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

Pymt # 0010029810
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
0087708-01-AUG	07/24/2026		185.66	10-2620-538-000-00-000-028-000-0000	MONTHLY CABLE SERVICES-AUG 26
		Payment Amount:	**185.66**		

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

Pymt # 0010029810
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
0087708-01-AUG	07/24/2026		185.66	10-2620-538-000-00-000-028-000-0000	MONTHLY CABLE SERVICES-AUG 26
		Payment Amount:	**185.66**		

0010029810

08/13/2026

**********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

[redacted]

Blue Ridge

Lehighton Office
200 North First Street, Lehighton, 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: Lehighton Area School District
Account #: [redacted]
Service Address: 1000 Union St

Billing Date	Due Date	Total Amount Due
7/24/26	8/16/26	$185.66

STATEMENT SUMMARY(08/01-08/31)

Current Charges	184.34
Taxes & Fees	1.32
Total Current Charges	185.66
Balance at Billing	0.00
TOTAL AMOUNT DUE	185.66

PAID
AUG 13 2026

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.

Blue Ridge

Account #: [redacted]

Due Date	Total Amount Due	Amount Enclosed
8/16/26	$185.66	185.66

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

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 182352 787 5 S000742

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

BLUE RIDGE COMMUNICATIONS
PO BOX 316
PALMERTON PA 18071-0316

[redacted]

BRE

Statement Details

BALANCE		
6/24	Previous Balance	185.66
7/13	Payment - Thank You!	185.66 CR
	Payments received after 7/24/26 will appear on your next bill.	
TOTAL BALANCE AT BILLING DATE		**0.00**

CABLE SERVICES (08/01-08/31)		
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 (08/01-08/31)	
FCC User Fee *	0.13
Sales Tax **	1.19
TOTAL TAXES & FEES	**1.32**

Franchising Authority: Borough Of Lehighton PO Box 29 Lehighton 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.**

PROMOTIONAL DETAILS (08/01-08/31)
Sports Net New York
$1.50 discount until further notice

YES Network
$2.75 discount until further notice

PAID
AUG 13 2026

$4.25 IN TOTAL SAVINGS INCLUDED IN THIS STATEMENT

To contact us for any Closed Caption issues or questions, please call **800-222-5377** or email us at **csr@brctv.com**

Information on upcoming TV channel agreement expirations can be found at **brctv.com/negotiations** or contact us for more info.

Blue Ridge Business Internet provides the fast and reliable internet connection your business needs. Learn more at: **brctv.com/business/internet**.

The Blue Ridge Advantage: Local Customer Service.
We care deeply about the quality that gets delivered **and** the communities you live in because we live there, too!

ONE-TIME CREDIT CARD PAYMENT AUTHORIZATION

CREDIT CARD TYPE (please check one) MasterCard VISA DISCOVER

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: [redacted]

Pymt # 0010029811
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
TUITION 25-26	08/10/2026		165.00	10-2271-240-000-20-500-000-000-0000	CREATING AN EFFECTIVE CO-TEACH
TUITION 25-26	08/10/2026		165.00	10-2271-240-000-20-500-000-000-0000	CRITICAL LITERACY STRATEGIES F
	Payment Amount:		**330.00**		*** Accrued A/P**

Vendor: [redacted]

Pymt # 0010029811
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
TUITION 25-26	08/10/2026		165.00	10-2271-240-000-20-500-000-000-0000	CREATING AN EFFECTIVE CO-TEACH
TUITION 25-26	08/10/2026		165.00	10-2271-240-000-20-500-000-000-0000	CRITICAL LITERACY STRATEGIES F
	Payment Amount:		**330.00**		*** Accrued A/P**

0010029811

08/13/2026

**********330.00

PAY Three Hundred Thirty and 00/100 Dollars

To the Order of:

[redacted]

NON-NEGOTIABLE

[redacted]

6/12

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehighton, PA 18235
(610) 377-4490 www.lehighton.org

2

TO: [redacted]

