

Vendor: ASSOC SCH-Association of School Psychologists of PA
710 West Chocolate Avenue #1016 HERSHEY PA 17033-4023

Pymt # 0010030110
10/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
E2975	10/01/2026	290.00 10-2834-360-000-00-000-000-065-0000	ASPP ANNUAL FALL CONFERENCE
E2976	10/01/2026	290.00 10-2834-360-000-00-000-000-065-0000	ASPP ANNUAL FALL CONFERENCE
Payment Amount:		580.00	

Vendor: ASSOC SCH-Association of School Psychologis
710 West Chocolate Avenue #1016 HERSHEY PA 17033-4023

Pymt # 0010030110
10/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
E2975	10/01/2026	290.00 10-2834-360-000-00-000-000-065-0000	ASPP ANNUAL FALL CONFERENCE
E2976	10/01/2026	290.00 10-2834-360-000-00-000-000-065-0000	ASPP ANNUAL FALL CONFERENCE
Payment Amount:		580.00	

0010030110

10/09/2026

*****580.00

PAY Five Hundred Eighty and 00/100 Dollars

To the Order of:

Association of School Psychologists of PA
710 West Chocolate Avenue #1016
HERSHEY PA 17033-4023

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 10/2/2026

AMOUNT: \$290.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Association of School Psychologists of Pennsylvania
710 West Chocolate Avenue #1016
Hershey, PA 17033

PAID

OCT 09 2026

REASON [REDACTED] ASPP Annual Conference registration (board approved
9/28/2026)

SIGNATURE OF REQUESTOR: [REDACTED]

SIGNATURE OF PRINCIPAL/DIRECTOR: [Signature] 10/2/26

SIGNATURE OF BUSINESS ADMINISTRATOR: [Signature] 10/6/26

.....
ACCOUNT CODE(S): 10-2834-360-000-00-000-000-065-0000

DEBIT: _____

Association of School Psychologists of Pennsylvania
710 West Chocolate Ave #1016
Hershey, PA 17033

Registration Invoice

October 1, 2026

Invoice #E2975 (pg 1/1)

Sold To: [REDACTED]
Lehighton Area School District

PAID

OCT 09 2026

Event Name: 2026 ASPP ANNUAL FALL CONFERENCE

Dates: 11/18/26 - 11/19/26

Location: The Central Hotel and Conference Center

Purchase Description	Amounts
Package: Non-Member - Both Days (\$290.00 USD)	\$290.00 USD
Purchase Total, Invoice #E2975:	\$290.00 USD
Payment Received:	\$0.00 USD
Amount Due:	\$290.00 USD

**LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST**

DATE: 10/2/2026

AMOUNT: \$290.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Association of School Psychologists of Pennsylvania
710 West Chocolate Avenue #1016
Hershey, PA 17033

PAID

OCT 09 2026

REASON ASPP Annual Conference registration (board
approved 9/28/2026)

SIGNATURE OF REQUESTOR: Amanda Gato

SIGNATURE OF PRINCIPAL/DIRECTOR: Shirley G. Little 10/2/26

SIGNATURE OF BUSINESS ADMINISTRATOR: Gentry 10/6/26

.....
ACCOUNT CODE(S): 10-2834-360-000-00-000-000-065-0000

DEBIT:

Association of School Psychologists of Pennsylvania
710 West Chocolate Ave #1016
Hershey, PA 17033

Registration Invoice

October 1, 2026

Invoice #E2976 (pg 1/1)

Sold To:

Lehighton Area School District
335 N 8th St
Lehighton, PA 18235

PAID

OCT 09 2026

PAID

OCT 09 2026

Event Name: 2026 ASPP ANNUAL FALL CONFERENCE

Dates: 11/18/26 - 11/19/26

Location: The Central Hotel and Conference Center

Purchase Description	Amounts
Package: Non-Member - Both Days (\$290.00 USD)	\$290.00 USD
Purchase Total, Invoice #E2976:	\$290.00 USD
Payment Received:	\$0.00 USD
Amount Due:	\$290.00 USD

Vendor: ATTENDACP-Attendance/Child Accounting Professional
(A/CAPA)

