Vendor: BHA-BHA
200 Beaver Run Rd LEHIGHTON PA 18235-0000

Pymt # 0010029651
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
COST SAVINGS	07/07/2026		81568.63	10-2720-513-000-00-000-000-012-0000	SPECIAL ED TRANSPORTATION
COST SAVINGS	07/07/2026		66737.97	10-1233-329-000-30-800-000-012-0000	AUTISTIC SUPPORT
COST SAVINGS	07/07/2026		88983.96	10-1233-329-000-10-200-000-012-0000	AUTISTIC SUPPORT
COST SAVINGS	07/07/2026		133475.94	10-1231-329-000-30-800-000-012-0000	EMOTIONAL SUPPORT
COST SAVINGS	07/07/2026		111229.95	10-1231-329-000-20-500-000-012-0000	EMOTIONAL SUPPORT
COST SAVINGS	07/07/2026		259536.55	10-1231-329-000-10-200-000-012-0000	EMOTIONAL SUPPORT
		Payment Amount:	**741533.00**		

Vendor: BHA-BHA
200 Beaver Run Rd LEHIGHTON PA 18235-0000

Pymt # 0010029651
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
COST SAVINGS	07/07/2026		81568.63	10-2720-513-000-00-000-000-012-0000	SPECIAL ED TRANSPORTATION
COST SAVINGS	07/07/2026		66737.97	10-1233-329-000-30-800-000-012-0000	AUTISTIC SUPPORT
COST SAVINGS	07/07/2026		88983.96	10-1233-329-000-10-200-000-012-0000	AUTISTIC SUPPORT
COST SAVINGS	07/07/2026		133475.94	10-1231-329-000-30-800-000-012-0000	EMOTIONAL SUPPORT
COST SAVINGS	07/07/2026		111229.95	10-1231-329-000-20-500-000-012-0000	EMOTIONAL SUPPORT
COST SAVINGS	07/07/2026		259536.55	10-1231-329-000-10-200-000-012-0000	EMOTIONAL SUPPORT
		Payment Amount:	**741533.00**		

0010029651

07/08/2026

****************741,533.00**

PAY Seven Hundred Forty-One Thousand Five Hundred Thirty-Three and 00/100 Dollars

To the Order of:

BHA
200 Beaver Run Rd
LEHIGHTON PA 18235-0000

NON-NEGOTIABLE

[redacted]

BHA

BHA

"A Non-Profit Health Care Foundation"

325 Alum Street, Lehighton, PA 18235

610-379-1266

BHA Cost-Savings Program

Remittance Form

COPY

Please sign and complete this form by **May 14, 2026.**

We are pleased to offer your district the opportunity to partner with BHA and elect reduced rates for the **2026-2027** school year. This would require a 20% down payment of **$741,533.00** which will be credited back to your district in five equal installments on your tuition bills from **October 2026 through February 2027.**

PAID

JUL 08 2026

District: **Lehighton Area School District**

☑ Yes – Please enroll us in the Cost Savings Program. We acknowledge our down payment of **$741,533.00** is due by **July 1, 2026.**

Signature: _____ Date: 4/28/26

☐ No – We are not interested in the Cost Savings Program.

Signature: _____ Date: _____

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

Pymt # 0010029652
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
0087708-01-JULY	06/24/2026		185.66	10-2620-538-000-00-000-028-000-0000	MONTHLY CABLLE BILL-JULY 26
		Payment Amount:	**185.66**		

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

Pymt # 0010029652
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
0087708-01-JULY	06/24/2026		185.66	10-2620-538-000-00-000-028-000-0000	MONTHLY CABLLE BILL-JULY 26
		Payment Amount:	**185.66**		

0010029652

07/08/2026

********************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
6/24/26	7/16/26	$185.66

Victoria Bolatte 7/1/26

STATEMENT SUMMARY(07/01-07/31)

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

SEE STATEMENT DETAILS STARTING ON REVERSE SIDE

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

ENTERED

PAID
JUL 08 2026

Blue Ridge

Account #: [redacted]

Due Date	Total Amount Due	Amount Enclosed
7/16/26	$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:

3140 1 AV 0.584
*******AUTO**SCH 5-DIGIT 18202 181029 3415 17

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

BLUE RIDGE COMMUNICATIONS
PO BOX 316
PALMERTON PA 18071-0316

[redacted]

1

BRE

Statement Details

BALANCE		
5/26	Previous Balance	185.66
6/08	Payment - Thank You!	185.66 CR
	Payments received after 6/24/26 will appear on your next bill.	

TOTAL BALANCE AT BILLING DATE **0.00**

CABLE SERVICES (07/01-07/31)		
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 (07/01-07/31)	
FCC User Fee *	0.13
Sales Tax **	1.19

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.

TOTAL TAXES & FEES **1.32**

PROMOTIONAL DETAILS (07/01-07/31)
Sports Net New York
$1.50 discount until further notice

YES Network
$2.75 discount until further notice

PAID

$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 Phone
Reliable small business phone lines. Powerful features. Amazing service.
brctv.com/business-phone

Get Text Alerts for Billing Statements, Processed Payments, Scheduled Appointments, Maintenance and Outages, and more. Log in to My Blue Ridge to set up your notification preferences.

Get the fast and reliable internet connection your business needs with **Blue Ridge Business Internet.** Find out more at **Find out more at brctv.com/business/internet**.

Go to **brctv.com** for information about our services, best offers, locations and office hours, support, careers, our blog, and more.

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: Frontlin-Frontline Technologies Group LLC
PO Box 780577 PHILADELPHIA PA 19178-0577

Pymt # 0010029653
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
INVUS242518	07/01/2026		13085.67	10-2513-348-000-00-000-000-025-0000	FINANCIAL PLANNING SUBSCRIPTIO
		Payment Amount:	**13085.67**		

Vendor: Frontlin-Frontline Technologies Group LLC
PO Box 780577 PHILADELPHIA PA 19178-0577

Pymt # 0010029653
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
INVUS242518	07/01/2026		13085.67	10-2513-348-000-00-000-000-025-0000	FINANCIAL PLANNING SUBSCRIPTIO
		Payment Amount:	**13085.67**		

0010029653

07/08/2026

*****************13,085.67**

PAY Thirteen Thousand Eighty-Five and 67/100 Dollars

To the Order of:

Frontline Technologies Group LLC
PO Box 780577
PHILADELPHIA PA 19178-0577

NON-NEGOTIABLE

[redacted]

frontline education

INVOICE

Acct #: 9013856
#INVUS242518

2025-27

Lehighton Area School District
1000 UNION ST
LEHIGHTON PA 18235-1798

Start Date: 7/1/2026
Due Date: 7/31/2026

ENTERED

PAYMENT INFORMATION

Please send checks to:

Frontline Technologies Group LLC
PO Box 780577
Philadelphia, PA 19178-0577

To make payment via ACH/EFT:

Bank Name: Wells Fargo, N.A.
Account Name: Frontline Technologies Group LLC
ABA/Routing #: 121000248
Account #: 4121566533
Swift Code: WFBIUS6S

PAID
JUL 08 2026

Please include the invoice number in the memo of your check or ACH payment to ensure timely processing.