PAID
AUG 13 2026

DATE: 8/10/2026

Building: LAMS
Position: Teacher

FOR: Tuition Reimbursement

2025-2026

Total:	$*165*
Semester Hours:	3
College/University:	Idaho State University
Name of Course:	Critical Literacy Strategies for Learners Who Are Easily Bored
Grade:	Pass
Acct Code:	MS Teacher 10-2271-240-000-20-500-000

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehighton, PA 18235
(610) 377-4490 www.lehighton.org

TO: [redacted]

DATE: 8/10/2026

Building: LAMS
Position: Teacher

PAID
AUG 13 2026

FOR: Tuition Reimbursement

2025-2026

Total:	$*165*
Semester Hours:	3
College/University:	Idaho State University
Name of Course:	Creating an Effective Co-Teaching Classroom
Grade:	Pass
Acct Code:	MS Teacher 10-2271-240-000-20-500-000

PAID

AUG 13 2026

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: Middle School

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

Name of Activity/Course: Creating an Effective Co-Teaching Classroom PAID

Date(s): From: 05/18/2026 To: 07/31/2026 AUG 13 2026

Activity/Course given by: Idaho State University

Location: Online (self paced, once approved completion by 7/31/2026)

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

Program of Studies: Graduate Course non -degree seeking

Employee's Signature: X [redacted] Date: 05/13/2026

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.

81

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: Middle School

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

Name of Activity/Course: Critical LIteracy Strategies for Learners Who are Easily Bored PAID

Date(s): From: 06/12/2026 To: 09/12/2026 AUG 13 2026

Activity/Course given by: Idaho State University

Location: Online

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

Program of Studies: Graduate Course non-degree seeking

Employee's Signature: X [redacted] Date: 06/12/2026

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: 6/25/26

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: [redacted]

Pymt # 0010029812
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
TUITION 26-27	08/10/2026		165.00	10-2271-240-000-30-800-000-000-0000	TRAUMA INFORMED CLASSROOM
TUITION 26-27	08/10/2026		165.00	10-2271-240-000-30-800-000-000-0000	EDUCATING FOR CAREER EXPLORART
	Payment Amount:		**330.00**		

[redacted]

Pymt # 0010029812
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
TUITION 26-27	08/10/2026		165.00	10-2271-240-000-30-800-000-000-0000	TRAUMA INFORMED CLASSROOM
TUITION 26-27	08/10/2026		165.00	10-2271-240-000-30-800-000-000-0000	EDUCATING FOR CAREER EXPLORART
	Payment Amount:		**330.00**		

0010029812

08/13/2026

**********330.00

PAY Three Hundred Thirty and 00/100 Dollars

To the Order of:

[redacted]

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehighton, PA 18235
(610) 377-4490 www.lehighton.org

2

TO: [redacted]

DATE: 8/12/2026

Building: LAHS
Position: Teacher

FOR: Tuition Reimbursement

PAID
AUG 13 2026

2026-2027

Total:	$ *165*
Semester Hours:	3
College/University:	Idaho State University
Name of Course:	Future Ready: Educating for Career Explorartion & Success
Grade:	{{ Grade }}
Acct Code:	HS Teacher 10-2271-240-000-30-800-000

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehighton, PA 18235
(610) 377-4490 www.lehighton.org

TO: [redacted]

DATE: 8/10/2026

Building: LAHS
Position: Teacher

FOR: Tuition Reimbursement

PAID
AUG 13 2026

2026-2027

Total:	$ *165*
Semester Hours:	3
College/University:	Idaho State University
Name of Course:	Trauma Informed Classroom
Grade:	{{ Grade }}
Acct Code:	HS Teacher 10-2271-240-000-30-800-000

1/05

REQUEST FOR TUITION REIMBURSEMENT

Lehighton Area School District

2025-2026

Name [redacted] Building: HS 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
① 5598P 42847	Informed Trauma Classroom	Idaho S.U.	3	P		165
② 5598P 42802	Future Ready: Educating for	Idaho S.U.	3	P	$577.00	165
	Career Exploration and Success				$577.00	
					$577.00	

Additional Information

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

PAID
AUG 13 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: 7/24/2026 Employee Signature: [redacted]

FOR DAO USE

Grade PASS	100 % of $165 =	$165	Grade of "A" = 100%
Grade PASS	100 % of $165 =	$165	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: 7/28/26 Superintendent's Signature: [signature]

