EAST STROUDSBURG AREA SCHOOL DISTRICT Independent Contractor Agreement

818

To be used when contracting with an out of District consultant or contractor for professional services

THIS AGREEMENT is made this 21st day of pere, 2016, by and between:

EAST STROUDSBURG AREA SCHOOL DISTRICT (the "District") with its principal office located at 50 Vine St. East Stroudsburg, PA 18301

-Santilli Marianne Anderson (the "Contractor") of 2112 Eagle Path, Bushkill, PA. 18324

In consideration of the mutual agreements contained in this document, the parties, intending to be legally bound, agree as follows:

1. Nature of Position

- (a) District will engage Contractor and Contractor will accept such engagement as is outlined in Schedule A and will undertake and perform such duties and services as are set forth in Schedule A and as may reasonably be further assigned to him/her by the Board of School Directors or by its Superintendent, or her/his designee.
- (b) Contractor will be engaged as an independent contractor and not an employee of the District and, except as otherwise provided in Schedule A, will determine his/her own method of operation in accomplishing such tasks as may be assigned. Contractor will not be entitled to receive any compensation, commissions or benefits other than those expressly provided in this Agreement.

2. Scope of Duties

- (a) Contractor shall provide contracted services as outlined in Schedule A.
- (b) Contractor certifies that he/she has no outstanding agreement or obligation that conflicts with any of the provisions of this Agreement, or that would preclude Contractor from complying with the provisions hereof.

3. Breach of Agreement

The Contractor and the District agree that Monroe County Magisterial District Court 43-2-02 and/or the Court of Common Pleas of the 43rd Judicial District, Monroe

SCHEDULE A

Description of Service to be performed (be specific):
Providing dance instruction and
Choreography for Lehman Intermediate
School Spring Production of Beauty
Description of Service to be performed (be specific): Providing dance instruction and Choreography for Lehman Intermediate School Spring Production of "Beauty and the Beast"
Location of Services: Lehman Intermediate School Lehman Intermediate School
classrooms and godilionions
Effective Date: 3/7/17 through 5/6/17 "as needed"
Effective Date: 3/1/1/ 4/1/00/1/
Professional Fee: a) Rate (Daily/Hourly/Other): \$
Time (Days/Hour/Other):
b) Fixed Rate: \$ 900
c) Are expenses included? YES NO
If no, please itemize:
,
Budget Code: Lehman Spring Production Department: Vocal music
District Initiator: Hillary Stevens
Authorization for Payment: Date:
Purchase Order #

818

EAST STROUDSBURG AREA SCHOOL DISTRICT Independent Contractor Agreement

To be used when contracting with an out of District consultant or contractor for professional services

THIS AGREEMENT is made this 14th day of December, 2016, by and between:

EAST STROUDSBURG AREA SCHOOL DISTRICT (the "District") with its principal office located at 50 Vine St. East Stroudsburg, PA 18301

AND

COLONIAL INTERMEDIATE UNIT 20 (the "Contractor").

In consideration of the mutual agreements contained in this document, the parties, intending to be legally bound, agree as follows:

1. Nature of Position

- (a) District will engage Contractor and Contractor will accept such engagement as is outlined in Schedule A and will undertake and perform such duties and services as are set forth in Schedule A and as may reasonably be further assigned to him/her by the Board of School Directors or by its Superintendent, or her/his designee.
- (b) Contractor will be engaged as an independent contractor and not an employee of the District and, except as otherwise provided in Schedule A, will determine his/her own method of operation in accomplishing such tasks as may be assigned. Contractor will not be entitled to receive any compensation, commissions or benefits other than those expressly provided in this Agreement.

2. Scope of Duties

- (a) Contractor shall provide contracted services as outlined in Schedule A.
- (b) Contractor certifies that he/she has no outstanding agreement or obligation that conflicts with any of the provisions of this Agreement, or that would preclude Contractor from complying with the provisions hereof.

3. Breach of Agreement

The Contractor and the District agree that Monroe County Magisterial District Court 43-2-02 and/or the Court of Common Pleas of the 43rd Judicial District, Monroe County, Pennsylvania shall have venue and jurisdiction over any dispute or

SCHEDULE A

Description of Service to be performed (be specific):

Colonial Intermediate Unit 20 will provide Early Childhood LETRS professional development for ESASD's local preschool teachers and administrators to assist with school-readiness goals.

Location of Services:

East Stroudsburg Area School District Administration Center 50 Vine Street East Stroudsburg, PA 18301

Effective Date: January 9, 2017 through January 31, 2017 Professional Fee: a) Rate (Daily/Hourly/Other): \$ n/a Time (Days/Hour/Other): Total Cost: n/a Not to exceed \$ 900.00 b) Fixed Rate: X YES c) Are expenses included? NO If no, please itemize: Budget Code: 10-1806-330-415-10-000-000-000-9185 Department: Keystones to Opportunity Grant Syre 1/4/17 District Initiators

authorization for Payment:	Date:
aunonzanon for raymen.	Date.

ATTACHMENT 16.7	
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COLONIAL INTERMEDIATE UNIT 20 A Regional Service Agency 6 Danforth Drive Easton, Pennsylvania 18045-7899

CONTRACT FOR SERVICE (REVENUE GENERATING)

This contract is entered into by Colonial Intermediate Unit 20, 6 Danforth Drive, Easton, Pennsylvania 18045-7899 and East Stroudsburg Area School District, 50 Vine Street, East Stroudsburg, PA 18301, (570) 424-8500.

Colonial Intermediate Unit 20 will provide East Stroudsburg Area School District with Early Childhood LETRS professional development for their local preschool teachers and administrators to assist with school-readiness goals.

The total cost for said service shall not exceed \$900.00. This contract will be in effect on January 9, 2017 through January 31, 2017.

East Stroudsburg Area School District will be billed for services rendered by Colonial Intermediate Unit 20.

The signed contract must be returned to Mr. Jon Wallitsch, Director of Fiscal Affairs, at the Intermediate Unit Office.

Chalcum Grunn 12/14/2016

Dr. Charlene M. Brennan
Executive Director

Date

East Stroudsburg Area School
District
Superintendent

12/16/2016

Mrs. Dawn M. Hales Date Federal ID Number Secretary to the Board

To comply with Federal laws, State laws, and State Department of Education regulations concerning equal rights and opportunities and to assure these within our Intermediate Unit, the Colonial Intermediate Unit 20 declares itself to be an equal rights and opportunities agency. As an equal rights and opportunities agency, it does not discriminate against individuals or groups because of race, color, national origin, religion, age, sex and disabilities as defined by law. The Intermediate Unit's commitment to non-discrimination extends to students, employees, prospective employees, and the community.

Successful performance and affirmative action program efforts will provide positive benefits to the Intermediate Unit through fuller utilization and development of previously underutilized human resources. Coordinator of Title IX, Section 504 and ADA is The Director of Human Resources and Research Services, Colonial Intermediate Unit 20, 6 Danforth Drive, Easton, PA 18045, (610) 515-6405, TDD/TTY Hearing Impaired (610) 252-3786.

COLONIAL INTERMEDIATE UNIT 20 A Regional Service Agency 6 Danforth Drive Easton, Pennsylvania 18045-7899

CONTRACT FOR SERVICE (REVENUE GENERATING)

This contract is entered into by Colonial Intermediate Unit 20, 6 Danforth Drive, Easton, Pennsylvania 18045-7899 and East Stroudsburg Area School District, 50 Vine Street, East Stroudsburg, PA 18301, (570) 424-8500.

Colonial Intermediate Unit 20 will secure an LPN or RN to administer medication for East Stroudsburg Area School District students while attending Community Based Instruction and/or field trips.

The rate for this service is \$50.00 an hour for an LPN and \$55.00 an hour for an RN.

The total amount of this contract will be based on the total number of hours requested. This contract will be in effect from December 15, 2016 through June 30, 2017.

East Stroudsburg Area School District will be billed for services rendered by Colonial Intermediate Unit 20.

The signed contract must be returned to Mr. Jon Wallitsch, Director of Fiscal Affairs, at the Intermediate Unit Office.

Dr. Charlene M. Brennan Executive Director	- 12 / 14 / 2016 Date	East Stroudsburg Area School District Superintendent	Date
Dawn M. Hales Mrs. Dawn M. Hales Secretary to the Board	_ 12 <u>/ 16 / 2016</u> Date	Federal ID Number	

To comply with Federal laws, State laws, and State Department of Education regulations concerning equal rights and opportunities and to assure these within our Intermediate Unit, the Colonial Intermediate Unit 20 declares itself to be an equal rights and opportunities agency. As an equal rights and opportunities agency, it does not discriminate against individuals or groups because of race, color, national origin, religion, age, sex and disabilities as defined by law. The Intermediate Unit's commitment to non-discrimination extends to students, employees, prospective employees, and the community.

Successful performance and affirmative action program efforts will provide positive benefits to the Intermediate Unit through fuller utilization and development of previously underutilized human resources. Coordinator of Title IX, Section 504 and ADA is The Director of Human Resources and Research Services, Colonial Intermediate Unit 20, 6 Danforth Drive, Easton, PA 18045, (610) 515-6405, TDD/TTY Hearing Impaired (610) 252-3786.

Phone: (570) 424-8500 - Fax (570) 421-4968

Contract for In-District Services

Name of Provider:	
Employee # Date(s) of Services: <i>February 25, 2017 (Snow Date 3/1)</i> Title of Presentation/Service: <i>Kinderversity @ Kinderge</i>	
<i>Fair</i> Purpose of Presentation/Service: <i>Parent Workshop</i>	
Total Time Required for Presentation/Service: 6 Hours	
1 hour prep)	te wow presentation pins
Presentation/Service Facility: <i>High School South Cafe</i>	teria
Maximum Number of Participants: <u>150</u>	
Presentation/Service Rate: <u>\$28.56 per Hour</u>	
Total Estimated Cost of Proposed Presentation/Service:	
Budget Account Number to be charged: KtO Grant 10	3300-120-415-10-00-85
Audio/Visual Equipment Needed: <u>n/a</u>	
Attach supply requisitions for suggested materials. Purchase Orders will If numbers of participants do not warrant the participation or if there is in paid to the provider.	
Signature of Initiator:	
Initiator sends to Provider to sign	DATE
Signature of Provider:	
Provider sends to Assistant Superintendent for Curriculum & Instruction	DATE
Approvals:	
Assistant Superintendent	
For Curriculum & Instruction:	
Send to the Superintendent's Office	DATE
After Board Approved	Board Approval Date
Superintendent:	
Send back to the Initiator	DATE
Upon Completion of Presentation/Service the Initiator will co	mplete.
Comments on services	
Total due provider Approved for paym	ent
Total due provider Approved for paym Initiator will distribute the copies:	
Business Office (payroll) for payment	
☐ Human Resources – Place in Presenter's File☐ Staff Development Secretary	
Initiator	
Provider	

Name of Provider: Theresa A DeHart	·
Employee # ONO 7	
Date(s) of Services: February 25, 2017 (Snow Date 3/11)	<u>/17)</u>
Title of Presentation/Service: Kinderversity @ Kindergar	ten pre-Registration
<u>Fair</u>	
Purpose of Presentation/Service: Parent Workshop	
Total Time Required for Presentation/Service: 6 Hours (5 hour presentation plus
1 hour prep)	
Presentation/Service Facility: High School South Cafeter	ria
Maximum Number of Participants: 150	
Presentation/Service Rate: \$28.56 per Hour	
Total Estimated Cost of Proposed Presentation/Service: A	Not to exceed \$171.36
Budget Account Number to be charged: KtO Grant 10-33	300-120-415-10-00-85
Audio/Visual Equipment Needed: <u>n/a</u>	00 120 113 10-00-05
Attach supply requisitions for suggested materials. Purchase Orders will be If numbers of participants do not warrant the participation or if there is incl paid to the provider.	issued for approved items. ement weather, no fee will be
Signature of Initiator:	1/9/17
Initiator sends to Provider to sign	DATE
Signature of Provider: X Marena A G Hotal	1-9-17
Provider sends to Assistant Superintendent for Curriculum & Instruction	DATE
Approvals:	
Assistant Superintendent For Curriculum & Instruction:	
Send to the Superintendent's Office	
	DATE .
After Board Approved B	oard Approval Date
Superintendent:	
Send back to the Initiator	DATE
Upon Completion of Presentation/Service the Initiator will comp	olete.
Comments on services	
Total due provider Approved for paymen	†
Initiator will distribute the copies:	
Business Office (payroll) for payment	
Human Resources – Place in Presenter's File Staff Development Secretary	
Initiator	
Provider 4	

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EAST STROUDSBURG AREA SCHOOL DISTRICT Independent Contractor Agreement

THIS AGREEMENT is made this _______ day of _______, 20______, by and between:

EAST STROUDSBURG AREA SCHOOL DISTRICT (the "District") with its principal office located at 50 Vine St. East Stroudsburg, PA 18301

AND

Lisa Diemer (the "Contractor") of Kitchen Chemistry

In consideration of the mutual agreements contained in this document, the parties,

1. Nature of Position

intending to be legally bound, agree as follows:

- (a) District will engage Contractor and Contractor will accept such engagement as is outlined in Schedule A and will undertake and perform such duties and services as are set forth in Schedule A and as may reasonably be further assigned to him/her by the Board of School Directors or by its Superintendent, or her/his designee.
- (b) Contractor will be engaged as an independent contractor and not an employee of the District and, except as otherwise provided in Schedule A, will determine his/her own method of operation in accomplishing such tasks as may be assigned. Contractor will not be entitled to receive any compensation, commissions or benefits other than those expressly provided in this Agreement.

2. Scope of Duties

- (a) Contractor shall provide contracted services as outlined in Schedule A.
- (b) Contractor certifies that he/she has no outstanding agreement or obligation that conflicts with any of the provisions of this Agreement, or that would preclude Contractor from complying with the provisions hereof.

3. Breach of Agreement

The Contractor and the District agree that Monroe County Magisterial District Court 43-2-02 and/or the Court of Common Pleas of the 43rd Judicial District, Monroe County, Pennsylvania shall have venue and jurisdiction over any dispute or

SCHEDULE A

Description of Service to be performed (be specific): Lisa will talking with the elementary gifted students who are a part of IF Institute about running a bakery. She will also do a demonstration and hands-on activity where the students will create their own dishes.
ESU Innovation Center at Elementary IF Workshop
Effective Date:
Professional Fee: a) Rate (Daily/Hourly/Other): \$ Time (Days/Hour/Other): Total Cost: \$
b) Fixed Rate: \$\frac{150.00}{\\$5} per student
c) Are expenses included? YES NO If no, please itemize:
Budget Code: 10-1243-810-320-10-00-50 Department: Gifteol
District Initiator: Mana Asi File
Authorization for Payment: Date:
Purchase Order #

Phone: (570) 424-8500 – Fax (570) 421-4968

Contract for In-District Services

Name of Provider:	Eileen Early	
Employee #		_
Date(s) of Services:	February 25, 2017 (Snow Date 3/11/17)	
Title of Presentation/	Service: Kinderversity @ Kindergarten p	re-Registration
	entation/Service: Parent Workshop	
Total Time Required	for Presentation/Service: 6 Hours (5 hours	ir presentation plus
1 hour prep)		
· · · · · · · · · · · · · · · · · · ·	Facility: High School South Cafeteria	
Maximum Number ó		
	Rate: \$28.56 per Hour	
	of Proposed Presentation/Service: Not to	exceed \$171.36
	nber to be charged: KtO Grant 10-3300-1	
Audio/Visual Equipn		
• •		
If numbers of participants o	or suggested materials. Purchase Orders will be issued to not warrant the participation or if there is inclement	
paid to the provider.		
Signature of Initiator:		
Initiator sends to Provider t	to sign	DATE
Signature of Provider:		
Provider sends to Assistant	Superintendent for Curriculum & Instruction	DATE
Approvals:		
Assistant Superintendent		
For Curriculum & Instru		
Send to the Superintende	nt's Office	DATE
After Board Approved	Board	Approval Date
C		
Superintendent: Send back to the Initiator		
Send back to the initiator		DATE
Upon Completion of Pr	resentation/Service the Initiator will complete.	
Comments on services		
_		
Total due provider	Approved for payment	
Initiator will distribute the		-
	e (payroll) for payment	
Staff Developr	rces – Place in Presenter's File	
Initiator	nent Secretary	
Provider		

Name of Provider: DOWN M. Florentino
Employee # <u>439.5</u>
Date(s) of Services: February 25, 2017 (Snow Date 3/11/17)
Title of Presentation/Service: Kinderversity @ Kindergarten pre-Registration
<u>Fair</u>
Purpose of Presentation/Service: Parent Workshop
Total Time Required for Presentation/Service: 6 Hours (5 hour presentation plus
1 hour prep)
Presentation/Service Facility: High School South Cafeteria
Maximum Number of Participants: <u>150</u>
Presentation/Service Rate: \$28.56 per Hour
Total Estimated Cost of Proposed Presentation/Service: Not to exceed \$171.36
Budget Account Number to be charged: <i>KtO Grant 10-3300-120-415-10-00-85</i>
Audio/Visual Equipment Needed: <u>n/a</u>
·
Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items.
If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.
Signature of Initiator: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Initiator sends to Provider to sign
Signature of Provider: (3) (MI) (M. Ph) (D) (MI) (1-1/)-17
Provider sends to Assistant Superintendent for Curriculum & Instruction DATE
Approvals:
Assistant Superintendent For Curriculum & Instruction:
Send to the Superintendent's Office
LOUID 14
After Board Approved Board Approval Date
Superintendent:
Send back to the Initiator DATE
Upon Completion of Presentation/Service the Initiator will complete.
Comments on services
Total due providerApproved for payment
nitiator will distribute the copies:
Business Office (payroll) for payment
Human Resources – Place in Presenter's File Staff Development Secretary
Initiator
Provider