Please send remittance advice to Billing@FrontlineEd.com.

You can find a copy of our W9 at http://help.frontlinek12.com/WebNav/Docs/FrontlineEducationW9.pdf.

Qty	Description	Start	End	End User	Rate	Amount
1	Financial Planning Analytics Subscription - powered by Forecast5, usage for up to 5 employees	7/1/2026	6/30/2027	9013856 Lehighton Area School District	$13,085.67	$13,085.67

Your timely payment is important to maintain continuous subscription status and allow for delivery of services. Our billing system tracks by contract, not PO#. We are unable to address PO# inquiries. Please check with your internal departments for PO# information. Any PO copies and/or vouchers for signature can be emailed to billing@frontlineed.com.

SUBTOTAL $13,085.67

TOTAL DUE by 7/31/2026 $13,085.67

10-2513-348-00-00-000-000-025-0000

EJ 7/2/26

Vendor: MetLife-MetLife
PO Box 360905 PITTSBURGH PA 15251

Pymt # 0010029654
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
[redacted]JUNE 26	07/07/2026		4925.59	10-0462-214-000-00-000-000-000-0000	LEHIGHTON AREA SD [redacted]JUN
		Payment Amount:	4925.59		

Vendor: MetLife-MetLife
PO Box 360905 PITTSBURGH PA 15251

Pymt # 0010029654
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
[redacted]JUNE 26	07/07/2026		4925.59	10-0462-214-000-00-000-000-000-0000	LEHIGHTON AREA SD [redacted]JUN
		Payment Amount:	4925.59		

0010029654

07/08/2026

******************4,925.59**

PAY Four Thousand Nine Hundred Twenty-Five and 59/100 Dollars

To the Order of:

MetLife
PO Box 360905
PITTSBURGH PA 15251

NON-NEGOTIABLE

[redacted]

Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)
Critical Illness - Best	25-29	Act 93/Business Adminis	Employee Only	1	30,000.00	23.40
Critical Illness - Best	35-39	Act 93/Business Adminis	Employee + Spouse	1	30,000.00	76.80
Accident - Best	25-29	Act 93/Business Adminis	Employee Only	1	30,000.00	26.35
Accident - Best	35-39	Act 93/Business Adminis	Employee + Spouse	1	30,000.00	51.65
Critical Illness - Better	25-29	Act 93/Business Adminis	Employee Only	2	40,000.00	31.20
Critical Illness - Better	50-54	Act 93/Business Adminis	Employee Only	1	20,000.00	66.80
Critical Illness - Better	35-39	Act 93/Business Adminis	Employee + Family	1	20,000.00	59.80
Accident - Better	25-29	Act 93/Business Adminis	Employee Only	2	40,000.00	50.44
Accident - Better	50-54	Act 93/Business Adminis	Employee Only	1	20,000.00	25.22
Accident - Better	35-39	Act 93/Business Adminis	Employee + Family	1	20,000.00	70.29
Critical Illness - Good	Under 25	Support	Employee Only	1	10,000.00	6.50
Critical Illness - Good	40-44	Support	Employee Only	3	30,000.00	55.80
Critical Illness - Good	55-59	Support	Employee Only	1	10,000.00	41.20
Critical Illness - Good	55-59	Support	Employee + Family	1	10,000.00	84.50
Critical Illness - Good	Under 25	Act 93/Business Adminis	Employee Only	2	20,000.00	13.00
Critical Illness - Good	25-29	Act 93/Business Adminis	Employee Only	5	50,000.00	39.00
Critical Illness - Good	30-34	Act 93/Business Adminis	Employee Only	2	20,000.00	20.00
Critical Illness - Good	35-39	Act 93/Business Adminis	Employee Only	1	10,000.00	13.00
Critical Illness - Good	40-44	Act 93/Business Adminis	Employee Only	3	30,000.00	55.80
Critical Illness - Good	45-49	Act 93/Business Adminis	Employee Only	4	40,000.00	102.40
Critical Illness - Good	50-54	Act 93/Business Adminis	Employee Only	5	50,000.00	167.00
Critical Illness - Good	55-59	Act 93/Business Adminis	Employee Only	3	30,000.00	123.60
Critical Illness - Good	60-64	Act 93/Business Adminis	Employee Only	2	20,000.00	96.20
Critical Illness - Good	45-49	Act 93/Business Adminis	Employee + Spouse	1	10,000.00	50.30
Critical Illness - Good	50-54	Act 93/Business Adminis	Employee + Spouse	2	20,000.00	130.00
Critical Illness - Good	55-59	Act 93/Business Adminis	Employee + Spouse	1	10,000.00	80.20
Critical Illness - Good	45-49	Act 93/Business Adminis	Employee + Children	1	10,000.00	29.90
Critical Illness - Good	50-54	Act 93/Business Adminis	Employee + Children	1	10,000.00	37.70
Critical Illness - Good	55-59	Act 93/Business Adminis	Employee + Children	1	10,000.00	45.50
Critical Illness - Good	25-29	Act 93/Business Adminis	Employee + Family	1	10,000.00	20.40
Critical Illness - Good	35-39	Act 93/Business Adminis	Employee + Family	1	10,000.00	29.90
Critical Illness - Good	45-49	Act 93/Business Adminis	Employee + Family	2	20,000.00	109.20
Accident - Good	Under 25	Support	Employee Only	1	10,000.00	24.48
Accident - Good	40-44	Support	Employee Only	3	30,000.00	73.44
Accident - Good	55-59	Support	Employee Only	1	10,000.00	24.48
Accident - Good	55-59	Support	Employee + Family	1	10,000.00	68.86
Accident - Good	Under 25	Act 93/Business Adminis	Employee Only	2	20,000.00	48.96
Accident - Good	25-29	Act 93/Business Adminis	Employee Only	5	50,000.00	122.40
Accident - Good	30-34	Act 93/Business Adminis	Employee Only	2	20,000.00	48.96
Accident - Good	35-39	Act 93/Business Adminis	Employee Only	1	10,000.00	24.48
Accident - Good	40-44	Act 93/Business Adminis	Employee Only	3	30,000.00	73.44
Accident - Good	45-49	Act 93/Business Adminis	Employee Only	4	40,000.00	97.92
Accident - Good	50-54	Act 93/Business Adminis	Employee Only	5	50,000.00	122.40
Accident - Good	55-59	Act 93/Business Adminis	Employee Only	3	30,000.00	73.44
Accident - Good	60-64	Act 93/Business Adminis	Employee Only	2	20,000.00	48.96
Accident - Good	45-49	Act 93/Business Adminis	Employee + Spouse	1	10,000.00	48.40
Accident - Good	50-54	Act 93/Business Adminis	Employee + Spouse	2	20,000.00	96.80
Accident - Good	55-59	Act 93/Business Adminis	Employee + Spouse	1	10,000.00	48.40
Accident - Good	45-49	Act 93/Business Adminis	Employee + Children	1	10,000.00	56.38
Accident - Good	50-54	Act 93/Business Adminis	Employee + Children	1	10,000.00	56.38
Accident - Good	55-59	Act 93/Business Adminis	Employee + Children	1	10,000.00	56.38
Accident - Good	25-29	Act 93/Business Adminis	Employee + Family	1	10,000.00	68.86
Accident - Good	35-39	Act 93/Business Adminis	Employee + Family	1	10,000.00	68.86
Accident - Good	45-49	Act 93/Business Adminis	Employee + Family	2	20,000.00	137.72
Hospital Indemnity - Best Plan		Act 93/Business Adminis	Employee + Spouse	1	0.00	96.98
Hospital Indemnity - Best Plan		Act 93/Business Adminis	Employee + Family	1	0.00	123.11
Hospital Indemnity - Better Plan		Act 93/Business Adminis	Employee Only	1	0.00	35.49
Hospital Indemnity - Better Plan		Act 93/Business Adminis	Employee + Spouse	1	0.00	72.80
Hospital Indemnity - Good Plan		Support	Employee Only	6	0.00	129.48
Hospital Indemnity - Good Plan		Support	Employee + Family	2	0.00	112.24
Hospital Indemnity - Good Plan		Act 93/Business Adminis	Employee Only	22	0.00	474.76
Hospital Indemnity - Good Plan		Act 93/Business Adminis	Employee + Spouse	6	0.00	265.98
Hospital Indemnity - Good Plan		Act 93/Business Adminis	Employee + Children	2	0.00	66.82
Hospital Indemnity - Good Plan		Act 93/Business Adminis	Employee + Family	4	0.00	224.48
Totals:				**146**	**$1,160,000.00**	**$4,925.59**

