2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

- 1) Grade Report
- 2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied – Reason: _____

Superintendent's Signature: X [REDACTED] Date: 6/26/26

Date of Board Approval: APPROVED JUN 22 2026

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

Vendor: BLUE RIDG-Blue Ridge Communications
PO BOX 316 PALMERTON PA 18071

Pymt # 0010029955
09/09/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
0087708-01-SEPT	08/25/2026		185.66	10-2620-538-000-00-000-028-000-0000	MONTHLY CABLE SERVICES-SEPT 26
Payment Amount:			185.66		

Vendor: BLUE RIDG-Blue Ridge Communications
PO BOX 316 PALMERTON PA 18071

Pymt # 0010029955
09/09/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
0087708-01-SEPT	08/25/2026		185.66	10-2620-538-000-00-000-028-000-0000	MONTHLY CABLE SERVICES-SEPT 26
Payment Amount:			185.66		

0010029955

09/09/2026

*****185.66

PAY One Hundred Eighty-Five and 66/100 Dollars

To the Order of:

Blue Ridge Communications
PO BOX 316
PALMERTON PA 18071

NON-NEGOTIABLE



Leighton Office
200 North First Street, Leighton, PA 18235
(610) 377-2250, (610) 826-2555, (570) 386-3252
Visit brctv.com/locations for hours and information.

www.brctv.com

Contact Center: 24 hours/7 days a week 800-222-5377

Account Name: Leighton Area School District

Account #: [REDACTED]

Service Address: 1000 Union St

Billing Date

Due Date

Total
Amount Due

8/25/26

9/16/26

\$185.66

Handwritten signature: [Signature] 8/31/26

STATEMENT SUMMARY(09/01-09/30)

Current Charges 184.34

Taxes & Fees 1.32

Total Current Charges 185.66

Balance at Billing 0.00

TOTAL AMOUNT DUE 185.66

SEE STATEMENT DETAILS STARTING ON REVERSE SIDE

THANK YOU FOR BEING OUR CUSTOMER

If payment is not received by the due date, a late fee of \$6.95 may be charged. If your telephone account is the only account that is late, the late fee is .0125% of the unpaid balance.

PAID

SEP 09 2026



PAY ONLINE

View and pay your cable bill online with
My Blue Ridge at www.brctv.com

Account #: [REDACTED]

Due
Date

Total
Amount Due

Amount
Enclosed

9/16/26

\$185.66

Handwritten: 185.66

Check here to pay by credit card
(Please fill out reverse side)

Please make check payable to BRC and
remit, along with any correspondence, to:

*AUTO**SCH 5-DIGIT 18202 183576 633 4 S000594



LEHIGHTON AREA ADMIN BLDG
1000 UNION ST
LEHIGHTON PA 18235-1700

BLUE RIDGE COMMUNICATIONS
PO BOX 316
PALMERTON PA 18071-0316



Statement Details**BALANCE**

7/24	Previous Balance	185.66
8/18	Payment - Thank You!	185.66 CR
Payments received after 8/25/26 will appear on your next bill.		

TOTAL BALANCE AT BILLING DATE**0.00****CABLE SERVICES (09/01-09/30)**

Commercial Basic+ HD	164.44
Sports Net New York	
YES Network	
DTA Comm Mini Box	9.95
1 Additional DTA Comm Mini Box @ 9.95	9.95
Total Cable Services	184.34

TOTAL SERVICE CHARGES**184.34****TAXES AND FEES (09/01-09/30)**

FCC User Fee *	0.13
Sales Tax **	1.19

Franchising Authority: Borough Of Lehigh PA PO Box 29 Lehigh PA 18235 Tel: 610-377-4002 CUID# PA0128
 * This is a government mandated fee permitted to be passed through to the customer.
 **No sales tax on internet service, Broadcast Basic, Basic Plus or Smart Home Security Monitoring.

TOTAL TAXES & FEES**1.32****PROMOTIONAL DETAILS (09/01-09/30)**

Sports Net New York
 \$1.50 discount until further notice

YES Network
 \$2.75 discount until further notice

PAID
 SEP 09 2026

\$4.25 IN TOTAL SAVINGS INCLUDED IN THIS STATEMENT

Enjoy voice features specifically designed to help small businesses with **Blue Ridge Business Phone**. Learn more at brctv.com/business/phone.

Blue Ridge High Speed Internet offers speeds and pricing to keep your business connected. Visit brctv.com/business/internet for details and available packages.

For our social media links, visit the bottom of our website at brctv.com.

ONE-TIME CREDIT CARD PAYMENT AUTHORIZATION

CREDIT CARD TYPE (please check one)



NAME AS IT APPEARS ON CREDIT CARD:

CREDIT CARD NUMBER

EXPIRATION DATE

SIGNATURE: _____

DATE: _____

I hereby authorize my financial institution to charge my credit card account in the amount of my monthly Blue Ridge Communications bill and send that amount to Blue Ridge Communications on or about my billing due date. I agree that this charge to my account shall be the same as if I had signed a check to pay my bill.

Vendor: Brandywi-Brandywine Heights HS
Attn: Wrestling 103 Old Tipton Rd MERTZTOWN PA 19539

Pymt # 0010029956
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TOURNAMENT	09/02/2026	375.00 10-3250-810-000-30-800-024-000-0000	BOYS WRESTLING TOURNAMENT 12/5
Payment Amount:		375.00	

Vendor: Brandywi-Brandywine Heights HS
Attn: Wrestling 103 Old Tipton Rd MERTZTOWN PA 19539

Pymt # 0010029956
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TOURNAMENT	09/02/2026	375.00 10-3250-810-000-30-800-024-000-0000	BOYS WRESTLING TOURNAMENT 12/5
Payment Amount:		375.00	

0010029956

09/09/2026

*****375.00

PAY Three Hundred Seventy-Five and 00/100 Dollars

To the Order of:

Brandywine Heights HS
Attn: Wrestling
103 Old Tipton Rd
MERTZTOWN PA 19539

NON-NEGOTIABLE

**LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST**

DATE: 9/2/26

AMOUNT: \$375.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

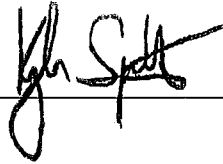
Brandywine Heights

PAID

SEP 09 2026

REASON: Wrestling Tournament

SIGNATURE OF REQUESTOR:



SIGNATURE OF PRINCIPAL/DIRECTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR:

ACCOUNT CODE(S):

DEBIT: 10-3250-810-000-30-800-024-000-0000



BRANDYWINE HEIGHTS AREA SCHOOL DISTRICT

200 West Weis Street, Tipton, PA 19562

610.682.5100

bhasd.org

Sam Lovello Classic Individual Wrestling Tournament Saturday, December 5th, 2026 Brandywine Heights High School

Participating Teams (Last Year)

Lehighton
Muhlenberg
Northern Lehigh
Blair Academy (B)
Dover
Garden Spot

Conrad Weiser
Mechanicsburg
Berks Catholic
Panther Valley
Harry S. Truman HS
Littlestown

Shippensburg Area
Hershey HS
Lewisburg HS
Lancaster Catholic

PAID

SEP 09 2026

Fee

Entry fee is \$375.00 per team

Brandywine Heights H.S. Altin Westly
103 Old Tipton Road
Mertztown, PA 19539

Weight Classes

107 ... 114 ... 121 ... 127 ... 133 ... 139 ... 145 ... 152 ... 160 ... 172 ... 189 ... 215 ...
285

BRANDYWINE HEIGHTS
ELEMENTARY SCHOOL

200 West Weis Street
Tipton, PA 19562

BRANDYWINE HEIGHTS
INTERMEDIATE & MIDDLE SCHOOL

200 West Weis Street
Tipton, PA 19562

BRANDYWINE HEIGHTS
HIGH SCHOOL

103 Old Tipton Road
Mertztown, PA 19539

UNITING STUDENTS, STAFF, AND COMMUNITY TO
ENGINEER A CULTURE OF LEARNING WHERE EACH
STUDENT DISCOVERS PASSION AND PURPOSE

Vendor: GEORGES01-George's Transportation Inc
84 Ashtown Dr LEHIGHTON PA 18235-0000

Pymt # 0010029957
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
2469	08/19/2026	9100.00 10-2720-513-520-00-000-000-0000	SUMMER ESY-BHA
2470	08/19/2026	5720.00 10-2720-513-520-00-000-000-0000	SUMMER ESY-BHA
2474	08/27/2026	295.00 10-3250-513-000-30-800-013-000-0000	FOOTBALL
Payment Amount:		15115.00	

Vendor: GEORGES01-George's Transportation Inc
84 Ashtown Dr LEHIGHTON PA 18235-0000

Pymt # 0010029957
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
2469	08/19/2026	9100.00 10-2720-513-520-00-000-000-0000	SUMMER ESY-BHA
2470	08/19/2026	5720.00 10-2720-513-520-00-000-000-0000	SUMMER ESY-BHA
2474	08/27/2026	295.00 10-3250-513-000-30-800-013-000-0000	FOOTBALL
Payment Amount:		15115.00	

0010029957

09/09/2026

*****15,115.00

PAY Fifteen Thousand One Hundred Fifteen and 00/100 Dollars

To the Order of:

George's Transportation Inc
84 Ashtown Dr
LEHIGHTON PA 18235-0000

NON-NEGOTIABLE

George's Transportation Co., Inc.

