

Vendor: BANGOR-Bangor Area School District
187 five points Richmond Rd BANGOR PA 18013

Pymt # 0010030100
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TOURNAMENT	09/29/2026	375.00 10-3250-810-000-30-800-024-000-0000	BOYS WRESTLING TOURNAMENT 12/1
Payment Amount:		375.00	

Vendor: BANGOR-Bangor Area School District
187 five points Richmond Rd BANGOR PA 18013

Pymt # 0010030100
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TOURNAMENT	09/29/2026	375.00 10-3250-810-000-30-800-024-000-0000	BOYS WRESTLING TOURNAMENT 12/1
Payment Amount:		375.00	

0010030100

10/06/2026

*****375.00

PAY Three Hundred Seventy-Five and 00/100 Dollars

To the Order of:

Bangor Area School District
187 five points Richmond Rd
BANGOR PA 18013

NON-NEGOTIABLE

10/6

**LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST**

DATE: 9/29/26

AMOUNT: \$375.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

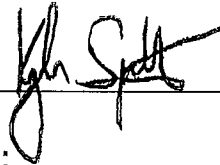
Bangor Wrestling Parent Club

PAID

OCT 06 2026

REASON: Wrestling Tourney

SIGNATURE OF REQUESTOR:



SIGNATURE OF PRINCIPAL/DIRECTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR: CJ 10/1/26

ACCOUNT CODE(S):

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



Slater Showdown

DECEMBER 19, 2026

\$375 PER TEAM OR \$30/WRESTLER
IF YOU ARE BRINGING LESS THAN 8.

Weigh-ins at 7
Wrestling starts
at 8

Checks payable:
Bangor Wrestling
Parent Club

Bangor High School
187 five points Richmond Rd
Bangor PA 18013

Pymt # 0010030101
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	09/25/2026	165.00 10-2271-240-000-20-500-000-000-0000	EMOTIONAL INTELLIGENCE
TUITION 26-27	09/25/2026	165.00 10-2271-240-000-20-500-000-000-0000	CREATING AN EFFECTIVE CO-TEACH
Payment Amount:		330.00	

Pymt # 0010030101
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	09/25/2026	165.00 10-2271-240-000-20-500-000-000-0000	EMOTIONAL INTELLIGENCE
TUITION 26-27	09/25/2026	165.00 10-2271-240-000-20-500-000-000-0000	CREATING AN EFFECTIVE CO-TEACH
Payment Amount:		330.00	

0010030101

10/06/2026

*****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:

PAID

DATE: 9/25/2026

OCT 06 2026

Building: LAMS
Position: Teacher

FOR: Tuition Reimbursement

2026-2027

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

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehigh.org

TO:

DATE: 9/25/2026

Building: LAMS

Position: Teacher

FOR: Tuition Reimbursement

PAID

OCT 06 2026

2026-2027

Total: \$165

Semester Hours: 3

College/University: Idaho State University

Name of Course: Emotional Intelligence

Grade: Pass

Acct Code: MS Teacher 10-2271-240-000-20-500-000

1/05

REQUEST FOR TUITION REIMBURSEMENT

Lehigh Area School District

Name: [REDACTED] Building: MS School Year: 26-27

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
	Creating an Effective Co-Teaching Classroom	Idaho State	3	PASS	\$577.00	\$165
	Emotional Intelligence	"	3	PASS	\$577.00	\$165
					\$577.00	

Additional Information

PAID

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

OCT 06 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: 09/02/26 Employee Signature: [REDACTED]

FOR DAO USE

Grade <u>PASS</u>	<u>100</u> % of \$ <u>165</u> =	\$ <u>165</u>	Grade of "A" = 100%
Grade <u>PASS</u>	<u>100</u> % of \$ <u>165</u> =	\$ <u>165</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

Date: 9/28/26 Superintendent's Signature: [Signature]

Print

951

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: 6th grade math 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

Date(s): From: 07/13/2026 To: 09/14/2026

Activity/Course given by: Idaho State University

Location: Online(self-paced once approved completion by 9/14/2026)

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

Program of Studies: Graduate Course non-degree seeking

Employee's Signature: X [REDACTED] Date: 07/10/2026

PAID

OCT 06 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: [REDACTED]

Date: 8/25/26

Date of Board Approval: APPROVED AUG 24 2026

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

951

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: 6th grade math 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: Emotional Intelligence

Date(s): From: 07/13/2026 To: 09/14/2026

Activity/Course given by: Idaho State University

Location: Online (self paced once approved completion by 9/14/2026)

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

Program of Studies: Graduate Course non-degree seeking

Employee's Signature: X [REDACTED] Date: 07/10/2026

PAID
OCT 06 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: 8/25/26

Date of Board Approval: APPROVED AUG 24 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: LEHIGH 01-Lehigh Carbon Community College
4525 Education Park Dr SCHNECKSVILLE PA 18078-2598

Pymt # 0010030102
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
WKHSEP2426E	09/24/2026	15257.50 10-1693-566-000-00-000-000-090-0000	MONTHLY OPERATING EXPENSE-SEPT
Payment Amount:		15257.50	

Vendor: LEHIGH 01-Lehigh Carbon Community College
4525 Education Park Dr SCHNECKSVILLE PA 18078-2598

Pymt # 0010030102
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
WKHSEP2426E	09/24/2026	15257.50 10-1693-566-000-00-000-000-090-0000	MONTHLY OPERATING EXPENSE-SEPT
Payment Amount:		15257.50	

0010030102

10/06/2026

*****15,257.50

PAY Fifteen Thousand Two Hundred Fifty-Seven and 50/100 Dollars

To the Order of:

Lehigh Carbon Community College
4525 Education Park Dr
SCHNECKSVILLE PA 18078-2598

NON-NEGOTIABLE



Lehigh Carbon

COMMUNITY COLLEGE

Invoice No. WKHSEP2426E

4525 Education Park Drive, Schnecksville, PA 18078

INVOICE

Customer

Name Lehighton School District
Address 1000 Union Street
City Lehighton
Phone

State PA ZIP 18235

Date 9/24/2026
Order No.
Rep

Qty	Description	Unit Price	TOTAL
	<u>Monthly Billing</u>		
1	2026/2027 Operating Expense September 2026	\$15,257.50	\$15,257.50
PAID OCT 06 2026 10-1693-566-000-00-000-000-090 LJ 9/26/27			
SubTotal			\$15,257.50
TOTAL			\$15,257.50

Office Use Only: SPOP - L00000051

Please make checks payable to Lehigh Carbon Community College! Federal ID #23-1670163

610-799-1157 BUSINESS OFFICE

NET 30 DAYS

Thank you!