Print

612

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]

Nam [redacted] Position: Teacher Building: High School

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

Name of Activity/Course: Future Ready: Educating for Carrer Exploration and Success

Date(s): From: 07/01/2026 To: 07/31/2026

Activity/Course given by: Idaho State University PAID

Location: online AUG 13 2026

School Year: ~~2025-2026~~ 2026-2027 Cost (Tuition Only): $ $165.00

Program of Studies: Graduate course

Employee's Signature: X [redacted] Date: 06/09/2026

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 [signature] 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.

612

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: High School

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

Name of Activity/Course: Trauma Informed Classroom

Date(s): From: 07/01/2026 To: 07/31/2026

Activity/Course given by: Idaho State University PAID

Location: online AUG 13 2026

School Year: ~~2025-2026~~ 2026-2027 Cost (Tuition Only): $ $165.00

Program of Studies: graduate courses

Employee's Signature: X [redacted] Date: 06/09/2026

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 [signature] 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: SCHUYLK04-SHHS X-C BOOSTER CLUB
c/o Bob Girvin PO Box 118 ORWIGSBURG PA 17961-0000

Pymt # 0010029813
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
INVITATIONAL	08/04/2026		150.00	10-3250-810-000-30-800-008-000-0000	INVITATIONAL 9/19/26
		Payment Amount:	**150.00**		

Vendor: SCHUYLK04-SHHS X-C BOOSTER CLUB
c/o Bob Girvin PO Box 118 ORWIGSBURG PA 17961-0000

Pymt # 0010029813
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
INVITATIONAL	08/04/2026		150.00	10-3250-810-000-30-800-008-000-0000	INVITATIONAL 9/19/26
		Payment Amount:	**150.00**		

0010029813

08/13/2026

**********150.00

PAY One Hundred Fifty and 00/100 Dollars

To the Order of:

SHHS X-C BOOSTER CLUB
c/o Bob Girvin
PO Box 118
ORWIGSBURG PA 17961-0000

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 8/4/26

PAID
AUG 13 2026

AMOUNT: $150.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

SHHS X-C Booster Club

REASON: Invitational

SIGNATURE OF REQUESTOR: [signature]

SIGNATURE OF PRINCIPAL/DIRECTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR:

ACCOUNT CODE(S):

DEBIT: 10-3250-810-000-30-888-008-000-0000

Schuylkill Haven Area High School Cross Country
19th Annual 'Canes Invitational

PAID
AUG 13 2026

When: Saturday, September 19, 2026

Where: Rotary Field at Schuylkill Haven Area High School

Course: The high school course is 3.1 miles in length while the 7th and 8th grade course is 1.7 miles long. Both courses transverse various surfaces including an all-weather track, macadam, concrete, grass and trail. The course is relatively flat and fast.

Entry Fee: $150.00 per school for all 4 races (high school boys and girls and 7th and 8th grade boys and girls.) There are no limits to the number of runners that are allowed to run in each race that you enter. If you don't want to enter all four races, the entry fee is $40.00 for each race entered. If you don't have a full team of five runners in a particular race, the entry fee is $10.00 per runner.

Make checks payable to: SHHS X-C Booster Club

Please mail entry fee to: [redacted]

Awards: 1st, 2nd, and 3rd place team trophies and 20 individual medals for places 1-20 will be presented in all four races!

Schedule: 7:00-8:45 a.m. Registration and course walk through
9:00 a.m. Girls high school race
9:45 a.m. Boys high school race
10:30 a.m. Girls 7th and 8th grade race
11:00 a.m. Boys 7th and 8th grade race
11:30 a.m. Coaches 1 mile fun run followed by the awards presentation!

Food: There will be a concession stand with various items for sell. Please tell your runners to keep all food and drinks away from the track and football field areas. Souvenir t-shirts will also be available for $20.00.

Entry Deadline: Please enter your school by Friday, August 28th so I can include your schools name on the back of the shirts. If possible, please send me your rosters by Friday, September 4 so I can prepare the name tags for your school. Thanks!