84 Ashtown Drive
Lehigh, PA 18235 USA
+16103775511
lgbusing@georgesbusing.com



INVOICE

BILL TO
Lehigh High School
1 Indian Lane
Lehigh, PA 18235

INVOICE 2474
DATE 08/27/2026

ACTIVITY
Football

PAID

SEP 09 2026

DATE	DESCRIPTION	QTY.	RATE	AMOUNT
07/20/2026	Salisbury	1	295.00	295.00
SUBTOTAL				295.00
TAX				0.00
TOTAL				295.00
BALANCE DUE				\$295.00

(K)
J. Spill 8/28/26

George's Transportation Co., Inc.
84 Ashtown Drive
Lehigh, PA 18235 USA
+16103775511



PAID

SEP 09 2026

INVOICE

BILL TO
LASD
Lehigh Area School District
1000 Union Street
Lehigh, PA 18235

INVOICE # 2469

DATE 08/19/2026

Approved
Sach 9/13/20

ACTIVITY
BHA Summer ESY

SERVICE	DESCRIPTION	QTY.	RATE	AMOUNT
Transportation	Journey Program at Valley Ridge June 23,24 & 25 July 7,8,9,21,22 & 23 August 4,5 & 6	12	260.00	3,120.00
Transportation	BHA Summer ESY at Willow Academy June 29 & 30 July 1,2,7,8,9,13,14,15,16,20,21,22,23,27,28,29 & 30 August 3,4,5 & 6	23	260.00	5,980.00

SUBTOTAL	9,100.00
TAX	0.00
TOTAL	9,100.00
BALANCE DUE	\$9,100.00

George's Transportation Co., Inc.
84 Ashtown Drive
Lehighton, PA 18235 USA
+16103775511



INVOICE

Approved 9/3/26

BILL TO
LASD
Lehighton Area School District
1000 Union Street
Lehighton, PA 18235

INVOICE # 2470
DATE 08/19/2026

ACTIVITY
Summer ESY Lehighton Elementary

SERVICE	DESCRIPTION	QTY.	RATE	AMOUNT
Transportation	Summer ESY at Lehighton Elementary Franklin & In-Town Areas July 7,8,9,13,14,15,16,20,21,22 & 23	11	260.00	2,860.00
Transportation	Summer ESY at Lehighton Elementary East Penn & Mahoning Areas July 7,8,9,13,14,15,16,20,21,22 & 23	11	260.00	2,860.00

PAID

SEP 09 2026

SUBTOTAL	5,720.00
TAX	0.00
TOTAL	5,720.00
BALANCE DUE	\$5,720.00

Pymt # 0010029958
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	08/10/2026	1731.00 10-2271-240-000-30-800-000-000-0000	ED FOR GLOBAL ENVIRONMENTAL SU
TUITION 26-27	08/10/2026	1731.00 10-2271-240-000-30-800-000-000-0000	NEW MEDIA & LITERACIES
Payment Amount:		3462.00	

Pymt # 0010029958
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	08/10/2026	1731.00 10-2271-240-000-30-800-000-000-0000	ED FOR GLOBAL ENVIRONMENTAL SU
TUITION 26-27	08/10/2026	1731.00 10-2271-240-000-30-800-000-000-0000	NEW MEDIA & LITERACIES
Payment Amount:		3462.00	

0010029958

09/09/2026

*****3,462.00

PAY Three Thousand Four Hundred Sixty-Two and 00/100 Dollars

To the Order of:

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235
(610) 377-4490 www.lehigh.org

2

TO:

DATE: 8/10/2026

Building: LAHS
Position: Teacher

FOR: Tuition Reimbursement

PAID
SEP 09 2026

2025-2026

Total:	\$1731
Semester Hours:	3
College/University:	University of Illinois
Name of Course:	New Media & Literacies
Grade:	Pass
Acct Code:	HS Teacher 10-2271-240-000-30-800-000

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehighton.org

TO:

DATE: 8/10/2026

Building: LAHS
Position: Teacher

FOR: Tuition Reimbursement

PAID

SEP 09 2026

2025-2026

Total:	\$1731
Semester Hours:	3
College/University:	University of Illinois
Name of Course:	Ed for Global Environmental Sust
Grade:	Pass
Acct Code:	HS Teacher 10-2271-240-000-30-800-000

1/05

REQUEST FOR TUITION REIMBURSEMENT

Lehigh Area School District

Name: [REDACTED]

Building: H.S.

School Year: 2025-

2025-

2026

Course Information

Proof of prior approval for this course is attached.

Course #	Title of Course	College/University	Total Credit	Grade	Cost per Credit ESU Graduate Tuition Rate	Total Cost
EPOL 421	New Media Literacy	University of Illinois WC.	4	A	\$577.00	1614
EPOL 582	Ed for Global Sustainability	University of Illinois WC.	4	A+	\$577.00	1614
					\$577.00	

538/credit
(3 CREDIT)
(3 CREDIT)

Additional Information**PAID**

Copy of proof of payment attached [Check or charge receipt is not acceptable]



Copy of proof of grade attached

SEP 09 2026

I, hereby, certify that the above information is accurate and correct, and I request reimbursement in accordance with Board policy and the Collective Bargaining Agreement.

Date: August 18 2026 Employee Signature: [REDACTED]

FOR DAO USE

Grade A
Grade A
Grade _____

100 % of \$ 1614 =
100 % of \$ 1614 =
_____ % of \$ _____ =

\$ 1614
\$ 1614
\$ _____

Grade of "A" = 100%
Grade of "B" = 100%
Grade of "C" = 70%
Grade Below "C" = 00%
Pass/Fail = 100%
for Pass

TOTAL TO BE PAID

\$3228.00

Date: 8/24/26

Superintendent's Signature: [Signature]

Print

675

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
 [Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district.

Part I [Completed by Employee]

Name: [REDACTED] Position: English Teacher Building: High School

Present Degree/Step Level: ☒ Bachelors ☒ Earned Masters ☐ Masters Equiv. ☐ M+15 ☐ M+30 ☐ M+45
☐ Level I ☒ Level II

Name of Activity/Course: Sabbatical Coursework 2 Courses: (New Media & Literacies) (Ed For Global Environmental Sust)

Date(s): From: 01/26/2026 To: 05/19/2026

Activity/Course given by: University of Illinois

PAID
 SEP 09 2026

Location: Online

School Year: 2025-2026 Cost (Tuition Only): \$ \$4,304.00

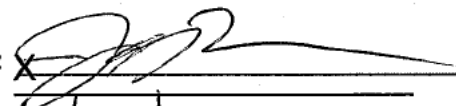
Program of Studies: Educational Pol & Leadership Ed for Sustainability Approval Date: 09/10/2025

Employee's Signature: X [REDACTED] Date: 11/09/2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:
 1) Grade Report
 2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied - Reason: _____

Superintendent's Signature:  Date: 2/3/26

Date of Board Approval: 1/28/26

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

Vendor: KADES MAR-Kades Margolis
940 West Valley Road Suite 1200 WAYNE PA 19087

Pymt # 0010029959
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
403 (b) RETIRE	09/02/2026	2088.00 10-2440-291-000-10-200-000-000-0000	403 (b) retirement contributio
Payment Amount:		2088.00	

Vendor: KADES MAR-Kades Margolis
940 West Valley Road Suite 1200 WAYNE PA 19087

Pymt # 0010029959
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
403 (b) RETIRE	09/02/2026	2088.00 10-2440-291-000-10-200-000-000-0000	403 (b) retirement contributio
Payment Amount:		2088.00	

0010029959

09/09/2026

*****2,088.00

PAY Two Thousand Eighty-Eight and 00/100 Dollars

To the Order of:

Kades Margolis
940 West Valley Road
Suite 1200
WAYNE PA 19087

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 9/2/2026

AMOUNT: \$2088.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Kades Margolis

PAID

940 West Valley Rd, Suite 1200

SEP 09 2026

Wayne, PA 19087

REASON: 403 (b) Retirement Contribution

SIGNATURE OF REQUESTOR: _____

SIGNATURE OF BUSINESS ADMINISTRATOR: *Giunta 9/2/26*

.....
ACCOUNT CODE(S):

DEBIT: 10-2440-291-000-10-200-000-000-0000

EMPLOYER CONTRIBUTION DETAIL FORM
Payroll Authorization for 403(b) Annuity
Contract or 403(b)(7) Custodial Account

Name of Company
Kades Margolis

School District/College Name

LEHIGHTON AREA SCHOOL DISTRICT

Employee's Name

Social Security Number/Employee I.D.

Work Location

Elementary Center

Position

Nurse

Contribution Detail Information

Amount of Employer Contribution to Employee Account

\$ 2,088.00

Total Amount

Type of Employer Contribution:

☒ One-time Contribution

☐ Board Policy/Contract Contribution

☐ Employee Bonus Contribution

☐ Per Payroll Contribution—Frequency: _____ Per Payroll Amount: \$ _____

☐ Other: _____

Effective Date of this Agreement ' 08/19 , 20 26 .

This form is for Employer contributions only.

Do not use this form for any type of Employee elective deferral contribution to a 403(b) and/or 403(b)(7) account.

Submit Completed Form to TSA Consulting Group in one of the following ways:

Fax: 1-866-908-7582

Email: sraprocessing@tsacg.com

Mail: TSA Consulting Group, Inc.
28 Ferry Rd. SE
Fort Walton Beach, FL 32548

Form Completed by (Employer Representative):

Name: _____

Title: Payroll

Phone Number: (610) 377-4490

Date: 08/19/2026

EMPLOYER
CONTRIBUTION
FORM

LEHIGHTON AREA SCHOOL DISTRICT

Mr. Jason Moser, Superintendent
1000 Union Street, Lehighton, Pennsylvania 18235
Telephone: 610-377-4490 Fax: 610-577-0032

"Educating students for lifelong success by providing challenging and relevant instruction, fostering academic and personal growth, promoting civic responsibility, cultivating community partnerships and supporting the mental well-being of all in a safe environment."

3/9/2026

PAID

SEP 09 2026

I  authorize Lehighton Area School District to

(Print Name)

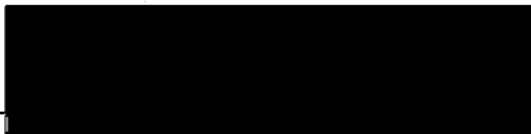
deposit my 403(b) Retirement Employer Contribution into the account that I have set up

with: Kades Margolis Corp.
(Print Company Name)

Address:

940 West Valley Rd
Suite 1200
Wayne PA 19087

X



(Signature)

Pymt # 0010029960
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	08/28/2026	1602.00 10-2271-240-000-10-200-000-000-0000	CRISIS MANAGEMENT & VIOLENCE P
Payment Amount:		1602.00	

Pymt # 0010029960
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	08/28/2026	1602.00 10-2271-240-000-10-200-000-000-0000	CRISIS MANAGEMENT & VIOLENCE P
Payment Amount:		1602.00	

0010029960

09/09/2026

*****1,602.00

PAY One Thousand Six Hundred Two and 00/100 Dollars

To the Order of:

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehighton.org

TO:

DATE: 8/28/2026

Building: LAEC
Position: Teacher

FOR: Tuition Reimbursement

PAID
SEP 09 2026

2026-2027

Total: \$1602

Semester Hours: 3

College/University: PA Western University

Name of Course: Crisis Management and Violence Prevention in Educational Settings

Grade: A

Acct Code: EC Teacher 10-2271-240-000-10-200-017

REQUEST FOR TUITION REIMBURSEMENT
Leighton Area School District

Name: [REDACTED] Building: ED School Year: 2026-2027

Course Information

☐ Proof of prior approval for this course is attached.