Vendor: MetLife-MetLife
PO Box 360905 PITTSBURGH PA 15251

Pymt # 0010030103
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
[REDACTED] EPT	10/06/2026	5393.07 10-0462-214-000-00-000-000-0000	LEHIGHTON AREA SD [REDACTED] SEP
Payment Amount:		5393.07	

Vendor: MetLife-MetLife
PO Box 360905 PITTSBURGH PA 15251

Pymt # 0010030103
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
[REDACTED] EPT	10/06/2026	5393.07 10-0462-214-000-00-000-000-0000	LEHIGHTON AREA SD [REDACTED] SEP
Payment Amount:		5393.07	

0010030103

10/06/2026

*****5,393.07

PAY Five Thousand Three Hundred Ninety-Three and 07/100 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	2.00	20000.00	82.4
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	2.00	20000.00	48.96
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	23.00	0.00	496.34
Hospital Indemnity - Good Plan		Act 93/Business Adminis	Employee + Spouse	2.00	0.00	88.66
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:				152	\$1,340,000.00	\$5,393.07

PAID

OCT 06 2026

Payer: MetLife

Ref: 1004162-214

Ref: ~~1004162-214~~ Leighton Area SD [REDACTED] Sept.

Descr

ef 10/12/26

Vendor: PA FBLA-PA FBLA
Bruce Boncal, Executive Director Pennsylvania FBLA PO Box 50

Pymt # 0010030104
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
DUES & FEES	10/05/2026	2790.00 10-3210-810-000-30-800-000-080-FBLA	FBLA CONFERENCE
Payment Amount:		2790.00	

Vendor: PA FBLA-PA FBLA
Bruce Boncal, Executive Director Pennsylvania FBLA PO Box 50

Pymt # 0010030104
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
DUES & FEES	10/05/2026	2790.00 10-3210-810-000-30-800-000-080-FBLA	FBLA CONFERENCE
Payment Amount:		2790.00	

0010030104

10/06/2026

*****2,790.00

PAY Two Thousand Seven Hundred Ninety and 00/100 Dollars

To the Order of:

PA FBLA
Bruce Boncal, Executive Director
Pennsylvania FBLA
PO Box 5085
JERSEY SHORE PA 17740-0000

NON-NEGOTIABLE

**LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST**

DATE: 10/5/2026

PAID

AMOUNT: \$2,790.00

OCT 06 2026

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

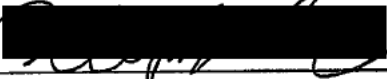
PA FBLA

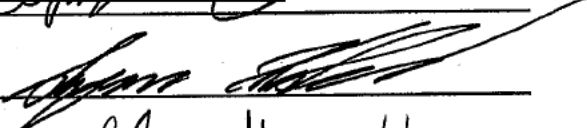
PO Box 5085

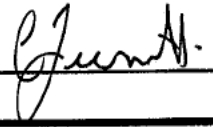
Jersey Shore, PA 17740

REASON: Dues & Fees

FBLA SLW - Kankari Conference 11/2-11-2

SIGNATURE OF REQUESTOR: 

SIGNATURE OF PRINCIPAL/DIRECTOR: 

SIGNATURE OF BUSINESS ADMINISTRATOR: 

10/6/26

ACCOUNT CODE(S): 10-3210-810-000-30-800-000-030-FBLA

DEBIT: _____

Pennsylvania FBLA

PO Box 5085
Jersey Shore, PA 17740

Invoice**To:**

Lehigh Area High School
1 Indian Lane
Lehigh, PA 18235

2026 SLW -- Kalahari ResortRegistration XXXXXXXXXX

Attendees				
ID	Attendee Type	Rate	Total	
1	Member - HS (dues paid/pending)	\$60.00	\$131.25	
	Grade	11		
	Gender	Female		
	Email			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID		\$71.25	
2	Member - HS (dues paid/pending)	\$60.00	\$131.25	
	Grade	11		
	Gender	Male		
	Email			
	Cell #			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID		\$71.25	

PAID

OCT 06 2026

Lehigh Area High School | 2026 SLW -- Kalahari Resort

Attendees				
ID	Attendee Type	Rate	Total	
3			\$131.25	
	Member - HS (dues paid/pending)	\$60.00		
	Grade	13		
	Gender	Male		
	Email			
	Cell #			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID			
		\$71.25		
4			\$131.25	
	Member - HS (dues paid/pending)	\$60.00		
	Grade	12		
	Gender	Female		
	Email			
	Cell #			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID			
		\$71.25		
5			\$131.25	
	Member - HS (dues paid/pending)	\$60.00		
	Grade	10		
	Gender	Male		
	Email			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID			
		\$71.25		

PAID
OCT 06 2026

Lehigh Area High School | 2026 SLW -- Kalahari Resort

Attendees				
ID	Attendee Type	Rate	Total	
6	Member - HS (dues paid/pending)	\$60.00	\$131.25	
	Grade	11		
	Gender	Female		
	Email			
	Cell #			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID	\$71.25		
7	Member - HS (dues paid/pending)	\$60.00	\$131.25	
	Grade	12		
	Gender	Female		
	Email			
	Cell #			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID	\$71.25		
8	Member - HS (dues paid/pending)	\$60.00	\$131.25	
	Grade	11		
	Gender	Female		
	Email			
	Cell #			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID	\$71.25		