Phone: (570) 424-8500 – Fax (570) 421-4968

Contract for In-District Services

Name of Provider Jacilyn Leonard
Employee # 07.56
Date(s) of Services: February 25, 2017 (Snow Date 3/11/17)
Title of Presentation/Service: Kinderversity @ Kindergarten pre-Registration
Fair/Coordinator-Presenter
Purpose of Presentation/Service: Parent Workshop
Total Time Required for Presentation/Service: 17 Hours (10 hours pre-
planning/coordinating, 5 hour presentation plus 2 hours prep)
Presentation/Service Facility: High School South Cafeteria
Maximum Number of Participants: 150
Presentation/Service Rate: \$28.56 per Hour
Total Estimated Cost of Proposed Presentation/Service: Not to exceed \$485.52
Budget Account Number to be charged: <i>KtO Grant 10-3300-120-415-10-00-85</i>
Audio/Visual Equipment Needed: n/a
rtadio visaai Equipment iveeded. <u>In a</u>
Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items. If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.
Signature of Initiator: 1917
Initiator sends to Provider to sign
Signature of Provider Alely Slower & Instruction DATE
Approvals:
Assistant Superintendent
For Curriculum & Instruction:
Send to the Superintendent's Office
After Board Approved Board Approval Date
Superintendent:
Send back to the Initiator DATE
Upon Completion of Presentation/Service the Initiator will complete.
Comments on services
Total due provider Approved for payment Initiator will distribute the copies:
Business Office (payroll) for payment
Human Resources - Place in Presenter's File
☐ Staff Development Secretary ☐ Initiator
Provider
hand a so that I

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Name of Provider: <u>Ashley Longo</u>	
Employee #	And the second s
Date(s) of Services: February 25, 2017 (Snow Date 3/11/	(17)
Title of Presentation/Service: Kinderversity @ Kindergard	ten pre-Registration
Fair Purpose of Presentation/Service: Parent Workshop	
Total Time Required for Presentation/Service: 6 Hours (5	hour presentation plus
1 hour prep)	
Presentation/Service Facility: High School South Cafeter	ria
Maximum Number of Participants: 150	<u> </u>
Presentation/Service Rate: \$28.56 per Hour	
Total Estimated Cost of Proposed Presentation/Service: N	nt to exceed \$171.36
Budget Account Number to be charged: KtO Grant 10-33	00 120 415 10 00 95
Audio/Visual Equipment Needed: n/a	00-120-413-10-00-83
read Equipment Needed. Int	
Attach supply requisitions for suggested materials. Purchase Orders will be in	issued for approved items.
If numbers of participants do not warrant the participation or if there is incle paid to the provider.	ement weather, no fee will be
1 and providers	
Signature of Initiator:	
Initiator sends to Provider to sign	DATE
Signature of D	1/. /
Signature of Provider: Con ley fongo Provider sends to Assistant Superintendent for Curriculum & Instruction	1/17/17
1107 del sends to Assistant Superintendent for Curriculum & Instruction	DATE
Approvals:	
Assistant Superintendent	
For Curriculum & Instruction:	
Send to the Superintendent's Office	DATE
After Board Ammound	0000000
After Board Approved Bo	oard Approval Date
Superintendent:	
Send back to the Initiator	
	DATE
Upon Completion of Presentation/Service the Initiator will comp	lata
	iete.
Comments on services	
	A SAC AND A
Total due provider Approved for payment	
initiator will distribute the copies:	
Business Office (payroll) for payment	
Human Resources - Place in Presenter's File	
Staff Development Secretary	
Initiator	
Provider	

Name of Provider: Dawn Marston-Roses
Employee # 1607
Date(s) of Services: February 25, 2017 (Snow Date 3/11/17)
Title of Presentation/Service: Kinderversity @ Kindergarten pre-Registration
<u>Fair</u>
Purpose of Presentation/Service: Parent Workshop
Total Time Required for Presentation/Service: 6 Hours (5 hour presentation plus
1 hour prep)
Presentation/Service Facility: High School South Cafeteria
Maximum Number of Participants: 150
Presentation/Service Rate: \$28.56 per Hour
Total Estimated Cost of Proposed Presentation/Service: Not to exceed \$171.36
Budget Account Number to be charged: <i>KtO Grant 10-3300-120-415-10-00-85</i>
Audio/Visual Equipment Needed: <u>n/a</u>
Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items. If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.
Signature of Initiator: Initiator sends to Provider to sign DATE
Signature of Provider: Provider sends to Assistant Superintendent for Curriculum & Instruction DATE
Approvals:
Assistant Superintendent
For Curriculum & Instruction:
Send to the Superintendent's Office
After Board Approved Board Approval Date
Superintendent: Send back to the Initiator
Send back to the Initiator DATE
Upon Completion of Presentation/Service the Initiator will complete.
Comments on services
Total due provider Approved for payment
Total due provider Approved for payment Initiator will distribute the copies:
Business Office (payroll) for payment
Human Resources – Place in Presenter's File Staff Development Secretary
Initiator
Provider

Phone: (570) 424-8500 – Fax (570) 421-4968
Contract for In-District Services

Name of Provider: Lawa Munch
Employee # 4553
Date(s) of Services: February 25, 2017 (Snow Date 3/11/17)
Title of Presentation/Service: Kinderversity @ Kindergarten pre-Registration
<u>Fair</u>
Purpose of Presentation/Service: Parent Workshop
Total Time Required for Presentation/Service: 6 Hours (5 hour presentation plus
1 hour prep)
Presentation/Service Facility: High School South Cafeteria
Maximum Number of Participants: 150
Presentation/Service Rate: \$28.56 per Hour
Total Estimated Cost of Proposed Presentation/Service: Not to exceed \$171.36
Budget Account Number to be charged: <i>KtO Grant 10-3300-120-415-10-00-85</i>
Audio/Visual Equipment Needed: <u>n/a</u>
Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items. If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.
Cionetina e Clairi
Signature of Initiator: Initiator sends to Provider to sign DATE
DATE
Signature of Provider: Addition Vy Charles Signature of Provider sends to Assistant/Superintendent for Curriculum & Instruction
Approvals:
Assistant Superintendent
For Curriculum & Instruction:
Send to the Superintendent's Office
After Board Approved Board Approval Date
Board Approval Date
Superintendent:
Send back to the Initiator DATE
Upon Completion of Presentation/Service the Initiator will complete.
Comments on services
Total due provider Approved for payment
Total due provider Approved for payment Initiator will distribute the copies:
Business Office (payroll) for payment
Human Resources – Place in Presenter's File
Staff Development Secretary Initiator
Provider

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POCONO FAMILY YMCA CORPORATE MEMBERSHIP AGREEMENT



This letter of agreement dated 18 December 2016 between the Pocono Family YMCA (YMCA) and East Stroudsburg Area School District (the company) describes the scope, nature and conditions of the Pocono Family YMCA member services to be delivered to the Company under the Corporate Membership Program.

1. FEE, MEMBERSHIP DEFINITION

Joiner's Fee of \$50.00 (one time payment for each new member) Membership Fee of \$373.50/year (normally \$498) (Represents a 25% discount) Optional Family Membership Upgrade of \$246/year

2. CONTRACT TERM

This contract and membership beginning 1 January 2017 and ending 31 December 2017 will be eligible for renegotiation and renewal yearly.

3. PAYMENT STRUCTURE

Employee must bring current proof of employment YMCA.

4. YMCA RESPONSIBILITIES

- a. The Pocono Family YMCA management will meet with the company's management to inform of the orientation procedure.
- b. The Pocono Family YMCA will make available standard program and promotion materials to the Company.

5. COMPANY RESPONSIBLITIES

- a. The company is responsible for distribution of special promotions made available by the YMCA throughout the work place.
- b. The company will only provide this opportunity to their employees.

This letter of agreement contains the full agreement of the parties and supersedes all prior agreements and understanding with respect to its subject matter. This letter of agreement may be amended only by a written agreement signed by both parties.

Company			YMCA					
Representa	ıtive			Represen	itative			
Signature	:	V 0		Signature	e	**** *		
Title	¥		·. · .	Title	121 1			
Date				Date				

Name of Provider: Sa Julia Prusik
Employee # 4324
Date(s) of Services: February 25, 2017 (Snow Date 3/11/17)
Title of Presentation/Service: Kinderversity @ Kindergarten pre-Registration
Fair
Purpose of Presentation/Service: Parent Workshop
Total Time Required for Presentation/Service: 6 Hours (5 hour presentation plus
1 hour prep)
Presentation/Service Facility: High School South Cafeteria
Maximum Number of Participants: 150
Presentation/Service Rate: \$28.56 per Hour
Total Estimated Cost of Proposed Presentation/Service: Not to exceed \$171.36
Budget Account Number to be charged: KtO Grant 10-3300-120-415-10-00-85
Audio/Visual Equipment Needed: <u>n/a</u>
Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items. If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.
Signature of Initiator: Initiator sends to Provider to sign
Signature of Provider Provider Superintendent for Curriculum & Instruction DATE
Approvals:
Assistant Superintendent
For Curriculum & Instruction:
Send to the Superintendent's Office
After Board Approved Board Approval Date
Superintendent:
Send back to the Initiator DATE
Upon Completion of Presentation/Service the Initiator will complete.
Community
Comments on services
Total due provider Approved for payment
Total due providerApproved for paymentInitiator will distribute the copies:
Business Office (payroll) for payment Human Resources – Place in Presenter's File
Staff Development Secretary
Initiator
☐ Provider ☐

Name of Provider: () Audia Rouge					
Employee # 4268					
Date(s) of Services: February 25, 2017 (Snow Date 3/11/17)					
Title of Presentation/Service: Kinderversity @ Kindergarten pre-Registration					
Fair					
Purpose of Presentation/Service: Parent Workshop					
Total Time Required for Presentation/Service: 6 Hours (5 hour presentation pl	l				
1 hour prep)	us				
Presentation/Service Facility: High School South Cafeteria					
Maximum Number of Participants: <u>150</u>					
Presentation/Service Rate: \$28.56 per Hour					
Total Estimated Cost of Proposed Presentation/Service: Not to exceed \$171.36					
Budget Account Number to be charged: KtO Grant 10-3300-120-415-10-00-85	r				
Audio/Visual Equipment Needed: <i>n/a</i>	_				
——————————————————————————————————————					
Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items. If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.	ı				
Signature of Initiator: Initiator sends to Provider to sign) JATE				
Signature of Provider Club Club Club Club Club Club Club Club	 E				
Approvals:					
Assistant Superintendent					
For Curriculum & Instruction:					
Send to the Superintendent's Office					
After Board Approved Board Approval Date					
After Board Approved Board Approval Date					
Superintendent:					
Send back to the Initiator DATE					
Upon Completion of Presentation/Service the Initiator will complete.					
Comments on services					
Total due provider Approved for payment					
diffusion will distribute the copies:					
Business Office (payroll) for payment					
Human Resources – Place in Presenter's File Staff Development Secretary					
Initiator					
Provider					

MANGIA PRANCE
Name of Providers NULVIA KDARIS
Employee # 1034
Date(s) of Services: February 25, 2017 (Snow Date 3/11/17)
Title of Presentation/Service: Kinderversity @ Kindergarten pre-Registration
Fair/Coordinator-Presenter
Purpose of Presentation/Service: Parent Workshop
Total Time Required for Presentation/Service: 17 Hours (10 hours pre-
planning/coordinating, 5 hour presentation plus 2 hours prep)
Presentation/Service Facility: High School South Cafeteria
Maximum Number of Participants: <u>150</u>
Presentation/Service Rate: \$28.56 per Hour
Total Estimated Cost of Proposed Presentation/Service: Not to exceed \$485.52
Budget Account Number to be charged: KtO Grant 10-3300-120-415-10-00-85
Audio/Visual Equipment Needed: <u>n/a</u>
Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items. If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.
Signature of Initiator: Initiator sends to Provider to sign DATE
Signature of Provider Wallack Good 11117 Provider sends to Assistant Superintendent for Curriculum & Instruction DATE
Approvals:
Assistant Superintendent
For Curriculum & Instruction: Send to the Superintendent's Office
DALE
After Board Approved Board Approval Date
Superintendent:
Send back to the Initiator DATE
Upon Completion of Presentation/Service the Initiator will complete.
Comments on services
Total due providerApproved for payment
Initiator will distribute the copies:
Business Office (payroll) for payment
Human Resources – Place in Presenter's File Staff Development Secretary
Initiator
Provider

Phone: (570) 424-8500 - Fax (570) 421-4968

Contract for In-District Services

Name of Provider: RObin Ruberto	
Employee # 4148	
Date(s) of Services: February 25, 2017 (Snow Date 3/11/17)	<u>)</u>
Title of Presentation/Service: Kinderversity @ Kindergarten	pre-Registration
<u>Fair</u>	
Purpose of Presentation/Service: Parent Workshop	
Total Time Required for Presentation/Service: 6 Hours (5 ho	our presentation plus
1 hour prep)	A STATE OF THE PARTY OF THE PAR
Presentation/Service Facility: High School South Cafeteria	
Maximum Number of Participants: 150	
Presentation/Service Rate: \$28.56 per Hour	
Total Estimated Cost of Proposed Presentation/Service: Not	to exceed \$171 36
Budget Account Number to be charged: KtO Grant 10-3300-	120-415-10-00-85
Audio/Visual Equipment Needed: <u>n/a</u>	120-413-10-00-03
Attach supply requisitions for suggested materials. Purchase Orders will be issue If numbers of participants do not warrant the participation or if there is inclementated to the provider.	ed for approved items. nt weather, no fee will be
	1-1
Signature of Initiator: Initiator sends to Provider to sign	
Annual of Sends to Frovider to sign	DATE
Signature of Provider / Wer / Cure 70	1/10/17
Provider sends to Assistant Superintendent for Curriculum & Instruction	DATE
Approvals:	
Assistant Superintendent	
For Curriculum & Instruction:	
Send to the Superintendent's Office	DATE
After Board Approved Board	d Approval Date
Superintendent:	
Send back to the Initiator	DATE
Upon Completion of Presentation/Service the Initiator will complete	e .
Comments on services	
Total due providerApproved for payment	
Initiator will distribute the copies:	
Business Office (payroll) for payment	
Human Resources – Place in Presenter's File	
Staff Development Secretary Initiator	
Provider	
Fa	

PRINTED 1/9/2017 9:21 AM

Name of Provider: Nancy Shaffer	
Employee # 1084	
Date(s) of Services: February 25, 2017 (Snow Date 3,	<i>/11/17</i>)
Title of Presentation/Service: Kinderversity @ Kinder	garten pre-Registration
<u>Fair</u>	
Purpose of Presentation/Service: Parent Workshop	
Total Time Required for Presentation/Service: 6 Hour	s (5 hour presentation plus
1 nour prep)	
Presentation/Service Facility: High School South Caf	eteria
Maximum Number of Participants: 150	
Presentation/Service Rate: \$28.56 per Hour	
Total Estimated Cost of Proposed Presentation/Service	: Not to exceed \$171.36
Budget Account Number to be charged: KtO Grant 10	-3300-120-415-10-00-85
Audio/Visual Equipment Needed: <u>n/a</u>	
Attach supply requisitions for suggested materials. Purchase Orders will If numbers of participants do not warrant the participation or if there is paid to the provider.	I be issued for approved items. inclement weather, no fee will be
Signature of Initiator:	101-
Initiator sends to Provider to sign	
(0.0	DATE
Signature of Provider Curriculum & Instruction	<u>N</u> 1/10/17 DATE
Approvals:	
Assistant Superintendent	
For Curriculum & Instruction: Send to the Superintendent's Office	
•	DATE
After Board Approved	Board Approval Date
Superintendent:	
Send back to the Initiator	DATE
Upon Completion of Presentation/Service the Initiator will co	omplete.
Comments on services	
Total due provider Approved for payr	nent
mitator will distribute the copies:	
Business Office (payroll) for payment	
Human Resources – Place in Presenter's File Staff Development Secretary	
Initiator	
Provider (OC)	

Name of Provider Susan Wolff						
Employee # 7320						
Date(s) of Services: February 25, 2017 (Snow Date 3/11/17)						
Title of Presentation/Service: Kinderversity @ Kindergarten pre-Registration						
Fair						
Purpose of Presentation/Service: Parent Workshop						
Total Time Required for Presentation/Service: 6 Hours (5 hour presentation plus						
1 hour prep)						
Presentation/Service Facility: High School South Cafeteria						
Maximum Number of Participants: 150						
Presentation/Service Rate: \$28.56 per Hour						
Total Estimated Cost of Proposed Presentation/Service: Not to exceed \$171.36						
Budget Account Number to be charged: KtO Grant 10-3300-120-415-10-00-85						
Audio/Visual Equipment Needed: n/a						
Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items. If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.						
Signature of Initiator: Initiator sends to Provider to sign DATE						
DATE						
Signature of Provider 1/10/17						
Provider sends to Assistant Superintendent for Curriculum & Instruction DATE						
Approvals:						
Assistant Superintendent						
For Curriculum & Instruction:						
Send to the Superintendent's Office						
After Board Approved Board Approval Date						
Superintendent:						
Send back to the Initiator DATE						
Upon Completion of Presentation/Service the Initiator will complete.						
Comments on services						
Total due provider Approved for payment						
Initiator will distribute the copies:						
Business Office (payroll) for payment Human Resources – Place in Presenter's File						
Staff Development Secretary						
Initiator						
☐ Provider						
DDDDTED 1/0/0017 0 0 1 1 1 5						

Name of Provider: Jally Yorke-Viney	
Employee #_ 1058 / / /	
Date(s) of Services: February 25, 2017 (Snow Date 3/11/17)	
Title of Presentation/Service: Kinderversity @ Kindergarten pre-Registration	
Fair	
Purpose of Presentation/Service: Parent Workshop	
Total Time Required for Presentation/Service: 6 Hours (5 hour presentation plus	
1 hour prep)	-
Presentation/Service Facility: High School South Cafeteria	
Maximum Number of Participants: <u>150</u>	
Presentation/Service Rate: \$28.56 per Hour	
Fotal Estimated Cost of Proposed Presentation/Service: Not to exceed \$171.36	
Budget Account Number to be charged: KtO Grant 10-3300-120-415-10-00-85	
Audio/Visual Equipment Needed: <u>n/a</u>	
Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items. If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.	
Signature of Initiator:	
initiator sends to Provider to sign	_
Signature of Provider: X Colle Viole Viole 1/9/17	E
Provider sends to Assistant Superintendent for Curriculum & Instruction DATE	
Approvals:	
Assistant Superintendent	
For Curriculum & Instruction:	
Send to the Superintendent's Office	-
After Board Approved Board Approval Date	
	-
Superintendent: Send back to the Initiator	_
DATE	
Upon Completion of Presentation/Service the Initiator will complete.	
Comments on services	_
Total due provider Approved for payment	
Total due provider Approved for payment initiator will distribute the copies:	-
Business Office (payroll) for payment	
Human Resources – Place in Presenter's File	
☐ Staff Development Secretary ☐ Initiator	
Provider	
L Trovides	

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EAST STROUDSBURG AREA SCHOOL DISTRICT

Name of Provider: Lisa Zabriskie					
Employee # 1086					
Date(s) of Services: February 25, 2017 (Snow Date 3/11/17)					
Title of Presentation/Service: Kinderversity @ Kindergarten pre-Registration					
Fair					
Purpose of Presentation/Service: Parent Workshop					
Total Time Required for Presentation/Service: 6 Hours (5 hour presentation plus					
1 hour prep)					
Presentation/Service Facility: High School South Cafeteria					
Maximum Number of Participants: <u>150</u>					
Presentation/Service Rate: \$28.56 per Hour					
Total Estimated Cost of Proposed Presentation/Service: Not to exceed \$171.36					
Budget Account Number to be charged: <i>KtO Grant 10-3300-120-415-10-00-85</i>					
Audio/Visual Equipment Needed: <u>n/a</u>					
Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items. If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.					
Signature of Initiator: Initiator sends to Provider to sign					
Signature of Provider Lisa Zabrahia					
Provider sends to Assistant Superintendent for Curriculum & Instruction DATE					
Approvals:					
Assistant Superintendent					
For Curriculum & Instruction:					
Send to the Superintendent's Office					
A fton Doord A					
Board Approved Board Approval Date					
Superintendent:					
Send back to the Initiator DATE					
Upon Completion of Presentation/Service the Initiator will complete.					
Comments on services					
Total due provider Approved for payment					
nitiator will distribute the copies:					
Business Office (payroll) for payment					
Human Resources – Place in Presenter's File Staff Development Secretary					
Initiator					
Provider (2)					

COLONIAL INTERMEDIATE UNIT 20 A Regional Service Agency 6 Danforth Drive Easton, Pennsylvania 18045-7899

CONTRACT FOR SERVICE (REVENUE GENERATING)

This contract is entered into by Colonial Intermediate Unit 20, 6 Danforth Drive, Easton, Pennsylvania 18045-7899 and East Stroudsburg Area School District, 50 Vine Street, East Stroudsburg, PA 18301, (570) 424-8500. East Stroudsburg Area School District will utilize Colonial Intermediate Unit 20 to provide a mental health worker for direct, one-on-one services at the following location:

Middle Smithfield Elementary School - Autistic Support

The total cost for said services shall not exceed \$46,288.80. This contract becomes effective on the first day of the 2016-2017 school year and terminates at the end of the 2016-2017 school year.