Vendor: STERIC-Stericycle, Inc.
28883 Network Place CHICAGO IL 60673

Pymt # 0010029814
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
8014594276	06/18/2026		311.45	10-2511-310-000-00-000-000-000-0000	MONTHLY SHREDDING BILL
8014878380	06/18/2026		170.55	10-2511-310-000-00-000-000-000-0000	MONTHLY SHREDDING BILL-JUNE
	Payment Amount:		**482.00**		*** Accrued A/P**

Vendor: STERIC-Stericycle, Inc.
28883 Network Place CHICAGO IL 60673

Pymt # 0010029814
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
8014594276	06/18/2026		311.45	10-2511-310-000-00-000-000-000-0000	MONTHLY SHREDDING BILL
8014878380	06/18/2026		170.55	10-2511-310-000-00-000-000-000-0000	MONTHLY SHREDDING BILL-JUNE
	Payment Amount:		**482.00**		*** Accrued A/P**

0010029814

08/13/2026

**********482.00

PAY Four Hundred Eighty-Two and 00/100 Dollars

To the Order of:

Stericycle, Inc.
28883 Network Place
CHICAGO IL 60673

NON-NEGOTIABLE

[redacted]

Stericycle
We protect what matters.

Shred-it
A Stericycle® Solution

AP

INVOICE

[redacted]

Customer ID: [redacted]

Customer Name: LEHIGHTON AREA SCHOOL DISTRICT
Invoice Date: 06-18-2026
Invoice Number: 8014594276

Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION STREET
LEHIGHTON, PA 18235
USA

PAID

AUG 13 2026

How To Contact Us	Your Payment Is Due	Total Invoice Charge
Visit www.stericycle.com To pay a bill or explore other online tools visit mystericycle.com. Have a question? For Billing, Scheduling or Customer Service call 1-866-783-7422. Hours of operation Monday through Friday from 7 AM to 7 PM CST or visit MyStericycle.com.	**07-18-2026** Payment Terms: Net due in 30 days Late fees may apply	**$311.45**

Previous Balance		Payments		Adjustments		Current Invoice Charges		Total Account Balance Due
$241.57	+	($241.57)	+	$0.00	+	$311.45	=	$311.45

Important Messages

Stericycle has updated its Schedule of Ancillary Charges. For more information, please click the 'Fees' link on www.stericycle.com

Notice something new?
We've improved your invoice for clarity and ease. See your full account activity: Previous Balance, Payments, Adjustments, Current Charges, and Total Due, right-on page one.

See the improvements:
For a quick look into the new invoice format, visit the "Understanding Your Invoice" guide at MyStericycle.com.

10-2511-310

AP rec'd 8/13/26

8/14/26

Please detach the lower portion with payment (no cash or staples)

CUSTOMER ID	INVOICE DATE	INVOICE NO.	TOTAL INVOICE CHARGE
[redacted]	06-18-2026	8014594276	$311.45
CHECK NO.		AMOUNT ENCLOSED	
-		$ 311.45	

Be sure to write your customer ID on your check

ADDRESSEE

LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION STREET
LEHIGHTON, PA 18235
USA

REMIT TO

Stericycle, Inc.
28883 Network Place
Chicago, IL 60673-1288

Please log onto MyStericycle.com to make an electronic payment.

[redacted]

Stericycle, Inc 1-866-783-7422

LEHIGHTON AREA SCHOOL DISTRICT Customer ID [redacted] Invoice # 8014594276 Invoice Date 06-18-2026

Details of Service

Details of Service Location: **Customer ID:** [redacted]

LEHIGHTON AREA SCHOOL DISTRICT 1000 UNION STREET LEHIGHTON, PA 18235 **Customer Reference #:**

Description	Date	Proof of Service or Manifest	Customer PO	QTY	Rate	Amount
Regular Service | Off-site (paper) Console (standard)	06-02-2026	8185784407		1.00		$117.70
Recycling Recovery						$17.54
Fuel Surcharge						$30.60
Env Surcharge						$4.71
Regular Service | Off-site (extra Matl) Extra Material Box	06-02-2026	8185784407		2.00	$50.000 EA	$100.00
Recycling Recovery						$14.90
Fuel Surcharge						$26.00
				Sub Total		**$311.45**
				Site Total		**$311.45**

PAID
AUG 13 2026

Invoice Sub Total	**$311.45**
Total Invoice Charge	**$311.45**

Notice to Customer

The orders listed in the above invoice list, which may include regulated medical, biomedical, or infectious wastes, have been or will be treated and/or handled and destroyed to change the character or composition so as to render the waste no longer infectious in accordance with all applicable local, state, and federal regulations and facility permits.