PAID

OCT 06 2026

Lehigh Area High School | 2026 SLW -- Kalahari Resort

Attendees				
ID	Attendee Type	Rate	Total	
9	Member - HS (dues paid/pending)	\$60.00	\$131.25	
	Grade	11		
	Gender	Female		
	Email			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID	\$71.25		
10	Member - HS (dues paid/pending)	\$60.00	\$131.25	
	Grade	12		
	Gender	Female		
	Email			
	Cell #			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID	\$71.25		
11	Adviser	\$60.00	\$345.00	
	N/A			
	Gender	Female		
	Email			
	Cell #			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	No Thanks		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	No Thanks		
	Sunday			
	Breakfast Ticket Voucher -	No Thanks		
	Monday			
	Pin 1: 75th Anniversary Pin	No Thanks		
	RID	\$285.00		

PAID
OCT 06 2026

Leighton Area High School | 2026 SLW -- Kalahari Resort

Attendees				
ID	Attendee Type	Rate	Total	
12			\$345.00	
	Adviser	\$60.00		
	Grade	N/A		
	Gender	Male		
	Email			
	Cell #			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	No Thanks	\$0.00	
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher - Sunday	No Thanks	\$0.00	
	Breakfast Ticket Voucher - Monday	No Thanks	\$0.00	
	Pin 1: 75th Anniversary Pin	No Thanks	\$0.00	
	RID		\$285.00	
13			\$131.25	
	Member - HS (dues paid/pending)	\$60.00		
	Grade	10		
	Gender	Male		
	Email			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher - Sunday	[No Answer]		
	Breakfast Ticket Voucher - Monday	[No Answer]		
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID	104089	\$71.25	
14			\$131.25	
	Member - HS (dues paid/pending)	\$60.00		
	Grade	12		
	Gender	Female		
	Email			
	Cell #			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher - Sunday	[No Answer]		
	Breakfast Ticket Voucher - Monday	[No Answer]		
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID		\$71.25	

PAID

OCT 06 2026

Attendees				
ID	Attendee Type	Rate	Total	
15	Member - HS (dues paid/pending)	\$60.00	\$131.25	
	Grade	12		
	Gender	Female		
	Email			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID	\$71.25		
16	Member - HS (dues paid/pending)	\$60.00	\$131.25	
	Grade	11		
	Gender	Female		
	Email			
	Cell #			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID	\$71.25		
17	Member - HS (dues paid/pending)	\$60.00	\$131.25	
	Grade	11		
	Gender	Female		
	Email			
	Travel			
	Kalahari Behind the Scene			
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID	\$71.25		

PAID

OCT 06 2026

Attendees				
ID	Attendee Type	Rate	Total	
18	Member - HS (dues paid/pending)	\$60.00	\$131.25	
	Grade	12		
	Gender	Female		
	Email			
	Travel			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 1			
	Kalahari Behind the Scenes	[Not Selected]		
	Tour 2			
	Long-Sleeve Moisture	[No Answer]		
	Wicking Shirt w/ special			
	FBLA state project logo			
	Breakfast Ticket Voucher -	[No Answer]		
	Sunday			
	Breakfast Ticket Voucher -	[No Answer]		
	Monday			
	Pin 1: 75th Anniversary Pin	[No Answer]		
	RID			
		\$71.25		
		Attendee Total	\$2,790.00	

Statistics	
Attendee Type	Total
Member - HS (dues paid/pending)	16
Adviser	2

Travel	
Attendee ID	Name
Sunday Arrival	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	

PAID

OCT 06 2026

Workshops	
Attendee ID	Name

Housing Assignments	
Attendee ID	Name
Sunday Check-In	
Rate	

Housing Assignments			
RID 104102 (Room Size: 4 Attendees)			
1			
2			
3			
4			
RID 104096 (Room Size: 4 Attendees)			
1			
2			
3			
4			
RID 104089 (Room Size: 4 Attendees)			
1			
2			
3			
4			
RID 104089 (Room Size: 4 Attendees)			
1			
2			
3			
4			
RID 103778 (Room Size: 4 Attendees)			
1			
RID 103778 (Room Size: 4 Attendees)			
1			
Non-Attendee Housing Total			\$0.00

Store Orders			
Qty	Item	Unit	Total
	None		
Orders Total			\$0.00

Grand Total \$2,790.00

Instructions

Make all checks payable to:
PA FBLA or Pennsylvania FBLA
(all costs can be combined into one check)

Please remember to mail your check to:
Executive Director
Pennsylvania FBLA
PO Box 5085
Jersey Shore, PA 17740

PAID

OCT 06 2026

DO NOT SEND THE CHECK TO THE NATIONAL FBLA OFFICE (Baltimore, MD)! Only dues are sent to that address.

If your school system requires a W-9 form for Pennsylvania FBLA, please contact Bruce Boncal: bboncal@pafbla.us.

Invoice questions: Bruce Boncal, 570.279.6998 (cell) or bboncal@pafbla.us (email)

If you wish to pay by credit card, please contact Bruce Boncal at bboncal@pafbla.us. An invoice will be sent through PA FBLA's QuickBooks program so that a school may pay by credit card. A 3.5% credit card fee will apply.

Vendor: PITNEY 03-Pitney Bowes Global Financial Serv
PO Box 981022 BOSTON MA 02298

Pymt # 0010030105
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
3323280728	09/23/2026	426.00 10-2513-530-000-00-000-000-025-0000	POSTAGE MACHINE -AUG 12/26-NOV
Payment Amount:		426.00	

Vendor: PITNEY 03-Pitney Bowes Global Financial Ser
PO Box 981022 BOSTON MA 02298

Pymt # 0010030105
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
3323280728	09/23/2026	426.00 10-2513-530-000-00-000-000-025-0000	POSTAGE MACHINE -AUG 12/26-NOV
Payment Amount:		426.00	

0010030105

10/06/2026

*****426.00

PAY Four Hundred Twenty-Six and 00/100 Dollars

To the Order of:

Pitney Bowes Global Financial Serv
PO Box 981022
BOSTON MA 02298

NON-NEGOTIABLE



Coming soon, your invoices will only be available online.