East Stroudsburg Area School District will be billed for services rendered by Colonial Intermediate Unit 20.

Unemployment cost will be charged to the School District if Colonial Intermediate Unit 20 is unable to reassign the position.

The signed contract must be returned to Mr. Jon Wallitsch, Director of Fiscal Affairs, at the Intermediate Unit Office.

Mr. Jon Wallitsch	<u>_12/15/16</u>	East Stroudsburg Area School District	Date
Director of Fiscal Affairs	Date	Superintendent	
		Federal ID Number	

To comply with Federal laws, State laws, and State Department of Education regulations concerning equal rights and opportunities and to assure these within our Intermediate Unit, the Colonial Intermediate Unit 20 declares itself to be an equal rights and opportunities agency. As an equal rights and opportunities agency, it does not discriminate against individuals or groups because of race, color, national origin, religion, age, sex and disabilities as defined by law. The Intermediate Unit's commitment to non-discrimination extends to students, employees, prospective employees, and the community.

Successful performance and affirmative action program efforts will provide positive benefits to the Intermediate Unit through fuller utilization and development of previously underutilized human resources. Coordinator of Title IX, Section 504 and ADA is The Director of Human Resources and Research Services, Colonial Intermediate Unit 20, 6 Danforth Drive, Easton, PA 18045, (610) 515-6405, TDD/TTY Hearing Impaired (610) 252-3786.



Field Trip: 01913					
Main Notes Docum	nents History				
*-Required Fields *-All trips must be	requested at least 30 full school day(s) in advance. (Next valid date 2/16/2017)				
Requested:					
Status:					
	Change To: [Select New Status]				
	Comments:				
		^			
		V			
* Field Trip Name:	DECA State Competition				
* School:	E Stroudsburg HS - S / 2				
* Department:	HSS				
* Activity:	DECA				
Contact					
* Contact:	Karen Peters				
* Phone:	*Phone Ext: N/A				
* Email:	karen-peters@esasd.net				
Departure	2/21/2017 * Time: 09:00 AM				
* Depart Date:					
* Return Date:	2/24/2017 * Time: 12:30 PM				
* Departure:	E Stroudsburg HS - S / 2				
* Notes:	WE need two buses, one will start up North and pick up students and Advisor and then go to South School and pick up more students and two more advisors and go to Hershey Lodge. On the 2/24/16 both buses to come to Lodge pick up all students. Then buses will go to the South school drop off students. One bus then will go North to drop off the rest of students and Advisor.	< >			
Destination					
* Destination:	Hershey Park (100 W Hershey Park Drive Hershey)				
* Street:	100 W Hershey Park Drive				
* City:	Hershey				
* State:	Pa * Zip: 17033				
Contact:	Karen Peters				
Title:	DECA Advisor				
Phone:	570-856-1613 Phone Ext: N/A				
Fax:					
Email:	karen-peters@esasd.net				
Notes:	Can we have George Rothwell as one of the bus drivers. Thanks				
		^			
		V			
Directions					
Directions:					
	1 6				



▶ Home ▶ Students ▶ Trips ▶ Field Trips ▶ Reports ▶ Options Field Trip: 01965 Main Notes Documents History *-Required Fields *-All trips must be requested at least 30 full school day(s) in advance. (Next valid date 3/1/2017) 01/05/17 09:42 AM By: Polmounter, Amy Status: ● Level 3 - Request Approved Change To: [Select New Status] Comments: * Field Trip Name: FBLA State Leadership Conference * School: E Stroudsburg HS - S / 2 * Department: HSS * Activity: HS South Contact * Contact: Amy Polmounter * Phone: 5704242500 *Phone Ext: 20106 * Email: amy-polmounter@esasd.net Departure * Depart Date: * Time: 11:00 AM 4/2/2017 * Return Date: 4/5/2017 * Time: 09:00 AM Departure: E Stroudsburg HS - S / 2 Notes: Front of high school Destination * Destination: Hershey Lodge/Convention Center (325 University Drive Hershey) * Street: 325 University Drive * City: Hershey * State: Zip: 17033 Contact: Title: 717-533-3311 Phone: Phone Ext: Fax: Email: Notes: The hotel might be the Hampton INN (2 miles from the Lodge). Our lodging will be assigned to us by PA FBLA two weeks prior to the competition. Directions Directions: 247-259 North Courtland Street East Stroudsburg, PA 18301 Get on I-80 W/US-209 S in Stroudsburg from N Courtland St, Washington St and McConnell St Trip Details * Equipment: SCHOOL BUS EHS * Number of Students: 20 -* Number of Adults: 3 -* Number of Wheel Chairs: 0= 1= * Number of Vehicles: * Estimated Miles: 184 🕏 * Estimated Cost: 380 * Estimated Hours: 6 🕏 Invoicing Information: * Code (Department/Activity) Amount (\$) Invoice Date Payment Date 8



Field Trip: 01921		
Main Notes Documents History		
*-Required Fields *-All trips must be requested at least 30 full school day(s) in advance. (Next valid date 2/16/2017)		
Requested:	12/20/16 08:36 AM By: Sanker, Donald	
Status:	◆ Level 3 - Request Approved	
	Change To: [Select New Status]	_
	Comments:	_
		-
* Field Trip Name:	Key Club Convention	Ī
* School:	E Stroudsburg HS - S / 2	
* Department:	HSS	
* Activity:	HSS	
Contact		
* Contact:	Rick Sanker	
* Phone:	4123030513 *Phone Ext: 20103	
* Email:	donald-sanker@esasd.net	
Departure		
* Depart Date:	3/10/2017 * Time: 09:00 AM	
* Return Date:	3/12/2017 * Time: 03:30 PM	
* Departure:	EHS / EHS	
* Notes:	Pick up on Sunday at Hilton in Harrisburg will be at 11:30 AM.	
		^
		~
Destination		
* Destination:	Harrisburg Hilton Hotel & Conference Center	********
* Street:	One North Second Street	\neg
* City:	Harrisburg	司
* State:	PA * Zip: 17101	
Contact:		\neg
Title:		F
Phone:	4123030513 Phone Ext:	
Fax:		
Email:		\neg
Notes:		f
		^
		_
Directions		
Directions:		



Field Trip: 01897		
Main Notes Documents History		
*-Required Fields *-All trips must be requested at least 30 full school day(s) in advance. (Next valid date 2/16/2017)		
Requested:	quested: 12/14/16 11:33 AM By: Dahl, Barbara	
Status:	Level 3 - Request Approved	
	Change To: [Select New Status]	
	Comments:	
		~
* Field Trip Name:	Trip to Harrisburg, PA	
* School:	M Smithfield Elem / 6	
* Department:	MSE	
* Activity:	M Smithfield	
Contact		
* Contact:	barb dahl	
* Phone:	570-223-8082 *Phone Ext: 14204	
* Email:	barbara-dahl@esasd.net	
Departure		
* Depart Date:	4/20/2017 * Time: 07:30 AM	
* Return Date:	4/20/2017 * Time: 07:00 PM	
* Departure:	M Smithfield Elem / 6	
* Notes:	This is a 4th grade field trip to visit our state capitol and The State Museum. Charter buses will be used. Students and PTO will pay for the buses and admission to the museum.	^ ~
Destination		
* Destination:	Harrisburg State Capitol	
* Street:	Commonwealth Avenue	
* City:	Harrisburg	
* State:	PA * Zip: 17101	
Contact:		
Title:		
Phone:	Phone Ext:	
Fax:		
Email:		
Notes:		
		^
		V
Directions		
Directions:		



Field Trip: 01898	Field Trip: 01898	
Main Notes Documents History		
*-Required Fields *-All trips must be requested at least 30 full school day(s) in advance. (Next valid date 2/16/2017)		
Requested:	12/14/16 16:33 PM By: Follis, Laura	
Status:	● Level 3 - Request Approved	
	Change To: [Select New Status]	
	Comments:	
	^	
	· ·	
* Field Trip Name:	Middle Smithfield Elementary - (2)	
* School:	M Smithfield Elem / 6	
* Department:	MSE	
* Activity:	M Smithfield	
Contract		
Contact	Laura Callic	
* Contact:	Laura Follis	
* Phone:		
* Email: Departure	laura-follis@esasd.net	
* Depart Date:	5/23/2017 * Time: 06:45 AM	
* Return Date:	5/23/2017 * Time: 05:45 PM	
* Departure:	M Smithfield Elem / 6	
* Notes:	Pick up at Main Office Doors.	
	^	
Destination		
* Destination:	Adventure Aquarium (1 Riverside Drive Camden)	
* Street:	1 Riverside Drive	
* City:	Camden	
* State:	NJ * Zip: 08103	
Contact:		
Title:		
Phone:	856-365-3300 Phone Ext:	
Fax:		
Email:		
Notes:		
	^	
	✓	
Directions		
Directions:		

▶ Home ▶ Students ▶ Trips ▶ Field Trips ▶ Reports ▶ Options



Field Trip: 01964 Main Notes Documents History *-Required Fields *-All trips must be requested at least 30 full school day(s) in advance. (Next valid date 2/16/2017) Requested: 01/05/17 09:41 AM By: Horne, Kevin Status: Level 3 - Request Approved Change To: [Select New Status] Comments: * Field Trip Name: PMEA District 10 Band * School: JT Lambert Int / 12 * Department: * Activity: Band Contact Kevin Horne * Contact: * Phone: 570-424-8430 *Phone Ext: 17103 * Email: kevin-horne@esasd.net Departure * Depart Date: 3/31/2017 * Time: 08:00 AM 3/31/2017 * Time: 09:30 AM * Departure: JT Lambert Int / 12 * Notes: THIS IS A ONE WAY TRIP ONLY! Students will be picked up after concert by parents at Blue Mountain High School Destination Destination: Blue Mountain High School * Street: 1076 W Market St * City: Schuylkill Haven * State: Zip: 17972 Contact: Title: Phone: Phone Ext: Fax: Email: Notes: Directions Directions: PA-33 S to I-78 W to exit 29 B, Merge onto PA-61 N. Continue on PA-61 for 10 miles. Turn right onto PA-443 E, destination will be on left. Trip Details * Equipment: SCHOOL BUS Classification: JTL * Number of Students: 5 💠 * Number of Adults: 1 * Number of Wheel Chairs: 0= 1= * Number of Vehicles: * Estimated Miles: 80 🕏 * Estimated Cost: * Estimated Hours: 1.5 Invoicing Information: * Code (Department/Activity) Amount (\$) Invoice Date Payment Date



Field Trip: 02006	
Main Notes Documents History	
*-Required Fields *-All trips must be requested at lea	est 30 full school day(s) in advance. (Next valid date 3/1/2017)
Requested:	01/13/17 11:31 AM By: Labar, Keith
Status:	• Level 3 - Request Approved
	Change To: [Select New Status]
	Comments:
***************************************	ti de la companya de
* Field Trip Name:	Temple ManChoir
* School:	E Stroudsburg HS - N / 17
* Department:	HSN
* Activity:	N Choir
Contact	
* Contact:	Keith LaBar
* Phone:	570-350-1451 *Phone Ext: 34216
* Email:	keith-labar@esasd.net
Departure	
* Depart Date:	1/28/2017 * Time: 06:30 AM
* Return Date:	1/28/2017 * Time: 09:00 PM
Departure:	[Select One]
Notes:	17 Students were selected to attend a festival at Temple University - We will be meeting and
	leaving from Middle Smithfield Elementary
Destination	
* Destination:	Temple University (1801 North Broad Street Philadelphia)
* Street;	1801 North Broad Street
* City:	Philadelphia
* State:	Pa * Zip: 19122
Contact:	
Title:	
Phone:	215-204-7405 Phone Ext:
Fax:	
Email:	
Notes:	
	ii da
Directions Directions:	
Directions.	
Trip Details	4
* Equipment:	SCHOOL BUS
Classification:	[Select One]
* Number of Students:	18 ** Number of Adults: 1 **
* Number of Wheel Chairs:	0 - *Number of Vehicles: 1 -
* Estimated Miles:	220 ÷ *Estimated Cost: 400
* Estimated Hours:	14 \$\frac{1}{2}
Invoicing Information:	
* Code (Department/Activity)	Amount (\$) PO Invoice Date Payment Date
	·~



Field Trip: 01987		
Main Notes Documents History		
*-Required Fields *-All trips must be requested at least	30 full school day(s) in advance. (Next valid date 2/21/2017)	
Requested:	01/06/17 14:01 PM By: Labar, Keith	_
Status:	♠ Levei 3 - Request Approved	
	Change To: [Select New Status]	_
	Comments:	
		11
* Field Trip Name:	MIOSM Performance	
* School:	E Stroudsburg HS - N / 17	
* Department:	HSN	
* Activity:	N Choir	
Contact		
* Contact:	Keith LaBar	
* Phone:	5703501451 *Phone Ext: 19106	
* Email:	keith-labar@esasd.net	
Departure	1773	
* Depart Date:	3/14/2017 * Time: 08:15 AM	
* Return Date:	3/14/2017 * Time: 05:00 PM	
Departure:	[Select One]	
Notes:	We will leave from the Music Wing Doors	
	i 1	
Destination		1
* Destination:	PA State Capitol (N Third Street Harrisburg)	-
* Street:	N Third Street	
* City:	Harrisburg	
* State:	Pa * Zip: 17101	
Contact:		
Title:		
Phone:	800-868-7672 Phone Ext:	
Fax:		
Email:		
Notes:		
		1,
Directions Directions:		_
Dil ections.		
		,
Trip Details	72	6
	NID -4000	-

SECTION: PROPERTY

TITLE: USE OF FACILITIES

ADOPTED: August 19, 2002

REVISED: May 17, 2004 November 15, 2004

August 21, 2006 July 16, 2007 June 22, 2009 January 23, 2017

Effective Date: March 1, 2017

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	707. USE OF FACILITIES
1. Purpose SC 775	The Board recognizes that the primary purpose of the buildings, facilities, and property of the district is to provide students with an appropriate learning environment. The district does make available its facilities to district residents, community organizations and organizations providing a benefit to the school and community on a space available basis outside of normal school hours. This use is not intended to be permanent or ongoing for an extended time. District events shall have priority in the use of facilities and may preempt requests for use by other groups.
2. Authority SC 511 Title 22	The Board will permit the use of school facilities when permission has been requested in writing and has been approved in accordance with this policy.
Sec. 12.9	Scheduling priority shall be granted in order of classification.
SC 775	The Board shall establish annually a schedule of fees for the use of school facilities which shall include a fee for all Class II-IV uses occurring on Saturday and/or Sunday. Please refer to Attachment A.
	The Board will not consider waivers of any of the requirements set forth in this policy.
3. Delegation of Responsibility	The Superintendent or designee shall implement administrative regulations or procedures for requesting and granting permission for use of school facilities and shall distribute the necessary information to individuals/groups affected by them.
	An application for use of school facilities may be disapproved because of noncompliance with established policy and procedures by the Superintendent.
4. Guidelines	Application Process
	a. When requesting permission to use school district buildings, facilities or property, the applicant must submit a written request on the prescribed application form to the school principal at least thirty (30) calendar days

prior to the date for which a facility is requested. (Applications for such usage may be obtained in any school office.) Completed applications should be returned to the school principal for determination of availability of the requested facility.

- b. The application must specify the portion of the school facilities requested for use; proposed event; anticipated number of individuals participating; and the date, time and duration of the proposed event. Any school equipment that is to be used in conjunction with requested facilities shall be identified at the time that the request for use of facilities is made. The users of school equipment must accept liability for any damage or loss to such equipment that occurs while it is in their use. Where rules so specify, no item of equipment may be used except by a qualified operator. The term "user" as used herein shall mean the individual, organization, or group that applies for and/or is granted permission to use school facilities
- c. The applicant shall agree to exercise proper care in the use of the property and facilities, to indemnify and hold harmless the school district for any and all damages to school or other property by any person or persons attending the affair and to indemnify and hold harmless the school district against liability for any and all damage to any person or persons for injuries, including death.
- d. A certificate of insurance shall be attached to the application. The minimum limits of liability are: a minimum of \$100,000 for all damages arising out of bodily injury/person/accident; and \$300,000 aggregate for all damages sustained by two (2) or more persons/accident. Non-school related applicants must secure liability and property insurance in the amount of not less than \$500,000 Bodily Injury Liability and \$500,000 Property Damage Liability, listing the school district as an additional insured. In such event, the applicant shall furnish the building principal with a certificate showing that such insurance has been obtained. The *Certificate of Insurance* MUST list East Stroudsburg Area School District as a certificate holder as well as an additional insured on the policy.
- e. The school principal will forward the application to the Superintendent's Office for approval.