Stericycle
We protect what matters.

Shred-it
A Stericycle Solution

INVOICE

[redacted]

Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

Customer ID: [redacted]
Customer Name: LEHIGHTON AREA SCHOOL DISTRICT
Invoice Date: 07-18-2026
Invoice Number: 8014878380

LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION STREET
LEHIGHTON, PA 18235
USA

PAID
AUG 13 2026

How To Contact Us	Your Payment Is Due	Total Invoice Charge
Visit www.stericycle.com To pay a bill or explore other online tools visit mystericycle.com. Have a question? For Billing, Scheduling or Customer Service call 1-866-783-7422. Hours of operation Monday through Friday from 7 AM to 7 PM CST or visit MyStericycle.com.	**08-17-2026** Payment Terms: Net due in 30 days Late fees may apply	**$170.55**

Previous Balance		Payments		Adjustments		Current Invoice Charges		Total Account Balance Due
$311.45	+	$0.00	+	$0.00	+	$170.55	=	$482.00

Important Messages

Stericycle has updated its Schedule of Ancillary Charges. For more information, please click the 'Fees' link on www.stericycle.com

16-2511-310

CZ 8/4/26

Please detach the lower portion with payment (no cash or staples)

CUSTOMER ID	INVOICE DATE	INVOICE NO.	TOTAL INVOICE CHARGE
[redacted]	07-18-2026	8014878380	$170.55
CHECK NO.		**AMOUNT ENCLOSED**	
-		$ 170.55	

Be sure to write your customer ID on your check

ADDRESSEE
LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION STREET
LEHIGHTON, PA 18235
USA

REMIT TO
Stericycle, Inc.
28883 Network Place
Chicago, IL 60673-1288

Please log onto MyStericycle.com to make an electronic payment.

[redacted]

Stericycle, Inc 1-866-783-7422

LEHIGHTON AREA SCHOOL DISTRICT Customer ID [redacted] Invoice # 8014878380 Invoice Date 07-18-2026

Details of Service

Details of Service Location: **Customer ID** [redacted]

LEHIGHTON AREA SCHOOL DISTRICT 1000 UNION STREET LEHIGHTON, PA 18235 **Customer Reference #:**

Description	Date	Proof of Service or Manifest	Customer PO	QTY	Rate	Amount
Regular Service | Off-site (paper) Console (standard)	06-30-2026	8186560302		1.00		$117.70
Recycling Recovery						$17.54
Fuel Surcharge						$30.60
Env Surcharge						$4.71
				Sub Total		**$170.55**
				Site Total		**$170.55**

Invoice Sub Total	**$170.55**
Total Invoice Charge	**$170.55**

Notice to Customer

The orders listed in the above invoice list, which may include regulated medical, biomedical, or infectious wastes, have been or will be treated and/or handled and destroyed to change the character or composition so as to render the waste no longer infectious in accordance with all applicable local, state, and federal regulations and facility permits.

PAID

AUG 13 2026

Vendor: UGIENS-UGI Energy Services, LLC
PO Box 827032 PHILADELPHIA PA 19182

Pymt # 0010029816
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
G7101655	08/05/2026		226.24	10-2620-621-000-30-800-000-026-0000	NATURAL GAS TRANSPORTATION-JUL
G7101714	08/05/2026		286.14	10-2620-621-000-20-500-000-026-0000	NATURAL GAS-JULY 26
	Payment Amount:		**512.38**		