- Go to pitneybowes.com/paperlessbill to:
- Go Paperless now and enroll in AutoPay
 - View, print and pay online 24/7
 - Access our Help Center or live chat

Account Number

Invoice Number

Billing Period

Invoice Date

3323280728

Aug 12 2026 to Nov 11 2026

Sep 23 2026

AMOUNT DUE Nov 11 2026

\$426.00

PAID

OCT 06 2026



DETAILS OF YOUR CHARGES Billing period: Aug 12 2026 - Nov 11 2026

Contract

0012912506 LEHIGHTON AREA SCHOOL, District, 1000 UNION ST, LEHIGHTON, PA, 182351798

Description

Certified Pre-Owned C AUTO 95

Product/Serial #: 7H00 / 6200409 C Series IMI Meter

Total

\$426.00

Total tax

\$0.00

AMOUNT DUE

\$426.00

02 9/30/26

To pay by mail, complete and send the coupon below. Please allow 7-10 business days for mail and processing time.

Page 1 of 2

Pitney Bowes

27 Waterview Drive
Shelton, CT 06484

Pitney Bowes payment coupon

If you've chosen to pay by mail, please include this payment coupon with your payment.

Account

Invoice date: Sep 23, 2026

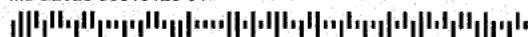
Payment amount due: \$426.00

Invoice #: 3323280728

Due date: Nov 11, 2026

426.00

MDG2026 00016125 01



0012912506

LEHIGHTON AREA SCHOOL
DISTRICT

1000 UNION ST
LEHIGHTON PA 18235-1798

PITNEY BOWES GLOBAL FINANCIAL SERVICE
PO BOX 981022
BOSTON MA 02298-1022

Change of address/contact information?

Please update at pitneybowes.com/us/support/addresschange.

NEW: Check your lease contract details at
pitneybowes.com/us/contract

Important information

This transaction is governed by the terms and conditions of the applicable Pitney Bowes agreement, current as of the date of this invoice unless otherwise agreed to in writing by the parties.

Payment

If we do not receive your payment by the Payment Due Date, late fees will apply. If your payment is returned, you're liable for any charges we incur. If you make a partial payment of the payment due, it doesn't change your contract or obligations to us.

You can pay your bill:

- QUICKEST WAY TO PAY: pitneybowes.us/signin
- By check, made payable to Pitney Bowes Global Financial Services LLC and sent with this *payment coupon* to:
PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC
PO BOX 981022
BOSTON MA 02298-1022

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

Pymt # 0010030106
10/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			672340.54		
SEE PAYMENT DETAIL LISTING					

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

Pymt # 0010030106
10/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			672340.54		
SEE PAYMENT DETAIL LISTING					