PAID

JUL 08 2026

Pay: Mutual

Acct: 10-04462-214

Descr: Lightfoot Prof SD [redacted] June 26

CZ 7/6/26

Vendor: PAPRINC-PA Principals Association
122 Valley Road ENOLA PA 17025

Pymt # 0010029655
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
REGISTRATION	06/02/2026		225.00	10-2834-360-000-00-000-000-065-0000	SUMMIT0620260191
	Payment Amount:		**225.00**		

Vendor: PAPRINC-PA Principals Association
122 Valley Road ENOLA PA 17025

Pymt # 0010029655
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
REGISTRATION	06/02/2026		225.00	10-2834-360-000-00-000-000-065-0000	SUMMIT0620260191
	Payment Amount:		**225.00**		

0010029655

07/08/2026

*******************225.00**

PAY Two Hundred Twenty-Five and 00/100 Dollars

To the Order of:

PA Principals Association
122 Valley Road
ENOLA PA 17025

NON-NEGOTIABLE

[redacted]

Tiffany Strausberger

304 Held St

USA
18235
Lehighton
[redacted]

Summit 2026

[redacted]

Invoice
SUMMIT-062026-0191

Order
DRNZCTT3DNK

Invoice Date
June 2, 2026 / 1:03 PM ET

Item	Price	Quantity	Amount
Monday Only	$225.00	1	$225.00
		Subtotal:	$225.00
		Tax:	$0.00
		Order Total:	**$225.00**

PAID
JUL 08 2026

Gabriel A. Lavallette 6/2/26

For Individual Registrations all checks must include Registrants First and Last Name. If sending a check for a District Team checks must include the name of the School District.

Please Submit Payment to:
PA Principals Association
Attn: Summit Registration
122 Valley Rd
Enola, PA 17025

All cancellations must be made by Saturday, July 18, 2026. Registration cancellations that are received prior to July 18, 2026 will be charged a $50 administrative fee per registration. Pre-conference session cancellations, that are received prior to July 18, 2026, will be charged a $25 administrative fee per registration. After Saturday July 18, 2026, NO REFUNDS will be granted on any registrations, as we are responsible for meal costs. No shows will be charged the full registration fee.

Vendor: PARSS-PARSS
1508 Emerson Drive MOUNT JOY PA 17552

Pymt # 0010029656
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
MEMBERSHIP DUES	07/01/2026		975.00	10-2310-810-000-00-000-000-090-0000	MEMBERSHIP DUES 2026-2027
		Payment Amount:	**975.00**		

Vendor: PARSS-PARSS
1508 Emerson Drive MOUNT JOY PA 17552

Pymt # 0010029656
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
MEMBERSHIP DUES	07/01/2026		975.00	10-2310-810-000-00-000-000-090-0000	MEMBERSHIP DUES 2026-2027
		Payment Amount:	**975.00**		

0010029656

07/08/2026

**********975.00

PAY Nine Hundred Seventy-Five and 00/100 Dollars

To the Order of:

PARSS
1508 Emerson Drive
MOUNT JOY PA 17552

NON-NEGOTIABLE

[redacted]

PAID

JUL 0 8 2026

"QUALITY EDUCATION FOR ALL CHILDREN IN PENNSYLVANIA"

2026-27 MEMBERSHIP DUES INVOICE

Please make corrections if applicable:

Organization

Name:	Lehighton Area School District
Address:	1000 Union Street
City, State, Zip:	Lehighton, PA 18235
Phone Number:	610-377-4490
Contact Person:	Jason Moser
Email Address:	jmoser@lehighton.org

Superintendent/District Representative

Name:	Jason Moser
Title:	Superintendent
Email Address:	jmoser@lehighton.org

Secretary/Administrative Assistant

Name:	Janine Partenio
Title:	Administrative Assistant
Email Address:	jpartenio@lehighton.org

Other Representative

Name:	Matthew Lentz
Title:	Business Manager
Email Address:	mlentz@lehighton.org

2026-27 PARSS District Membership: $975

Please <u>return a copy of this invoice with your payment</u>. Make check payable to <u>PARSS</u> and <u>mail to</u>:

Dr. Jon Rednak, Financial Officer
PARSS
1508 Emerson Drive
Mount Joy, PA 17552

[redacted]

OK TO PAY

For questions regarding this invoice, please contact:

[redacted]

5/27/26

10-2310-810-000-00-000-000-090-000

Vendor: PSBA-PSBA
400 Bent Creek Blvd MECHANICSBURG PA 17050-0000

Pymt # 0010029657
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
2627-SD-0270	04/07/2026		2000.00	10-2310-650-000-00-000-000-090-0000	KEYSTONE AGENDA 2026-2027
2627-SD-0270	04/07/2026		17268.41	10-2310-810-000-00-000-000-090-0000	MEMBERSHIP DUES 2026-2027
		Payment Amount:	**19268.41**		

Vendor: PSBA-PSBA
400 Bent Creek Blvd MECHANICSBURG PA 17050-0000

Pymt # 0010029657
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
2627-SD-0270	04/07/2026		2000.00	10-2310-650-000-00-000-000-090-0000	KEYSTONE AGENDA 2026-2027
2627-SD-0270	04/07/2026		17268.41	10-2310-810-000-00-000-000-090-0000	MEMBERSHIP DUES 2026-2027
		Payment Amount:	**19268.41**		