Course #	Title of Course	College/University	Total Credit	Grade	Cost per Credit ESU Graduate Tuition Rate	Total Cost
7796	Crisis Management and Violence Prevention in Educational Settings	Pennsylvania Western University	3	A	\$577.00	1602.00
					\$577.00	
					\$577.00	

Additional Information

PAID

SEP 09 2026

- ☒ Copy of proof of payment attached [Check or charge receipt is not acceptable]
☒ Copy of proof of grade attached

I, hereby, certify that the above information is accurate and correct, and I request reimbursement in accordance with Board policy and the Collective Bargaining Agreement.

Date: 8/19/2026 Employee Signature: [REDACTED]

FOR DAO USE

Grade <u>A</u>	<u>100</u> % of \$ <u>1602</u> =	\$ <u>1602</u>	Grade of "A" = 100%
Grade _____	_____ % of \$ _____ =	\$ _____	Grade of "B" = 100%
Grade _____	_____ % of \$ _____ =	\$ _____	Grade of "C" = 70%
			Grade Below "C" = 00%
			Pass/Fail = 100% for Pass

TOTAL TO BE PAID \$ 1602

Date: 8/25/26 Superintendent's Signature: [REDACTED]

1943

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: Music Teacher Building: Elementary Center

Present Degree/Step Level: ☒ Bachelors ☐ Earned Masters ☐ M+15 ☐ M+30 ☐ M+45
☒ Level I ☐ Level II

Name of Activity/Course: Crisis Management and Violence Prevention in Educational Settings

Date(s): From: 07/06/2026 To: 08/07/2026

Activity/Course given by: Pennsylvania Western Univeristy **PAID**

Location: Pennsylvania Western Univeristy Online **SEP 09 2026**

School Year: 2026-2027 Cost (Tuition Only): \$ \$1,602.00

Program of Studies: Educational Psychology

Employee's Signature: X [REDACTED] Date: 05/11/2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

- 1) Grade Report
- 2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied - Reason: _____

Superintendent's Signature: X [Signature] Date: 5/27/26

Date of Board Approval: APPROVED MAY 26 2026

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

Vendor: MetLife-MetLife
PO Box 360905 PITTSBURGH PA 15251

Pymt # 0010029961
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
[REDACTED]-AUG	09/09/2026	5546.24 10-0462-214-000-00-000-000-0000	LEHIGHTON AREA SD [REDACTED] AUG
Payment Amount:		5546.24	

Vendor: MetLife-MetLife
PO Box 360905 PITTSBURGH PA 15251

Pymt # 0010029961
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
[REDACTED]-AUG	09/09/2026	5546.24 10-0462-214-000-00-000-000-0000	LEHIGHTON AREA SD [REDACTED] AUG
Payment Amount:		5546.24	

0010029961

09/09/2026

*****5,546.24

PAY Five Thousand Five Hundred Forty-Six and 24/100 Dollars

To the Order of:

MetLife
PO Box 360905
PITTSBURGH PA 15251

NON-NEGOTIABLE

Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)
Critical Illness - Best	25-29	Act 93/Business Adminis Employee Only		1.00	30000.00	23.4
Critical Illness - Best	40-44	Act 93/Business Adminis Employee + Spouse		1.00	30000.00	109.2
Critical Illness - Best	35-39	Act 93/Business Adminis Employee + Family		2.00	60000.00	179.4
Accident - Best	25-29	Act 93/Business Adminis Employee Only		1.00	30000.00	26.35
Accident - Best	40-44	Act 93/Business Adminis Employee + Spouse		1.00	30000.00	51.65
Accident - Best	35-39	Act 93/Business Adminis Employee + Family		2.00	60000.00	146.12
Critical Illness - Better	60-64	Support Employee + Spouse		1.00	20000.00	187.2
Critical Illness - Better	25-29	Act 93/Business Adminis Employee Only		1.00	20000.00	15.6
Critical Illness - Better	50-54	Act 93/Business Adminis Employee Only		1.00	20000.00	66.8
Critical Illness - Better	35-39	Act 93/Business Adminis Employee + Spouse		1.00	20000.00	51.2
Critical Illness - Better	40-44	Act 93/Business Adminis Employee + Family		1.00	20000.00	82.4
Accident - Better	60-64	Support Employee + Spouse		1.00	20000.00	49.53
Accident - Better	25-29	Act 93/Business Adminis Employee Only		1.00	20000.00	25.22
Accident - Better	50-54	Act 93/Business Adminis Employee Only		1.00	20000.00	25.22
Accident - Better	35-39	Act 93/Business Adminis Employee + Spouse		1.00	20000.00	49.53
Accident - Better	40-44	Act 93/Business Adminis Employee + Family		1.00	20000.00	70.29
Critical Illness - Good	Under 25	Support Employee Only		1.00	10000.00	6.5
Critical Illness - Good	40-44	Support Employee Only		2.00	20000.00	37.2
Critical Illness - Good	45-49	Support Employee Only		2.00	20000.00	51.2
Critical Illness - Good	55-59	Support Employee Only		1.00	10000.00	41.2
Critical Illness - Good	60-64	Support Employee Only		1.00	10000.00	48.1
Critical Illness - Good	55-59	Support Employee + Family		1.00	10000.00	84.5
Critical Illness - Good	Under 25	Act 93/Business Adminis Employee Only		2.00	20000.00	13
Critical Illness - Good	25-29	Act 93/Business Adminis Employee Only		5.00	50000.00	39
Critical Illness - Good	30-34	Act 93/Business Adminis Employee Only		1.00	10000.00	10
Critical Illness - Good	35-39	Act 93/Business Adminis Employee Only		2.00	20000.00	26
Critical Illness - Good	40-44	Act 93/Business Adminis Employee Only		4.00	40000.00	74.4
Critical Illness - Good	45-49	Act 93/Business Adminis Employee Only		5.00	50000.00	128
Critical Illness - Good	50-54	Act 93/Business Adminis Employee Only		6.00	60000.00	200.4
Critical Illness - Good	55-59	Act 93/Business Adminis Employee Only		3.00	30000.00	123.6
Critical Illness - Good	60-64	Act 93/Business Adminis Employee Only		4.00	40000.00	192.4
Critical Illness - Good	45-49	Act 93/Business Adminis Employee + Spouse		1.00	10000.00	50.3
Critical Illness - Good	50-54	Act 93/Business Adminis Employee + Spouse		2.00	20000.00	130
Critical Illness - Good	40-44	Act 93/Business Adminis Employee + Children		1.00	10000.00	23
Critical Illness - Good	45-49	Act 93/Business Adminis Employee + Children		1.00	10000.00	29.9
Critical Illness - Good	50-54	Act 93/Business Adminis Employee + Children		1.00	10000.00	37.7
Accident - Good	Under 25	Support Employee Only		1.00	10000.00	24.48
Accident - Good	40-44	Support Employee Only		2.00	20000.00	48.96
Accident - Good	45-49	Support Employee Only		2.00	20000.00	48.96
Accident - Good	55-59	Support Employee Only		1.00	10000.00	24.48
Accident - Good	60-64	Support Employee Only		1.00	10000.00	24.48
Accident - Good	55-59	Support Employee + Family		1.00	10000.00	68.86
Accident - Good	Under 25	Act 93/Business Adminis Employee Only		2.00	20000.00	48.96
Accident - Good	25-29	Act 93/Business Adminis Employee Only		5.00	50000.00	122.4
Accident - Good	30-34	Act 93/Business Adminis Employee Only		1.00	10000.00	24.48
Accident - Good	35-39	Act 93/Business Adminis Employee Only		2.00	20000.00	48.96
Accident - Good	40-44	Act 93/Business Adminis Employee Only		4.00	40000.00	97.92
Accident - Good	45-49	Act 93/Business Adminis Employee Only		5.00	50000.00	122.4
Accident - Good	50-54	Act 93/Business Adminis Employee Only		6.00	60000.00	146.88
Accident - Good	55-59	Act 93/Business Adminis Employee Only		3.00	30000.00	73.44
Accident - Good	60-64	Act 93/Business Adminis Employee Only		4.00	40000.00	97.92
Accident - Good	45-49	Act 93/Business Adminis Employee + Spouse		1.00	10000.00	48.4
Accident - Good	50-54	Act 93/Business Adminis Employee + Spouse		2.00	20000.00	96.8
Accident - Good	40-44	Act 93/Business Adminis Employee + Children		1.00	10000.00	56.38
Accident - Good	45-49	Act 93/Business Adminis Employee + Children		1.00	10000.00	56.38
Accident - Good	50-54	Act 93/Business Adminis Employee + Children		1.00	10000.00	56.38
Hospital Indemnity - Best Plan		Act 93/Business Adminis Employee + Family		2.00	0.00	246.22
Hospital Indemnity - Better Plan		Act 93/Business Adminis Employee Only		3.00	0.00	106.47
Hospital Indemnity - Better Plan		Act 93/Business Adminis Employee + Spouse		1.00	0.00	72.8
Hospital Indemnity - Better Plan		Act 93/Business Adminis Employee + Family		1.00	0.00	92.26
Hospital Indemnity - Good Plan		Support Employee Only		4.00	0.00	86.32
Hospital Indemnity - Good Plan		Support Employee + Family		1.00	0.00	56.12
Hospital Indemnity - Good Plan		Act 93/Business Adminis Employee Only		25.00	0.00	539.5
Hospital Indemnity - Good Plan		Act 93/Business Adminis Employee + Spouse		3.00	0.00	132.99
Hospital Indemnity - Good Plan		Act 93/Business Adminis Employee + Children		1.00	0.00	33.41
Hospital Indemnity - Good Plan		Act 93/Business Adminis Employee + Family		6.00	0.00	336.72
Totals:				157	\$1,360,000.00	\$5,546.24