Vendor: UGIENS-UGI Energy Services, LLC
PO Box 827032 PHILADELPHIA PA 19182

Pymt # 0010029816
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
G7101655	08/05/2026		226.24	10-2620-621-000-30-800-000-026-0000	NATURAL GAS TRANSPORTATION-JUL
G7101714	08/05/2026		286.14	10-2620-621-000-20-500-000-026-0000	NATURAL GAS-JULY 26
	Payment Amount:		**512.38**		

0010029816

08/13/2026

**********512.38

PAY Five Hundred Twelve and 38/100 Dollars

To the Order of:

UGI Energy Services, LLC
PO Box 827032
PHILADELPHIA PA 19182

NON-NEGOTIABLE

[redacted]

UGI Energy Services

UGI Energy Services, LLC
P.O. Box 827032
Philadelphia, PA 19182-7032
(800) 427-8545

Invoice Number: G7101714
Invoice Date: 8/5/2026
Salesperson: [redacted]
Gas Utility: UGIU

LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1798

PAID
AUG 13 2026

Customer No: [redacted]

MONTH
JUL-2026

Facility: LEHIGHTON AREA SCHOOL DISTRICT - LEHIGHTON AREA MS - UGIU Acct Num: [redacted]
Service Period: 7/1/2026 - 7/31/2026

Quantity	Unit	Description	Price	Amount
83.69	Dth-CG	Full Requirements Natural Gas for 7/2026	3.419	$286.14
		Net Volume: 83.69 Dth-CG	Fac./Mtr Total Cost:	$286.14

Total Net Volume: 83.69 Dth-CG

Net Invoice	$286.14
Sales Tax	$0.00
Total Current Charges	**$286.14**
Total Amount Due	**$286.14**

8-11-26

10-2620-621-000-20-508-000-026

Questions about your bill please call UGI Energy Services, LLC at
1-800-427-8545 or 610-373-7999
Make Checks Payable to UGI Energy Services, LLC

To setup ACH Payments, please contact cash@ugies.com

Please return this portion with your payment payable to:

UGI Energy Services, LLC
P.O. Box 827032
Philadelphia, PA 19182

Customer No [redacted]
Invoice Number: G7101714

DUE DATE 8/20/2026

LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1798

Amount Due $286.14

Late charges applied if paid after due date

UGI Energy Services

UGI Energy Services, LLC
P.O. Box 827032
Philadelphia, PA 19182-7032
(800) 427-8545

Invoice Number: G7101655
Invoice Date: 8/5/2026
Salesperson:
Gas Utility: [redacted]

LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1798

PAID
AUG 13 2026

Customer No: [redacted]

MONTH
JUL-2026

Facility: LEHIGHTON AREA SCHOOL DISTRICT - LEHIGHTON AREA HS - UGIU Acct Num: [redacted]
Service Period: 7/1/2026 - 7/31/2026

Quantity	Unit	Description	Price	Amount
66.17	Dth-CG	Full Requirements Natural Gas for 7/2026	3.419	$226.24
		Net Volume: 66.17 Dth-CG	Fac./Mtr Total Cost:	$226.24

Total Net Volume: 66.17 Dth-CG

Net Invoice	$226.24
Sales Tax	$0.00
Total Current Charges	**$226.24**
Total Amount Due	**$226.24**

10-2620-621-000-30-800-000024

8.11.26

Questions about your bill please call UGI Energy Services, LLC at
1-800-427-8545 or 610-373-7999
Make Checks Payable to UGI Energy Services, LLC

To setup ACH Payments, please contact cash@ugies.com

Please return this portion with your payment payable to:

UGI Energy Services, LLC
P.O. Box 827032
Philadelphia, PA 19182

Customer No: [redacted]
Invoice Number: G7101655

DUE DATE 8/20/2026

LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1798

Amount Due $226.24

Late charges applied if paid after due date

Vendor: UGI UTIL-UGI Utilities Inc.
PO Box 15503 WILMINGTON DE 19886-5503

Pymt # 0010029815
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
506004336060	07/31/2026		787.04	10-2620-621-000-30-800-000-026-0000	NATURAL GAS-JULY 26
512004271430	07/31/2026		1109.22	10-2620-621-000-20-500-000-026-0000	NATURAL GAS-JULY 26
		Payment Amount:	**1896.26**		