0010029657

07/08/2026

*****************19,268.41**

PAY Nineteen Thousand Two Hundred Sixty-Eight and 41/100 Dollars

To the Order of:

PSBA
400 Bent Creek Blvd
MECHANICSBURG PA 17050-0000

NON-NEGOTIABLE

[redacted]

DUES INVOICE

PSBA

Pennsylvania School Boards Association
400 Bent Creek Blvd
Mechanicsburg, PA 17050-1873

Account ID [redacted]
Invoice Date April 7, 2026
Invoice Number 2627-SD-0270

PAID
JUL 08 2026

BILL TO:
Lehighton Area S D
1000 Union St
Lehighton, PA 18235-1700

10-2310-810-000-00-000-000-090-0000 $17,268.41

SUBMIT PAYMENT TO PSBA C/O ACCOUNTS RECEIVABLE BY

YOUR 2025-26 SELECTIONS	MEMBERSHIP OPTIONS	2026-27 ALL-ACCESS PACKAGE
X	❶ **All-Access Package** (Standard membership + $4,025.00)	☒ $16,363.16
	❷ **Full Board Training*** PSBA training expert facilitates a presentation, workshop or retreat based on the discussed needs of your district. (Valued at $1,500)	INCLUDED
	❸ **Comprehensive Subscription Package** (Valued at $400.00)	INCLUDED
	❹ NEW! **Travel Accident Insurance Upgrade to 24/7 Coverage** For the Team of 10 only. Formerly received basic coverage.	INCLUDED
	❺ **Pennsylvania School Safety Institute (PennSSI)** Call to schedule. (Valued at $1,750.00/session)	INCLUDED
	❻ **Policy Maintenance** Includes access to PSBA Policy Portal. (Valued at $2,025.00)	INCLUDED
	❼ NEW! **Keystone Agenda** 10-2310-650-000-00 000-009-0000	☒ $2,000.00
X	❽ **Administrative Regulations** Annual updates	☒ $905.25
TOTAL MEMBERSHIP DUES		$ 19,268.41 *Please add selected rows 1, 7 and 8 for your total*

TOTAL PAYMENT REMITTED $ _____

Please indicate your payment method by checking the appropriate box and return one copy of this invoice with your payment.

☐ Payment is included ☒ Renewal is confirmed and payment will be submitted after July 1 but no later than July 31.

*All-Access members can have up to two scheduled board trainings at any time. This does not include a board training that is included as a follow-up after a PSBA facilitated Superintendent Search. Standard members also receive a complimentary full board training after a PSBA facilitated Superintendent Search. Please email memberexperience@psba.org to schedule your board training.

NOTICE: Payment of dues to maintain membership in PSBA acknowledges that: 1) PSBA is organized under the Pennsylvania Non-Profit Corporation Law as a private, non-stock, non-profit corporation in which members in good standing have only such voting or other rights as are set forth in the Bylaws. 2) Regardless of the source of payment, funds received by PSBA in the form of dues by law constitute the private funds of the corporation as income derived from corporate activities. 3) Ownership of the physical, financial, intellectual, or other assets of PSBA is vested exclusively in the PSBA corporate entity. Any unauthorized use, reproduction, or distribution of these assets is strictly prohibited. Access to and use of such assets by PSBA members exists only to the extent permitted by PSBA within the limitations of the Non-Profit Corporation Law, and subject to all terms, conditions, and limitations applicable thereto as determined solely by PSBA. 4) Members are responsible for ensuring timely payment to maintain uninterrupted service. Nonpayment will result in the suspension of membership and access to the PSBA Policy Portal, which contains your data, will cease. PSBA shall not be liable for any disruptions, losses, or inconveniences resulting from the termination of services due to nonpayment.

FOR July 1

Vendor: Toshiba-P-Toshiba America Business Solutions
PO Box 070241 PHILADELPHIA PA 19176-0241

Pymt # 0010029658
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
5039202164	06/22/2026		412.66	10-1110-442-000-30-800-000-080-0000	COPIERS-HS
5039202164	06/22/2026		371.45	10-1110-442-000-20-500-000-050-0000	COPIERS-MS
5039202164	06/22/2026		957.68	10-1110-442-000-10-200-000-020-0000	COPIERS-EC
5039202164	06/22/2026		232.80	10-2513-442-000-00-000-000-025-0000	COPIERS-ADMIN
		Payment Amount:	**1974.59**		

Vendor: Toshiba-P-Toshiba America Business Solution
PO Box 070241 PHILADELPHIA PA 19176-0241

Pymt # 0010029658
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
5039202164	06/22/2026		412.66	10-1110-442-000-30-800-000-080-0000	COPIERS-HS
5039202164	06/22/2026		371.45	10-1110-442-000-20-500-000-050-0000	COPIERS-MS
5039202164	06/22/2026		957.68	10-1110-442-000-10-200-000-020-0000	COPIERS-EC
5039202164	06/22/2026		232.80	10-2513-442-000-00-000-000-025-0000	COPIERS-ADMIN
		Payment Amount:	**1974.59**		

0010029658

07/08/2026

**********1,974.59

PAY One Thousand Nine Hundred Seventy-Four and 59/100 Dollars

To the Order of:

Toshiba America Business Solutions
PO Box 070241
PHILADELPHIA PA 19176-0241

NON-NEGOTIABLE

[redacted]

Customer Care

Hours of Operation
M-F, 7am - 6pm CT

Telephone
877-222-5617

Payments
Toshiba America Business Solutions Inc
PO Box 70241
Philadelphia, PA 19176-0241

Email
customerservice@financialservicing.net

Online Services
https://onlinemyaccounts.com

Invoice Summary

Contract Number	[redacted]
Customer Number	
Invoice Number	5039202164
Due Date	08/07/2026
Invoice Date	06/22/2026
Total Due	$1,974.59

Accounts Payable
Lehighton Area School District
1000 Union Street
Lehighton, PA 18235

PAID
JUL 08 2026

Last Payment $1,974.59
posted on 04/07/2026

Important Messages

This invoice represents current charges only and does not include previously invoiced and unpaid charges.

Your contract/s are on email billing. Please contact Customer Care at the number listed on this invoice to update or add additional email addresses.

Make the Switch to recurring ACH Payments — It's Fast, Secure, Effortless, and FREE! Why risk possible delays with mailing a check? Electronic payments save you time, reduce errors, and offer peace of mind with secure processing. Plus, you'll help reduce environmental waste and streamline your financial management. **You can head to the online section of your invoice above to get everything set up. Join the smarter way to pay — go electronic today.**

Contract Number	Asset Description	Model/Serial Number	Asset Location
[redacted] **Coverage Period** 07/07/2026-08/06/2026	Toshiba Copier	e-STUDIO4515AC SCNEM37817	1000 Union Street Lehighton, PA 18235
	Toshiba Copier	e-STUDIO6518A SC2CM38052	1 Indian Lane Lehighton, PA 18235
	Toshiba Copier	e-STUDIO6518A SC2CM38033	3 Indian Lane Lehighton, PA 18235
	Toshiba Copier	e-STUDIO6518A SC2JL35520	3 Indian Lane Lehighton, PA 18235
	Toshiba Copier	e-STUDIO6518A SC2AM37342	3 Indian Lane Lehighton, PA 18235
	Toshiba Copier	e-STUDIO6518A SC2CM38032	301 Beaver Run Road Lehighton, PA 18235

Continued on the next page

Detach and return the bottom remittance portion with your payment. Include invoice number on check.