Pay: MetLife

Ref: 10-0462-214

Descr: Whignton Dra SD

PAID

SEP 09 2026

ef 5/6/26

Pymt # 0010029962
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	09/03/2026	1806.00 10-2271-240-000-30-800-000-000-0000	DATA-DRIVEN INTERVENTION FOR I
TUITION 26-27	09/03/2026	1806.00 10-2271-240-000-30-800-000-000-0000	COMMUNICATION & EDUCATIONAL ST
Payment Amount:		3612.00	

Pymt # 0010029962
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	09/03/2026	1806.00 10-2271-240-000-30-800-000-000-0000	DATA-DRIVEN INTERVENTION FOR I
TUITION 26-27	09/03/2026	1806.00 10-2271-240-000-30-800-000-000-0000	COMMUNICATION & EDUCATIONAL ST
Payment Amount:		3612.00	

0010029962

09/09/2026

*****3,612.00

PAY Three Thousand Six Hundred Twelve and 00/100 Dollars

To the Order of:

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehigh.org

2

TO:

DATE: 8/28/2026

Building: LAHS
Position: Teacher

FOR: Tuition Reimbursement

PAID

SEP 09 2026

2026-2027

Total: \$1806

Semester Hours: 3

College/University: Commonwealth University

Name of Course: Communication and Educational Strategies for ELL's

Grade: A

Acct Code: HS Teacher 10-2271-240-000-30-800-000

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehighton.org

TO:

DATE: 8/28/2026

Building: LAHS
Position: Teacher

FOR: Tuition Reimbursement

PAID 2026-2027

SEP 09 2026

Total: \$1806

Semester Hours: 3

College/University: Commonwealth University

Name of Course: Data-Driven Intervention for Individuals with Exceptionalities

Grade: A

Acct Code: HS Teacher 10-2271-240-000-30-800-000

REQUEST FOR TUITION REIMBURSEMENT

Lehigh Area School District

Name

Building: MS School Year: 2026-27Course Information

Proof of prior approval for this course is attached.

Course #	Title of Course	College/University	Total Credit	Grade	Cost per Credit ESU Graduate Tuition Rate	Total Cost
ELL 532	Comm & Edu Strat ELS	COMMONWEALTH UNIVERSITY	3.0	A ^{4.0}		2,106
SPEG 520	Data Dev Int Ind ExC	COMMONWEALTH UNIVERSITY	3.0	A ^{4.0}		2,106

PAIDAdditional Information

SEP 09 2026



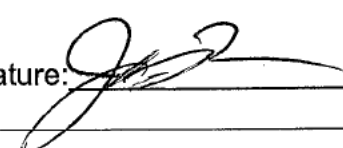
Copy of proof of payment attached [Check or charge receipt is not acceptable]
 Copy of proof of grade attached

I, hereby, certify that the above information is accurate and correct, and I request reimbursement in accordance with Board policy and the Collective Bargaining Agreement.

Date: 8/19/2026 Employee Signature: 

Grade <u>A</u>	<u>100</u> % of \$ <u>1806</u> =	\$ <u>1806</u>	Grade of "A" = 100%
Grade <u>A</u>	<u>100</u> % of \$ <u>1806</u> =	\$ <u>1806</u>	Grade of "B" = 100%
Grade _____	_____ % of \$ _____ =	\$ _____	Grade of "C" = 70%
			Grade Below "C" = 00%
			Pass/Fail = 100% for Pass

TOTAL TO BE PAID

\$ 3,612.00Date: 8/24/26Superintendent's Signature: 

1876

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: High School Business Building: High School

Present Degree/Step Level: ☐ Bachelors ☐ Earned Masters ☒ M+15 ☐ M+30 ☐ M+45
☐ Level I ☐ Level II

Name of Activity/Course: ELL 532 Communication and Educational Strategies for ELLs English Language Learners

Date(s): From: 05/26/2026 To: 08/14/2026

Activity/Course given by: Commonwealth University - Bloomsburg

Location: Bloomsburg Univeristy Online Asynchronous

School Year: 2026-2027 Cost (Tuition Only): \$ \$2,106.00

Program of Studies: Master's of Business Education

Employee's Signature: X [REDACTED] Date: 05/24/2026

PAID
SEP 09 2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

- 1) Grade Report
- 2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied - Reason: _____

Superintendent's Signature: X [REDACTED] Date: 6/10/26

Date of Board Approval: APPROVED JUN 8 2026

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

1876

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: High School Business Building: High School

Present Degree/Step Level: ☐ Bachelors ☐ Earned Masters ☒ M+15 ☐ M+30 ☐ M+45
☐ Level I ☐ Level II

Name of Activity/Course: SPEC 520 Data-driven Intervention for Individuals with Exceptionalities

Date(s): From: 07/06/2026 To: 08/14/2026

Activity/Course given by: Commonwealth University - Bloomsburg

Location: Bloomsburg Univeristy Online Asynchronous

School Year: 2026-2027 Cost (Tuition Only): \$ \$2,106.00

Program of Studies: Master's of Business Education

Employee's Signature: X [REDACTED] Date: 05/24/2026

PAID
SEP 09 2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

- 1) Grade Report
- 2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied - Reason: _____

Superintendent's Signature: [Signature] Date: 6/10/26

Date of Board Approval: APPROVED JUN 8 2026

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

Vendor: NORTH P02-North Pocono High School
c/o John Croom 97 Bochicchio Blvd. COVINGTON TOWNSHIP PA 184

Pymt # 0010029963
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
4e463169	09/03/2026	150.00 10-3210-810-027-30-800-033-000-0000	NP Scioly INVITATIONAL
Payment Amount:		150.00	

Vendor: NORTH P02-North Pocono High School
c/o John Croom 97 Bochicchio Blvd. COVINGTON TOWNSHIP PA 184

Pymt # 0010029963
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
4e463169	09/03/2026	150.00 10-3210-810-027-30-800-033-000-0000	NP Scioly INVITATIONAL
Payment Amount:		150.00	

0010029963

09/09/2026

*****150.00

PAY One Hundred Fifty and 00/100 Dollars

To the Order of:

North Pocono High School
c/o [REDACTED]
97 Bochicchio Blvd.
COVINGTON TOWNSHIP PA 18444

NON-NEGOTIABLE





Invoice for 2025-2026 North Pocono Invitational Registration Fees

School: Lehigh Area High School - Division C

Coach: Doug Bowman - [REDACTED]

Mailing Address: 1000 Union Street, Lehigh, PA 18235

Invoice #: 4e463169

Invoice Date: 08/31/2026

PAID
SEP 09 2026

Total Base Fee:	\$150.00
Amount Due:	\$150.00
# of Teams Covered:	1

Payment method is by check (purchase orders not accepted at this time).

To pay by check:

1. Print this invoice
2. Make check payable to North Pocono High School.
3. On the memo line write NP SciOly Invitational
4. Mail both check and invoice to:

NP SciOly
c/o [REDACTED]
97 Bochicchio Blvd.
Covington Twp, PA 18444

Printout of this invoice **MUST** be included with the check to assure the check is credited to the correct team.

PAYMENT IS DUE 30 DAYS AFTER SUBMITTING REGISTRATION INFORMATION.

If payment is received after December 1st, the school may be charged a late fee.


9/1/26

Vendor: PASO-PASO
PO Box 218 WALNUTPORT PA 18088

Pymt # 0010029964
09/09/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
b6742efd	08/31/2026		320.00	10-3210-810-027-30-800-033-000-0000	SCIENCE OLYMPIAD 2026-2027 SEA
Payment Amount:			320.00		

Vendor: PASO-PASO
PO Box 218 WALNUTPORT PA 18088

Pymt # 0010029964
09/09/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
b6742efd	08/31/2026		320.00	10-3210-810-027-30-800-033-000-0000	SCIENCE OLYMPIAD 2026-2027 SEA
Payment Amount:			320.00		

0010029964
09/09/2026

*****320.00

PAY Three Hundred Twenty and 00/100 Dollars

To the Order of:

PASO
PO Box 218
WALNUTPORT PA 18088

NON-NEGOTIABLE





Invoice for
Pennsylvania Science Olympiad
2025-2026 Registration Fees

School: Lehigh Area High School

Division C

Coach: Doug Bowman - [REDACTED]

Invoice #: b6742efd

Invoice Date: 08/31/2026

PAID

SEP 09 2026

Total Base Fee:	\$320.00
Amount Due:	\$320.00
# of Teams Covered:	1

Base fee for all teams is \$320 for the 2026-2027 season.

Each school is required to register 1 Primary Team at the base fee.

Additional teams that only compete at invitationals are discounted \$225 each from the base fee reducing the Invitational Only Teams to \$95 per team for 2025-2026.

The total amount should agree with one Primary Team at \$320 + any Invitational Only Teams you register at \$95 each.

Payment method is by check (purchase orders not accepted).

If you need a copy of our W9, here is a link to it: <http://pascioly.org/files/W-9.pdf>.

To pay by check:

1. Print this invoice.
2. Make the check payable to PASO for the Amount Due.
3. On the memo line include the invoice number on your check.
4. Mail a copy of this invoice and payment to:

PASO
PO Box 218
Walnutport, PA 18088

A copy of this invoice MUST accompany the check to be sure payment is properly credited to the correct team/school.

PAYMENT IS DUE 30 DAYS AFTER THE ABOVE INVOICE DATE

If payment is received after 30 days from the above invoice date, a late fee may be charged. Registration is NOT complete until payment is received.