Pymt # 0010030111
10/09/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
CONFERENCE	10/01/2026		410.00	10-2836-360-000-00-000-000-065-0000	ATTENDANCE/CHILD ACCOUNTING
Payment Amount:			410.00		

Vendor: ATTENDACP-Attendance/Child Accounting Profe
303 Concord Ave EXTON PA 19341

Pymt # 0010030111
10/09/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
CONFERENCE	10/01/2026		410.00	10-2836-360-000-00-000-000-065-0000	ATTENDANCE/CHILD ACCOUNTING
Payment Amount:			410.00		

0010030111

10/09/2026

*****410.00

PAY Four Hundred Ten and 00/100 Dollars

To the Order of:

Attendance/Child Accounting Professional (A/CAPA)
303 Concord Ave
EXTON PA 19341

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 10/1/2026

PAID

OCT 09 2026

AMOUNT: \$410.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Blue Chip Management Services, Inc. *Attendance/Child Accounting Professional PA*
303 Concord Avenue
Exton, PA 19341

REASON: [REDACTED] Attendance/Child Accounting Professional Association
conference registration (board approved 9/28/2026)

SIGNATURE OF REQUESTOR: [REDACTED]

SIGNATURE OF PRINCIPAL/DIRECTOR: [Signature] 10/1/20

SIGNATURE OF BUSINESS ADMINISTRATOR: [Signature] 10/6/26

.....
ACCOUNT CODE(S): 10-2836-360-000-00-000-000-065-0000

DEBIT:

[View invoice online](#) | [Download invoice as PDF](#)

Event registration

PO:

Invoice number: 01700

Issued: 09/30/2026

Bill to:

Item	Amount
Registration for "2026 ACAPA FALL CONFERENCE" (11/04/2026 8:00 AM - 11/06/2026 1:00 PM, Hotel Hershey, Hershey Pennsylvania), 13-Member Standard Registration 3 Day Full Conference	\$410.00

Total: \$410.00

Balance Due: ~~\$410.00~~

These online instructions will also appear on your downloaded invoice. If your business office would like to pay online, it would have to be done by accessing your registration on the A/CAPA website at <https://acapa.org>.

PAYMENT INSTRUCTIONS:

If you are paying by credit card, click the "Pay Online" button. You will receive a receipt upon completion.

If you are paying by check, click the "Invoice Me" button and submit the generated invoice to your accounts payable. Checks should be made payable to:

Attendance/Child Accounting Professional Association (A/CAPA)

Mail payment check to:

Blue Chip Management Services, Inc.
303 Concord Ave., Exton PA 19341

If you require ACH payment information or have questions, please contact:

PAID

OCT 09 2026

Cancellation Policy:

Cancellations received 30 or more days before the event will receive a full refund, less a 3% processing fee.

Cancellations received between 29 days and 72 hours before the event will receive a refund, less a \$50 processing fee.

Cancellations received less than 72 hours before the event will receive a refund, less a \$175 cancellation fee.

All registration cancellations must be submitted through Carol Tamney at Blue Chip Management using the phone number or email address listed above.

Hotel Accommodations: If you have reserved a room at The Hotel Hershey, you must contact the hotel directly to cancel your reservation. Hotel reservations are subject to the hotel's separate cancellation policies and procedures.

[View invoice online](#) | [Download invoice as PDF](#)

Vendor: ENERGY-Energy Technologies
591 North Hunter Highway DRUMS PA 18222

Pymt # 0010030112
10/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
11742	10/01/2026 2700000294	500.00 10-2620-432-000-00-100-000-026-0000	ADMIN- FIRST QUARTERLY PAYMENT
	Payment Amount:	500.00	

Vendor: ENERGY-Energy Technologies
591 North Hunter Highway DRUMS PA 18222

Pymt # 0010030112
10/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
11742	10/01/2026 2700000294	500.00 10-2620-432-000-00-100-000-026-0000	ADMIN- FIRST QUARTERLY PAYMENT
	Payment Amount:	500.00	

0010030112

10/09/2026

*****500.00

PAY Five Hundred and 00/100 Dollars

To the Order of:

Energy Technologies
591 North Hunter Highway
DRUMS PA 18222

NON-NEGOTIABLE



591 N Hunter Hwy
Drums, PA 18222
570-788-3845

Bill To

LEHIGHTON SCHOOL DISTRICT
1000 Union Street
Lehigh, Pa 18235
US

PAID

OCT 09 2026

Invoice 11742

Oct 1, 2026

Service Agreement

Payment Terms

Net 30

Total Due

\$500.00

Due Date

Oct 31, 2026

CUSTOMER NAME

LEHIGHTON SCHOOL DISTRICT

PROPERTY NAME

LEHIGHTON SD ADMIN

PROPERTY ADDRESS

1000 UNION STREET
Lehigh, PA 18235

AUTHORIZED BY

CUSTOMER WO

NTE

Invoice Summary

HVAC Preventative Maintenance Invoice

Item Name	Description	Quantity	Unit Price	Price Subtotal
Preventative Maintenance	Preventative Maintenance	1	\$500.00	\$500.00
		1		\$500.00
Subtotal				\$500.00
Taxable Subtotal				\$0.00
Sales Tax Rate				0%
Tax Amount				\$0.00
Total				\$500.00

Terms of Service

Thank you for your business.

Please make checks payable to Energy Technologies.

We accept - VISA - MASTERCARD - AMEX - DISCOVER

A convenience fee of 3% will be charged when using a credit card for payment.

To pay via credit card or ACH, please go to:

<https://invoicepay.billeriq.com/ebpp/EnergyTech/>

Pymt # 0010030113
10/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 25-26-1	10/01/2026	1068.00 10-2271-240-000-20-500-000-000-0000	PRE-STU TCHG CHINIC EXP II-PAR
TUITION 25-26-2	10/01/2026	1602.00 10-2271-240-000-20-500-000-000-0000	EDUCATION TECHNOLOGY, INST. DE
Payment Amount:		2670.00	

Pymt # 0010030113
10/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 25-26-1	10/01/2026	1068.00 10-2271-240-000-20-500-000-000-0000	PRE-STU TCHG CHINIC EXP II-PAR
TUITION 25-26-2	10/01/2026	1602.00 10-2271-240-000-20-500-000-000-0000	EDUCATION TECHNOLOGY, INST. DE
Payment Amount:		2670.00	

0010030113

10/09/2026

*****2,670.00

PAY Two Thousand Six Hundred Seventy and 00/100 Dollars

To the Order of:

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT

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



TO:

DATE: 10/1/2026

PAID

OCT 09 2026

Building: LAMS
Position: Teacher

FOR: Tuition Reimbursement

2025-2026

Total: \$1068

Semester Hours: 2

College/University: Indiana University of PA

Name of Course: Pre-Stu Tchg Clinic Exp. II *Part II*

Grade: A

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: 10/1/2026

Building: LAMS
Position: Teacher

PAID

OCT 09 2026

FOR: Tuition Reimbursement

2025-2026

Total: \$1602

Semester Hours: 3

College/University: Indiana University of PA

Name of Course: Education Technology, Inst. Design & Learning Tech

Grade: A

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

REQUEST FOR TUITION REIMBURSEMENT

Lehigh Area School District

Name: [REDACTED]

Building: MS School Year: 2025-26Course Information☒ Proof of prior approval for this course is attached.

534

Course #	Title of Course	College/University	Total Credit	Grade	Cost per Credit ESU Graduate Tuition Rate	Total Cost
EDTC 617	edu. tech	IUP	3	A	\$577.00	1,602 ⁰⁰
EDUC 542	Pre Stu Tech Chn	IUP	2	A	\$577.00	1,068 ⁰⁰
					\$577.00	

Additional InformationPAID \$2,670⁰⁰

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

Copy of proof of grade attached

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

Date: 8/15/2026 Employee Signature: [REDACTED]**FOR DAO USE**
 Grade A
 Grade A
 Grade _____

100 % of \$ 1602 =
100 % of \$ 1068 =
 _____ % of \$ _____ =

 \$ 1602
 \$ 1068
 \$ _____

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

TOTAL TO BE PAID

\$ 2670Date: 9/28/26

Superintendent's Signature: [Signature]