Customer Care
PO Box 659713
San Antonio, TX 78265-9713

Contract Number [redacted]
Invoice Number 5039202164

Due Date 08/07/2026
Invoice Date 06/22/2026
Total Due $1,974.59

Amount Enclosed $ 1,974.59

Accounts Payable
Lehighton Area School District
1000 Union Street
Lehighton, PA 18235

Please make check payable to:

Toshiba America Business Solutions Inc
PO Box 70241
Philadelphia, PA 19176-0241

[redacted]

Invoice Number: 5039202164
Customer Number: 1000328264

Contract Number	Asset Description	Model/Serial Number	Asset Location
	Toshiba Copier	e-STUDIO6518A SC2CM38035	301 Beaver Run Road Lehighton, PA 18235
	Toshiba Copier	e-STUDIO8518A SC2EM39100	3 Indian Lane Lehighton, PA 18235
	Toshiba Copier	e-STUDIO8518A SC2EM39270	301 Beaver Run Road Lehighton, PA 18235
	Toshiba Copier	e-STUDIO4515AC SCNEM37819	1 Indian Lane Lehighton, PA 18235
	Toshiba Copier	e-STUDIO4518A SCZBM60185	1 Indian Lane Lehighton, PA 18235
	Toshiba Copier	e-STUDIO6518A SC2CM38011	3 Indian Lane Lehighton, PA 18235
	Toshiba Copier	e-STUDIO6518A SC2CM38037	1000 Union Street Lehighton, PA 18235
	Toshiba Copier	e-STUDIO4515AC SCNEM37827	3 Indian Lane Lehighton, PA 18235

Item Description	Amount	Tax	Item Total	Due Date	Subtotal
Payment Amount	1,974.59		1,974.59	08/07/2026	$1,974.59
		[redacted]		Total Charges:	$1,974.59
				Invoice Total:	$1,974.59

PAID
JUL 08 2026

EJ
6/25/26

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

Pymt # 0010029659
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
[redacted]-JUNE 26	07/01/2026		1746.00	10-0462-214-000-00-000-000-000-0000	LEHIGHTON AREA SD [redacted] JUN
		Payment Amount:	1746.00		

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

Pymt # 0010029659
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
[redacted]JUNE 26	07/01/2026		1746.00	10-0462-214-000-00-000-000-000-0000	LEHIGHTON AREA SD [redacted] JUN
		Payment Amount:	1746.00		

0010029659

07/08/2026

******************1,746.00**

PAY One Thousand Seven Hundred Forty-Six and 00/100 Dollars

To the Order of:

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

NON-NEGOTIABLE

[redacted]

Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)
Trustmark Universal Life Events	22-22	Support	Employee Only	1	50,000.00	23.66
Trustmark Universal Life Events	46-46	Support	Employee Only	1	50,000.00	60.13
Trustmark Universal Life Events	23-23	Act 93/Business Adminis	Employee Only	1	25,000.00	13.80
Trustmark Universal Life Events	25-25	Act 93/Business Adminis	Employee Only	1	25,000.00	14.21
Trustmark Universal Life Events	26-26	Act 93/Business Adminis	Employee Only	1	50,000.00	25.35
Trustmark Universal Life Events	28-28	Act 93/Business Adminis	Employee Only	1	50,000.00	26.67
Trustmark Universal Life Events	29-29	Act 93/Business Adminis	Employee Only	1	25,000.00	15.41
Trustmark Universal Life Events	33-33	Act 93/Business Adminis	Employee Only	1	50,000.00	31.87
Trustmark Universal Life Events	34-34	Act 93/Business Adminis	Employee Only	1	50,000.00	32.98
Trustmark Universal Life Events	36-36	Act 93/Business Adminis	Employee Only	2	175,000.00	121.29
Trustmark Universal Life Events	39-39	Act 93/Business Adminis	Employee Only	1	50,000.00	41.64
Trustmark Universal Life Events	40-40	Act 93/Business Adminis	Employee Only	1	25,000.00	23.64
Trustmark Universal Life Events	42-42	Act 93/Business Adminis	Employee Only	1	50,000.00	48.71
Trustmark Universal Life Events	44-44	Act 93/Business Adminis	Employee Only	1	50,000.00	53.97
Trustmark Universal Life Events	48-48	Act 93/Business Adminis	Employee Only	1	75,000.00	97.26
Trustmark Universal Life Events	49-49	Act 93/Business Adminis	Employee Only	1	50,000.00	69.42
Trustmark Universal Life Events	50-50	Act 93/Business Adminis	Employee Only	2	75,000.00	110.76
Trustmark Universal Life Events	51-51	Act 93/Business Adminis	Employee Only	2	75,000.00	117.69
Trustmark Universal Life Events	52-52	Act 93/Business Adminis	Employee Only	1	50,000.00	82.14
Trustmark Universal Life Events	53-53	Act 93/Business Adminis	Employee Only	1	50,000.00	87.06
Trustmark Universal Life Events	55-56	Act 93/Business Adminis	Employee Only	1	50,000.00	106.15
Trustmark Universal Life Events	57-57	Act 93/Business Adminis	Employee Only	1	50,000.00	113.36
Trustmark Universal Life Events	61-61	Act 93/Business Adminis	Employee Only	1	50,000.00	144.56
Trustmark Universal Life Events	28-28	Act 93/Business Adminis	Spouse Only	1	25,000.00	15.08
Trustmark Universal Life Events	35-35	Act 93/Business Adminis	Spouse Only	1	25,000.00	18.96
Trustmark Universal Life Events	37-37	Act 93/Business Adminis	Spouse Only	1	25,000.00	20.54
Trustmark Universal Life Events	45-45	Act 93/Business Adminis	Spouse Only	1	25,000.00	30.44
Trustmark Universal Life Events	49-49	Act 93/Business Adminis	Spouse Only	1	25,000.00	36.51
Trustmark Universal Life Events	50-50	Act 93/Business Adminis	Spouse Only	1	25,000.00	38.11
Trustmark Universal Life Events	53-53	Act 93/Business Adminis	Spouse Only	1	25,000.00	45.33
Trustmark Universal Life Events	62-62	Act 93/Business Adminis	Spouse Only	1	25,000.00	79.30
Totals:				**34**	**$1,450,000.00**	**$1,746.00**