9/1/26

Vendor: PUBLIC 02-Public School Health Insurance Cooperative
PO Box 5406 LANCASTER PA 17606

Pymt # 0010029965
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
Payment Amount:		662393.41	
SEE PAYMENT DETAIL LISTING			

Vendor: PUBLIC 02-Public School Health Insurance Co
PO Box 5406 LANCASTER PA 17606

Pymt # 0010029965
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
Payment Amount:		662393.41	
SEE PAYMENT DETAIL LISTING			

0010029965

09/09/2026

*****662,393.41

PAY Six Hundred Sixty-Two Thousand Three Hundred Ninety-Three and 41/100 Dollars

To the Order of:

Public School Health Insurance Cooperative
PO Box 5406
LANCASTER PA 17606

NON-NEGOTIABLE

Payment Detail Listing

Public School Health Insurance Cooperative (PUBLIC 02)
PO Box 5406
LANCASTER PA 17606

Payment Number: 0010029965
Payment Date: 09/09/2026

Invoice #	Invoice Date PO #	Amount	Account Code	Description
SEPTEMBER	09/09/2026	19689.93	10-0462-271-000-00-000-000-0000	HEALTHCARE-SEPTEMBER 26
SEPTEMBER	09/09/2026	899.78	10-2140-271-000-20-500-000-000-0000	Psychology Medical MS
SEPTEMBER	09/09/2026	1156.87	10-2140-271-000-30-800-000-000-0000	Psychology Medical HS
SEPTEMBER	09/09/2026	1156.87	10-1225-271-000-30-800-000-000-0000	SPEECH MEDICAL HIGH SCHOOL
SEPTEMBER	09/09/2026	1285.41	10-2240-271-000-00-000-000-000-0000	SELF-INS MED HEALTH
SEPTEMBER	09/09/2026	1413.95	10-2620-281-000-00-000-000-000-0000	OPEB RETIREE'S HEALTH
SEPTEMBER	09/09/2026	1413.95	10-2250-271-000-10-200-000-000-0000	Librarian Medical Elementary
SEPTEMBER	09/09/2026	1413.95	10-2160-271-000-10-200-000-000-0000	Social Worker Services-Medical
SEPTEMBER	09/09/2026	1413.95	10-1241-281-000-00-000-000-000-0000	Learning Support OPEB
SEPTEMBER	09/09/2026	1413.95	10-1110-281-000-30-800-000-000-0000	Retirees Health Benefits HS
SEPTEMBER	09/09/2026	1413.95	10-1110-281-000-20-500-000-000-0000	Retirees Health Benefits MS
SEPTEMBER	09/09/2026	1928.11	10-2839-271-000-00-000-000-000-0000	Personnel Health
SEPTEMBER	09/09/2026	2570.81	10-2140-271-000-10-200-000-000-0000	Psychology Medical EC
SEPTEMBER	09/09/2026	2827.90	10-2269-271-000-00-000-000-012-0000	Special Ed Office Medical
SEPTEMBER	09/09/2026	3213.52	10-2611-271-000-00-000-000-000-0000	Maint Medical
SEPTEMBER	09/09/2026	3213.52	10-2514-271-000-00-000-000-000-0000	Payroll Medical
SEPTEMBER	09/09/2026	3213.52	10-2440-271-000-30-800-000-000-0000	NURSE MEDICAL HIGH SCHOOL
SEPTEMBER	09/09/2026	3213.52	10-2440-271-000-20-500-000-000-0000	NURSE MEDICAL MIDDLE SCHOOL
SEPTEMBER	09/09/2026	3213.52	10-2250-271-000-30-800-000-000-0000	LIBRARIAN MEDICAL HIGH SCHOOL
SEPTEMBER	09/09/2026	3213.52	10-2190-271-000-00-000-000-000-0000	SELF-INS MED HEALTH
SEPTEMBER	09/09/2026	3213.52	10-2170-271-000-00-000-000-000-0000	PIMS Coordinator Medical
SEPTEMBER	09/09/2026	3213.52	10-2160-271-000-30-800-000-000-0000	Social Work Services Medical
SEPTEMBER	09/09/2026	3213.52	10-2160-271-000-20-500-000-000-0000	Social Work Services Medical
SEPTEMBER	09/09/2026	3213.52	10-2125-271-000-30-800-000-000-0000	GUIDANCE MEDICAL HIGH SCHOOL
SEPTEMBER	09/09/2026	3213.52	10-2125-271-000-20-500-000-000-0000	GUIDANCE MEDICAL MIDDLE SCHOOL
SEPTEMBER	09/09/2026	3213.52	10-1211-271-000-30-800-000-000-0000	LIFE SKILL MEDICAL H/S
SEPTEMBER	09/09/2026	4627.47	10-2120-271-000-30-800-000-000-0000	GUIDANCE MEDICAL HIGH SCHOOL
SEPTEMBER	09/09/2026	4627.47	10-2120-271-000-20-500-000-000-0000	GUIDANCE MEDICAL MIDDLE SCHOOL
SEPTEMBER	09/09/2026	4820.28	10-3250-271-000-00-000-000-000-0000	Athletics Medical Ins
SEPTEMBER	09/09/2026	5334.44	10-1225-271-000-10-200-000-000-0000	Speech Medical Elementary
SEPTEMBER	09/09/2026	6105.68	10-2120-271-000-10-200-000-000-0000	Guidance Medical Elementary
SEPTEMBER	09/09/2026	6427.03	10-2620-271-000-00-000-000-000-0000	Maintenance Group Benefits
SEPTEMBER	09/09/2026	6427.03	10-2440-271-000-10-200-000-000-0000	NURSE MEDICAL Elemtry
SEPTEMBER	09/09/2026	6427.03	10-2360-271-000-00-000-000-000-0000	SUPER/ASST MEDICAL
SEPTEMBER	09/09/2026	6427.03	10-2250-271-000-20-500-000-000-0000	LIBRARIAN MEDICAL M/S
SEPTEMBER	09/09/2026	6427.03	10-1801-271-217-10-200-000-000-0000	Pre-K Medical - Elementary
SEPTEMBER	09/09/2026	6427.03	10-1190-271-411-10-200-000-000-0000	Title I Medical - Elementary
SEPTEMBER	09/09/2026	7069.74	10-2818-271-000-00-000-000-000-0000	TECHNOLOGY MEDICAL
SEPTEMBER	09/09/2026	7776.71	10-2513-271-000-00-000-000-000-0000	Business Medical
SEPTEMBER	09/09/2026	7776.71	10-2260-271-000-00-000-000-000-0000	CURR/GRANT MEDICAL
SEPTEMBER	09/09/2026	7905.25	10-2380-271-000-20-500-000-000-0000	PRINCIPAL MEDICAL M/SCHOOL
SEPTEMBER	09/09/2026	7905.25	10-1231-271-000-30-800-000-000-0000	EMOTIOANL SUPPORT MEDICAL H/S
SEPTEMBER	09/09/2026	9319.20	10-2620-271-000-30-800-000-000-0000	Oper Bld Srvs Medical HS
SEPTEMBER	09/09/2026	9704.82	10-1231-271-000-20-500-000-000-0000	EMOTIOANL SUPPORT MEDICAL M/S
SEPTEMBER	09/09/2026	9704.82	10-1211-271-000-20-500-000-000-0000	LIFE SKILLS MEDICAL M/S
SEPTEMBER	09/09/2026	10733.15	10-2620-271-000-20-500-000-000-0000	Oper Bld Srvs Medical MS
SEPTEMBER	09/09/2026	11118.77	10-2380-271-000-10-200-000-000-0000	Principal Medical Elementary
SEPTEMBER	09/09/2026	11118.77	10-0132-000-000-00-000-000-000-0000	DUE FROM FOOD SERVICE
SEPTEMBER	09/09/2026	11311.58	10-2380-271-000-30-800-000-000-0000	PRINCIPAL MEDICAL H/SCHOOL
SEPTEMBER	09/09/2026	12532.72	10-2620-271-000-10-200-000-000-0000	Maint. Medical Elementary
SEPTEMBER	09/09/2026	12532.72	10-1211-271-000-10-200-000-000-0000	Life Skills Medical Elementary
SEPTEMBER	09/09/2026	13946.67	10-1231-271-000-10-200-000-000-0000	Emotion Supp Medical Elementary
SEPTEMBER	09/09/2026	15746.24	10-1241-271-000-20-500-000-000-0000	LEARNING SUPPORT MEDICAL M/S
SEPTEMBER	09/09/2026	24037.11	10-1241-271-000-30-800-000-000-0000	LEARNING SUPPORT MEDICAL H/S
SEPTEMBER	09/09/2026	24037.11	10-1241-271-000-10-200-000-000-0000	Learning Supp. Medical Element
SEPTEMBER	09/09/2026	78152.74	10-1110-271-000-20-500-000-000-0000	Teacher Medical Ins MS
SEPTEMBER	09/09/2026	85286.75	10-1110-271-000-30-800-000-000-0000	Instruction Medical HS
SEPTEMBER	09/09/2026	142037.44	10-1110-271-000-10-200-000-000-0000	Instruction Medical Elementary
Payment Amount:		662393.41		

Public School Health Insurance Cooperative 2026-27

Lehigh Area School District

Month: Sept

Plan Name: HDHP

Highmark ASO Fee

134 x \$51.00 = \$6,834.00

Specific Premium

Single 33 x \$119.31 = \$3,937.23

Multi-Party 101 x \$295.05 = \$29,800.05

Spec Share Fund

Single 33 x \$195.19 = \$6,441.27

Multi-Party 101 x \$468.47 = \$47,315.47

Aggregate Premium

134 x \$8.00 = \$1,072.00

Claims Fund

90% of Max Single 33 x \$999.21 = \$32,973.93

90% of Max Multi-Party 101 x \$2,398.10 = \$242,208.10

Benecon Administrative Fee

134 x \$25.72 = \$3,446.48

Broker Fee

134 x \$46.57 = \$6,240.38

Healthiest You

134 x \$10.25 = \$1,373.50

Innovu Fee

134 x \$4.55 = \$609.70

Fedlogic Fee

134 x \$3.50 = \$469.00

Apex Fee

134 x \$4.50 = \$603.00

Sub- Total:

\$383,324.11

PAID
SEP 09 2026

22 9/1/26

Public School Health Insurance Cooperative 2026-27

Lehigh Area School District

Month: Sept

Plan Name: PPO \$0

Highmark ASO Fee

102 x \$51.00 = \$5,202.00

Specific Premium

Single 32 x \$119.31 = \$3,817.92

Multi-Party 70 x \$295.05 = \$20,653.50

Spec Share Fund

Single 32 x \$195.19 = \$6,246.08

Multi-Party 70 x \$468.47 = \$32,792.90

Aggregate Premium

102 x \$8.00 = \$816.00

Claims Fund

90% of Max Single 32 x \$999.21 = \$31,974.72

90% of Max Multi-Party 70 x \$2,398.10 = \$167,867.00

Benecon Administrative Fee

102 x \$25.72 = \$2,623.44

Broker Fee

102 x \$46.57 = \$4,750.14

Healthiest You

102 x \$10.25 = \$1,045.50

Innovu Fee

102 x \$4.55 = \$464.10

Fedlogic Fee

102 x \$3.50 = \$357.00

Apex Fee

102 x \$4.50 = \$459.00

Sub- Total: \$279,069.30

PAID
SEP 09 2026

cf 5/16/26

Public School Health Insurance Cooperative 2026-27

Lehigh Area School District

Month: Sept

Totals

	Member Count	Funding
Highmark ASO Fee	236	\$12,036.00
Specific Premium		
Single	65	\$7,755.15
Multi-Party	171	\$50,453.55
Spec Share Fund		
Single	65	\$12,687.35
Multi-Party	171	\$80,108.37
Aggregate Premium		
	236	\$1,888.00
Claims Fund		
90% of Max Single	65	\$64,948.65
90% of Max Multi-Party	171	\$410,075.10
Benecon Administrative Fee	236	\$6,069.92
Broker Fee	236	\$10,990.52
Healthiest You	236	\$2,419.00
Innovu Fee	236	\$1,073.80
Fedlogic Fee	236	\$826.00
Apex Fee	236	\$1,062.00