0010030106

10/06/2026

*****672,340.54

PAY Six Hundred Seventy-Two Thousand Three Hundred Forty and 54/100 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: 0010030106
Payment Date: 10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
OCTOBER 26	10/06/2026	21298.16 10-0462-271-000-00-000-000-0000	HEALTHCARE-OCTOBER 26
OCTOBER 26	10/06/2026	911.46 10-2140-271-000-20-500-000-000-0000	Psychology Medical MS
OCTOBER 26	10/06/2026	1171.88 10-2140-271-000-30-800-000-000-0000	Psychology Medical HS
OCTOBER 26	10/06/2026	1171.88 10-1225-271-000-30-800-000-000-0000	SPEECH MEDICAL HIGH SCHOOL
OCTOBER 26	10/06/2026	1302.08 10-2240-271-000-00-000-000-000-0000	Computer Assist Medical
OCTOBER 26	10/06/2026	1432.29 10-2620-281-000-00-000-000-000-0000	Building Operations Retiree Be
OCTOBER 26	10/06/2026	1432.29 10-2250-271-000-10-200-000-000-0000	Librarian Medical Elementary
OCTOBER 26	10/06/2026	1432.29 10-2160-271-000-10-200-000-000-0000	Social Worker Services-Medical
OCTOBER 26	10/06/2026	1432.29 10-1241-281-000-00-000-000-000-0000	Learning Support OPEB
OCTOBER 26	10/06/2026	1432.29 10-1110-281-000-30-800-000-000-0000	Retirees Health Benefits HS
OCTOBER 26	10/06/2026	1432.29 10-1110-281-000-20-500-000-000-0000	Retirees Health Benefits MS
OCTOBER 26	10/06/2026	1953.13 10-2839-271-000-00-000-000-000-0000	Personnel Health
OCTOBER 26	10/06/2026	2604.17 10-2140-271-000-10-200-000-000-0000	Psychology Medical EC
OCTOBER 26	10/06/2026	2864.59 10-2269-271-000-00-000-000-012-0000	Special Ed Office Medical
OCTOBER 26	10/06/2026	3255.21 10-2611-271-000-00-000-000-000-0000	Maint Medical
OCTOBER 26	10/06/2026	3255.21 10-2514-271-000-00-000-000-000-0000	Payroll Medical
OCTOBER 26	10/06/2026	3255.21 10-2440-271-000-30-800-000-000-0000	NURSE MEDICAL HIGH SCHOOL
OCTOBER 26	10/06/2026	3255.21 10-2440-271-000-20-500-000-000-0000	NURSE MEDICAL MIDDLE SCHOOL
OCTOBER 26	10/06/2026	3255.21 10-2250-271-000-30-800-000-000-0000	LIBRARIAN MEDICAL HIGH SCHOOL
OCTOBER 26	10/06/2026	3255.21 10-2190-271-000-00-000-000-000-0000	Behavior Tech Medical
OCTOBER 26	10/06/2026	3255.21 10-2170-271-000-00-000-000-000-0000	PIMS Coordinator Medical
OCTOBER 26	10/06/2026	3255.21 10-2160-271-000-30-800-000-000-0000	Social Work Services Medical
OCTOBER 26	10/06/2026	3255.21 10-2160-271-000-20-500-000-000-0000	Social Work Services Medical
OCTOBER 26	10/06/2026	3255.21 10-2125-271-000-30-800-000-000-0000	GUIDANCE MEDICAL HIGH SCHOOL
OCTOBER 26	10/06/2026	3255.21 10-2125-271-000-20-500-000-000-0000	GUIDANCE MEDICAL MIDDLE SCHOOL
OCTOBER 26	10/06/2026	3255.21 10-1211-271-000-30-800-000-000-0000	LIFE SKILL MEDICAL H/S
OCTOBER 26	10/06/2026	4687.51 10-2120-271-000-30-800-000-000-0000	GUIDANCE MEDICAL HIGH SCHOOL
OCTOBER 26	10/06/2026	4687.51 10-2120-271-000-20-500-000-000-0000	GUIDANCE MEDICAL MIDDLE SCHOOL
OCTOBER 26	10/06/2026	4882.82 10-3250-271-000-00-000-000-000-0000	Athletics Medical Ins
OCTOBER 26	10/06/2026	5403.65 10-1225-271-000-10-200-000-000-0000	Speech Medical Elementary
OCTOBER 26	10/06/2026	6184.90 10-2120-271-000-10-200-000-000-0000	Guidance Medical Elementary
OCTOBER 26	10/06/2026	6510.42 10-2620-271-000-00-000-000-000-0000	Maintenance Group Benefits
OCTOBER 26	10/06/2026	6510.42 10-2440-271-000-10-200-000-000-0000	NURSE MEDICAL Elemtry
OCTOBER 26	10/06/2026	6510.42 10-2360-271-000-00-000-000-000-0000	SUPER/ASST MEDICAL
OCTOBER 26	10/06/2026	6510.42 10-2250-271-000-20-500-000-000-0000	LIBRARIAN MEDICAL M/S
OCTOBER 26	10/06/2026	6510.42 10-1801-271-217-10-200-000-000-0000	Pre-K Medical - Elementary
OCTOBER 26	10/06/2026	6510.42 10-1190-271-411-10-200-000-000-0000	Title I Medical - Elementary
OCTOBER 26	10/06/2026	7161.47 10-2818-271-000-00-000-000-000-0000	TECHNOLOGY MEDICAL
OCTOBER 26	10/06/2026	7877.61 10-2513-271-000-00-000-000-000-0000	Business Medical
OCTOBER 26	10/06/2026	7877.61 10-2260-271-000-00-000-000-000-0000	CURR/GRANT MEDICAL
OCTOBER 26	10/06/2026	8007.82 10-2380-271-000-20-500-000-000-0000	PRINCIPAL MEDICAL M/SCHOOL
OCTOBER 26	10/06/2026	8007.82 10-1231-271-000-30-800-000-000-0000	EMOTIOANL SUPPORT MEDICAL H/S
OCTOBER 26	10/06/2026	9440.11 10-2620-271-000-30-800-000-000-0000	Oper Bld Srvs Medical HS
OCTOBER 26	10/06/2026	9830.74 10-1231-271-000-20-500-000-000-0000	EMOTIOANL SUPPORT MEDICAL M/S
OCTOBER 26	10/06/2026	9830.74 10-1211-271-000-20-500-000-000-0000	LIFE SKILLS MEDICAL M/S
OCTOBER 26	10/06/2026	10872.41 10-2620-271-000-20-500-000-000-0000	Oper Bld Srvs Medical MS
OCTOBER 26	10/06/2026	11263.03 10-2380-271-000-10-200-000-000-0000	Principal Medical Elementary
OCTOBER 26	10/06/2026	11263.03 10-0132-000-000-00-000-000-000-0000	DUE FROM FOOD SERVICE
OCTOBER 26	10/06/2026	11458.35 10-2380-271-000-30-800-000-000-0000	PRINCIPAL MEDICAL H/SCHOOL
OCTOBER 26	10/06/2026	12695.33 10-2620-271-000-10-200-000-000-0000	Maint. Medical Elementary
OCTOBER 26	10/06/2026	12695.33 10-1211-271-000-10-200-000-000-0000	Life Skills Medical Elementary
OCTOBER 26	10/06/2026	14127.62 10-1231-271-000-10-200-000-000-0000	Emotion Supp Medical Elementry
OCTOBER 26	10/06/2026	15950.54 10-1241-271-000-20-500-000-000-0000	LEARNING SUPPORT MEDICAL M/S
OCTOBER 26	10/06/2026	24348.99 10-1241-271-000-30-800-000-000-0000	LEARNING SUPPORT MEDICAL H/S
OCTOBER 26	10/06/2026	24348.99 10-1241-271-000-10-200-000-000-0000	Learning Supp. Medical Element
OCTOBER 26	10/06/2026	79166.75 10-1110-271-000-20-500-000-000-0000	Teacher Medical Ins MS
OCTOBER 26	10/06/2026	86393.32 10-1110-271-000-30-800-000-000-0000	Instruction Medical HS
OCTOBER 26	10/06/2026	143880.41 10-1110-271-000-10-200-000-000-0000	Instruction Medical Elementary
Payment Amount:		672340.54	

Public School Health Insurance Cooperative 2026-27

Lehigh Area School District

Month: Oct

Plan Name: HDHP

Highmark ASO Fee

135 x \$51.00 = \$6,885.00

Specific Premium

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

Multi-Party 102 x \$295.05 = \$30,095.10

Spec Share Fund

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

Multi-Party 102 x \$468.47 = \$47,783.94

Aggregate Premium

135 x \$8.00 = \$1,080.00

Claims Fund

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

90% of Max Multi-Party 102 x \$2,398.10 = \$244,606.20

Benecon Administrative Fee

135 x \$25.72 = \$3,472.20

Broker Fee

135 x \$46.57 = \$6,286.95

Healthiest You

135 x \$10.25 = \$1,383.75

Innovu Fee

135 x \$4.55 = \$614.25

Fedlogic Fee

135 x \$3.50 = \$472.50

Apex Fee

135 x \$4.50 = \$607.50

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OCT 06 2026

Sub- Total: \$386,639.82

Public School Health Insurance Cooperative 2026-27

Lehigh Area School District

Month: Oct

Plan Name: PPO \$0

Highmark ASO Fee

104 x \$51.00 = \$5,304.00

Specific Premium

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

Multi-Party 72 x \$295.05 = \$21,243.60

Spec Share Fund

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

Multi-Party 72 x \$468.47 = \$33,729.84

Aggregate Premium

104 x \$8.00 = \$832.00

Claims Fund

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

90% of Max Multi-Party 72 x \$2,398.10 = \$172,663.20

Benecon Administrative Fee

104 x \$25.72 = \$2,674.88

Broker Fee

104 x \$46.57 = \$4,843.28

Healthiest You

104 x \$10.25 = \$1,066.00

Innovu Fee

104 x \$4.55 = \$473.20

Fedlogic Fee

104 x \$3.50 = \$364.00

Apex Fee

104 x \$4.50 = \$468.00

Sub- Total:

\$285,700.72

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OCT 06 2026

Public School Health Insurance Cooperative 2026-27

Lehigh Area School District

Month: Oct

Totals

	Member Count	Funding
Highmark ASO Fee	239	\$12,189.00
Specific Premium		
Single	65	\$7,755.15
Multi-Party	174	\$51,338.70
Spec Share Fund		
Single	65	\$12,687.35
Multi-Party	174	\$81,513.78
Aggregate Premium		
	239	\$1,912.00
Claims Fund		
90% of Max Single	65	\$64,948.65
90% of Max Multi-Party	174	\$417,269.40
Benecon Administrative Fee	239	\$6,147.08
Broker Fee	239	\$11,130.23
Healthiest You	239	\$2,449.75
Innovu Fee	239	\$1,087.45
Fedlogic Fee	239	\$836.50
Apex Fee	239	\$1,075.50
Total Due:		\$672,340.54

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OCT 06 2026

gj 10/6/26

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

Pymt # 0010030107
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
207061	09/18/2026	1104.00 10-2350-331-000-00-000-000-012-0000	LEGAL BILL
207062	09/18/2026	138.00 10-2350-331-000-00-000-000-012-0000	LEGAL BILL
Payment Amount:		1242.00	

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

Pymt # 0010030107
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
207061	09/18/2026	1104.00 10-2350-331-000-00-000-000-012-0000	LEGAL BILL
207062	09/18/2026	138.00 10-2350-331-000-00-000-000-012-0000	LEGAL BILL
Payment Amount:		1242.00	

0010030107

10/06/2026

*****1,242.00

PAY One Thousand Two Hundred Forty-Two 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**

Invoice Number: 207061

Date: 09-18-2026

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

File No. [REDACTED]
Special Education

PAID

OCT 06 2026

9/29/26

Professional Services Rendered

Date	Description	Hours	Rate	Amount
08-14-26	CAB Analyze multiple emails from S. Michalik regarding mileage contracts	0.40	230.00	\$92.00
08-18-26	CAB Analyze email from S. Michalik regarding transportation	0.20	230.00	\$46.00
08-19-26	CAB Analyze and respond to multiple emails from S. Michalik regarding transportation waiver	0.40	230.00	\$92.00
08-19-26	CAB Telephone conference with S. Michalik regarding transportation waiver	0.30	230.00	\$69.00
08-19-26	CAB Analyze issue regarding nursing and transportation reimbursement	0.60	230.00	\$138.00
08-20-26	CAB Analyze and respond to multiple emails from S. Michalik regarding transportation	0.40	230.00	\$92.00
08-20-26	CAB Analyze IEP for waiver [REDACTED]	0.20	230.00	\$46.00
08-20-26	CAB Draft transportation waiver (begin)	1.00	230.00	\$230.00
08-21-26	CAB Analyze and respond to multiple emails from S. Michalik regarding completed draft waiver	0.80	230.00	\$184.00
08-21-26	CAB Draft transport waiver (finish)	0.30	230.00	\$69.00
08-31-26	CAB Analyze email from S. Michalik regarding new issues - L.D.	0.20	230.00	\$46.00

Professional Services Rendered Subtotal: \$1,104.00

Total \$1,104.00

Timekeeper Summary

Name	Initials	Hours	Rate	Total
Christopher Bambach	CAB	4.80	230.00	\$1,104.00

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

OCT 06 2026

SWEET, STEVENS, KATZ & WILLIAMS LLP

331 East Butler Avenue

New Britain, PA 18901

(215) 345-9111

Invoice Number: 207062

Date: 09-18-2026

PAID

OCT 06 2026

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

Approved
9/29/26

Professional Services Rendered

Date	Description	Hours	Rate	Amount
08-25-26	CAB Analyze and respond to email from opposing counsel regarding board approval	0.40	230.00	\$92.00
08-28-26	CAB Analyze email from S. Michalik regarding fully executed Settlement Agreement	0.20	230.00	\$46.00

Professional Services Rendered Subtotal: \$138.00

Total \$138.00

Timekeeper Summary

Name	Initials	Hours	Rate	Total
Christopher Bambach	CAB	0.60	230.00	\$138.00

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.

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

Pymt # 0010030108
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
SEPT	10/06/2026	2188.37 10-0462-214-000-00-000-000-0000	LEHIGHTON AREA SD
Payment Amount:		2188.37	SEPT

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

Pymt # 0010030108
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
SEPT	10/06/2026	2188.37 10-0462-214-000-00-000-000-0000	LEHIGHTON AREA SD
Payment Amount:		2188.37	SEPT

0010030108

10/06/2026

*****2,188.37

PAY Two Thousand One Hundred Eighty-Eight and 37/100 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	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	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:				42	\$1,750,000.00	\$2,188.37

PAID

OCT 06 2026

Pay: Trustmark

Acct: 10-0462-214

Desc: Lehigh Area SA

Sept.