Pay: Trustmark

Acct: 10-0462-214

Desc: Uhighten Pcasd [redacted] June 26

PAID

JUL 08 2026

e2/12/26

Vendor: VERONAS P-Veronas Pizza House
401 Mahoning St LEHIGHTON PA 18235-0000

Pymt # 0010029660
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
23	06/15/2026		87.00	10-2360-635-000-00-000-000-070-0000	ADMIN RETREAT MEAL
	Payment Amount:		**87.00**		*** Accrued A/P**

Vendor: VERONAS P-Veronas Pizza House
401 Mahoning St LEHIGHTON PA 18235-0000

Pymt # 0010029660
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
23	06/15/2026		87.00	10-2360-635-000-00-000-000-070-0000	ADMIN RETREAT MEAL
	Payment Amount:		**87.00**		*** Accrued A/P**

0010029660

07/08/2026

**********87.00

PAY Eighty-Seven and 00/100 Dollars

To the Order of:

Veronas Pizza House
401 Mahoning St
LEHIGHTON PA 18235-0000

NON-NEGOTIABLE

⑈0010029660⑈ ⑆031307701⑆ 210137754⑈

AP

ON AREA SCHOOL DISTRICT
CHECK REQUEST

PAID
JUL 08 2026

M 10 FUND PAYABLE TO:

zza House

t - June 18, 2026

Anda Lehighton Elem. Center
1910 Mahoning Dr E
(610) 377-4490

Check #
Ordered:

2 Large Regular Pie Pizza	$28.00
Large Regular Pie Pizza	$14.00
Whole	
Pepperoni	
Fresh Garden Salad	00
Italian	
Half Tray	$35.00
Delivery Fee	$7.00
Subtotal	$87.00
Tax NO TAX	~~$5.22~~
Total	~~$92.22~~

SIGNATURE OF REQUESTOR:

SIGNATURE OF SUPERINTENDENT:

ACCOUNT CODE(S):

DEBIT: 10-2360-635-000-00-000-000-070-0000

Vendor: VISION BE-Vision Benefits of America
PO Box 74008623 CHICAGO IL 60674-8623

Pymt # 0010029661
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	2116.41		
		SEE PAYMENT DETAIL LISTING			

Vendor: VISION BE-Vision Benefits of America
PO Box 74008623 CHICAGO IL 60674-8623

Pymt # 0010029661
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	2116.41		
		SEE PAYMENT DETAIL LISTING			

0010029661

07/08/2026

******************2,116.41**

PAY Two Thousand One Hundred Sixteen and 41/100 Dollars

To the Order of:

Vision Benefits of America
PO Box 74008623
CHICAGO IL 60674-8623

NON-NEGOTIABLE

[redacted]

Payment Detail Listing

Vision Benefits of America (VISION BE)
PO Box 74008623
CHICAGO IL 60674-8623

Payment Number: 0010029661
Payment Date: 07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
1972336	07/01/2026		302.28	10-0462-215-000-00-000-000-000-0000	VISION BILL-JULY 26
1972336	07/01/2026		2.72	10-1225-215-000-30-800-000-000-0000	SPEECH VISION HIGH SCHOOL
1972336	07/01/2026		3.08	10-2240-215-000-00-000-000-000-0000	EYE CARE INSURANCE
1972336	07/01/2026		3.08	10-2140-215-000-20-500-000-000-0000	Pysch Vision MS
1972336	07/01/2026		3.81	10-2140-215-000-30-800-000-000-0000	Pysch Vision HS
1972336	07/01/2026		4.72	10-2839-215-000-00-000-000-000-0000	EYE CARE INSURANCE
1972336	07/01/2026		7.80	10-2611-215-000-00-000-000-000-0000	Oper/Main Vision
1972336	07/01/2026		7.80	10-2514-215-000-00-000-000-000-0000	Payroll Vision
1972336	07/01/2026		7.80	10-2440-215-000-30-800-000-000-0000	NURSE VISION HIGH SCHOOL
1972336	07/01/2026		7.80	10-2440-215-000-20-500-000-000-0000	NURSE VISION MIDDLE SCHOOL
1972336	07/01/2026		7.80	10-2250-215-000-30-800-000-000-0000	LIBRARIAN VISION HIGH SCHOOL
1972336	07/01/2026		7.80	10-2250-215-000-10-200-000-000-0000	Librarian Vision EC
1972336	07/01/2026		7.80	10-2190-215-000-00-000-000-000-0000	EYE CARE INSURANCE
1972336	07/01/2026		7.80	10-2170-215-000-00-000-000-000-0000	EYE CARE INSURANCE
1972336	07/01/2026		7.80	10-2160-215-000-30-800-000-000-0000	Social Worker Vision HS
1972336	07/01/2026		7.80	10-2160-215-000-20-500-000-000-0000	Social Worker Vision MS
1972336	07/01/2026		7.80	10-2160-215-000-10-200-000-000-0000	EYE CARE INSURANCE
1972336	07/01/2026		7.80	10-2125-215-000-30-800-000-000-0000	GUIDANCE VISION HIGH SCHOOL
1972336	07/01/2026		7.80	10-2125-215-000-20-500-000-000-0000	GUIDANCE VISION MIDDLE SCHOOL
1972336	07/01/2026		7.80	10-1241-282-000-30-800-000-000-0000	LS OPEB Dental
1972336	07/01/2026		7.80	10-1211-215-000-30-800-000-000-0000	LIFE SKILLS VISION HIGH SCHOOL
1972336	07/01/2026		8.53	10-2140-215-000-10-200-000-000-0000	Pysch Vision EC
1972336	07/01/2026		11.61	10-3250-215-000-00-000-000-000-0000	Athletics Vision
1972336	07/01/2026		12.88	10-1225-215-000-10-200-000-000-0000	Speech Vision EC
1972336	07/01/2026		15.60	10-2620-215-000-00-000-000-000-0000	Oper Bld Srvs Vision
1972336	07/01/2026		15.60	10-2440-215-000-10-200-000-000-0000	NURSE VISION EC
1972336	07/01/2026		15.60	10-2360-215-000-00-000-000-000-0000	SUPERERINTENDENT VISION
1972336	07/01/2026		15.60	10-2269-215-000-00-000-000-012-0000	Special Ed Vision
1972336	07/01/2026		15.60	10-2250-215-000-20-500-000-000-0000	LIBRARIAN VISION MIDDLE SCHOOL
1972336	07/01/2026		15.60	10-2120-215-000-30-800-000-000-0000	GUIDANCE VISION HIGH SCHOOL
1972336	07/01/2026		15.60	10-2120-215-000-20-500-000-000-0000	GUIDANCE VISION MIDDLE SCHOOL
1972336	07/01/2026		15.60	10-1801-215-217-10-200-000-000-0000	Pre K Vision Insurance
1972336	07/01/2026		18.69	10-2513-215-000-00-000-000-000-0000	Business Vision
1972336	07/01/2026		18.69	10-2260-215-000-00-000-000-000-0000	CURR/GRANT VISION
1972336	07/01/2026		23.40	10-2380-215-000-20-500-000-000-0000	PRINCIPAL VISION MIDDLE SCHOOL
1972336	07/01/2026		23.40	10-2120-215-000-10-200-000-000-0000	Guidance Vision EC
1972336	07/01/2026		23.40	10-1231-215-000-30-800-000-000-0000	EMOTIONAL SUPPORT VISION H/S
1972336	07/01/2026		23.40	10-1231-215-000-20-500-000-000-0000	EMOTIONAL SUPPORT VISION M/S
1972336	07/01/2026		23.40	10-1211-215-000-20-500-000-000-0000	LIFE SKILLS VISION M/S
1972336	07/01/2026		23.40	10-0132-000-000-00-000-000-000-0000	DUE FROM FOOD SERVICE
1972336	07/01/2026		24.85	10-2818-215-000-00-000-000-000-0000	TECHNOLOGY VISION
1972336	07/01/2026		27.21	10-2380-215-000-30-800-000-000-0000	PRINCIPAL VISION HIGH SCHOOL
1972336	07/01/2026		31.20	10-2620-215-000-30-800-000-000-0000	Oper/Maint Vision HS
1972336	07/01/2026		31.20	10-2620-215-000-20-500-000-000-0000	Oper Bld Srvs Vision MS
1972336	07/01/2026		31.20	10-2380-215-000-10-200-000-000-0000	Principal Vision EC
1972336	07/01/2026		39.00	10-2620-215-000-10-200-000-000-0000	Oper Bld Servs Vision EC
1972336	07/01/2026		39.00	10-1211-215-000-10-200-000-000-0000	Life Skills Vision EC
1972336	07/01/2026		46.80	10-1241-215-000-20-500-000-000-0000	LEARNING SUPPORT VISION M/S
1972336	07/01/2026		46.80	10-1231-215-000-10-200-000-000-0000	Emotional Support Vision EC
1972336	07/01/2026		54.61	10-1241-215-000-10-200-000-000-0000	Learning Support Vision EC
1972336	07/01/2026		77.83	10-1241-215-000-30-800-000-000-0000	LEARNING SUPPORT VISION H/S
1972336	07/01/2026		218.06	10-1110-215-000-20-500-000-000-0000	Instruction Vision MS
1972336	07/01/2026		256.88	10-1110-215-000-30-800-000-000-0000	Instruction Vision High School
1972336	07/01/2026		419.48	10-1110-215-000-10-200-000-000-0000	Instruction vision elem
	Payment Amount:		**2116.41**		