Total Due: \$662,393.41

PAID
SEP 09 2026

l2 9/8/26

Vendor: SMARTP-SmartPass, Inc.
Dept. 434, PO Box 4458 HOUSTON TX 77210

Pymt # 0010029966
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	07/01/2026	3319.80 10-1110-650-000-20-500-028-000-0000	MS Subscription
	07/01/2026	4512.00 10-1110-650-000-30-800-000-080-0000	HS Subscription
	Payment Amount:	7831.80	

Vendor: SMARTP-SmartPass, Inc.
Dept. 434, PO Box 4458 HOUSTON TX 77210

Pymt # 0010029966
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	07/01/2026	3319.80 10-1110-650-000-20-500-028-000-0000	MS Subscription
	07/01/2026	4512.00 10-1110-650-000-30-800-000-080-0000	HS Subscription
	Payment Amount:	7831.80	

0010029966

09/09/2026

*****7,831.80

PAY Seven Thousand Eight Hundred Thirty-One and 80/100 Dollars

To the Order of:

SmartPass, Inc.
Dept. 434, PO Box 4458
HOUSTON TX 77210

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 09/03/2026

AMOUNT: 7831.80

REQUEST A CHECK FROM 10 **FUND PAYABLE TO:**

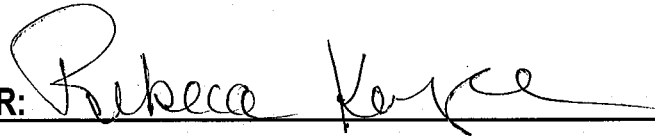
Smartpass Inc
Dept 434
PO Box 4458
Houston TX 77210

PAID

SEP 09 2026

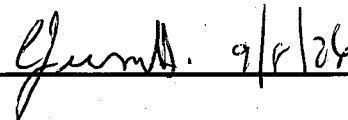
Reason: Check #10029699 sent to wrong address, stop payment issued –
new check needed

SIGNATURE OF REQUESTOR:



SIGNATURE OF PRINCIPAL/DIRECTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR:



ACCOUNT CODE(S): See Attached 10-1110-650-000-30-800-000-0000
\$4512.00

10-1110-650-000-20-500-028-000-0000 \$3319.80

Invoice

**Bill To**

Lehighnton Area School District
1000 Union St
Lehighnton PA 18235

Ship To

Lehighnton Area School District
1000 Union St
Lehighnton PA 18235

Invoice No	Terms	Due Date	PO Number
INV272968	Net 30	8/6/2026	TBD

Start Date	End Date
7/1/2026	6/30/2027

Product or Service	Description	Start Date	End Date	Qty	Price	Amount
Hall Pass Pro	Hall Pass Pro, Flex, and ID Cards Pro Annual Subscription	7/1/2026	6/30/2027	600	\$7.52	\$4,512.00

Tax Total \$0.00

Total \$4,512.00

Amount Paid \$0.00

Amount Due \$4,512.00

Whitney L. Swilley 7/13/26

Send Purchase Orders or inquiries to
billing@smartpass.app

PAID

SEP 09 2026

Mail Checks to:

SmartPass, Inc.
Dept. 434
PO Box 4458
Houston, TX 77210-4458

Bank transfer:

Beneficiary: SmartPass, Inc.
ABA Routing: 084201278
Account: 5500374698
Cadence Bank
2910 West Jackson Street
Tupelo, MS 38801

PAID
JUL 27 2026

Please reference invoice number(s) on all check payments.

New W-9: www.smartpass.app/w9
New EIN: 92-2821147



Invoice

**Bill To**

Lehighnton Area School District
1000 Union St
Lehighnton PA 18235

Ship To

Lehighnton Area School District
1000 Union St
Lehighnton PA 18235

Invoice No	Terms	Due Date	PO Number
INV272967	Net 30	8/6/2026	TBD

Start Date	End Date
7/1/2026	6/30/2027

Product or Service	Description	Start Date	End Date	Qty	Price	Amount
Hall Pass Pro	Hall Pass Pro Annual Subscription	7/1/2026	6/30/2027	503	\$6.60	\$3,319.80

Tax Total \$0.00

Total \$3,319.80

Amount Paid \$0.00

Amount Due \$3,319.80

Antel Bontelle 7/13/26

Send Purchase Orders or inquiries to
billing@smartpass.app

Mail Checks to:

SmartPass, Inc.
Dept. 434
PO Box 4458
Houston, TX 77210-4458

Please reference invoice number(s) on all check payments.

New W-9: www.smartpass.app/w9
New EIN: 92-2821147

Bank transfer:

Beneficiary: SmartPass, Inc.
ABA Routing: 084201278
Account: 5500374698
Cadence Bank
2910 West Jackson Street
Tupelo, MS 38801

PAID

SEP 09 2026

PAID
JUL 27 2026

Pay Now

Vendor: Sweet-Sweet Stevens Katz & Williams LLP
331 East Butler Ave NEW BRITAIN PA 18901

Pymt # 0010029967
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
206174	08/14/2026	276.00 10-2350-331-000-00-000-000-012-0000	LEGAL BILL
206739	08/19/2026	204.00 10-2350-331-000-00-000-000-012-0000	LEGAL BILL
Payment Amount:		480.00	

Vendor: Sweet-Sweet Stevens Katz & Williams LLP
331 East Butler Ave NEW BRITAIN PA 18901

Pymt # 0010029967
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
206174	08/14/2026	276.00 10-2350-331-000-00-000-000-012-0000	LEGAL BILL
206739	08/19/2026	204.00 10-2350-331-000-00-000-000-012-0000	LEGAL BILL
Payment Amount:		480.00	

0010029967

09/09/2026

*****480.00

PAY Four Hundred Eighty and 00/100 Dollars

To the Order of:

Sweet Stevens Katz & Williams LLP
331 East Butler Ave
NEW BRITAIN PA 18901

NON-NEGOTIABLE

SWEET, STEVENS, KATZ & WILLIAMS LLP

331 East Butler Avenue

New Britain, PA 18901

(215) 345-9111

Federal Tax E.I. N [REDACTED]

Invoice Number: 206174

Date: 08-14-2026

Lehigh Area School District
1000 Union Street
Lehigh, PA 18235-1198

[Handwritten Signature]
PAID 9/3/26
Approved

Professional Services Rendered

SEP 09 2026

Date	Description	Hours	Rate	Amount
07-22-26	CAB Analyze email from opposing counsel regarding status request on approval of settlement	0.20	230.00	\$46.00
07-23-26	CAB Analyze and respond to multiple emails with S. Michalik regarding board approval of settlement agreement	0.40	230.00	\$92.00
07-24-26	CAB Analyze and respond to multiple emails from opposing counsel regarding execution of Settlement Agreement and board review and approval	0.40	230.00	\$92.00
07-31-26	CAB Analyze email from S. Michalik regarding board approval of the settlement agreement	0.20	230.00	\$46.00

Professional Services Rendered Subtotal: \$276.00

Total \$276.00

Timekeeper Summary

Name	Initials	Hours	Rate	Total
Christopher Bambach	CAB	1.20	230.00	\$276.00

SWEET, STEVENS, KATZ & WILLIAMS LLP

331 East Butler Avenue

New Britain, PA 18901

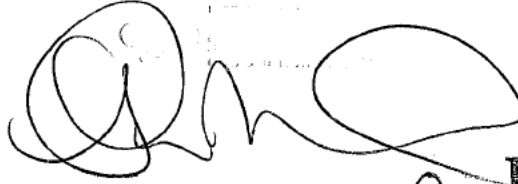
(215) 345-9111

Federal Tax E.I. No. [REDACTED]

Invoice Number: 206739

Date: 08-19-2026

Lehigh Area School District
1000 Union Street
Lehigh, PA 18235-1198



PAID

SEP 09 2026

Approved
9/3/26

Deductible: \$15,000 (80-20)

Professional Services Rendered

Date	Description	Hours	Rate	Amount
07-21-26	CAB Analyze email from opposing counsel regarding alleged overdue fee payment	A104 / L110 0.10	170.00	\$17.00
07-21-26	CAB Draft email to S. Michalik regarding overdue fee payment	A103 / L110 0.10	170.00	\$17.00
07-23-26	CAB Analyze email from S. Michalik regarding board approval of settlement agreement	A104 / L160 0.10	170.00	\$17.00
07-23-26	CAB Draft email to S. Michalik regarding board approval of settlement agreement	A103 / L160 0.10	170.00	\$17.00
07-23-26	CAB Draft email to S. Michalik regarding next board meeting	A103 / L160 0.10	170.00	\$17.00
07-30-26	CAB Analyze and respond to email from S. Michalik regarding board agenda	A104 / L160 0.20	170.00	\$34.00
07-30-26	CAB Analyze email from S. Michalik regarding approval to speak directly to board secretary to ensure agreement on August agenda	A104 / L160 0.10	170.00	\$17.00
07-30-26	CAB Analyze and respond to email from S. Michalik regarding BHA support and opposing counsel statement	A104 / L110 0.20	170.00	\$34.00
07-30-26	CAB Analyze and respond to email from S. Michalik regarding parent dishonesty.	A104 / L110 0.20	170.00	\$34.00

Professional Services Rendered Subtotal: \$204.00

Total \$204.00

Timekeeper Summary

Name	Initials	Hours	Rate	Total
Christopher Bambach	CAB	1.20	170.00	\$204.00

The preceding contains records of attorney-client transactions and the information may be subject to attorney-client privilege. It should not be released or disclosed to anyone without first contacting counsel.