Application Evaluation

No application to use school facilities shall be approved if the proposed activity would result in any of the following:

1. Conflict with any school-sponsored activity. Any scheduled school activity, whether taking place during the school day or otherwise, shall have

precedence over any other activity for the use of such facility. In the event a school activity is postponed due to inclement weather, etc., and the make-up day conflicts with a planned community or other activity, the school program would take precedence and necessitate the rescheduling of the community activity and/or other activity.

- 2. Access to school facilities closed due to renovations, maintenance, cleaning, the school calendar or Board action.
- 3. Access to school facilities containing equipment or furnishings which, if damaged or operated by an unqualified operator, would be detrimental to the operation of a school district program.
- 4. Prevention or encumbrance of school district personnel from preparing school facilities for their primary purpose, because of the nature or duration of the activity.

Limitations

When applicants receive written permission to use school facilities under this policy, such use shall be conditioned upon strict compliance with the following:

- 1. All events must terminate and all groups must vacate school premises at a designated time; but school premises must always be vacated by 10:30 p.m. unless otherwise authorized in advance by the Superintendent.
- 2. Facilities may not be occupied beyond rated capacity. The total number of participants and spectators in that activity must be supplied with the application.
- 3. When advertising or promoting events held at school facilities, groups shall clearly communicate that the events are not being sponsored by the school district. The district disclaimer must be posted on all flyers and flyers must have approval of Superintendent prior to posting and/or distribution.
- 4. Accidents involving persons and/or property should be promptly reported to School Police at 570-424-7833 (24-hours).
- 5. Requests for use of stage facilities, lighting and installation of scenery shall be clearly indicated on the application. Only school district staff may operate the stage lighting and sound systems.
- 6. Requests for use of district kitchens and/or concession stands shall be clearly indicated on the application. The use of district kitchens or concession stands requires the supervision of the district's Food Service Department.

- 7. Any use of swimming pool facilities must have the approval of the Director of Athletics and Activities and the requesting group must supply documentation of one (1) certified lifeguard who will be supervising waterside during the duration of the event.
- 8. Where large audiences are anticipated, the applicant shall be responsible for proper security, parking of cars on the paved parking area and to provide the additional services needed to direct and control parking. Security and parking provisions must be approved by the Chief of School Police prior to the event taking place. The Chief of School Police shall determine whether school district security personnel are required due to the anticipated number of participants.
- 9. Responsible adult supervision in adequate numbers must be provided by the sponsoring organization. Sponsors of an activity must remain on the premises until all participants and attendees have left the facility.
- 10. The use of school facilities may not be permitted when schools are closed due to inclement weather or the closing of school due to early dismissal. The school district is not responsible for any costs incurred by the user which may result from such closure. Users are responsible to consult the district website, local TV and/or radio stations for information on mid-week school closings. Users are also responsible for contacting School Police at 570-424-7833 (24 hours) for information on weekend closures due to inclement weather.
- 11. A custodian and/or other school district personnel must be on duty at all times when a facility is in use.
- 12. After the application has been approved, the applicant may <u>not</u> assign, sublet, or transfer its rights or privileges to any other individual, group, or organization.
- 13. Individuals/Groups are responsible to remove all equipment/supplies at the conclusion of the event unless prior permission is granted by school officials.

Conduct of Patrons/Prohibited Activities

The following activities are strictly prohibited in school facilities when groups are granted written permission to use said school facilities:

1. Conduct that would alter, damage or be injurious to any school district property, equipment or furnishings.

SC 511	2. Conduct that would constitute a violation of the Pennsylvania Crimes Code and/or state and federal laws and regulations.
	3. The possession, use or distribution of illegal drugs and/or alcoholic beverages in any form.
	4. Tobacco use by any persons in its school buildings and on any property that is owned, leased or controlled by the school district.
35 P.S. 1223.5 20 U.S.C. Sec.	5. The possession or use of weapons on or near the premises of the school property.
7182, 7183 SC 511	Violations
	The school district reserves the right to remove from school district premises any individual or community group who fails to comply with the terms and conditions of this policy and established procedures.
	The district reserves the right to bill any group regardless of classification for cleanup costs at a rate of 150% of the actual cost, if facilities are not returned in the same condition as they were received by the group.
	An evaluation form shall be completed by the building administrator to document any individual or community group's non-compliance with this policy and/or terms under which permission was granted to use the school facilities. Evaluation forms are to be submitted to the Superintendent's office for review.
	Upon review/investigation, the Superintendent will determine whether that individual or community group forfeits the right to submit future written requests to use school district property.
	Classifications
	 a. Class I – District Sponsored Events Events directly sponsored by the district, including but not limited to its student organizations, student clubs, athletics and/or extra-curricular activities.
	 b. Class II – District Affiliated Group Events in Direct Support of District Activities Events directly sponsored by organizations that are officially attached to the district and whose very existence is contingent upon that of the school district. To be considered as a Class II organization, booster groups must receive formal

designation by the Board submitting current operating by-laws and annually a list of officers with authority to sign the permit application.

c. Class III – Other Events in Direct Support of District Activities

Events, which exclusively benefit and/or advance the interests of the district and/or its students through programs and/or fundraising.

d. Class IV -PA Registered Non-Profit Business Entity Events

Class IV represents events, sponsored by PA registered non-profit business entities whose service area includes the East Stroudsburg Area School District, which directly benefit and/or advance the interests of district residents through programs or fundraising.

e. Class V – All Other Events

Events, including but not limited to meetings, religious services, performances, rallies, and/or sales, which in any way benefit and/or advance the interests of the sponsoring entity.

Fee Structure

Rental charges shall be applied to groups, including charges for supervisory, security, food services and/or custodial service, in accordance with the attached schedule of fees (Attachment A). All fees due to the school district for the use of a facility are due within thirty (30) days after the activity. Any groups owing fees from a previous use, or which did not promptly remit payment for a previous use, may be denied future use of facilities.

Groups other than those designated as Class I will be responsible for an additional cost of \$35/hr./person for use of district facilities on a Saturday and \$45/hr./person on a Sunday for security, food services and/or custodial support.

District employees requesting the use of district facilities in a capacity other than their official capacity must conform to the same requirements as any of the groups as identified in this policy.

Seasonal Rates:

Seasonal rates are provided for groups who may wish to use a district facility for more than the occasional use. A season is defined as a period of 3 consecutive months consisting of up to ten (10) hours of use each week. Groups may not reserve the use of facility for more than one season at a time. Requests for additional seasons may not be made more than one month prior to the expiration of the approved season.

707. USE OF FACILITIES - Pg. 7

For a full schedule of fees, please refer to Attachment A.

References:

School Code – 24 P.S. Sec. 511, 775, 779

State Board of Education Regulations – 22 PA Code Sec. 403.1

Department of Revenue Regulations – 61 PA Code Sec. 901.1, 901.701

Local Option Small Games of Chance Act – 10 P.S. Sec. 328.101 et seq.

School Tobacco Control – 35 P.S. Sec. 1223.5

Pro-Children Act of 2001 – 20 U.S.C. Sec. 7181 et seq.

Boy Scouts of America Equal Access Act – 20 U.S.C. Sec. 7905

Board Policy – 000

707 Attachment -- USE OF FACILITIES -- SCHEDULE OF FEES

FACILITY	FEE	CLASS I	CLASS II*	CLASS III*	CL	ASS IV*		LASS V*
Auditorium	Per Event	N/A	N/A	N/A	\$	1,000	\$	1,500
Allega Andreas and the Antrophysics of the Control	Seasonal	N/A	N/A	N/A	\$	6,000	\$	9,000
Black Box Theater (HS South)	Per Event	N/A	NI/A	NI/A	4	500	4	750
black box Theater (115 South)	Seasonal	N/A	N/A N/A	N/A N/A	\$	500	\$	750
	Jeasorial	IV/A	IN/A	IN/A	\$	3,000	\$	4,500
Cafeteria/Multipurpose Rm	Per Event	N/A	N/A	N/A	\$	200	\$	300
	Seasonal	N/A	N/A	N/A	\$		\$	1,800
								2,000
Kitchen	Per Event	N/A	N/A	N/A	\$	300	\$	450
	Seasonal	N/A	N/A	N/A	\$	1,800	\$	2,700
Concession Stand	Per Event	N/A	N/A	N/A	\$	100	\$	150
	Seasonal	N/A	N/A	N/A	\$	600	\$	900
Gym (Secondary)	Per Event	N/A	NI/A	N1/A	4	750	4	
dylli (Secolidary)	Seasonal	N/A N/A	N/A N/A	N/A N/A	\$	750	\$	1,125
	Seasonal	IN/A	IN/A	N/A	\$	4,500	\$	6,750
Locker Rooms	Per Event	N/A	N/A	N/A	\$	100	\$	150
	Seasonal	N/A	N/A	N/A	\$	600	\$	900
								300
Gym (Elementary)	Per Event	N/A	N/A	N/A	\$	250	\$	375
	Seasonal	N/A	N/A	N/A	\$	1,500	\$	2,250
	经过滤波 量							
Classroom	Per Event	N/A	N/A	N/A	\$	50	\$	75
Academia Company Company Company	Seasonal	N/A	N/A	N/A	\$	300	\$	450
Large Instructional Room/Library	Per Event	NI/A	N1/A	N1 / A	A		4	
Large Instructional Room/Library	Seasonal	N/A N/A	N/A N/A	N/A N/A	\$	75 450	\$	115
	Seasonal	N/A	IV/A	N/A)	450	Ş	675
Natatorium	Per Event	N/A	N/A	N/A	\$	500	\$	750
	Seasonal	N/A	N/A	N/A	\$	3,000	\$	4,500
Turf Field (w/o Lights)	Per Event	N/A	N/A	N/A	\$	1,000	\$	1,500
Action recognises and the second second second second second	Seasonal	N/A	N/A	N/A	\$	6,000	\$	9,000
T of Field (/ 1:-b)	B . E							
Turf Field (w/ Lights)	Per Event	N/A	N/A	N/A	\$	1,250	\$	1,875
	Seasonal	N/A	N/A	N/A	\$	7,500	\$	11,250
Football/Soccer Grass Fields	Per Event	N/A	N/A	N/A	\$	250	¢	375
	Seasonal	N/A	N/A	N/A	\$		\$	2,250
					1	2,500	988	2,230
Baseball/Softball Fields	Per Event	N/A	N/A	N/A	\$	250	\$	375
	Seasonal	N/A	N/A	N/A	\$	1,500	\$	2,250
					incultari Serio et		27.45 F18.50	
Grass Practice Fields (No Prep)	Per Event	N/A	N/A	N/A	\$	100	\$	150
	Seasonal	N/A	N/A	N/A	\$	600	\$	900
Tannis Courte	Des Succes	N//	A1/A					
Tennis Courts	Per Event Seasonal	N/A	N/A	N/A	\$		\$	40
	Seusonai	N/A	N/A	N/A	\$	150	\$	225
	THE PERSON NAMED IN COLUMN TWO		TO THE PARTY OF THE PARTY.		CONTRACTOR OF THE PARTY.		2200	

Seasonal Rate (3 months) = 6x Per Event rate

Class V = Class IV + 50%

Kitchen/Concession includes the cost of one (1) Food Services worker for an estimated 3 hrs/event

^{*}Groups other than those designated as Class I will also be responsible for an additional cost of \$35/hr./person for use of district facilities on a Saturday and \$45/hr./person on a Sunday for security, food services and/or custodial support.

EAST STROUDSBURG AREA SCHOOL DISTRICT BOARD OF SCHOOL DIRECTORS

RESOLUTION

WHEREAS, on June 27, 2006, the Pennsylvania legislature passed Act 1 of Special Session 2006, known as the "Taxpayer Relief Act" (hereinafter "Act 1");

WHEREAS, Act 1 requires school districts to limit tax increases to the level set by the index, as defined by Act 1, unless the tax increase is approved by voters in a referendum or the school district obtains from the Department of Education or a court of common pleas certain referendum exceptions;

WHEREAS, Act allows a board of school directors to elect to adopt a resolution indicating that it will not raise the rate of any tax for the support of the public schools for the following fiscal year by more than the index, provided this resolution must be adopted no later than 110 days prior to the date of the election immediately preceding the upcoming fiscal year;

WHEREAS, the East Stroudsburg Area School District index for the 2017-2018 fiscal year is 3.5% as calculated by the Department of Education;

WHEREAS, the East Stroudsburg Area School District Board of Education wishes to express its intention that it shall not raise the real estate property tax rate for the support of the East Stroudsburg Area School District for the 2017-2018 fiscal year by more than the index.

WHEREAS, this Resolution does not require that the East Stroudsburg Area School District Board of School Directors raise the real estate property tax rate for the 2017-18 fiscal year.

AND NOW, on this 23rd day of January, 2017, it is hereby RESOLVED by the East Stroudsburg Area School District (hereinafter "District") Board of Education (hereinafter "Board") the following:

- 1. The Board certifies that it will not increase any school district tax for the 2017-2018 school year at a rate that exceeds the index as calculated by the Department of Education.
- 2. The Board certifies that it will comply with the procedures set forth in Section 687, of the Pennsylvania Public School Code (hereinafter "School Code"), 24 P.S. §6-687, for the adoption of the District's proposed and final budget.
- 3. The Board certifies that increasing any tax at a rate less than or equal to the index will be sufficient to balance its final budget of the 2017-2018 fiscal year.

- 4. The Administration of the District is directed to submit the District's information on a proposed increase in the rate of a tax levied for the support of the District to the Pennsylvania Department of Education on the uniform form prepared by the Pennsylvania Department of Education no later than five days after the Board's adoption of this Resolution.
- 5. The Administration of the District is directed to send a copy of this Resolution to the Pennsylvania Department of Education no later than five days after the Board's adoption of this Resolution.
- 6. The Board understands and agrees that by passing this Resolution it is not eligible to seek referendum exceptions under Section 333(f) of Act 1 and is not eligible to request approval from the voters through a referendum to increase a tax rate by more than the index as established for the 2017-2018 fiscal year.
- 7. Once this Resolution is passed, the Administration of the District is not required to comply with the preliminary budget requirements set forth in paragraphs (a) and (c) of Section 311 of Act 1. Provided, however:
 - (a) The Board understands and agrees that, upon receipt of the information submitted by the District as set forth in paragraphs 4 and 5 above, the Pennsylvania Department of Education shall compare the District's proposed percentage increase in the rate of the tax with the index.
 - (b) Within ten days of the receipt of this information, the Pennsylvania Department of Education shall inform the District whether its proposed tax rate increase is less than or equal to the index.
 - (c) If the Pennsylvania Department of Education determines that the District's proposed increase in the rate of the District's tax exceeds the index, the District is subject to the preliminary budget requirements as set forth in paragraph (a) and (c) of Section 311 of Act 1.

EAST STROUDSBURG AREA SCHOOL DISTRICT

Gary Summers, Board President	Date	
ATTEST:		
Patricia Rosado, Board Secretary	Date	



December 9, 2016

RE: Act 80 Comparison Services

Good Afternoon,

BerkOne is pleased to submit our proposal for the comparison and processing of Act 80 records, as per your request.

I would like to thank you for the opportunity to be of service. Our team believes that your organization can benefit from our experience and technology. We are looking forward to working with you.

Please review the enclosed proposal and feel free to contact me with any questions. If there are any other areas in which we may be of assistance, please don't hesitate to contact me. I would be happy to discuss with you further how BerkOne can help meet your needs.

Sincerely,

Sicharysavie

Brittany Davis Client Services Representative (610) 954-9575, ext. 2005 BDavis@BerkOne.com



Proposal for:

Act 80 Comparison Services



Act 80 Comparison

The Act 80 review process can be quite time-consuming. BerkOne has simplified this process to the best of our ability by automating the identification of the Act 80 records that do not belong in your school district.

There are two bundles to choose from, as well as a few optional add-ons. Our standard package includes two (2) printed copies and one (1) CD or flash drive containing a flat file of the records generated by the comparison process. The electronic package includes one (1) pdf copy of each report and one (1) CD or flash drive containing a flat file of the records.

Here's how it works:

Records are compared to a database containing Pennsylvania addresses and corresponding taxing jurisdictions. If we are able to identify a taxing jurisdiction for a record and the taxing jurisdiction is in another school district, we will output the record to a separate report for the identified school district.

All records identified as being located within your district will not be output to avoid unnecessary shipping costs. Our goal is to identify as many records as possible as either your own district or another district to minimize the efforts required by your team to complete the Act 80 process.

Please note that you will receive four primary categories of data:

- Records that were identified as belonging to a jurisdiction within another school district as explained above. Please refer to the materials provided in your Department of Revenue Act 80 packet for more information on how to handle these records.
- Out of state addresses cannot be linked to a specific Pennsylvania jurisdiction or school district and will appear on the "Out of State" report. Manual review will be required by your office. Please refer to the materials provided in your



Department of Revenue Act 80 packet for more information on how to identify these records.

- 3. Addresses that contain a Post Office box cannot be linked to a specific Pennsylvania jurisdiction or school district and will appear on the "PO Box" report. Manual review will be required by your office. Please refer to the materials provided in your Department of Revenue Act 80 packet for more information on how to identify these records.
- 4. If our process is unable to accurately determine a taxpayer's resident taxing jurisdiction, we will output these records on the "Unknown" report. Manual review will be required by your office. Please refer to the materials provided in your Department of Revenue Act 80 packet for more information on how to identify these records.

Our records have been perfected over the years of tax roll reporting/processing and while they are extremely solid, we cannot guarantee 100% accuracy.

Report / File Generation

If you select Bundle A, we will generate two printed copies of each report for the various school districts identified during the Act 80 process, as well as two printed copies of the "Out of State," "PO Box" and "Unknown" reports. We will also create one CD or flash drive containing a flat file of all records processed. This flat file can be imported into any application such as Microsoft Excel, for your review.

Bundle B includes one PDF copy of each report as well as one CD or flash drive containing the file flat of all records processed. Again, this flat file can be imported into any application for your review.

Receipt of Data

Act 80 files may be submitted to BerkOne via email or mail. The quickest and easiest way to start the process, once you receive your package from the Department of



Revenue, is to copy and paste the unaltered .txt file that is labeled with your school code into an email to BDavis@BerkOne.com. Also include the below information:

- a. Would you like to purchase Bundle A or Bundle B?
- b. Would you like the electronic file returned to you on a CD or Flash Drive?
- c. Are there any add on services, such as mailing labels, that you would like to purchase?
- d. Please provide the current contact information (name, title and phone number) to be printed on the reports.
- e. What is the address that your completed reports should be mailed to?