vba

Expert Solutions. Exceptional Service.

400 Lydia Street, Suite 300, Carnegie, PA 15106
PHONE: (412) 881-4900 or (800) 432-4955
FAX: (412) 881-4898
www.vbaplans.com

PAID

JUL 08 2026

PREMIUM COVERAGE MONTH: July 2026

INVOICE #: 1972336

LEHIGHTON AREA SCHOOL DISTRICT
[redacted]
1000 UNION STREET
LEHIGHTON, PA 18235

INVOICE DUE DATE: JUL 01, 2026
PREMIUM DUE: $2,116.41
EMPLOYEES: 235

Group [redacted] LEHIGHTON AREA SCHOOL DISTRICT

PREVIOUS BALANCE				$2,143.20
PAYMENTS RECEIVED AS OF JUN 11			($2,143.20)	
OTHER ADJUSTMENTS			$0.00	
OPEN BALANCE				$0.00
Coverage	Qty	Rate	Amt Billed	
Composite	235	$8.93	$2,098.55	
	235		$2,098.55	
RETROACTIVE ADDITIONS/TERMINATIONS			$17.86	
TOTAL NEW CHARGES			$2,116.41	$2,116.41
AMOUNT DUE				$2,116.41

7/2/26

PAYOR
Group: [redacted] LEHIGHTON AREA SCHOOL DISTRICT

1000 UNION STREET
LEHIGHTON, PA 18235

PAYMENT COUPON

(detach and return with check / write Invoice # on check)

Make checks payable to: VISION BENEFITS OF AMERICA

INVOICE #: 1972336
RETURN PAYMENT TO:

VISION BENEFITS OF AMERICA INC
P.O. BOX 74008623
CHICAGO, IL 60674-8623

INVOICE DUE DATE: JUL 01, 2026
PREMIUM DUE: $2,116.41

PREMIUM PAID: $2116.41

Vendor: WASTE MAN-Waste Management
PO Box 13648 PHILADELPHIA PA 19101-3648

Pymt # 0010029662
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
1024743-0203-9	06/18/2026		978.51	10-2620-411-000-10-200-000-026-0000	DISPOSAL SERVICES-EC
1024743-0203-9	06/18/2026		1036.14	10-2620-411-000-20-500-000-026-0000	DISPOSAL SERVICES-MS
1024743-0203-9	06/18/2026		1036.14	10-2620-411-000-30-800-000-026-0000	DISPOSAL SERVICES-HS
1024743-0203-9	06/18/2026		340.52	10-2620-411-000-00-100-000-026-0000	DISPOSAL SERVICES-ADMIN
		Payment Amount:	3391.31		

Vendor: WASTE MAN-Waste Management
PO Box 13648 PHILADELPHIA PA 19101-3648

Pymt # 0010029662
07/08/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
1024743-0203-9	06/18/2026		978.51	10-2620-411-000-10-200-000-026-0000	DISPOSAL SERVICES-EC
1024743-0203-9	06/18/2026		1036.14	10-2620-411-000-20-500-000-026-0000	DISPOSAL SERVICES-MS
1024743-0203-9	06/18/2026		1036.14	10-2620-411-000-30-800-000-026-0000	DISPOSAL SERVICES-HS
1024743-0203-9	06/18/2026		340.52	10-2620-411-000-00-100-000-026-0000	DISPOSAL SERVICES-ADMIN
		Payment Amount:	3391.31		

0010029662

07/08/2026

******************3,391.31**

PAY Three Thousand Three Hundred Ninety-One and 31/100 Dollars

To the Order of:

Waste Management
PO Box 13648
PHILADELPHIA PA 19101-3648

NON-NEGOTIABLE

[redacted]

INVOICE

Customer ID: [redacted]
Customer Name: LEHIGHTON AREA SCHOOL
Service Period: 07/01/26-07/31/26
Invoice Date: 06/18/2026
Invoice Number: 4024743-0203-9

How to Contact Us	Your Payment is Due	Your Total Due
Visit wm.com/MyWM Create a My WM profile for easy access to your pickup schedule, service alerts and online tools for billing and more. Have a question? Check our support center or start a chat. **Customer Service: (800) 642-8850**	**07/18/2026** If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of $5, or such late charge allowed under applicable law, regulation or contract.	**$3,391.31** PAID JUL 08 2026

Previous Balance	+	Payments	+	Adjustments	+	Current Invoice Charges	=	Total Account Balance Due
3,391.31		(3,391.31)		0.00		3,391.31		**3,391.31**

DETAILS OF SERVICE

Details for Service Location: **Customer ID:** [redacted]
Lehighton Area Sd Admin, 1000 Union St, Lehighton PA 18235-1700
10-2620-411-000-00-100-000-024