TO ENSURE PROPER CREDIT TO THIS ACCOUNT, PLEASE REFERENCE THE ABOVE FILE NUMBER AND/OR INVOICE NUMBER ON YOUR CHECK.

PAID

SEP 09 2026

Vendor: TRUSTM-Trustmark Voluntary Benefits Solutions
75 Remittance Dr. Ste 1791 CHICAGO IL 60675

Pymt # 0010029968
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
██████████-AUG	09/09/2026	2326.52 10-0462-214-000-00-000-000-0000	LEHIGHTON AREA SD ██████████ AUGUST
Payment Amount:		2326.52	

Vendor: TRUSTM-Trustmark Voluntary Benefits Solutio
75 Remittance Dr. Ste 1791 CHICAGO IL 60675

Pymt # 0010029968
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
██████████-AUG	09/09/2026	2326.52 10-0462-214-000-00-000-000-0000	LEHIGHTON AREA SD ██████████ AUGUST
Payment Amount:		2326.52	

0010029968

09/09/2026

*****2,326.52

PAY Two Thousand Three Hundred Twenty-Six and 52/100 Dollars

To the Order of:

Trustmark Voluntary Benefits Solutions
75 Remittance Dr. Ste 1791
CHICAGO IL 60675

NON-NEGOTIABLE



Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)
Trustmark Universal Life Events	22-22	Support	Employee Only	1.00	50000.00	23.66
Trustmark Universal Life Events	45-45	Support	Employee Only	1.00	50000.00	57.29
Trustmark Universal Life Events	46-46	Support	Employee Only	2.00	100000.00	120.26
Trustmark Universal Life Events	55-55	Support	Employee Only	1.00	50000.00	99.28
Trustmark Universal Life Events	23-23	Act 93/Business Adminis	Employee Only	1.00	25000.00	13.8
Trustmark Universal Life Events	25-25	Act 93/Business Adminis	Employee Only	1.00	25000.00	14.21
Trustmark Universal Life Events	26-26	Act 93/Business Adminis	Employee Only	1.00	50000.00	25.35
Trustmark Universal Life Events	28-28	Act 93/Business Adminis	Employee Only	1.00	50000.00	26.67
Trustmark Universal Life Events	29-29	Act 93/Business Adminis	Employee Only	1.00	25000.00	15.41
Trustmark Universal Life Events	33-33	Act 93/Business Adminis	Employee Only	1.00	25000.00	17.68
Trustmark Universal Life Events	34-34	Act 93/Business Adminis	Employee Only	1.00	50000.00	32.98
Trustmark Universal Life Events	36-36	Act 93/Business Adminis	Employee Only	2.00	175000.00	121.29
Trustmark Universal Life Events	38-38	Act 93/Business Adminis	Employee Only	1.00	50000.00	39.74
Trustmark Universal Life Events	40-40	Act 93/Business Adminis	Employee Only	1.00	25000.00	23.64
Trustmark Universal Life Events	42-42	Act 93/Business Adminis	Employee Only	2.00	100000.00	97.42
Trustmark Universal Life Events	44-44	Act 93/Business Adminis	Employee Only	1.00	50000.00	53.97
Trustmark Universal Life Events	45-45	Act 93/Business Adminis	Employee Only	1.00	50000.00	57.29
Trustmark Universal Life Events	48-48	Act 93/Business Adminis	Employee Only	1.00	75000.00	97.26
Trustmark Universal Life Events	49-49	Act 93/Business Adminis	Employee Only	2.00	100000.00	138.84
Trustmark Universal Life Events	50-50	Act 93/Business Adminis	Employee Only	3.00	100000.00	148.87
Trustmark Universal Life Events	51-51	Act 93/Business Adminis	Employee Only	2.00	75000.00	117.69
Trustmark Universal Life Events	52-52	Act 93/Business Adminis	Employee Only	1.00	50000.00	82.14
Trustmark Universal Life Events	54-54	Act 93/Business Adminis	Employee Only	1.00	50000.00	92.99
Trustmark Universal Life Events	56-56	Act 93/Business Adminis	Employee Only	1.00	50000.00	106.15
Trustmark Universal Life Events	57-57	Act 93/Business Adminis	Employee Only	1.00	50000.00	113.36
Trustmark Universal Life Events	64+	Act 93/Business Adminis	Employee Only	1.00	50000.00	177.93
Trustmark Universal Life Events	28-28	Act 93/Business Adminis	Spouse Only	1.00	25000.00	15.08
Trustmark Universal Life Events	35-35	Act 93/Business Adminis	Spouse Only	1.00	25000.00	18.96
Trustmark Universal Life Events	37-37	Act 93/Business Adminis	Spouse Only	1.00	25000.00	20.54
Trustmark Universal Life Events	41-41	Act 93/Business Adminis	Spouse Only	1.00	25000.00	24.79
Trustmark Universal Life Events	45-45	Act 93/Business Adminis	Spouse Only	1.00	25000.00	30.44
Trustmark Universal Life Events	49-49	Act 93/Business Adminis	Spouse Only	1.00	25000.00	36.51
Trustmark Universal Life Events	50-50	Act 93/Business Adminis	Spouse Only	1.00	25000.00	38.11
Trustmark Universal Life Events	51-51	Act 93/Business Adminis	Spouse Only	1.00	25000.00	40.43
Trustmark Universal Life Events	53-53	Act 93/Business Adminis	Spouse Only	1.00	25000.00	45.33
Trustmark Universal Life Events	58-58	Act 93/Business Adminis	Spouse Only	1.00	25000.00	61.86
Trustmark Universal Life Events	62-62	Act 93/Business Adminis	Spouse Only	1.00	25000.00	79.3
Totals:				44	\$1,825,000.00	\$2,326.52

PAID

SEP 09 2026

Pay: Trustmark

Acct: 10-0462-214

Desc: Lehighmen Pna sp #

2/9/26

Vendor: WEX BANK-WEX BANK
PO Box 5727 CAROL STREAM IL 60197

Pymt # 0010029969
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
114755363	08/31/2026	1219.97 10-2620-626-000-00-130-000-026-0000	MONTHLY GAS BILL-AUG 26
Payment Amount:		1219.97	

Vendor: WEX BANK-WEX BANK
PO Box 5727 CAROL STREAM IL 60197

Pymt # 0010029969
09/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
114755363	08/31/2026	1219.97 10-2620-626-000-00-130-000-026-0000	MONTHLY GAS BILL-AUG 26
Payment Amount:		1219.97	

0010029969

09/09/2026

*****1,219.97

PAY One Thousand Two Hundred Nineteen and 97/100 Dollars

To the Order of:

WEX BANK
PO Box 5727
CAROL STREAM IL 60197

NON-NEGOTIABLE



Invoice Statement

INVOICE NUMBER: 114755363
ACCOUNT NAME: Lehigh Area School District

PAGE 1

ACCOUNT NUMBER	CREDIT LIMIT	DAYS THIS PERIOD	BILL CLOSING DATE	PAYMENT DUE DATE**	AMOUNT DUE
[REDACTED]	2300.00	31	AUG-31-2026	SEP-25-2026	1219.97

DATE	ACTIVITY DESCRIPTION	CHARGES / DEBITS	PAYMENTS / CREDITS
AUG-13-2026	Payment - Thank You		955.65
AUG-31-2026	Fuel Purchases	1213.30	
AUG-31-2026	Other Adjustments this Period	10.00	
AUG-31-2026	Rebates and Rebate Reversals		3.33
10-2620-626-000-00-130-000-020		PAID SEP 09 2026	
**Payment must process by Payment Due Date. Paper checks must be received at least two business days before Payment Due Date to enable on-time processing.			
The Finance Charge is determined by applying a periodic rate of 0%			

PURCHASES, RETURNS AND PAYMENTS MADE JUST PRIOR TO BILL CLOSING DATE MAY NOT APPEAR UNTIL THE NEXT INVOICE/STATEMENT.
SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND TERMS.

PREVIOUS BALANCE	(-)PAYMENTS	(+)ACTIVITY THIS PERIOD	(-)SAVINGS THIS PERIOD	(=)NEW BALANCE
955.65	955.65	1223.30	3.33	1219.97

CALL CUSTOMER SERVICE TO PAY BY PHONE
FEDERAL TAX ID: 841425616

TO ENSURE PROPER CREDIT, TEAR AT PERFORATION AND INCLUDE BOTTOM PORTION WITH YOUR PAYMENT

ExxonMobil BusinessPro

Do not use for remittance
P.O. Box 639
Portland, ME 04104-0639

ACCOUNT NAME	Lehigh Area School Dist
ACCOUNT NUMBER	[REDACTED]
INVOICE NUMBER	114755363
BILL CLOSING DATE	AUG-31-2026
AMOUNT DUE	1219.97
AMOUNT ENCLOSED	1219.97
PAYMENT DUE DATE	SEP-25-2026

PAYMENTS RECEIVED AFTER THIS DATE SUBJECT TO A FINANCE CHARGE.

Make check payable to: WEX BANK
To avoid processing delays, remit all payments to:

Lehigh Area School District
1000 Union Street
Lehigh, PA 18235



WEX BANK
P.O. BOX 5727
CAROL STREAM IL 60197-5727

Balance Subject to Late Fees

If Company's fails to make payment in full by the applicable Due Date, or a payment is returned (each a "Payment Default"), then a fee (the "Late Fee") will apply to the Total Outstanding Balance (as defined below). The late fee will be calculated by multiplying the applicable late fee rate by the Total Outstanding Balance on the Calculation Date, not to exceed the amount allowable by applicable law. For Billing Cycles other than monthly, the percentage rate used in the Late Fee calculation will be prorated based on the length of the billing cycle in relation to a monthly billing cycle. Company will be considered to have made a payment to Issuer on an Account only when the payment is posted to the Account as provided in this Agreement. 7.2 The "Calculation Date" is the earlier of (a) the posting date for Company's payment in full of the invoiced amount to its Account, or (b) the last day of the Billing Cycle during which the Payment Default occurred. The "Total Outstanding Balance" is the invoiced amount, plus the amount of any unbilled Transactions delivered by a merchant to Issuer, and minus any credits that have posted to the Account, through the Calculation Date.

How to Dispute Your Invoice

Charges must be disputed in writing no later than sixty (60) days from the bill closing date or they will be considered final and binding.