You may also mail the CD to the below address. Be sure to include the above information with your disk.

BerkOne

Attn: Brittany Davis
1530 Valley Center Parkway
Bethlehem PA 18017

Your completed reports will be shipped within ten business days of receipt of your .txt file or CD. If you choose to mail the CD, your disk will be returned along with your reports. Please allow time for your team to complete the process prior to the Act 80 deadline established by the PA Department of Revenue.

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Pricing for:

Act 80 Comparison Services

SERVICE	UNIT COST
Bundle A Basic service including two (2) printed copies of each report and one (1) CD or flash drive containing flat file of records processed	\$780.00
Bundle B Basic service including one (1) PDF copy of each report and one (1) CD or flash drive containing flat file of records processed	\$700.00
Duplicate copy of CD or flash drive	\$40.00 per CD/flash drive
Duplicate copy of School District reports	\$40.00 per complete set
Custom set of mailing labels for School Districts	\$15.00 per set
Shipping	Exact cost of shipping

This quote reflects current understanding of requirements for this assignment. Additional suggestions or changes to this assignment may or may not require a change in pricing as currently quoted.

Company Information

Discount Information

Products Offered

Janitor/Paper Supply

American Janitor and Paper Supply 1101 Sanderson Ave Scranton, PA 18509 Contact: Todd Calvey, General Manager 570-347-1776

570-347-1776
570-347-1776
570-342-3685-FAX
todd.calvey@americanjanitor.com
Calico Industries, Inc.
9045 Junction Drive
Annapolis Junction MD 20701-2005
Contact: Christopher M. Hartnett
Sr. Director of Bids/Contracts
800-638-0828
301-498-2056 FAX
bids@calicoindustries.com

Cascade School Supplies

1 Brown St

North Adams MA 01247

Contact: Todd E. Shafer
Vice President
800-628-5078
866-298-6578 FAX
kasi@cascadeschoolsupplies.com

866-298-6578 FAX
kasi@cascadeschoolsupplie
DEMCO, Inc.
4810 Forest Run Rd
Madison WI 53704
Discount Code: C11101
Contact: Kristopher L Snow
Contract Administrator
888-211-3072
888-211-3072
888-320-0288 FAX
contracts@demco.com
kriss@demco.com

Equipment on pg. 88 will receive a 5% discount

20% Discount on 2016 Catalog

Minimum \$500 order

20% Discount on soft goods and smallwares (Current Catalog) Equipment priced at time of sale

Food Service Equipment & Supplies

Food Bars and Acrylic Food Boxes are as priced online at www.calicoindustries.com

Freight charges may apply to all products

Classroom/School Supplies

35% Discount from the catalog dated 2016/2017

Discount does not include Furniture or Capital Equipment

Drop Ship items are excluded from discount

12% Discount off the Jan 1st - Dec 31st 2017 Catalog Minimum Order \$75
Discount does not include Catalog Supplements 5% Discount on Furniture & Equipment (non-consumable) 5% Discount on Learning Materials 5% Discount on Office Machines and Electronice Discount does not include Security products, Custom Order Products, Periodicals & Subscription Program Products, Licensed Products

For orders over \$1,500 email quote@demco.com or call

Furniture & Equipment Library & School Supplies

Prepared by Gayle Swick 1/17/2017

Company Information

118 Bauer Drive EAI Education

Oakland, NJ 07436

Contact: Bernard Guglberger, VP

800-770-8010

201-891-5689

bidsquotes@eaieducation.com

500 Greenview Court ETA/hand2mind

Contact: Kimberly Jackson-Betke Vernon Hills IL 60061

Sales Support Administrator

800-445-5985, ext. 5046

800-382-9326 FAX

cvanco@hand2mind.com

www.hand2mind.com

Jersey Paper Plus 47 Brunswick Ave

Contact: David Bedford, Sales Assoc. Edison, NJ 08817

800-386-1900

732-750-2824 FAX

david.bedford@jerseypaper.com

Kurtz Bros.

400 Reed St. PO Box 392

Clearfield PA 16830

VP - School Marketing Contact: Jeff Pistner

800-252-3811

pistner@kurtzbros.com 814-765-8690 FAX

Discount Information

Products Offered

15% Discount on Manipulatives, books, and games only Please Reference Bid# 2017-Fixed%

Manipulatives, games, books

All item numbers prefixed by "BD" are excluded from catalog 15% Discount on 2016 ETA hand2mind catalog discount

Classroom Learning Materials

Discount does not include custom kits, PD, sale items Discount includes Furniture & Electronics

No minimum order required.

40% Discount on current list price from latest catalog dated 2016 Purchase Orders must be valued at minimum order amount of

Facility cleaning and maintenance solutions

Furniture & Equipment Catalog Pages 656-872 Excluded from this Offer. For quotes on Furniture and Equipment Items, please Catalog 2017 (#123) - Pages 2 - 655 (Classroom Supplies) contact furniture dept. at 800-252-3811 ext. 2241 or 2242 25% Discount plus FREE S/H, Minimum order \$50

Furniture & Equipment School Supplies

Free Delivery on Orders \$50.00+

Prepared by Gayle Swick 1/17/2017

Company Information

NASCO 901 Janesville Ave

P.O. Box 901

Fort Atkinson WI 53538-0901

Reference: Quotation No. 67943

Contact: Dave Johnson

Manager of Contract Sales

800-558-9595 800-372-1236 FAX quotes@enasco.com

www.eNASCO.com

Quill Corporation 100 Schelter Rd

Lincolshire IL 60069

Contact: Karrie Szalkowski

800-634-4809 (PH) bid@quill.com-email

800-789-2016-FAX

© Really Good Stuff 448 Pepper St.

Monroe CT 06468

Contact: Claudia Fellini

800-366-1920

203-268-8120 FAX

bidsupport@reallygoodstuff.com

Discount Information

10-20% Discount off the 2016-17 Catalog

20% Discount off Arts and Crafts

Products Offered

Classroom Learning Materials

15% Discount off Early Learning, Elementary Education, Math, Science, Special Education 10% Discount off Agriculture Sciences, Family Consumer Sciences, Hands-On-Health, Physical Education

Ready-or-Not Tt and Accessories, Xenopus Frogs, Live Material Coupon Cards, and Items with an "NA" or NZ" Prefix are NOT Discounted

10% Discount on Current Catalog Dated 1-1-17 through 12-31-17 Does not include catalog supplements

Bid Award Form is requested to be returned if they are awarded Bid.

Quill Bid# 16-14126

Acct # 2342475

Teaching Tools Classroom Supplies

3% Catalog Discount off Regular Pricing-cannot be combined

Prices do not include shipping and handling charges. Prices

PO's must reference Contract#PA 2017 3% COOP

with other discount offers

are as stated in our catalog or website with shipping and

handling charges added to the subtotal of each order.

Company Information

Scholastic Inc. 90 Old Sherman Turnpike Danbury, CT 06810 Contact: Allison Henderson VP of Operations Scholastic Library Publishing, Inc. 90 Old Sherman Turnpike Danbury CT 06816 Contact: Allison Henderson Vice President/General Manager 800-621-1115 ext. 4 203-797-3478 FAX kbrown@scholasticlibrary.com

School's In LLC 10839 Indeco Drive PO Box 62026 Cincinnati, OH 45262-0026 O Jay Krause, National Contracts Manager Reggie Kremer, Director of Merchandising 877-839-3330 877-296-3336 Fax

schoolsin@contracts123.com (bid ?'s) sales@schoolsin.com (Reggie Kremer)

School Outfitters
3736 Regent Ave
Cincinnati OH 45212-3724
Contact: Angela Webb
Director of Sales
800-260-2776
800-494-1036 FAX
contracts@schooloutfitters.com

Discount Information

talog Classroom & Community Resources

Products Offered

25% Discount on Scholastic 2017 Teaching Resources Catalog and Scholastic Professional Discount includes catalog supplements Use Discount PVM

Scholastic 2016-2017 Education Catalog Grades PreK-12

Library Resources/Publishing

Catalog reflects a built-in Educator's discount of 25% no other discounts apply

5% Discount
No Paper Catalog Available
Furniture, Electronics, and Office Machines included
Specify discount bid PA-CIU20

School Furniture and Equipment-Supplies

School Furniture & Equipment Discount includes Furniture, Electronics, Office Machines, Volume discounts are available, call for quotes on website only www.schooloutfitters.com Shipping charges do apply www.schooloutfitters.com 2% Discount

Company Information

Lancaster PA 17601 140 Marble Drive School Specialty

Reference Bid #7779784040

Contact: Stephen M Herren

Assistant Secretary 888-388-3224

800-675-1775

bideastnotices@schoolspecialty.com

S&S Worldwide 75 Mill Street Colchester, CT 06415

Contact: Amanda Brown, Bid Analyst 800-642-7354

800-432-2842 FAX

bids@ssww.com

Unipak Corp.

Contact: Brian Marcus, President Brooklyn, NY 11230 718-677-1065x4 PO Box 300027 98

754 Roble Road #180 W. B. Mason Co., Inc.

unipakcorp@aol.com

718-677-9371

Contact: Chris Knibbs Allentown PA 18109

Sales Representative 888-926-2766

855-272-3552 FAX

chris.knibbs@wbmason.com

Discount Information

Discount does not include catalog supplements

30% Discount off 2017 Catalog -

12% Discount on Furniture in catalogs supplied

Products Offered

Physical Education & Health School & Office Supplies Early Childhood Arts Education Discount does not include Office Machines or Sale Catalogs

Free shipping except on items marked FOB/Dropship/Not PLEASE Reference #18045-17% on all correspondence 18% Discount on 2017 S&S Buyer's Guide Cannot be combined with sale items available for free freight or shipping

School Supplies, Art, Games

13% Discount on Catalog dated 12/2016 13% Discount on Supplements

Trash Can Liners, Food Storage Bags, Gloves

50% Discount on 2016 Catalog

School & Office Supplies

Resources, Health and Fitness, Technology (few exclusions 35% Discount Furniture, Equipment, Facilities Maintenance 27% Discount Arts and Crafts, Early Childhood, Teachers' apply), Ink and Toner, Stamp and Custom Printing

27% Discount on Electronics

Prepared by Gayle Swick 1/17/2017

Company Information

Assoc Business/Operations Manager wwbidsandquotes@scholastic.com Contact: Kimberly D. Grimm Weston Woods Studios Inc 90 Old Sherman Turnpike Danbury CT 06816 203-797-3541 FAX 203-797-3545

Contact: Andrew Hoffer, President Central Poly Bag Corp bids@centralpoly.com Linden, NJ 07036 2400 Bedle Place 908-862-9019 fax 908-862-7570

Discount Information

IU Catalog Fixed Discount Program (1)

Products Offered

Instructional Materials

10% Discount on Fall 2016-2017 Catalog

Discounts do not apply to third party titles including Playaway

Does not include Catalog Supplements

5% Discount Minimum 250 cases

Reference #148727

Janitorial, Bags

INVOICE

No. 45548 11/30/2016

East Stroudsburg Area School District

50 Vine Street East Stroudsburg, PA 18301 Mr. Jeffrey Bader

J. T. Lambert Intermediate School Masonry Investigation 287005

For Services Rendered From October 29, 2016 To November 25, 2016

01 - Field Surveys & Probes

_	Contract Amount	Previously Billed	% Complete Invoice	ce Amount
02 - Analysis & Report	\$25,400.00		100.00	\$0.00
		Previously Billed	% Complete Invoice	
03 - Natatorium at High School No	\$18,500.00 rth		90.00	\$9,250.00
_	Contract Amount	Previously Billed	% Complete Invoice	e Amount
-	\$5,000.00	\$5,000.00	100.00	\$0.00

INVOICE TOTAL

\$9,250.00

Prior Billing Infor	mation		And the Control of th			
Invoice		0 - 30	31 - 60	61-90	Over 90	Balance
45395	10/31/2016	\$5,550.00	\$0.00	\$0.00	\$0.00	\$5,550.00
Total Prior Billing		\$5,550.00	\$0.00	\$0.00	\$0.00	\$5,550.00

RESOLUTION

Be it resolved, that the annual compensation for elected tax collectors for the 2018-2019 through the 2021-2022 tax years for the collection of regular, interim and installment real estate taxes and other local taxes as may be adopted by the board of Education of the East Stroudsburg Area School District shall be set for tax collectors to be elected at the 2017 municipal elections at a rate of \$1.81 per school bill issued for each municipality on the tax duplicates for the collection of 2018-2019 school real estate taxes.

And, be it further resolved, that the above rate per school bill is to remain the same for tax years 2019-2020, 2020-2021, and 2021-2022.

And, be it further resolved, that the above rate per school bill shall apply to each installment payment collected from those taxpayers who choose to pay by installment.

And, be it further resolved, that the School District shall provide and/or pay for tax bill printing, postage, books, forms and computer calculation of the tax bills, as well as paying premiums required for the proper and necessary bonds for the tax collectors. Said expenditures shall be approved by the School District prior to their being incurred. Each tax collector shall make available his/her duplicate and bank statements for audit by the District independent auditors as needed. Each tax collector shall order the necessary supplies after District approval shall check and mail all tax bills and perform all other duties prescribed by law.

And, be it further resolved, that it is the intention of the School District (in cooperation with the local municipalities and county governments) to provide the tax collectors with equipment, training and Internet and/or web connections in order to implement a uniform computerized system for the collection of taxes. Any equipment, software, and the like, which are so provided by the School District shall remain the property of the District and shall be returned to the District at the end of each tax collector's term. In the event that such uniform system is implemented, each tax collector shall be required to utilize such a system for record keeping, reporting, or other duties which are otherwise required to be performed by this Resolution or by law on a manual basis.

And, be it further resolved, that, in accordance with Act 48 of 2015, Section 4.1, the tax collectors shall be required to hold a current valid certificate of qualification issued by the Department of Community and Economic Development, and to obtain two (2) hours of continuing education during each year. The School District shall reimburse the tax collectors the actual cost of said programs upon evidence of the successful completion of the programs.

And further, that each tax collector shall make prompt deposits into a zero balance non-interest bearing account maintained in the name of the tax collector at the depository of the School District. Funds shall then be swept from these accounts into the general fund of the District with all bank charges being borne by the District. Monies received by the tax collectors shall not exceed five thousand dollars (\$5,000.00) before being deposited. All tax collectors shall follow School District procedures for the collection and settlement of tax duplicates.

101

And further, that each tax collector shall perform all other duties and comply with all other responsibilities and/or obligations as set forth within the Pennsylvania Public School Code of 1949 and the Pennsylvania Local Tax Collection Law of 1945 as heretofore and/or hereafter amended and any other provision of law applicable to the office of tax collector.

And further, that this Resolution shall be posted at the School District and the Monroe and Pike County Courthouses prior to February 15, 2017.

This Resolution was adopted under Section 35 of the Act of May 24, 1945 (P.L. 1050, No. 394), as amended, at a meeting of the Board of Education of the East Stroudsburg Area School held January 23, 2017.

I. Patricia Rosado, Secretary of the Board of Education of the East Stroudsburg Area School District, hereby certify that the above is a true and correct copy of a resolution adopted by said Board on January 23, 2017.

Patricia Rosado, Secretary

EDUCATIONAL TESTING SERVICE

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (the "MOU") reflects the shared understandings of Educational Testing Service ("ETS") with principal offices located at Rosedale Road, Princeton, New Jersey 08541, and East Stroudsburg Area School District (the "District") located at 50 Vine Street, East Stroudsburg, PA 18301, on behalf of the Lehman Intermediate School and the East Stroudsburg North High School (the "Schools"), concerning ETS's *Character, Attitudes, and Skills Assessment* ("CASA") pilot during the period from September 15, 2016 through February 10, 2017.

1. Background. ETS has been developing an innovative assessment called CASA to measure a set of "noncognitive" (e.g., teamwork) and nonacademic factors (e.g., school climate) in public school students.

ETS is interested in collecting data to help establish the validity of the assessment. The District has agreed to allow the Schools to participate in piloting the assessment in order to obtain more information about their own students' noncognitive skills. This MOU sets forth the roles of ETS and the Schools.

2. School Responsibilities

- 2.1. Obtain the necessary student samples.
- 2.2. Administer the assessment to students.
- 2.3. Provide ETS with student academic data (i.e., tardiness, absences, semester grades, and other relevant information). ETS will generate a study-specific ID that will be linked to the student's school ID. The School will match the student academic data to the appropriate student school ID. The School will then send ETS a student academic data file that only included the study-specific ID (to match to the CASA data), not the student school IDs.

3. ETS Responsibilities

- 3.1. Develop and provide the assessment.
- 3.2. . Conduct analyses of the collected data.
- 3.3. Share student scores with school staff.
- 3.4. .Generate short reports summarizing the findings after receiving student academic data.

4. Other Responsibilities

- 4.1. Each party shall collaborate with the other party to work through challenges that may arise during implementation and to develop solutions at its own cost.
- 4.2. Confidentiality. ETS follows applicable prevailing professional standards in regard to data collection, analysis and reporting in accordance with applicable state and federal laws. ETS shall safeguard research information from unauthorized access, disclosure, modification or destruction and will protect the privacy and well being of all participants at every stage of the project.
- 4.3. Proprietary Rights and Grant. ETS owns and shall maintain ownership of all right, title and interest in and to the CASA assessment and items. The District and the Schools each understand and agree that the materials provided by ETS are proprietary to ETS, and that neither the District nor the School may use,

photocopy or distribute the materials for any purpose outside the scope of this project.

4.4. Publicity/Use of Name and Logo. The District and the Schools are authorized to use ETS as a reference. However, any other use of ETS's name promotionally or otherwise is prohibited without the prior written consent of ETS.

This Agreement does not include a trademark license. Except as allowed by law for limited informational purposes, ETS grants no rights to use any of its trademarks or service marks, for any purpose, without the prior and explicit written permission of ETS. Under no circumstances does ETS grant the right to use its corporate logos or signature in connection with the Services that are the subject matter of this Agreement or any related Services.

- 4.5. Independent Contractor Status. Under this Agreement, the parties agree that each will perform as an independent contractor, and not as an agent or employee of the other.
- 5. Term and Termination.
 - 5.1. The term of this Agreement shall be from September 15, 2016 to February 10, 2017, unless extended by mutual agreement or terminated in accordance with Section 5.2 below.
 - 5.2. Either party may terminate this MOU by providing thirty (30) days' written notice.

IN WITNESS WHEREOF, the parties hereto, intending to be legally bound hereby, have executed this MOU through their duly authorized representatives.

