

EAST STROUDSBURG AREA SCHOOL DISTRICT

East Stroudsburg, Pennsylvania 18301

PAYMENTS ALREADY MADE THRU THE Bond Issue 2008 NEEDING RETROACTIVE APPROVAL

The following payments for construction and related costs associated with the Bond Funds have been approved as authorized for payment as of:

August 16, 2010

Requisition #	Vendor/Address	Description		Amount
2008-248 V# 9981	Met-Ed PO Box 3612 Akron, OH 44309-3612	MSE - 30-4500-720-080-15-14 Invoice# 90285918	\$ 6,575.20	
				\$ 6,575.20
		TOTAL AMOUNT:		\$ 6,575.20

CAPITAL PROJECTS FUND

CHECK REQUEST

Date of Request: 7/15/10

Requested by (Your Name): James F. Shearouse

Make Check Payable to: MET-ED Vendor #: _____

Address: PO BOX 3612

Akron OH 44309-3612

Reason for Check Request (attach supporting invoices and other documentation):

equipment removal at MS

Date Check Needed: 7/16/10

Check Amount: \$6,575.20

Check should be: held in Business Office for pick up
 sent by interoffice mail to: _____
 mailed to payee

Charge to:

Account Name: G-8 G-03 ok ATB

Account Number: 30-0000-000-00-00

Signature of Requestor: James F. Shearouse _____ DATE 7/15/10

Approvals:	
Business Administrator: <u>[Signature]</u>	DATE <u>7/19/10</u>
Superintendent: <u>[Signature]</u>	DATE <u>Jul 22 2010</u>
Board (Vice) President: Approved by telephone on <u>7/22/10</u> Initials: <u>[Initials]</u>	

Office Use Only:	
Amount: \$ _____	Account No.: _____
Date Paid: _____ / _____ / _____	Check No. _____ By: _____



07/08/2010

Cust. / Acct. Number 800008115 / 120000088159

Bill for:
 E STROUDSBURG SCHL DIST
 JAMES SHEAROUSE
 50 VINE ST
 EAST STROUDSBURG PA 18301

Invoice No. 90285918
 Pre-payment request

Total Due and Payable Upon Receipt
 The cost for providing this service is valid for a period not to exceed 90 days from 07/08/2010

General Description			
<p>If you have any questions on this invoice please call: Steve Killoran at (570) 476-2731</p> <p>To submit payment by credit card, call our external vendor: NCO at 1-866-569-5288</p> <p>Please have your invoice in hand. There will be additional fees for this services provided by NCO.</p> <p>WR 53288845</p>			
Item	Description	Qty	Total
1	Services INVOICE FOR REMOVAL OF 3 POLES, 1 OH XFMR,4 SPANS OF PRIMARY AND 4 PM XFMRs = = =ESASD		6,575.20
Subtotal			6,575.20
Total Amount Due			6,575.20

General Information	
	<p>Written correspondence may be mailed to: Business Services Met-Ed PO Box 16001 2800 Pottsville Pike Reading PA 19612</p> <p>Questions regarding this invoice may be directed to Accounts Receivable: 1-610-921-6927</p>



Return this part with a check or money order payable to:
 MET-ED

Write name, phone, or address changes on back and check here.

Invoice No.	Customer PO No.	Your Check Number/Date	Contract No.
90285918			120000088159

Amount Paid	
Please Pay	6,575.20
Due By	Upon Receipt

E STROUDSBURG SCHL DIST
 JAMES SHEAROUSE
 50 VINE ST
 EAST STROUDSBURG PA 18301

MET-ED
 PO BOX 3612
 AKRON OH 44309-3612

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