Card Issuer

The card is issued and payable to WEX Bank under a Business Charge Account Agreement with the cardholder named on the reverse.

Customer Service

For account inquiries and correspondence regarding account service or billing:

- **Call 1-800-624-5140, or**
- **Email correspondence@wexinc.com, or**
- **Fax to 1-800-395-0809, or**
- **Mail to P.O. Box 639, Portland, ME 04104**

Do not mail payments to this address. Payments must be sent to the remit address on your invoice.

Be sure to include your account number on all correspondence.

Your full Business Card Agreement is available here:
<https://www.wexdrive.com/tncs/exxonmobil.pdf>

Payment Options

Mail

Be sure to include bottom portion of invoice with your payment. Write your account number or invoice number on the check to help avoid delays in payment processing if the check and remit stub become separated. Check payments can take up to two Business Days to process from the time the envelope containing a check arrives at Issuer's facility to posting of the check amount to the Account.

Allow 10 business days prior to the due date for mailing to help avoid late fees. Paper checks must be received at least two business days before Payment Due Date to enable on-time processing.

Online

Authorized users can elect to receive an email notification when an invoice is ready for online viewing and payment. Log in or register to set up an online account at www.exxonmobilbusinessonline.com.

Online payments scheduled by 3:30 PM ET (on business days) are credited to your account on the same day. There is no fee for online payments.

Phone

Call Customer Service to schedule a payment or check your balance.

Payments scheduled by 3:30 PM ET (on business days) are credited to your Account on the same day.

Be prepared with your fleet card account number and a sample check to enter your bank account number and routing number. There is no fee for phone payments.



Invoice Statement

INVOICE NUMBER:

114755363

ACCOUNT NAME:

Lehigh Area School District

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If an adjustment is shown here and in the detail above, the amount listed here is a summed value of those individual charges.

DATE	TRANSACTION DESCRIPTION	FUNDED BY	REBATE PERIOD UNITS/DOLLARS	PERIOD AMT	REBATE YTD UNITS/DOLLARS	REBATE YTD AMT
08-31	OTHER ADJUSTMENTS THIS PERIOD Paper Delivery Fee			10.00		
	Subtotal			10.00		
09-01	REBATES AND REVERSALS ExxonMobil Rebate - T10	Partner	333.427	-3.33	2295.560	-22.96
	Subtotal			-3.33		-22.96
	Total			6.67		-22.96

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REPORT FOR:
Lehigh Area School District
369-662-894-4
AUG-01-2026 TO AUG-31-2026

PAGE 1

Purchase Activity Report

CARD NUMBER		CARD EMBOSSED		VEHICLE/ASSET IDENTIFIER		VEHICLE DESCRIPTION		PLATE (ST)		VIN						
		100 GAS CAN		Gas Cans		Gas Cans										
DATE	TIME	SITE ADDRESS	TICKET NUMBER	PROMPT INFO	TRAN CODE	ODOM.	PROD	UNITS	COST/UNIT	FUEL \$	OTHER \$	EXEMPT TAX	REBATE CODE	NET \$	REPORTED TAX	
08-03	12:51	PREVIOUS ODOMETER	00030838		OP	742 UNL		54.885	4.098	224.97						
08-03	13:04	24 Blakeslee Boulevard Dr E, Lehigh, PA	00030856		OP	123 DSL		29.891	4.799	143.45					-10.04	
08-14	08:44	24 Blakeslee Boulevard Dr E, Lehigh, PA	00041489		OP	0 UNL		61.189	3.998	244.61					-7.26	
08-20	13:27	24 Blakeslee Boulevard Dr E, Lehigh, PA	00047385		OP	0 DSL		34.803	4.799	166.06					-11.19	
08-20	13:44	24 Blakeslee Boulevard Dr E, Lehigh, PA	00047387		OP	0 UNL		62.589	3.998	250.29					-8.41	
		PERIOD TOTALS				*****		243.137		1,029.38					-11.45	
		YTD TOTALS				*****		1,109.270		4,624.49					-48.35	
		PERIOD AVG: PPU				*****									-223.18	
		YTD AVG: PPU				*****										
***** TO ENSURE MORE ACCURATE MILEAGE REPORTING, VEHICLE DISTANCE STATISTICS ARE NOT CALCULATED WHEN KEY ODOMETER READINGS ARE NOT WITHIN AN ACCEPTABLE RANGE. *****																

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REPORT FOR:
Lehigh Area School District
369-662-894-4
AUG-01-2026 TO AUG-31-2026

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Purchase Activity Report

CARD NUMBER		CARD EMBOSSED		VEHICLE/ASSET IDENTIFIER		VEHICLE DESCRIPTION		PLATE (ST)		VIN				
		2 CHEVY MAINT TRK		2 CHEVY MAINT TRK		2 CHEVY MAINT TRK								
DATE MM-DD	TIME	SITE ADDRESS	TICKET NUMBER	PROMPT INFO	TRAN CODE	ODOM.	PROD UNITS	COST/ UNIT	FUEL \$	OTHER \$	EXEMPT TAX	REBATE CODE	NET \$	REPORTED TAX
08-24	10:11	PREVIOUS ODOMETER 24 Blakeslee Boulevard Dr E, Lehigh, PA	00050942		OP	31,794	31,865 UNL	17.180	4.098	70.42		-9.90	60.52	-3.14
		PERIOD TOTALS				71	17.180			70.42		-9.90	60.52	-3.14
		YTD TOTALS				474	65,650			224.27		-37.81	186.46	-12.00
		PERIOD AVGS: DPU, PPU, CPD				4.13			4.099	0.99				
		YTD AVGS: DPU, PPU, CPD				7.22			0.47					

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REPORT FOR:
Lehigh Area School District
369-662-894-4
AUG-01-2026 TO AUG-31-2026

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Purchase Activity Report

CARD NUMBER		CARD EMBOSSEING	VEHICLE/ASSET IDENTIFIER		VEHICLE DESCRIPTION		PLATE (ST)		VIN						
		3 FORD DUMP TRK	Dump Truck		Dump Truck										
DATE MM-DD	TIME	SITE ADDRESS	TICKET NUMBER	PROMPT INFO	TRAN CODE	ODOM.	PROD	UNITS	COST/ UNIT	FUEL \$	OTHER \$	EXEMPT TAX	REBATE CODE	NET \$	REPORTED TAX
08-11	10:38	PREVIOUS ODOMETER 24 Blakeslee Boulevard Dr E, Lehighton, PA	00038643		OP	71,368	71,560 UNL	27.185	3.898	105.99			-15.66	90.33	-4.97
		PERIOD TOTALS				192		27.185		105.99			-15.66	90.33	-4.97
		YTD TOTALS				*****		128.690		424.10			-74.70	348.40	-23.74
		PERIOD AVGS: DPU, PPU, CPD				7.06			3.898	0.55					
		YTD AVG: PPU				*****				*****					
***** TO ENSURE MORE ACCURATE MILEAGE REPORTING, VEHICLE DISTANCE STATISTICS ARE NOT CALCULATED WHEN KEY ODOMETER READINGS ARE NOT WITHIN AN ACCEPTABLE RANGE.															

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SEP 09 2026



REPORT FOR:
Lehigh Area School District
369-662-894-4
AUG-01-2026 TO AUG-31-2026

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Purchase Activity Report

CARD NUMBER		CARD EMBOSSEING	VEHICLE/ASSET IDENTIFIER		VEHICLE DESCRIPTION		PLATE (ST)		VIN					
		5 GMC BOX TRK	Box Truck		Box Truck									
DATE MM-DD	TIME	SITE ADDRESS	TICKET NUMBER	PROMPT INFO	TRAN CODE	ODOM.	PROD UNITS	COST/ UNIT	FUEL \$	OTHER \$	EXEMPT TAX	REBATE CODE	NET \$	REPORTED TAX
08-10	09:05	PREVIOUS ODOMETER 24 Blakeslee Boulevard Dr E, Lehigh, PA	00037598		OP	165,600 165,804 DS+	20.064	5.358	107.52		-14.87		92.65	-4.88
		PERIOD TOTALS				204	20.084		107.52		-14.87		92.65	-4.88
		YTD TOTALS				349	38.160		181.72		-28.28		153.44	-8.28
		PERIOD AVGS: DPU, PPU, CPD				10.17		5.359	0.53					
		YTD AVGS: DPU, PPU, CPD				9.14		0.52						

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REPORT FOR:
Lehigh Area School District
369-662-894-4
AUG-01-2026 TO AUG-31-2026

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END OF REPORT

Purchase Activity Report

CARD NUMBER		CARD EMBOSSED		VEHICLE/ASSET IDENTIFIER		VEHICLE DESCRIPTION				PLATE (ST)		VIN				
		1/VAN		1/VAN		1 VAN										
DATE	TIME	SITE ADDRESS		TICKET NUMBER	PROMPT INFO	TRAN CODE	ODOM.	PROD	UNITS	COST/UNIT	FUEL \$	OTHER \$	EXEMPT TAX	REBATE CODE	NET \$	REPORTED TAX
08-25	18:30	PREVIOUS ODOMETER 24 Blakeslee Boulevard Dr E, Lehighton, PA		0005228		OP	43,308 43,671	UNL	25.861	4.098	106.00		-14.90		91.10	-4.73
		PERIOD TOTALS					363		25.861		106.00		-14.90		91.10	-4.73
		YTD TOTALS					2,024		148.870		595.37		-85.75		489.62	-27.25
		PERIOD AVGS: DPU, PPU, CPD					14.04			4.099	0.29					
		YTD AVGS: DPU, PPU, CPD					13.90				0.27					

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SEP 09 2026



Purchase Activity Report - Codes Legend

TRANSACTION CODES:	FEE CODES:
AD = Adjustment CL = Cardlock CP = Contract Pricing EN = Enhanced Merchant Network IP = Indoor Payment Terminal MF = Mobile Fueling MN = Manual OP = Outdoor Payment Terminal PS = Private Site TP = Transponder TR = Transaction Reversal	CCF = Currency Conversion Fee EVF = Electric Vehicle Fee PSF = Private Site Fee TSF = Truck Stop Fee CBF = Cash Back Fee ONF = Out of Network Fee FSTX = Sales tax on EV Transaction Fee

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SEP 09 2026

Please note not all codes will be applicable for your account.