Vendor: UGI UTIL-UGI Utilities Inc.
PO Box 15503 WILMINGTON DE 19886-5503

Pymt # 0010029815
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
506004336060	07/31/2026		787.04	10-2620-621-000-30-800-000-026-0000	NATURAL GAS-JULY 26
512004271430	07/31/2026		1109.22	10-2620-621-000-20-500-000-026-0000	NATURAL GAS-JULY 26
		Payment Amount:	**1896.26**		

0010029815

08/13/2026

**********1,896.26

PAY One Thousand Eight Hundred Ninety-Six and 26/100 Dollars

To the Order of:

UGI Utilities Inc.
PO Box 15503
WILMINGTON DE 19886-5503

NON-NEGOTIABLE

[redacted]

Energy to do more®

Billing Summary for Service to:
LEHIGHTON AREA SCHOOL DISTRICT
301 BEAVER RUN RD TRANSP
LEHIGHTON PA 18235-1130

Rate Classification:
Delivery Service

Billing Period:
07/01/2026 to 07/31/2026 (31 days)
Actual Read

Questions?
Call (800) 276-2722 or write to UGI at
PO Box 13009
Reading, PA 19612-3009
Fed I. D. 23-1174060

Past Bill Information

The balance on your last bill was	$893.49
Thank you for your payment of	-893.49
Amount due as of 08/04/2026	0.00

Current Bill Information

Customer Charge	300.00
Distribution Charge	272.15
Capacity Charge	529.76
Natural Gas System Improvement Charge	0.29
Monthly Balancing Service	1.41
No Notice Service	5.50
PA State Tax Surcharge	0.11
Current Charges	1,109.22

Account Number [redacted]

Utility charges owed this bill $1,109.22

Total Amount Due By 09/03/2026 ..... $1,109.22

006401 1/1

PAID

AUG 13 2026

16-2620-621-000-20-500-000-026

Meter Information - Next Read Date August 31, 2026

Billable Usage Information	CCF Billed		MCF Billed
	798	=	79.8

Important message(s) from UGI
- **Please call 866-615-0571 if you have any questions regarding this bill.**
- ********** WORKSHEET CONTROL #: 10570224 **********
- Help prevent pipeline damage, accidents and service disruptions. Call 811 before you dig.

8-11-26

If you pay at a payment agent please take your entire bill. Make check payable to UGI.
Keep this part for your records. Important information is on the back of this bill.

Energy to do more®

UGI Utilities, Inc.
PO Box 15503
Wilmington, DE 19850-5503

Account Number [redacted]

Please pay by the due date to avoid the late charge. Please return this portion with your payment.

Due Date	
September 03, 2026	
Amount Due	
$1,109.22	
With Late Charge	
$1,164.68	

AV 01 006401 76897H 28 D**5DGT
LEHIGHTON AREA SCHOOL DISTRICT
MIDDLE SCHOOL
1000 UNION ST
LEHIGHTON PA 18235-1700

[redacted]

1,6

Energy to do more®

Billing Summary for Service to:
LEHIGHTON AREA SCHOOL DISTRICT
1 INDIAN LN TRANSP
LEHIGHTON PA 18235-2311

Rate Classification:
Delivery Service

Billing Period:
07/01/2026 to 07/31/2026 (31 days)
Actual Read

Questions?
Call (800) 276-2722 or write to UGI at
PO Box 13009
Reading, PA 19612-3009
Fed I. D. 23-1174060

Past Bill Information

The balance on your last bill was	$642.28
Thank you for your payment of	-642.28
Amount due as of 08/04/2026	0.00

Current Bill Information

Customer Charge	300.00
Distribution Charge	215.20
Capacity Charge	264.88
Natural Gas System Improvement Charge	0.26
Monthly Balancing Service	1.12
No Notice Service	5.50
PA State Tax Surcharge	0.08
Current Charges	787.04

Account Number
[redacted]

Utility charges owed this bill **$787.04**

Total Amount Due By 09/03/2026 ..... **$787.04**

006400 1/1

PAID
AUG 13 2026

10-2620-621-000-30-800-600-026

Meter Information - Next Read Date August 31, 2026

Billable Usage Information	CCF Billed		MCF Billed
	631	=	63.1

Important message(s) from UGI
- **Please call 866-615-0571 if you have any questions regarding this bill.**
- ********** WORKSHEET CONTROL #: 10570223 **********
- Help prevent pipeline damage, accidents and service disruptions. Call 811 before you dig.