Description	Date	Ticket	Quantity	Amount
6 Yard Dumpster Service	07/01/26		1.00	297.01
6 Yard Dumpster Container Service Charge USAGE CHARGE	07/01/26		1.00	0.00
8 Yard Dumpster Service - Recycle Materials	07/01/26		1.00	43.51
Total Charges for Service Location				340.52

Details for Service Location: **Customer ID:** [redacted]
Lehighton Area Sd High School, 1 Indian Ln, Lehighton PA 18235-1192

Description	Date	Ticket	Quantity	Amount
10 Yard Dumpster Service - Recycle Materials	07/01/26		1.00	51.26
8 Yard Dumpster Service	07/01/26		2.00	984.88

✂ ---------- *Please detach and send the lower portion with payment --- (no cash or staples)* ----------

WASTE MANAGEMENT OF PENNSYLVANIA, INC.
PEN ARGYL HAULING
PO BOX 3020
MONROE, WI 53566-8320
(800) 642-8850

Invoice Date	Invoice Number	Customer ID *(include with your payment)*
06/18/2026	4024743-0203-9	[redacted]
Payment Terms	**Total Due**	**Amount**
Total Due by 07/18/2026	$3,391.31	3391.31

[redacted]

0014608 02 AB 0.64 **AUTO T0 0 7167 18235-170000 -C04-P14622-I1 10061C74

LEHIGHTON AREA SCHOOL
1000 UNION ST
LEHIGHTON PA 18235-1700

Remit To: **WM CORPORATE SERVICES, INC.**
AS PAYMENT AGENT
PO BOX 13648
PHILADELPHIA, PA 19101-3648

Printed on recycled paper.

0014608-0000001-0015083

203-0027869-0203-7

DETAILS OF SERVICE - continued

Details for Service Location:
Lehighton Area Sd High School, 1 Indian Ln, Lehighton PA 18235-1192
Customer ID: [redacted]

10-2620-411-000-30-800000-026

Description	Date	Ticket	Quantity	Amount
Total Charges for Service Location				1,036.14

Details for Service Location:
Lehighton Area Sd Middle, 301 Beaver Run Rd, Lehighton PA 18235-1130
Customer ID: [redacted]

Description	Date	Ticket	Quantity	Amount
10 Yard Dumpster Service - Recycle Materials	07/01/26		1.00	51.26
8 Yard Dumpster Service	07/01/26		1.00	984.88

PAID

JUL 08 2026

GREENER WAYS TO PAY

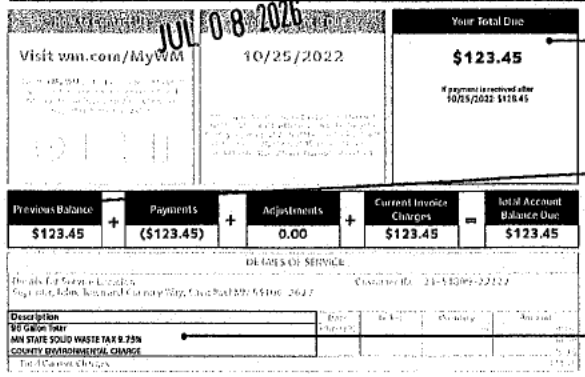
Please choose one of these sustainable payment options:

AutoPay
Set up recurring payments with us at **wm.com/myaccount**

Online
Use **wm.com** for quick and easy payments

By Phone
Pay 24/7 by calling 866-964-2729

HOW TO READ YOUR INVOICE



1. Your Total Due is the total amount of current charges and any previous unpaid Balances combined. This also states the date payment is due to WM, anything beyond that date may incur additional charges.
2. Previous balance is the total due from your previous invoice. We subtract any Payments Received/Adjustments and add your Current Charges from this billing cycle to get a Total Due on this invoice. If you have not paid all or a portion of your previous balance, please pay the entire Total Due to avoid a late charge or service interruption.
3. Service location details the total current charges of this invoice.

New Payment Platform

Here are more details about our enhanced online bill-pay system. Powered by Paymentus, the platform will provide more options and flexibility when managing and paying your bills.

Expanded payment options.
Pay with PayPal, Apple Pay, or Google Pay; via secure direct debit from a bank account; or by credit or debit card.

Anytime, anywhere payments.
Same great 24/7 availability so you can make payments when convenient or set it and forget it with AutoPay.

Complete Hub for account activity.
Continue to view and manage your bills directly from **My WM** (wm.com/mywm).

If your service is suspended for non-payment, you may be charged a Resume charge to restart your service. For each returned check, a charge will be assessed on your next invoice equal to the maximum amount permitted by applicable state law.

☐ Check Here to Change Contact Info

List your new billing information below. For a change of service address, please contact **WM**.

Address 1	
Address 2	
City	
State	
Zip	
Email	
Date Valid	

☐ Check Here to Sign Up for Automatic Payment Enrollment

If I enroll in Automatic Payment services, I authorize **WM** to pay my invoice by electronically deducting money from my bank account. I can cancel authorization by notifying **WM** at **wm.com** or by calling the customer service number listed on my invoice. Your enrollment could take 1-2 billing cycles for Automatic Payments to take effect. Continue to submit payment until page one of your invoice reflects that your payment will be deducted.

Email	
Date	
Bank Account Holder Signature	

NOTICE: By sending your check, you are authorizing the Company to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. The electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check.

In order for us to service your account or to collect any amounts you may owe (for non-marketing or solicitation purposes), we may contact you by telephone at any telephone number that you provided in connection with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact may include text messages and using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable. We may also contact you by email or other methods as provided in our contract.

Please send all bankruptcy correspondence to RMCbankruptcy@wm.com or 800 Capitol St. Ste 3000, Houston TX 77002. Using the email option will expedite your request. (this language is in compliance with 11 USC 342(c)(2) of the Bankruptcy Code)

0014608-0000001-0015083

Customer ID: PAID **4-82706-72002**
Customer Name: LEHIGHTON AREA SCHOOL
Service Period: 07/01/26-07/31/26
Invoice Date: JUL 08 2026 06/18/2026
Invoice Number: 4024743-0203-9

DETAILS OF SERVICE - continued

Details for Service Location: **Customer ID:** [redacted]
Lehighton Area Sd Middle, 301 Beaver Run Rd, Lehighton PA 18235-1130
10-2620-411-000-20-500-000-0240

Description	Date	Ticket	Quantity	Amount
Total Charges for Service Location				1,036.14

Details for Service Location: **Customer ID:** [redacted]
Lehighton Area Sd Elem Ctr, 3 Indian Ln, Lehighton PA 18235-1700
10-2620-411-000-10-200-000-0240

Description	Date	Ticket	Quantity	Amount
10 Yard Dumpster Service - Recycle Materials	07/01/26		1.00	156.48
8 Yard Dumpster Service	07/01/26		1.00	822.03
Total Charges for Service Location				978.51
Total Current Charges				**3,391.31**