

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:

December 19, 2011

Requisition #	Vendor/Address	Description		Amount
2008-332 V# 10036	Middle Smithfield Township 25 Municipal Drive East Stroudsburg, PA 18302	MSE 30-4500-720-080-11-14 Occupancy Permit	\$ 50.00	
TOTAL AMOUNT:				\$ 50.00
				\$ 50.00

3703

Invoice no.	Date	P.O. no.	Account number	Amount
	11/18/11		30-4500-720-080-11-14	50.00

			3703	Total:	50.00
--	--	--	------	--------	-------

			3703	11/22/11	\$*****50.00
--	--	--	------	----------	--------------

FIFTY AND NO/100 DOLLARS

MIDDLE SMITHFIELD TOWNSHIP
 25 MUNICIPAL DRIVE
 EAST STROUDSBURG PA 18302

NON-NEGOTIABLE

East Stroudsburg Area School District
 50 Vine Street
 PO Box 298
 East Stroudsburg PA 18301

MIDDLE SMITHFIELD TOWNSHIP
 25 MUNICIPAL DRIVE
 EAST STROUDSBURG PA 18302

CAPITAL PROJECTS FUND

CHECK REQUEST

Date of Request: 11/18/11

Requested by (Your Name): James F. Shearouse

Make Check Payable to: Middle Smithfield Township Vendor #: 10036

Address: 25 Municipal Drive 18302
East Stroudsburg Pa 18032

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

MSE fee for certificate of occupancy

Date Check Needed: 11/21/11

Check Amount: \$50.00

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

Charge to:

Account Name: _____
Account Number: 30-4500-720-080-11-14
30-0000-000-000-00-00

Signature of Requestor: James F. Shearouse 11/18/11
DATE

Approvals:	
Business Administrator: <u>[Signature]</u>	<u>11/18/11</u> DATE
Superintendent: <u>[Signature]</u>	<u>NOV 27 2011</u> DATE
Board (Vice) <u>President</u> Approved by telephone on <u>11/18/11</u> Initials: <u>[Signature]</u> <u>Horace Cole</u> <u>2:11pm</u>	

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