EDUC	ATIONAL TESTING SERVICE	EAST STROUDSBURG AREA SCHOOL DIST	RIC
By: Title:	Patric Close Mills Senior Contracts Manager	By: Ryan Moran Title: Assistant Superintendent	
Date:		Date:	



PROPRIETARY INFORMATION NONDISCLOSURE AGREEMENT

This Proprietary Information Non-Disclosure Agreement (the "<u>Agreement</u>") is made between Educational Testing Service, located at Rosedale Rd., Princeton, NJ 08541 ("ETS") and East Stroudsburg Area School District, located at 50 Vine Street, East Stroudsburg, PA 18301 (the "<u>District</u>") as of the date written below ("the <u>Effective Date</u>").

ETS and District intend to discuss specific data points needed for student data collection for the CASA Pilot (the "Business Purpose"). In order to pursue the Business Purpose, ETS and the District recognize that there is a need for ETS to disclose to the District certain confidential information to be used only for the Business Purpose and to protect such confidential information from unauthorized use and disclosure.

In consideration of the disclosure of such information by ETS, the District agrees as follows:

- 1. This Agreement will apply to any confidential and proprietary information disclosed by ETS including, without limitation, any information concerning the function, processes, design, specifications, tools or other characteristics of ETS's *Character, Attitudes, and Skills Assessment* ("CASA") (collectively, the "Confidential Information").
- District agrees (i) to hold ETS's Confidential Information in confidence, (ii) not to disclose such Confidential Information to any third parties (other than a third party to whom ETS has consented to in writing in advance of any such disclosure and who has executed a written confidentiality agreement limiting the use and disclosure of ETS Confidential Information to the same extent provided in this Agreement), and (iii) not to use any Confidential Information for any purpose except for the Business Purpose; provided, however, that District may disclose Confidential Information (a) to its employees who have a need to know, provided that prior to disclosure District has an enforceable, written agreement with each such employees that is no less protective of ETS's rights than this Agreement and requires the employee to protect and use the Confidential Information in accordance with the terms of this Agreement and (b) to its attorneys and accountants and other advisors who are obligated to maintain the confidentiality thereof. In the event that District is requested or required (by court order, deposition, interrogatories, requests for information or documents in legal proceedings, subpoena, civil investigative demand or other similar process) to disclose any of the Confidential Information, District shall provide ETS with prompt written notice of any such request or requirement so that ETS may seek a protective order or other appropriate remedy and/or waive compliance with the provisions of this Agreement. If, in the absence of a protective order or other remedy or the receipt of a waiver from ETS, District is nonetheless, in the written opinion of District's legal counsel, legally compelled to disclose Confidential Information to any tribunal or else stand liable for contempt or suffer other censure or penalty, District may, without liability hereunder, disclose to such tribunal only the portion of the Confidential Information which such counsel advises District is legally required to be disclosed, provided that District exercises its best efforts to preserve the confidentiality of the Confidential Information, including, without limitation, by cooperating with ETS to obtain appropriate protective order or other reliable assurance that confidential treatment will be accorded the Confidential Information by such tribunal.

- 3. The obligations of confidentiality and limited use set forth in this Agreement shall not apply to any Confidential Information received which: (i) is now, or hereafter becomes, through no fault or involvement on the part of the District, generally known or available to the public; (ii) can be proven, with documentary evidence, to have been known or lawfully in possession of the District prior to the effective date of this Agreement, and the District is not subject to an existing confidentiality obligation with respect to such Confidential Information; (iii) can be proven, with documentary evidence, to have been acquired by the District from a third party who has no obligation of confidentiality to the ETS, or (iv) to the extent demonstrable by documentary evidence, was developed by employees or agents of the District independently of and without reference to any Confidential Information received from the ETS.
- 4. This Agreement shall commence on the Effective Date and shall continue in force until the third anniversary of the Effective Date. Notwithstanding the foregoing, the obligations set forth in this Agreement are perpetual and shall survive the termination or expiration of this Agreement.
- 5. District recognizes and agrees that nothing contained in this Agreement will be construed as (i) granting any rights to District, by license or otherwise, to any Confidential Information except as specified in this Agreement or (ii) constitute an offer with respect to any potential business relationship with ETS.
- 6. This Agreement will be construed, interpreted, and applied in accordance with the laws of the State of New York (excluding its body of law controlling conflicts of law).
- 7. In addition to any and all remedies of ETS hereunder or under applicable law, all of which shall be cumulative and exercisable concurrently, ETS shall be entitled to seek an injunction from a court of competent jurisdiction for the purpose of stopping or preventing any existing or anticipated breach of the terms of this Agreement, which rights shall not preclude the additional right of ETS recovering damages for any breach.
- 8. The terms and conditions of this Agreement shall inure to the benefit of and be binding upon the respective successors and assigns of the parties hereto. This Agreement may be executed in counterparts, each of which when so executed shall be an original and all of which, when taken together, shall constitute one and the entire Agreement.
- 9. If any clause or other provision of this Agreement is or becomes illegal, invalid or unenforceable, the intention of the parties is that all of the remaining portions of the Agreement shall not be affected thereby and that all the portions of the Agreement not so affected shall remain separately valid and in full force and effect.

IN WITNESS WHEREOF, the District has executed this Agreement by its duly authorized officer or representative.

By:_______Signature

Name, Title:____Ryan K. Moran, Assistant Superintendent

Date:______

IN THE COURT OF COMMON PLEAS OF MONROE COUNTY FORTY-THIRD JUDICIAL DISTRICT COMMONWEALTH OF PENNSYLVANIA

EAST STROUDSBURG AREA SCHOOL

DISTRICT

Petitioner

No. 8339 CV 2015

٧.

BHIMNATH MAHADEV, LLC MONROE COUNTY BOARD OF ASSESSMENT REVISION, MONROE COUNTY, and EAST STROUDSBURG BOROUGH

Respondents

SETTLEMENT STIPULATION

AND NOW come the Parties, by and through their respective counsel, and stipulate and agree that the above captioned tax assessment appeal shall be resolved upon the following terms and conditions, and respectfully request your Honorable Court to approve same:

I. BACKGROUND

- 1. This is a tax assessment appeal concerning the property known by Tax Parcels Nos. 05-1/3/5/8-4, 05-1/3/5/7-1, and 05-1/3/5/6-1, located in East Stroudsburg Borough, Monroe County, Pennsylvania (hereinafter "the Property").
 - 2. The Parties have entered into a settlement stipulation as set forth herein.

II. TERMS OF AGREEMENT

3. The foregoing recitals are incorporated as if fully set forth herein.

4. The Parties agree that the assessed value for the Property for the 2016 tax year shall be unchanged from the current assessment, to wit:

Parcel 05-1/3/5/8-4 05-1/3/5/7-1 05-1/3/5/6-1

TOTAL ASSESSMENT:

\$234,570

\$159,990

\$8,680

5. The Parties agree that the assessed value for the Property for tax years beginning on or after January 1, 2017 shall be as follows:

Parcel 05-1/3/5/8-4 05-1/3/5/7-1 05-1/3/5/6-1

TOTAL ASSESSMENT:

\$514,700

\$351,060

\$8,680

- 6. All parties agree that the said 2017 assessment shall remain in place for all subsequent tax years until such assessment is changed by lawful means.
- 7. The undersigned counsel executing this Stipulation on behalf of the parties warrant and represent that each is duly authorized to execute this Stipulation on behalf of such party.
- 8. This Stipulation to Settle and corresponding Court Order shall be binding on the undersigned and the undersigned clients, and any and all successors in interest.
 - 9. All parties hereto shall bear their own costs and expenses.
- 10. This Stipulation to Settle incorporates the entire understanding of the agreement between the parties.
 - 11. This Stipulation to Settle may be executed in counterparts.

WHEREFORE, the Parties, through their undersigned counsel, respectfully request this Honorable Court enter an Order approving this Settlement Stipulation.

	D .
By:	By:
Christopher S. Brown, Esquire	John C. Prevoznik, Esquire
Law Offices of Thomas F. Dirvonas	47 South Courtland Street
11 North Eighth St.	East Stroudsburg, PA 18301
Stroudsburg, PA 18360	(570) 426-9660
(570) 421-5653	Attorney for East Stroudsburg Borough
Attorney for East Stroudsburg Area	, , , , , , , , , , , , , , , , , , , ,
School District	
D	D
By:	By:
Jeffrey A. Durney, Esquire	Brian P. Stahl, Esquire
Royle & Durney	Hourigan, Kluger & Quinn
2937 Rte. 611, Merchants Plaza	600 Third Avenue
P.O. Box 536	Kingston, PA 18704
Tannersville, PA 18372	(570) 287-3000
(570) 620-0320	Attorney for Bhimnath Mahadev, LLC
Attorney for Monroe County	•
Board of Assessment Revision	

Name of Organization BUSHKILL Youth ASSOCIAT	Today's Date 10 /14 201
yes □ no □ yes □ no □ If yes, attach a let If yes, amount \$ This does not incl	g a waiver of facilities fees? ves no ter of justification addressed to the Board of Education. ude a waiver of fees for scheduled district personnel.
Specific purpose of use: DONG TOOK	baseball
Name of School Requested BUSHKIII Elemento	ing school
from — DAY(S) from — DATE(S) — to MON, TUES WED TO S JON, 9 - Morch 2 13	DESCRIPTION (meeting, practice, game, rehearsal, performance,) DOSKET DOI
Men, Tues Wed, thus March. 7- April 27, 6-	for-som indoor baseball conditioning
Swimming Pool (requiresStageFields	
Stage Lighting*Motion Picture ProjectorOverh	Piano Player/Stereo Equip. ead Projector/Screen (specify) Piano Folding Stands Tables and/or Chairs
The District has the right to assign additional security and other personnel a for these services. Your organization must provide a Certificate of Insurance	s needed. Your organization will be subject to fees e listing the ESASD as co-insured as follows:
\$\oldots File \text{Bodily Injury Liability} \text{\$\oldots File - (\$500,000 minimum)} \text{\$(\$500,000 minimum)}	Property Damage Liability (each occurrence)
List at least one, but preferably two, responsible officials of your organization who being used, and who will accept full responsibility for adherence to School Distribution of the second of the se	no will be present at the time facilities requested are ct regulations by all persons in attendance. 872-7 Calle Path Bushkill Phone 570-24274
I certify that I have read, understand, and agree to adhere to Policy #707 of the Use of School Facilities. Further, my organization forever releases the East Stroschool Authority, their directors, agents, employees and servants from all claims event(s) conducted on the above-mentioned date(s) for which this application is suits, complaints, or legal proceedings of any kind brought against the Board of employees and further will hold harmless and indemnify the said School Directo any expenses and judgments or decrees recovered against them as a result of said	East Stroudsburg Area School District concerning oudsburg Area School District, the East Stroudsburg is, actions, and charges whatsoever arising out of the submitted. My organization will defend all actions, Education and any of its agents, servants or rs, School District, and School Authority from
Signature — Responsible Organization Official	Phone (day) 570-872 7865 (eve.)
Billing Address P.O., Box 798	Shkill Pa 18324
APPROVALS: Principal Acadolo	Date_10180 16
Business Administrator	Date / /
copy to: □stage manager □athletic director □cafeteria manager □head custodian □librari	an □a/v coordinator □other Date//
For office use only: FACILITIES USE INVOICE	25
Facilities/Equipment used:	
Personnel Employed:	
(attach time sheets)	 \$
Other (specify):	

white⇒business office pink⇒accounts receivable canary⇒school secretary gold⇒requesting organization reference policy #707 (8/02)

Name of Organization FC POCONO	Today's Date 10 / 28 / 16
yes □ no □ yes □ no ☐ If yes, amount \$ Th	re you requesting a waiver of facilities fees? ☐ yes ☐ no yes, attach a letter of justification addressed to the Board of Education. is does not include a waiver of fees for scheduled district personnel.
Specific purpose of use: Societ Prut	
Name of School Requested East StroudSbU	ry Elementary
DAY(S) from — DATE(S)—to 12/7/10 4/12/17 Weanesdays only	DESCRIPTION (S — to (meeting, practice, game, rehearsal, performance,) PYTUCTI (L
Parille Dancing Anditorium	Cofetania
Facility Required: All-Purpose RoomSwimming Pool (requiresproof of certified lifeguard) AuditoriumStadiumStageClassrooms #	Cafeteria ✓Gymnasium Kitchen/Preparation Kitchen/Serving Fields (specify) Other (specify)
Equipment Required: (*must be operated/attended by school pe Kitchen Equipment*Sound System Stage Lighting*Motion Picture Projector Scoreboard*Athletic Equipment	rrsonnel)PianoRecord Player/Stereo EquipFolding StandsOverhead Projector/ScreenTables and/or ChairsOther (specify)
for these services. Your organization must provide a Certifica \$\langle \langle \langl	
being used, and who will accept full responsibility for adherence	organization who will be present at the time facilities requested are to School District regulations by all persons in attendance. IS MOT NINGSIAL OVE STOUGHOUT PA Phone 718.812.4250 Phone W46-391.505
I certify that I have read, understand, and agree to adhere to Pol Use of School Facilities. Further, my organization forever relea. School Authority, their directors, agents, employees and servants	licy #707 of the East Stroudsburg Area School District concerning ses the East Stroudsburg Area School District, the East Stroudsburg is from all claims, actions, and charges whatsoever arising out of the sapplication is submitted. My organization will defend all actions, ast the Board of Education and any of its agents, servants or School Directors, School District, and School Authority from
Signature — Responsible Organization Official	Phone (day) <u>570 977-3393</u> (eve.)
Billing Address P.O. Box 617 East Strads	sburg PA 18301
8 0 2	- 11.12.11
APPROVALS: Principal Trews.	Date 11/17/16
copy to: Business Administrator	Date/
□stage manager □athletic director □cafeteria manager □head cus	Stodian Literarian Lavy coordinator Lother Date/
For office use only: FACILITIES	S USE INVOICE
Facilities/Equipment used: Class 1 - no Leas 17 Board approved by	2/7, 14, 21 only Charges: \$
Personnel Employed: Jan-Ap - TBD (attach time sheets)	Charges: \$
	\$
Other (specify):	Charges: \$

APPLICATION FOR USE O	F SCHOOL FACILITIES
☑ yes □ no □ yes ☑ no If yes,	Today's Date / / / / / / / / / / / / / / / / / / /
Name of School Requested Enot Stradsburg Elmat	h
DAY(S) from — DATE(S) — to from — HOURS —	DESCRIPTION
Facility Required: All-Purpose RoomSwimming Pool (requires proof of certified lifeguard) Classrooms #	Cafeteria
Equipment Required: (*must be operated/attended by school personn Kitchen Equipment*Sound System Stage Lighting*Motion Picture Projector Scoreboard*Athletic Equipment	nel)PianoRecord Player/Stereo EquipFolding StandsOverhead Projector/ScreenTables and/or ChairsOther (specify)
The District has the right to assign additional security and other performed these services. Your organization must provide a Certificate of Bodily Injury Liability \$	Insurance listing the ESASD as co-insured as follows: Property Damage Liability (each occurrence)
(\$500,000 minimum) (\$500,000 min	nimum)
List at least one, but preferably two, responsible officials of your organ being used, and who will accept full responsibility for adherence to Sci	hool District regulations by all persons in attendance.
Name Patricle McAlliste Address 301 Name Address	Phone 201-892-8369 Phone
I certify that I have read, understand, and agree to adhere to Policy # Use of School Facilities. Further, my organization forever releases th School Authority, their directors, agents, employees and servants from event(s) conducted on the above-mentioned date(s) for which this appropriately complaints, or legal proceedings of any kind brought against the employees and further will hold harmless and indemnify the said School any expenses and judgments or decrees recovered against them as a result of the said school and the said school and the said school are school as a said school and s	707 of the East Stroudsburg Area School District concerning the East Stroudsburg Area School District, the East Stroudsburg at all claims, actions, and charges whatsoever arising out of the lication is submitted. My organization will defend all actions, as Board of Education and any of its agents, servants or tool Directors, School District, and School Authority from the esult of said use of these facilities. Phone (day) 30-892-9369 (eve.)
A	• /
APPROVALS: Principal french	Date / 17/17
copy to: □stage manager □athletic director □cafeteria manager □head custodia	Date
For office use only: FACILITIES US	
Facilities/Equipment used:	
	\$
Personnel Employed:	Charges: \$
(attach time sheets)	\$ \$
Other (specify):	

Name of Organization ESL	L -SOFTBALL	Today	's Date 12 /14 /16
Non-Profit? Will an admission yes □ no □ yes □ no If yes, amount \$_ Specific purpose of use:	If ye This	you requesting a waiver of facilities fees, attach a letter of justification addres does not include a waiver of fees for s	sed to the Board of Education
Name of School Requested	righ school-		
DAY(S) from - DATE(S) - to Jan. 2017 (Tucs - Wed) Feb. 2017	from - HOURS	DESCRIPTION — to (meeting, practice, gam	e, rehearsal, performance,)
	attachme	ents)	
Facility Required: All-Purpose RoomSwimming Pool (requiresproof of certified lifeguard)	Auditorium Stadium Stage Classrooms #	Cafeteria Kitchen/Preparation Fields (specify) Other (specify)	Gymnasium Kitchen/Serving
Equipment Required: (*must be opKitchen Equipment*Stage Lighting*Scoreboard*	erated/attended by school perso Sound System Motion Picture Projector Athletic Equipment	onnel) Record Player/Stereo EquipOverhead Projector/ScreenOther (specify)	Piano Folding Stands Tables and/or Chairs
The District has the right to assign for these services. Your organization	additional security and other on must provide a Certificate	personnel as needed. Your organization of Insurance listing the ESASD as continuous cont	ation will be subject to fees o-insured as follows:
	ury Liability \$(\$500,000 r	Property Damage Liability	
List at least one, but preferably two, being used, and who will accept full	responsible officials of your org	ganization who will be present at the tin School District regulations by all perso	ne facilities requested are
NameName			Phone
School Authority, their directors, age event(s) conducted on the above-mer suits, complaints, or legal-proceeding	l, and agree to adhere to Policy y organization forever releases ents, employees and servants fro ntioned date(s) for which this ap gs of any kind throught against to nless and indemnify the said Sci	the East Stroudsburg Area Sc the East Stroudsburg Area School Dis om all claims, actions, and charges wh oplication is submitted. My organization the Board of Education and any of its a hool Directors, School District, and Sc oresult of said use of these facilities.	trict, the East Stroudsburg atsoever arising out of the on will defend all actions,
John Charles		Phone (da	y) 570,807.7002
Signature — Responsible Organiza Billing Address	tion Official	(eve	
APPROVALS: Principal	V		
copy to: Business Administra			
		ian □librarian □a/v coordinator □oth	
For office use only:	FACILITIES U	ISE INVOICE	
Facilities/Equipment used:		Charges:	\$ \$
Personnel Employed:(attach time sheets)	113	Charges:	\$ \$ \$ \$
Other (specify):			\$ \$ \$