Print

1864

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

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

Part I [Completed by Employee]

Name: [REDACTED] Position: FCS Teacher Building: Middle School

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

Name of Activity/Course: Education Technology, Inst. Design & Learning Tech. 617, Section 801

Date(s): From: 01/20/2026 To: 05/06/2026

Activity/Course given by: Indiana University of Pennsylvania

PAID

Location: Online DL

OCT 09 2026

School Year: 2025-2026 Cost (Tuition Only): \$ \$1,602.00

Program of Studies: FCS Edu Approval Date: 09/01/2025

Employee's Signature: X [REDACTED] Date: 12/02/2025

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

Part II [Completed by Superintendent]

☒ Approved ☐ Denied – Reason: _____

Superintendent's Signature: X [REDACTED] Date: 12/19/25

Date of Board Approval: 12/15/25

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

LEHIGHTON AREA SCHOOL DISTRICT

Request for Pre-Approval for Reimbursement of College Credits

[Use a separate form for each course]

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

Part I [Completed by Employee]

Name: [REDACTED] Position: FCS Teacher Building: Middle School

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

Name of Activity/Course: EDUC 542 - PRE-STUDENT TEACHING CLINICAL EXPERIENCE II PART II

Date(s): From: 08/25/2025 To: 12/19/2025

Activity/Course given by: Indiana University or Pennsylvania

Location: Online

PAID

OCT 09 2026

School Year: 2025-2026 Cost (Tuition Only): \$ \$534.00

Program of Studies: FCS Approval Date: 08/22/2025

Employee's Signature: X [REDACTED] Date: 08/21/2025

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

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

Part II [Completed by Superintendent]

☒ Approved ☐ Denied - Reason: _____

Superintendent's Signature: X [REDACTED] Date: 9/23/25

Date of Board Approval: 9/22/25

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

Vendor: PAASG-Pennsylvania Associate for Gifted Education
PO Box 452 NATRONA HEIGHTS PA 15065

Pymt # 0010030114
10/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
REGISTRATION	10/06/2026	489.70 10-2271-360-000-00-000-000-065-0000	PAGE CONFERENCE
Payment Amount:		489.70	

Vendor: PAASG-Pennsylvania Associate for Gifted Edu
PO Box 452 NATRONA HEIGHTS PA 15065

Pymt # 0010030114
10/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
REGISTRATION	10/06/2026	489.70 10-2271-360-000-00-000-000-065-0000	PAGE CONFERENCE
Payment Amount:		489.70	

0010030114

10/09/2026

*****489.70

PAY Four Hundred Eighty-Nine and 70/100 Dollars

To the Order of:

Pennsylvania Associate for Gifted Education
PO Box 452
NATRONA HEIGHTS PA 15065

NON-NEGOTIABLE

**LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST**

DATE: 10/6/2026

AMOUNT: \$489.70

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Pennsylvania Association for Gifted Education

c/o [REDACTED]

P.O. Box 452

Natrona Heights, PA 15065

PAID

OCT 09 2026

REASON: A. Conway's PAGE Conference registration (board approved
9/28/2026)

SIGNATURE OF REQUESTOR: [REDACTED]

SIGNATURE OF PRINCIPAL/DIRECTOR: [Signature] 10/6/26

SIGNATURE OF BUSINESS ADMINISTRATOR: [Signature]

.....
ACCOUNT CODE(S): 10-2271-360-000-00-000-000-065-0000

DEBIT:



Pennsylvania Association for Gifted Education
attn: Kacey Shoupe
PO Box 452
Natrona Heights, PA 15065
kshoupe@giftedpage.org

INVOICE

BILLED TO**INVOICE NUMBER****DATE OF ISSUE****STATUS**

301 Beaver Run Rd
Lehighton
PA
18235

84468884

Oct 5, 2026

PENDING

PAID

OCT 09 2026

Item	Price	Qty	Subtotal
PAGE 2026: Connecting in the Commonwealth Best Western Premier The Central Hotel & Conference Center, Mon 26 October 2026 7:30 AM - Tue 27 October 2026 4:30 PM			
Regular Registration	\$475.00	1	\$475.00
Transaction charge	\$14.70		\$14.70
Total			\$489.70

Amount due: \$489.70

PAYMENT INSTRUCTIONS

You will receive an invoice within 30 days. Payment is due by date on the invoice or your registration may be canceled.