12/10/12

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

Pymt # 0010030109
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
115434389	09/30/2026	1070.06 10-2620-626-000-00-130-000-026-0000	MONTHLY GAS BILL-SEPT 26
Payment Amount:		1070.06	

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

Pymt # 0010030109
10/06/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
115434389	09/30/2026	1070.06 10-2620-626-000-00-130-000-026-0000	MONTHLY GAS BILL-SEPT 26
Payment Amount:		1070.06	

0010030109

10/06/2026

*****1,070.06

PAY One Thousand Seventy and 06/100 Dollars

To the Order of:

WEX BANK
PO Box 5727
CAROL STREAM IL 60197

NON-NEGOTIABLE



Invoice Statement

INVOICE NUMBER: 115434389
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	30	SEP-30-2026	OCT-26-2026	1070.06

DATE	ACTIVITY DESCRIPTION	CHARGES / DEBITS	PAYMENTS / CREDITS
SEP-24-2026	Payment - Thank You		1219.97
SEP-30-2026	Fuel Purchases	1062.84	
SEP-30-2026	Other Adjustments this Period	10.00	
SEP-30-2026	Rebates and Rebate Reversals		2.78
PAID OCT 06 2026 10-2620-620-100-00-130-000-026 **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
1219.97	1219.97	1072.84	2.78	1070.06

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	115434389
BILL CLOSING DATE	SEP-30-2026
AMOUNT DUE	1070.06
AMOUNT ENCLOSED	1070.06
PAYMENT DUE DATE	OCT-26-2026

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:

115434389

ACCOUNT NAME:

Lehigh Area School District

PAGE 3

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
09-30	OTHER ADJUSTMENTS THIS PERIOD Paper Delivery Fee			10.00		
	Subtotal			10.00		
10-01	REBATES AND REVERSALS ExxonMobil Rebate - T10	Partner	277.943	-2.78	2573.503	-25.74
	Subtotal			-2.78		-25.74
	Total			7.22		-25.74

PAID
OCT 06 2026



REPORT FOR:
Leighton Area School District
SEP-01-2026 TO SEP-30-2026

PAGE 1

Purchase Activity Report

CARD NUMBER		CARD EMBOSING	VEHICLE/ASSET IDENTIFIER		VEHICLE DESCRIPTION		PLATE (ST)		VIN					
		FORD EXPLORER	Ford Explorer		Ford Explorer									
DATE	TIME	SITE ADDRESS	TICKET NUMBER	PROMPT INFO	TRAN CODE	ODOM.	PROD UNITS	COST/UNIT	FUEL \$	OTHER \$	EXEMPT TAX	REBATE CODE	NET \$	REPORTED TAX
09-16	14:27	PREVIOUS ODOMETER 24 Blakeslee Boulevard Dr E, Leighton, PA	00006500	C	OP	90,929	90,994 UNL	8.548	4.358	37.26	-4.92		32.34	-1.56
		PERIOD TOTALS				65	8.548	8.548	37.26	37.26	-4.92		32.34	-1.56
		YTD TOTALS				478	53.840	53.840	204.87	204.87	-31.00		173.87	-9.85
		PERIOD AVGS: DPU, PPU, CPD				7.60								
		YTD AVGS: DPU, PPU, CPD				8.88		4.359	0.57	0.43				
PAID														
OCT 06 2026														
Transaction and Fee legend can be found on the last page of this report.														



REPORT FOR:
Lehigh Area School District
SEP-01-2026 TO SEP-30-2026

PAGE 2

Purchase Activity Report

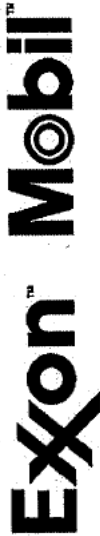
CARD NUMBER		CARD EMBOSING	VEHICLE/ASSET IDENTIFIER		VEHICLE DESCRIPTION		PLATE (ST)	VIN						
		FORD ESCAPE	Ford Escape		Ford Escape		(PA)							
DATE	TIME	SITE ADDRESS	TICKET NUMBER	PROMPT INFO	TRAN CODE	ODOM.	PROD UNITS	COST/UNIT	FUEL \$	OTHER \$	EXEMPT TAX	REBATE CODE	NET \$	REPORTED TAX
09-25	09:34	PREVIOUS ODOMETER 24 Blakeslee Boulevard Dr E, Lehigh, PA	00013798		OP	23,529	23,779 UNL	4.358	43.25				37.53	-1.82
		PERIOD TOTALS				250	9.923	43.25	43.25				37.53	-1.82
		YTD TOTALS				964	40.950	166.67	166.67				143.08	-7.50
		PERIOD AVGS: DPU, PPU, CPD				25.19		4.359	0.17					
		YTD AVGS: DPU, PPU, CPD				23.54		0.17	0.17					

PAID

OCT 06 2023

Transaction and Escalation can be found on the last page of this report

PAID
OCT 06 2026



Purchase Activity Report

CARD NUMBER		CARD EMBOSING	VEHICLE/ASSET IDENTIFIER		VEHICLE DESCRIPTION				PLATE (ST)		VIN				
		# 7 VAN	# 7 Van		# 7 Van				(PA)						
DATE	TIME	SITE ADDRESS	TICKET NUMBER	PROMPT INFO	TRAN CODE	ODOM.	PROD	UNITS	COST/UNIT	FUEL \$	OTHER \$	EXEMPT TAX	REBATE CODE	NET \$	REPORTED TAX
09-15	08:09	PREVIOUS ODOMETER 24 Blakeslee Boulevard Dr E, Leighton, PA	00005338		OP	34,886	35,090 UNL	14,601	4.359	63.65			-8.41	55.24	-2.67
		PERIOD TOTALS				204	14,601	14,601		63.65			-8.41	55.24	-2.67
		YTD TOTALS				2,907	183,260	183,260		728.90			-105.52	623.38	-33.53
		PERIOD AVGS: DPU, PPU, CPD				13.97			4.359	0.31					
		YTD AVGS: DPU, PPU, CPD				15.87				0.25					

PAID

OCT 06 2026

PAID
OCT 06 2026



REPORT FOR:
Lehigh Area School District
SEP-01-2026 TO SEP-30-2026

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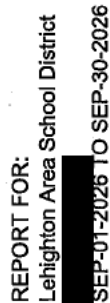
Purchase Activity Report