February 2017

Wednesday	February 1	(6pm - 8:00pm)	South HS	Old / Aux.
Saturday	February 4	8am-11:00am	North HS	Main / Aux.
Tuesday	February 7	(6pm - 8:00pm)	South HS	Old / Aux.
Wednesday	February 8	(6pm - 8:00pm)	South HS	Old / Aux.
Saturday	February 11	8am-11:00am	North HS	Main / Aux.
Tuesday	February 14	(6pm - 8:00pm)	South HS	Old / Aux.
Wednesday	February 15	(6pm - 8:00pm)	South HS	Old / Aux.
Saturday	February 18	8am-12:00pm	North HS	Main / Aux.
Tuesday	February 21	(6pm - 8:00pm)	South HS	Old / Aux.
Wednesday	February 22	(6pm - 8:00pm)	South HS	Old / Aux.
Saturday	February 25	8am-12:00pm	North HS	Main / Aux.
		1		

Name of Organization FC POCONO (S	CCCR CLIB) Today's Date 11 / 115				
Non-Profit? Will an admission fee be charged? ☐ yes 🗗 no ☐ yes, amount \$	Are you requesting a waiver of facilities fees? yes no If yes, attach a letter of justification addressed to the Board of Education. This does not include a waiver of fees for scheduled district personnel.				
Specific purpose of use:					
Name of School Requested JM Hill					
DAY(S) from — DATE(S) — to from — HOURS—to (meeting, practice, game, rehearsal, performance,)					
MONDAY, TUE, Wed, Du, R. 530 - 830 Soccess PRACTICE					
1/2/17 > 3/30/17 ONLY M, Tues+ Wed Michell Wildle					
Facility Required: All-Purpose RoomSwimming Pool (requiresproof of certified lifeguard) AuditoriumStadiumStage	Cafeteria Cymnasium Kitchen/Preparation kitchen/Serving Fields (specify) Other (specify)				
Equipment Required: (*must be operated/attended by school	Record Player/Stereo EquipFolding Stands				
The District has the right to assign additional security and other personnel as needed. Your organization will be subject to fees for these services. Your organization must provide a Certificate of Insurance listing the ESASD as co-insured as follows:					
(\$500,000 mmmam)	Property Damage Liability (each occurrence) 00,000 minimum)				
List at least one, but preferably two, responsible officials of your organization who will be present at the time facilities requested are being used, and who will accept full responsibility for adherence to School District regulations by all persons in attendance.					
	ress 246 CRAYES MENDOW Rd. Phone 570-213623 ress & Strong Uby PA Phone 973-277				
I certify that I have read, understand, and agree to adhere to Policy #707 of the East Stroudsburg Area School District concerning \$54 Use of School Facilities. Further, my organization forever releases the East Stroudsburg Area School District, the East Stroudsburg School Authority, their directors, agents, employees and servants from all claims, actions, and charges whatsoever arising out of the event(s) conducted on the above-mentioned date(s) for which this application is submitted. My organization will defend all actions, suits, complaints, or legal proceedings of any kind brought against the Board of Education and any of its agents, servants or employees and further will hold harmless and indemnify the said School Directors, School District, and School Authority from					
	Phone (day) 570-213-				
Signature — Responsible Organization Official (eve.) 1033					
Billing Address	1				
APPROVALS: Principal	Old Date 11/7/16				
Business Administrator Date//					
□stage manager □athletic director □cafeteria manager □head custodian □librarian □a/v coordinator □other Date//					
For office use only: FACILITIES USE INVOICE					
Facilities/Equipment used:	Charges: \$				
Personnel Employed:					
(attach time sheets)					
Other (specify):	Charges: \$ \$				

reference policy #707 (8/02)

Name of Organizat	ion FC Pocono	Socier	Club	To	day's Date 9 / 15 //	16
⊠ yes □ no [Will an admission fee be o □ yes ⊠no f yes, amount \$	charged?	If yes, attach a le	ng a waiver of facilitie	s fees? Yes no ONFi lressed to the Board of Educa or scheduled district personne	IZE
Specific purpose of	fuse:				or constant also let personne	,1.
Name of School Re	equested JT La	mbert				
from — DA	AY(S) ATE(S) — to THD ARRIC	from — HO	030	DESCRIPTI (meeting, practice, g	ON game, rehearsal, performance,)
THURS	JAN DER	5-30	830	SOCCER	TrAINING	
THURS	Dee- April	536 6 5	1_8-	_ Soce CR	Train, NC	
Facility Required:All-Purpose RoonSwimming Pool (proof of certified	requiresStage		Fields	eria en/Preparation s (specify)	_ _ Gymnasium Kitchen/Serving	
Kitchen Equipme Stage Lighting* Scoreboard*	Motion Athletic	System Picture Projector Equipment	Record Overload	d Player/Stereo Equip. nead Projector/Screen (specify)	Piano Folding Stands Tables and/or Chairs	
for these services.	Your organization must Bodily Injury Liabil	provide a Certifity \$	icate of Insuran	as needed. Your orga ce listing the ESASD a Property Damage Liabi		es
(\$500,000 minim			,000 minimum)			
being used, and who	will accept full responsib	ility for adherenc	e to School Distr	ict regulations by all pe	e time facilities requested are ersons in attendance.	
Name EX S	Pannagel	Addres Addres	s 3208 M	+. Laurel Dr.	1831 Phone 917494	188
School Facili School Authority, the event(s) conducted a suits, complaints, or employees and furth	ities. Further, my organiz eir directors, agents, emp	tation forever rele loyees and servar ate(s) for which to kind brought ago ' indemnify the sa	eases the East Str nts from all claim his application is unst the Board of id School Directa	oudsburg Area School s, actions, and charges submitted. My organiz Education and any of ors, School District, and id use of these facilities	l School Authority from	?
Signature — Respon	sible Organization Offi	cial		Phone	(day)577-367-6428 (eve.)	_
	b Box 617, E		Julyburg	PA 1830	\	_
APPROVALS: Prin	cipal Clarker	a. Og	of Them	- J. Drim	Date 11 / 3 / 1	6
copy to:	hletic director	manager □head c	ustodian 🗆 librari	an □a/v coordinator □	Date//	
For office use only		EACILITI	ES USE INVOIC	ne .		
	nt used:				es: \$	
	-				\$	
Personnel Em	nloved:			OI.	\$	
(attach time	ployed:sheets)	1 -		Charg	es: \$	
,		110	9		\$	
Other (sp	pecify):			Charg	es: \$	
vhite⇒business office	pink⇒accounts receivable	canary⇒school se	ecretary gold⇒re	questing organization	reference policy #707 (8/02)	

Name of Organiz	ation Joe CARME		oire Chaptaroday's Date 11 19 116
Non-Profit? ✓ yes □ no	Will an admission fee be ch ☐ yes ☐ no If yes, amount \$	If yes, attach a le This does not inc	ng a waiver of facilities fees? Keyes Ino tter of justification addressed to the Board of Education. lude a waiver of fees for scheduled district personnel. WPINE WEETINGS
Specific purpose		Ambent MiDDL	
Name of School I		# 100 1 00 1 VI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DESCRIPTION
from -1 2 28 17 3 /7 /17 3 /13 /17 3 /20 /17	DAY(S) DATE(S)—to 3/28/17 4/24/7 4/4/17 5/9/17 4/19/17	from - HOURS - to 7 pm 8 30 pm	(meeting, practice, game, rehearsal, performance,) MEETING FUL PTAA VULPMES TO UNDERSTAND RULES
Facility Required All-Purpose Ro Swimming Pool	oom Stadium ol (requires Stage ded lifeguard) Classroo	Kitch Fields Other	eriaGymnasium en/PreparationKitchen/Serving s (specify) (specify)
Equipment RequKitchen Equipment Stage LightingScoreboard*	*Motion	SystemRecor Picture ProjectorOverl	rd Player/Stereo Equip. nead Projector/Screen (specify) Piano Folding Stands Tables and/or Chairs
The District has for these services	the right to assign addition. Your organization must	al security and other personnel : provide a Certificate of Insuran	as needed. Your organization will be subject to fees ce listing the ESASD as co-insured as follows:
\$(\$500,000 min	Bodily Injury Liabil iimum)	(\$500,000 minimum)	Property Damage Liability (each occurrence)
List at least one, being used, and w	out preferably two, responsib	le officials of your organization w	who will be present at the time facilities requested are
		inty for deficience to believe bist	rict regulations by an persons in attendance.
Name	, F	Address	Phone
Name	7	AddressAddress	PhonePhone
Name I certify that I had Use of School Factority, event(s) conducted suits, complaints, employees and ful any expenses and	ve read, understand, and agr cilities. Further, my organiz their directors, agents, emp ed on the above-mentioned do or legal proceedings of any irther will hold harmless and I judgments or decrees recov	Address Address ee to adhere to Policy #707 of the cation forever releases the East Station forever releases the East Station for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of sa	Phone
Name I certify that I had Use of School Factority, event(s) conducted suits, complaints, employees and ful any expenses and	ve read, understand, and agr cilities. Further, my organiz their directors, agents, emp ed on the above-mentioned do or legal proceedings of any irther will hold harmless and I judgments or decrees recov	Address Address ee to adhere to Policy #707 of the cation forever releases the East Station forever releases the East Station for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of sa	Phone
Name I certify that I had Use of School Factority, event(s) conducted suits, complaints, employees and ful any expenses and	ve read, understand, and agr cilities. Further, my organiz their directors, agents, emp ed on the above-mentioned do or legal proceedings of any irther will hold harmless and I judgments or decrees recov	Address Address ee to adhere to Policy #707 of the cation forever releases the East Station forever releases the East Station for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of sa	Phone Phone Phone Phone Re East Stroudsburg Area School District concerning Proudsburg Area School District, the East Stroudsburg Plans, actions, and charges whatsoever arising out of the Plans submitted. My organization will defend all actions, Plans of Education and any of its agents, servants or Plans or School District, and School Authority from
I certify that I has Use of School Fa School Authority, event(s) conducte suits, complaints, employees and fu any expenses and Signature — Res Billing Address	ve read, understand, and agr cilities. Further, my organiz their directors, agents, emp ed on the above-mentioned do or legal proceedings of any orther will hold harmless and ljudgments or decrees recov on Boundary ponsible Organization Offi	Address Address Tee to adhere to Policy #707 of the cation forever releases the East Station for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of said School Direct for a Security of Scial The Head Security Station Security of Scial The Head Security Secur	Phone Phone Phone Phone E East Stroudsburg Area School District concerning roudsburg Area School District, the East Stroudsburg as, actions, and charges whatsoever arising out of the submitted. My organization will defend all actions, of Education and any of its agents, servants or ors, School District, and School Authority from aid use of these facilities. Phone (day) 570-460-6285 (eve.) 570-424-6377
Name I certify that I had Use of School Factority conducted suits, complaints, employees and further any expenses and Signature — Resembling Address	ve read, understand, and agricilities. Further, my organize their directors, agents, emped on the above-mentioned directors or legal proceedings of any or ther will hold harmless and lipidgments or decrees recover ponsible Organization Office Pine Valle	Address Address ee to adhere to Policy #707 of the cation forever releases the East Station forever releases the East Station for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of sa	Phone Phone Phone Phone E East Stroudsburg Area School District concerning roudsburg Area School District, the East Stroudsburg as, actions, and charges whatsoever arising out of the s submitted. My organization will defend all actions, of Education and any of its agents, servants or ors, School District, and School Authority from aid use of these facilities. Phone (day) 570-460-6285 (eve.) 570-424-6377 OUCLS DUCY PA: 18307
Name I certify that I had Use of School Factority, conducted suits, complaints, employees and further any expenses and Signature — Resembling Address APPROVALS: If the copy to:	ve read, understand, and agrecilities. Further, my organizatheir directors, agents, emped on the above-mentioned directors of any or legal proceedings of any or legal proceedings of any or legal hold harmless and lindgments or decrees recovery ponsible Organization Office of the Valle Principal April 1998	Address Address Tee to adhere to Policy #707 of the cation forever releases the East Stration for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of said of the part of Scial The part of Security of Security of Scial The part of Security of	Phone Phone Phone Phone East Stroudsburg Area School District concerning roudsburg Area School District, the East Stroudsburg as, actions, and charges whatsoever arising out of the submitted. My organization will defend all actions, of Education and any of its agents, servants or ors, School District, and School Authority from aid use of these facilities. Phone (day) 570-460-6285 (eve.) 570-424-6377 OUCLS DU (4) PA 1830 Z Date 12/15/16
Name I certify that I had Use of School Farman School Authority, event(s) conducted suits, complaints, employees and further any expenses and Signature — Resembling Address APPROVALS: If copy to: □stage manager I	ve read, understand, and agrecilities. Further, my organizatheir directors, agents, emped on the above-mentioned describer will hold harmless and lipidgments or decrees recoverable. The Valle Principal Maintenance Cafeteria	Address Address Tee to adhere to Policy #707 of the ration forever releases the East Stilloyees and servants from all claim ate(s) for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of so icial The Fee Security The Holdsoff The Ho	Phone Phone Phone Phone E East Stroudsburg Area School District concerning roudsburg Area School District, the East Stroudsburg as, actions, and charges whatsoever arising out of the s submitted. My organization will defend all actions, of Education and any of its agents, servants or ors, School District, and School Authority from aid use of these facilities. Phone (day) 570-460-6285 (eve.) 570-424-6377 OUCLS DU (a) PA 1830 Z Date 12 / 15/160 Date / /
Name I certify that I had Use of School Factority, conducted suits, complaints, employees and further any expenses and Signature — Resembling Address APPROVALS: If the copy to:	ve read, understand, and agrecilities. Further, my organizatheir directors, agents, emped on the above-mentioned describer will hold harmless and lipidgments or decrees recoverable. The Valle Principal Maintenance Cafeteria	Address Address Tee to adhere to Policy #707 of the cation forever releases the East Stration for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of said of the part of Scial The part of Security of Security of Scial The part of Security of	Phone Phone Phone Phone E East Stroudsburg Area School District concerning roudsburg Area School District, the East Stroudsburg as, actions, and charges whatsoever arising out of the s submitted. My organization will defend all actions, of Education and any of its agents, servants or ors, School District, and School Authority from aid use of these facilities. Phone (day) 570-460-6285 (eve.) 570-424-6377 Date 12/15/16 Date // Trian \[Date \] Date \[Date \] Date \[Date \] The location of the service of
Name I certify that I hat Use of School Far School Authority, event(s) conducted suits, complaints, employees and fur any expenses and Signature — Resembling Address APPROVALS: If copy to: □stage manager If the school of th	ve read, understand, and agricilities. Further, my organizatheir directors, agents, emped on the above-mentioned director will hold harmless and lipidgments or decrees recoverable of the Valle Principal Application Office Principal Application Cafeteria athletic director Cafeteria only:	Address Address Tee to adhere to Policy #707 of the ration forever releases the East Stilloyees and servants from all claim ate(s) for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of so icial The Fee Security The Holdsoff The Ho	Phone Phone Phone Reast Stroudsburg Area School District concerning roudsburg Area School District, the East Stroudsburg as, actions, and charges whatsoever arising out of the so submitted. My organization will defend all actions, of Education and any of its agents, servants or ors, School District, and School Authority from aid use of these facilities. Phone (day) 570-460-6285 (eve.) 570-424-6377 Date 12 / 16/10 Date / / Trian \(\Pa\) v coordinator \(\Pa\) other Date / /
I certify that I har Use of School Faschool Authority, event(s) conductes suits, complaints, employees and further any expenses and Signature—Research Billing Address APPROVALS: I copy to: □stage manager I For office use of Facilities/Equip	ve read, understand, and agricilities. Further, my organizatheir directors, agents, emped on the above-mentioned director will hold harmless and lipidgments or decrees recoverable. Principal Application Office Susiness Administrator athletic director conly: come and agricultion of the control of the	Address Address Tee to adhere to Policy #707 of the section forever releases the East Stiloyees and servants from all claim ate(s) for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of said at the part of Security of Security and the said School Direct ered against them as a result of said and the said Security of Security and the said Security of	Phone Phone Phone Reast Stroudsburg Area School District concerning roudsburg Area School District, the East Stroudsburg as, actions, and charges whatsoever arising out of the se submitted. My organization will defend all actions, of Education and any of its agents, servants or ors, School District, and School Authority from aid use of these facilities. Phone (day) 570-460-6285 (eve.) 570-424-6377 Date 12 / 16/10 Date / / Trian \(\Pa\) v coordinator \(\Pa\) other Date // Charges: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
I certify that I hat Use of School Faschool Authority, event(s) conducted suits, complaints, employees and further any expenses and Signature — Resembling Address — APPROVALS: If copy to: □stage manager If For office use of Facilities/Equipally in the Personnel	ve read, understand, and agricilities. Further, my organizatheir directors, agents, emple on the above-mentioned despite or legal proceedings of any or their will hold harmless and independent or decrees recovery on Branch of the Companization Office of the Companization of the Companization Office of the Companization Office of the Companization of the Companization Office of the Companizat	Address Address Tee to adhere to Policy #707 of the station forever releases the East Station forever releases the East Station for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of said in the part of Security of Sec	Phone Phone Phone E East Stroudsburg Area School District concerning roudsburg Area School District, the East Stroudsburg as, actions, and charges whatsoever arising out of the submitted. My organization will defend all actions, of Education and any of its agents, servants or ors, School District, and School Authority from aid use of these facilities. Phone (day) 570-460-6285 (eve.) 570-424-6377 OUCLS DU (a) PA 1830 Z Date 1
I certify that I hat Use of School Faschool Authority, event(s) conducted suits, complaints, employees and further any expenses and Signature — Resembling Address — APPROVALS: If copy to: □stage manager If For office use of Facilities/Equipally in the Personnel	ve read, understand, and agricilities. Further, my organizatheir directors, agents, emple on the above-mentioned despite or legal proceedings of any or their will hold harmless and independent or decrees recovery on Branch of the Companization Office of the Companization of the Companization Office of the Companization Office of the Companization of the Companization Office of the Companizat	Address Address Tee to adhere to Policy #707 of the station forever releases the East State loyees and servants from all claim cate(s) for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of said in the part of the state of the part of the said School Direct ered against them as a result of said in the part of the said School Direct ered against them as a result of said in the part of the said School Direct ered against them as a result of said in the part of the said School Direct ered against them as a result of said in the part of the said School Direct ered against them as a result of said in the part of the said School Direct ered against them as a result of said in the part of the said School Direct ered against them as a result of said in the part of the said School Direct ered against them as a result of said School Direct ered against them as a result of said School Direct ered against them as a result of said School Direct ered against them as a result of said School Direct ered against them as a result of said School Direct ered against them as a result of said School Direct ered against them as a result of said School Direct ered against them as a result of said School Direct ered against them as a result of said School Direct ered against them as a result of said School Direct ered against them as a result of said School Direct ered against them as a result of said School Direct ered against them as a result of said School Direct ered against the said School Direct ered ered ered ered ered ered ered ere	Phone Phone Phone E East Stroudsburg Area School District concerning roudsburg Area School District, the East Stroudsburg as, actions, and charges whatsoever arising out of the submitted. My organization will defend all actions, of Education and any of its agents, servants or ors, School District, and School Authority from aid use of these facilities. Phone (day) 570-460-6285 (eve.) 570-424-6377 OUCLS DU (a) PA 1830 Z Date 1
I certify that I hat Use of School Faschool Authority, event(s) conductes suits, complaints, employees and furany expenses and Signature—Resembling Address APPROVALS: If copy to: □stage manager If For office use of Facilities/Equipality	ve read, understand, and agricilities. Further, my organizatheir directors, agents, emple on the above-mentioned despite or legal proceedings of any or their will hold harmless and independent or decrees recovery on Branch of the Companization Office of the Companization of the Companization Office of the Companization Office of the Companization of the Companization Office of the Companizat	Address Address Tee to adhere to Policy #707 of the section forever releases the East State loyees and servants from all claim ate(s) for which this application is kind brought against the Board of indemnify the said School Direct ered against them as a result of some section of the sectio	Phone Phone Phone E East Stroudsburg Area School District concerning roudsburg Area School District, the East Stroudsburg as, actions, and charges whatsoever arising out of the submitted. My organization will defend all actions, of Education and any of its agents, servants or ors, School District, and School Authority from aid use of these facilities. Phone (day) 570-460-6285 (eve.) 570-424-6377 OUCLS DU (a) PA 1830 Z Date 1