Vendor: ZEPHYR MA-Zephyr Mat Club
C/O [REDACTED] 3800 Mechanicsville Rd WHITEHALL PA 18052

Pymt # 0010030115
10/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TOURNAMENT	09/29/2026	450.00 10-3250-810-000-30-800-024-000-0000	BOYS-(MS) WRESTLING TOURNAMENT
Payment Amount:		450.00	

Vendor: ZEPHYR MA-Zephyr Mat Club
C/O [REDACTED] 3800 Mechanicsville Rd WHITEHALL PA 18052

Pymt # 0010030115
10/09/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TOURNAMENT	09/29/2026	450.00 10-3250-810-000-30-800-024-000-0000	BOYS-(MS) WRESTLING TOURNAMENT
Payment Amount:		450.00	

0010030115

10/09/2026

*****450.00

PAY Four Hundred Fifty and 00/100 Dollars

To the Order of:

Zephyr Mat Club
C/O [REDACTED]
3800 Mechanicsville Rd
WHITEHALL PA 18052

NON-NEGOTIABLE

**LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST**

DATE: 9/29/26

PAID

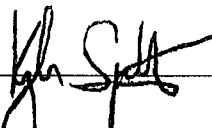
AMOUNT: 450.00

OCT 09 2026

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Zephyr Mat Club
3800 Mechanicsville Rd
Whitehall, PA 18052

REASON: Wrestling Tourney

SIGNATURE OF REQUESTOR: 

SIGNATURE OF PRINCIPAL/DIRECTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR: CF 10/1/26

ACCOUNT CODE(S):

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

ZEPHYR MAT CLUB JUNIOR HIGH CHRISTMAS CLASSIC

2026

Date: Saturday, December 5th, 2026

Place: Whitehall High School Gymnasium

Teams Invited: Northwestern, Dieruff, Salisbury, Pen Argyl, Whitehall, Panther Valley, Lehighton, Bangor, Red Lion, Notre Dame, Berks Catholic, Penns Grove Middle School, Blue Mountain, Executive Academy, Liberty, Blue Mountain, Bethlehem Catholic, PM, East Stroudsburg North, Pocono Mountain East, Germantown Academy and Wilson

PAID

Time Schedule:

Weigh-ins: 7:00 a.m. - 8:00 a.m.

OCT 09 2026

Coaches' Meeting: 8:30 a.m. Room F109. Please be sure that each school is represented.

Wrestling: Wrestling will begin at 9:00 a.m. Wrestling will be done on 4 mats.

Bout times: Championship bouts - 1 -1/2 - 1 1/2- 1 1/2

Consolation bouts - 1 - 1 - 1

Seeding: *Wrestlers* will be seeded at each weight class. The seeding will be on Thursday, before the tournament. The tournament committee will do seeding.

Line-up substitutions must be called in by Friday night; there will be no changes on Saturday morning. We will do the final seeding Friday night. This will help speed up the start time for the tournament.

Format: The tournament will be double elimination. We will wrestle to 4th place.

Locker Facilities: The locker room may be used as a changing and shower facility. It is recommended that wrestlers keep all their belongings and valuables with them in the bleachers, under someone's supervision.

Entry Fee: \$450 per team. One wrestler per weight. Checks made payable to:

Zephyr Mat Club

C/o

3800 Mechanicsville Rd.
Whitehall, PA 18052

Admission: Adults: \$10.00 for all-day admission

Students: \$5.00 for all-day admission (6-18 yr.)

Awards: Medals are given to the top three in each weight. The team champion will also be awarded.

Eligibility: This is a junior high tournament. Only wrestlers that are PIAA eligibility lists for junior high teams will be permitted.

Refreshments: The Zephyr Mat Club will provide refreshment items for breakfast, lunch, and dinner throughout the day. **No food** allowed in the gymnasium. Wrestlers and coaches will be removed from the gym if they cannot comply with this.

Questions: Questions directed to