CARD NUMBER		CARD EMBOSSING		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
09-01	11:13	PREVIOUS ODOMETER	00058271		OP	0 UNL	60.526	4.159	251.73				216.87	-11.08
09-15	08:35	24 Blakeslee Boulevard Dr E, Lehigh, PA	00005349		OP	0 UNL	64.928	4.358	283.02				245.62	-11.88
		24 Blakeslee Boulevard Dr E, Lehigh, PA				*****	125.454		534.75				462.49	-22.96
		PERIOD TOTALS				*****	1,234.730		5,159.24				4,392.52	-246.14
		YTD TOTALS				*****		4.263	*****					
		PERIOD AVG: PPU												
		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. *****														

PAID
OCT 06 2023

Transaction and Escrow can be found on the last page of this report

PAID
OCT 06 2026



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CARD NUMBER		CARD EMBOSING		VEHICLE/ASSET IDENTIFIER		VEHICLE DESCRIPTION				PLATE (ST)		VIN			
		4 GMC PICKUP		GMC		4 GMC PICKUP									
DATE	TIME	SITE ADDRESS	TICKET NUMBER	PROMPT INFO	TRAN CODE	ODOM.	PROD	UNITS	COST/UNIT	FUEL \$	OTHER \$	EXEMPT TAX	REBATE CODE	NET \$	REPORTED TAX
08-31	12:50	PREVIOUS ODOMETER 24 Blakeslee Boulevard Dr E, Lehighton, PA	00057515		OP	6,466	6,719 UNL	30.564	4.159	127.12		-17.60		109.52	-5.59
		PERIOD TOTALS				253		30.564		127.12		-17.60		109.52	-5.59
		YTD TOTALS				*****		302.960		1,061.84		-179.49		882.15	-57.25
		PERIOD AVGS: DPU, PPU, CPD				8.28			4.159	0.50					
		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.															

PAID

OCT 06 2026

Transaction and Fee legend can be found on the last page of this report.



REPORT FOR:
Leighton Area School District
SEP-01-2026 TO SEP-30-2026

PAGE 6

Purchase Activity Report

CARD NUMBER		CARD EMBOSSEING	VEHICLE/ASSET IDENTIFIER		VEHICLE DESCRIPTION		PLATE (ST)	VIN							
		5 GMC BOX TRK	Box Truck		Box Truck										
DATE	TIME	SITE ADDRESS	TICKET NUMBER	PROMPT INFO	TRAN CODE	ODOM.	PROD	UNITS	COST/UNIT	FUEL \$	OTHER \$	EXEMPT TAX	REBATE CODE	NET \$	REPORTED TAX
09-25	08:39	PREVIOUS ODOMETER 24 Blakeslee Boulevard Dr E, Leighton, PA	00013737		OP	165,804 165,973 DS+		16.291	6.658	108.48		-12.07		96.41	-3.96
		PERIOD TOTALS				169		16.291		108.48		-12.07		96.41	-3.96
		YTD TOTALS				518		54.450		290.20		-40.35		249.85	-13.24
		PERIOD AVGS: DPU, PPU, CPD				10.37			6.659	0.64					
		YTD AVGS: DPU, PPU, CPD				9.51			0.56						

PAID
OCT 06 2023

Transaction and Fee legend can be found on the last page of this report.

PAID
OCT 06 2026



REPORT FOR:
Leighton Area School District
SEP-01-2026 TO SEP-30-2026

PAGE 7

Purchase Activity Report

CARD NUMBER		CARD EMBOSSING		VEHICLE/ASSET IDENTIFIER		VEHICLE DESCRIPTION		PLATE (ST)		VIN				
		# 6 VAN		Van #6		# 6 Van		(PA)		1FmZK1ZM8JKA61480				
DATE	TIME	SITE ADDRESS	TICKET NUMBER	PROMPT INFO	TRAN CODE	ODOM.	PROD UNITS	COST/ UNIT	FUEL \$	OTHER \$	EXEMPT TAX	REBATE CODE	NET \$	REPORTED TAX
09-25	12:27	PREVIOUS ODOMETER 24 Blakeslee Boulevard Dr E, Leighton, PA	00013956		OP	26,242 26,342 UNL	8.423	4.359	36.72			-4.85	31.87	-1.54
		PERIOD TOTALS				100 *****	8.423		36.72			-4.85	31.87	-1.54
		YTD TOTALS				175,360	175,360		670.65			-101.00	569.65	-32.09
		PERIOD AVGS: DPU, PPU, CPD				11.87 *****		4.359	0.37					
		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.														

PAID

OCT 06 2026

PAID
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Transaction and Fee legend can be found on the last page of this report.



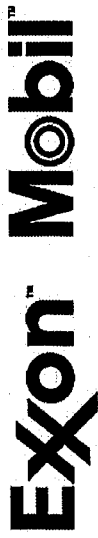
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END OF REPORT

CARD NUMBER		CARD EMBOSING	VEHICLE/ASSET IDENTIFIER		VEHICLE DESCRIPTION		PLATE (ST)		VIN						
1VAN		1VAN	1VAN		1VAN		(PA)								
DATE	TIME	SITE ADDRESS	TICKET NUMBER	PROMPT INFO	TRAN CODE	ODOM.	PROD	UNITS	COST/ UNIT	FUEL \$	OTHER \$	EXEMPT TAX	REBATE CODE	NET \$	REPORTED TAX
MM-DD															
09-03	19:02	PREVIOUS ODOMETER	00060453		OP	43,671		15,241	4.199	64.00			-8.78	55.22	-2.79
09-22	10:26	24 Blakeslee Boulevard Dr E, Lehigh, PA	00011624		OP	44,044	UNL	11,244	4.358	49.01			-6.48	42.53	-2.06
		24 Blakeslee Boulevard Dr E, Lehigh, PA						26,485		113.01			-15.26	97.75	-4.85
		PERIOD TOTALS				373		175,350		668.38			-101.01	567.37	-32.10
		YTD TOTALS				2,397									
		PERIOD AVGGS: DPU, PPU, CPD				14.08			4.267	0.30					
		YTD AVGGS: DPU, PPU, CPD				13.67			0.28						

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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

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