8-11-26

If you pay at a payment agent please take your entire bill. Make check payable to UGI.
Keep this part for your records. Important information is on the back of this bill.

Energy to do more®

UGI Utilities, Inc.
PO Box 15503
Wilmington, DE 19850-5503

Account Number
[redacted]

Please pay by the due date to avoid the late charge. Please return this portion with your payment.

Due Date	
September 03, 2026	
Amount Due	
$787.04	
With Late Charge	
$826.39	

AV 01 006400 76897H 28 D**5DGT
LEHIGHTON AREA SCHOOL DISTRICT
HIGH SCHOOL
1000 UNION ST
LEHIGHTON PA 18235-1700

[redacted]

1.6

Vendor: WILMING02-Wilmington Trust Fee Collections
PO Box 8955 WILMINGTON DE 19899-8955

Pymt # 0010029817
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
20260731153428A	07/31/2026		780.00	10-2390-810-000-00-000-000-090-0000	PORTFOLIOS
		Payment Amount:	**780.00**		

Vendor: WILMING02-Wilmington Trust Fee Collections
PO Box 8955 WILMINGTON DE 19899-8955

Pymt # 0010029817
08/13/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
20260731153428A	07/31/2026		780.00	10-2390-810-000-00-000-000-090-0000	PORTFOLIOS
		Payment Amount:	**780.00**		

0010029817

08/13/2026

**********780.00

PAY Seven Hundred Eighty and 00/100 Dollars

To the Order of:

Wilmington Trust Fee Collections
PO Box 8955
WILMINGTON DE 19899-8955

NON-NEGOTIABLE

[redacted]

Wilmington Trust
MEMBER OF THE M&T FAMILY

Invoice Date: 07/31/2026

Invoice Number: 20260731-153428-A

Invoice Record: [redacted]

PAID

AUG 13 2026

LEHIGHTON AREA SCHOOL DISTRICT
ATTN:BUSINESS MANAGER
1000 UNION STREET
LEHIGHTON, PA 18235

INVOICE SUMMARY

TOTAL AMOUNT DUE:	**$ 780.00**

* See attached worksheet for calculation details

10-2390-810-000-00-000-000-090-0000

PAYMENT DUE UPON RECEIPT

8/11/26

Invoice Date: 07/31/2026 **Invoice Number:** 20260731-153428-A

WIRE / TRANSFER FUNDS TO:
M&T Bank
ABA #031100092
Swift Code: MANTUS33
Account Number: 165192-000
Reference:
Invoice Number 20260731-153428-A

ACH PAYMENT TO:
M&T Bank
ABA #022000046
DDA #16629826

MAIL PAYMENT TO:
Wilmington Trust
Fee Collections
PO Box 8955

WILMINGTON, DE 19899 - 8955

DETACH BOTTOM PORTION AND MAIL WITH YOUR PAYMENT.

Charges remaining unpaid may incur a late fee of 1.5 percent per month, 18 percent per annum. Please include billing portfolio number, name and invoice number on ACH, Check or Wire.
Should you have any questions regarding this invoice, please contact Mark R Campise at (716)842-2325 or MCAMPISE@WILMINGTONTRUST.COM. Thank You.

Invoice Date: 07/31/2026
Invoice Number: 20260731-153428-A

Corporate Trust Advanced Flat Fee	Period Start Date	Period End Date
	08/01/2026	07/31/2027

Fee is based on the combined values of portfolios:

165192-000.P LEHIGHTON ASD 23 SINK

Fee Total: $ 750.00

Corporate Trust Out of Pocket Expenses	Period Start Date	Period End Date
	08/01/2025	07/31/2026

PAID
AUG 13 2026

Fee is based on the combined values of portfolios:

165192-000.P LEHIGHTON ASD 23 SINK

Fee Total: $ 30.00

Total Amount Due: $ 780.00