Name of Organization	ocons Fir	e Baket	bn 11	Today's	s Date 1 / 16 / 17
☐ yes ☐ no ☐ yes ☐ If yes, an	nount \$	If y	yes, attach a lette	a waiver of facilities fees r of justification addresse de a waiver of fees for scl	s? Yes no no ed to the Board of Education. heduled district personnel.
Specific purpose of use:	Buketball	Practice			
Name of School Requested	7,7				
from — DAY(S) from — DATE(S) - Mon. Feb. 6th - Ju May 4. Thurs - Ju	one 12	from — HOUR:	S—to 8:30 8:30	Baskedball P	rehearsal, performance,) Practice Practice
Facility Required:All-Purpose RoomSwimming Pool (requires proof of certified lifeguar	Auditoriu Stadium Stage rd)Classroon		Cafeterii Kitchen/ Fields (s Other (s	Preparation pecify)	Gymnasium Kitchen/Serving
Equipment Required: (*muKitchen Equipment*Stage Lighting*Scoreboard*	Sound Sys	stem cture Projector	Record I	Player/Stereo Equip. d Projector/Screen pecify)	Piano Folding Stands Tables and/or Chairs
The District has the right to for these services. Your or			te of Insurance	listing the ESASD as co	-insured as follows:
\$ B (\$500,000 minimum)	Bodily Injury Liability	(\$500,000	Pr 0 minimum)	operty Damage Liability (each occurrence)
List at least one, but preferableing used, and who will accompanie Patrick McA	cept full responsibili	ty for adherence to	o School District	regulations by all person	
I certify that I have read, un Use of School Facilities. Fi School Authority, their direct event(s) conducted on the au suits, complaints, or legal pi employees and further will happy expenses and judgments	urther, my organizat ctors, agents, employ bove-mentioned date proceedings of any ki hold harmless and in	ion forever releas vees and servants e(s) for which this nd brought agains demnify the said s	es the East Strou from all claims, application is su st the Board of E School Directors	dsburg Area School Dist actions, and charges who bmitted. My organizatio ducation and any of its a , School District, and Sch use of these facilities.	rict, the East Stroudsburg atsoever arising out of the on will defend all actions, agents, servants or hool Authority from
Signature — Responsible C	VVV VV 1	al		(eve	y) <u>201-893-8369</u> :.)
Billing Address 306	•		troubbury 1	PA 18302	
copy to:	dministrator_ irector □cafeteria ma	L A. CG unager □head cust	todian □librarian	n □a/v coordinator □oth	Date 1 / 17/17 Date / / / er Date / / /
For office use only:		FACILITIES	USE INVOICE		
Facilities/Equipment used				Charges:	\$ \$
Personnel Employed: (attach time sheets)					\$ \$ \$
Other (specify):	:	118		Charges:	\$ \$

	Name of Organization Bushkill Youth Association	Today's Date 10 116 12016
	Non-Profit? Will an admission fee be charged? Are you requesting a waiver of fac	
		n addressed to the Board of Education. Fees for scheduled district personnel.
		a sebau/Basketbau
	Name of School Requested Lehman Intermediate	
		IPTION
	1	tice, game, rehearsal, performance,)
	Fredout Inn 13: March 3 Long-Rom 5 and	games 19
	Mon and wed Jan 9 - March 1st Lom- for OUX gym	or baseball and
_	Facility Required: Auditorium Cafeteria	conditioning (Conditioning)
	All-Purpose RoomStadiumKitchen/Preparation	Kitchen/Serving Gym
	Swimming Pool (requires Stage Fields (specify) proof of certified lifeguard) Classrooms # Class	Uarygym
	Equipment Required: (*must be operated/attended by school personnel)	Piano
	Kitchen Equipment*Sound SystemRecord Player/Stereo Ed Stage Lighting*Overhead Projector/Screen	
	Scoreboard* Athletic Equipment Other (specify)	
	The District has the right to assign additional security and other personnel as needed. Your	organization will be subject to fees
	for these services. Your organization must provide a Certificate of Insurance listing the ESA \$ ON FIP Bodily Injury Liability \$ ON FIP Property Damage	
	\$\frac{\mathcal{D}\mat	Liability (each occurrence)
	List at least one, but preferably two, responsible officials of your organization who will be present	
	being used, and who will accept full responsibility for adherence to School District regulations by Name LISO MONGHOS Address ATY Eagle Path, I	
	Name Melissa Cruz Address 119 Steele Circle Bu	Shkill Phone 570 242 748
	I certify that I have read, understand, and agree to adhere to Policy #707 of the East Stroudsbur,	g Area School District concerning
	Use of School Facilities. Further, my organization forever releases the East Stroudsburg Area S School Authority, their directors, agents, employees and servants from all claims, actions, and ch	
	event(s) conducted on the above-mentioned date(s) for which this application is submitted. My o suits, complaints, or legal proceedings of any kind brought against the Board of Education and a	rganization will defend all actions,
	employees and further will hold harmless and indemnify the said School Directors, School Distri	ct, and School Authority from
	any expenses and judgments or decrees recovered against them as a result of said use of these fa	
	(X6g Momaha)	Phone (day) 570 872 7865
	Signature—Responsible Organization Official	(eve.)
	Billing Address P.O. Box 798 Bushkill, Pa 18.	324
	APPROVALS: Principal	Date /0 / /8 / /6
	Business Administrator	Date / /
	copy to: □stage manager □athletic director □cafeteria manager □head custodian □librarian □a/v coordin	
	For office use only: FACILITIES USE INVOICE	
	Facilities/Equipment used:	Charges: \$
		\$ \$
	Personnel Employed:	Charges: \$
	(attach time sheets)	\$
		\$
	Other (specify):	Charges: \$
		Ψ

Name of Organization 2 Out Rally BASES	ball Club	Today's	Date 8 / 19 / 16
Non-Profit? Will an admission fee be charged? □ yes □ no □ yes □ no □ yes □ no □ yes □ no	If yes , attach a This does not in	sting a waiver of facilities fees letter of justification addresse nclude a waiver of fees for sch eQuer of waiver on file	d to the Board of Education.
Specific purpose of use: TEAM PRACTICA	- A) 0 11.	ECANOS. OF CANAGE ON PILE	
Name of School Requested Middle Snith Field	: Smilt field	elementary	
DAY(S) from — DATE(S) — to from TUES, FR: $ 2 /3 - 4/2$ $ 2 /3 - 4/2$ $ 3 /3 - 4/2$	— HOURS — to M 9 pm	DESCRIPTION (meeting, practice, game, Skills drills.	rehearsal, performance,)
Facility Required: All-Purpose RoomSwimming Pool (requiresproof of certified lifeguard) AuditoriumStadiumStageClassrooms #	Kito Fiel	eteria chen/Preparation lds (specify) er (specify)	XGymnasium Kitchen/Serving
Equipment Required: (*must be operated/attended by Kitchen Equipment*Sound System Stage Lighting*Motion Picture P Scoreboard*Athletic Equipment	rojectorRec	cord Player/Stereo Equip erhead Projector/Screen er (specify)	Piano Folding Stands Tables and/or Chairs
	a Certificate of Insura りずんのも	nce listing the ESASD as co-	insured as follows:
(\$500,000 minimum)	(\$500,000 minimum)	Copy is on File, will	Submit Renewed
List at least one, but preferably two, responsible official being used, and who will accept full responsibility for a	adherence to School Dis	strict regulations by all person	e facilities requested are s in attendance.
Name Douglas Christian	Address 133 Ran	my mede Dr.	Phone 9172391567 Phone 9172391563
I certify that I have read, understand, and agree to add Use of School Facilities. Further, my organization for School Authority, their directors, agents, employees ar event(s) conducted on the above-mentioned date(s) for suits, complaints, or legal proceedings of any kind bro employees and further will hold harmless and indemnif any expenses and judgments or decrees recovered aga	ever releases the East S nd servants from all cla which this application ught against the Board fy the said School Dired inst them as a result of	Stroudsburg Area School Distr ims, actions, and charges wha is submitted. My organization of Education and any of its ag ctors, School District, and Sch	rict, the East Stroudsburg tsoever arising out of the n will defend all actions, gents, servants or ool Authority from
Signature — Responsible Organization Official		(eve.)
Billing Address 133 Runnmede Dr			
copy to: □ stage manager □ athletic director □ cafeteria manager			
For office use only:	ACUITIES LISE IANV	O/CE	
For office use only: Facilities/Equipment used:	orly pu	Charges:	\$
Jan-Apr TB			\$
Personnel Employed:		Charges:	\$
(attach time sheets)	100		<u> </u>
Other (specify):			S

	APPLICATION FOR I	USE OF SCHOOL FACILITIES
	Name of Organization For Rosons	Today's Date 12 /7 /11
	Non-Profit? Will an admission fee be charged? ☑ yes ☑ no If yes, amount \$	Are you requesting a waiver of facilities fees? A yes one If yes, attach a letter of justification addressed to the Board of Education. This does not include a waiver of fees for scheduled district personnel.
	Specific purpose of use: Sonet Front	
	Name of School Requested M. W. 5m. HVE: Ell &	1 Emtutain
- CONT. P.	from — DATE(S) — to from — HO JAN 3 — MARCH 31 2017 536 pm	DESCRIPTION (meeting, practice, game, rehearsel, performance,) \$30000 \$60000000000000000000000000000000
	Modeld per C/ Account of propagation of propagation	
	Facility Required: Auditorium _All-Purpose Room Stadium Swimming Pool (requires Stage proof of certified lifeguard) Classrooms #	Cafeteria Gymnasium Kitchen/Preparation Kitchen/Serving Fields (specify) Other (specify)
	Equipment Required: (*must be operated/attended by school Kitchen Equipment* Sound System Stage Lighting* Motion Picture Projector Scoreboard* Athletic Equipment	Record Player/Stereo Equip. Folding Stands Overhead Projector/Screen Tables and/or Chairs Other (specify)
	ior mese services. Tour organization must brovide a Certi	other personnel as needed. Your organization will be subject to fees ifficate of Insurance listing the ESASD as co-insured as follows:
	\$ 4.060,000 Bodily Injury Liability \$ 1,00	82, 05 6 Property Damage Liability (each occurrence) 0,000 minimum)
	Deing used, and who will accept full responsibility for adheren	10 Pa A 107 E-000 1 DA 1921 DE 27 NE /12
	I certify that I have read, understand, and agree to adhere to Use of School Facilities. Further, my organization forever re, School Authority, their directors, agents, employees and serve event(s) conducted on the above-mentioned date(s) for which suits, complaints, or legal proceedings of any kind brough no	Phone 3 A Strandsburg Area School District concerning leases the East Stroudsburg Area School District concerning utis from all claims, actions, and charges whatsoever arising out of the this application is submitted. My organization will defend all actions, which is the Board of Education and any of its agents, servants or aid School Directors, School District, and School Authority from mas a result of said use of these facilities.
	ELS TOTAL	Phone (day) 570 361-2428
	Signature - Responsible Organization Official Billing Address Po April 17, East Strads 12, PM. 16	30) (3043)
	APPROVALS: Principal Natural Sale	Date 171 81 66
1	copy to: Business Administrator	Date 17/8/16 Date / /
	Ostage manager Dathletic director Deafeteria manager Dhead	custodian Dibrarian Da/v coordinator Dother Date /
T	For office use only: FACILIT	TES USE INVOICE
		Charges: \$
	Personnel Employed:	
	(attach time sheets)	\$
	Other (specify):	\$SCharges: \$
N		Secretary gold=requesting organization reference college 4707 (2002)

Name of Organization Cub Scouts - Paci	< 100 Today's Date 10 / 31 / 14
☐ yes 🗖 no ☐ yes 🗖 no ☐ If yes, amount \$	Are you requesting a waiver of facilities fees? yes no no If yes, attach a letter of justification addressed to the Board of Education. This does not include a waiver of fees for scheduled district personnel.
Specific purpose of use: Monthly Scout	tack meeting
Name of School Requested Resi Co	
12/12/16 DAY(S) from — DAY(S) — to from — HOU And monday of each 630- 12/12/16 2/13/17 5/9/15	DESCRIPTION (meeting, practice, game, rehearsal, performance,) 130p Mechany Girlian
1917 41017 61317	113911
Facility Required: All-Purpose RoomSwimming Pool (requiresproof of certified lifeguard) AuditoriumStadiumStage	★CafeteriaGymnasium Kitchen/PreparationKitchen/Serving Fields (specify)Other (specify)
Equipment Required: (*must be operated/attended by school p Kitchen Equipment*Sound System Stage Lighting*Motion Picture Projector Scoreboard*Athletic Equipment	Dersonnel) — Record Player/Stereo Equip. — Overhead Projector/Screen — Other (specify) — Piano — Folding Stands — Tables and/or Chairs
	ther personnel as needed. Your organization will be subject to fees cate of Insurance listing the ESASD as co-insured as follows:
\$Bodily Injury Liability \$(\$500,000 minimum)	Property Damage Liability (each occurrence) 000 minimum)
being used, and who will accept full responsibility for adherence Name Bill Donouch Address	r organization who will be present at the time facilities requested are to School District regulations by all persons in attendance. Sell-sul Rd. Elong Phone 570 2424984 Sell-sul Rd. Elong Phone 570 236 6606
I certify that I have read, understand, and agree to adhere to P Use of School Facilities. Further, my organization forever rele School Authority, their directors, agents, employees and servan	olicy #707 of the East Stroudsburg Area School District concerning cases the East Stroudsburg Area School District, the East Stroudsburg atts from all claims, actions, and charges whatsoever arising out of the his application is submitted. My organization will defend all actions, winst the Board of Education and any of its agents, servants or its School Directors, School District, and School Authority from
Signature — Responsible Organization Official	Phone (day) 570-242-4984 (eve.)
Billing Address 230 Sellersville Rd, E	
APPROVALS: Principal	Date 11 / 4 / 1/6
Business Administratorcopy to: Stage manager athletic director cafeteria manager head c	Ustodian □librarian □a/v coordinator □other Date//
For office use only: FACILITI	ES USE INVOICE
Facilities/Equipment used: Class 1 - 12/12 (
Personnel Employed: Jan June - TB1 (attach time sheets)	Charges: \$
Other (specify):	Charges: \$
	Ψ

APPLICATION FOR U	ISE OF SCHOOL FACILITIES
Name of Organization Fc. Pocons	Today's Date /4 / 7 / 1/4
Non-Profit? Will an admission fee be charged? □ yes □ no □ yes ⋈ no □ fyes, amount \$	Are you requesting a waiver of facilities fees? A yes one If yes, attach a letter of justification addressed to the Board of Education. This does not include a waiver of fees for scheduled district personnel.
Specific purpose of use: Society Practice +	16.53 (C.O.
Name of School Requested for the second of t	EMENTERN
DAY(S) from - DATE(S) - to from - HO (A) - 3 - March 3/ 20/1 5.30 pm Monday () - Think 1/ 5.30 pm	URS—to (meeting practice, game, rehearsal, performance,) 8:30pm Box. 62. FeArt. 4:
Facility Required: All-Purpose Room Swimming Pool (requires Stage proof of certified lifeguard) Stage Classrooms #	Cafeteria
Equipment Required: (*must be operated/attended by school Kitchen Equipment*Sound System Stage Lighting*Motion Picture Projector Scoreboard*Athletic Equipment	Record Player/Stereo Equip. Folding Stands Overhead Projector/Screen Tables and/or Chairs Other (specify)
\$ 4 000.000 Bodily Injury Liability \$ 1,000	other personnel as needed. Your organization will be subject to fees icate of insurance listing the ESASD as co-insured as follows: Property Damage Liability (each occurrence)
(0200)	000 minimum)
Name Cd Solvelaged Addres Name Tolled Beerol Addres	SPORAGIT ENT STOODS PA 1830 Phone 72, 367-(428)
Use of School Facilities. Further, my organization forever rele School Authority, their directors, agents, employees and servan, event(s) conducted on the above-mentioned date(s) for which the suits, complaints, or legal proceedings of any kind brought aga employees and further will hold harmless and indemnify the sai any expenses and judgments or decrees recovered against them	olicy #707 of the East Stroudsburg Area School District concerning tases the East Stroudsburg Area School District, the East Stroudsburg tases the East Stroudsburg tas from all claims, actions, and charges whatsoever arising out of the his application is submitted. My organization will defend all actions, the Board of Education and any of its agents, servants or id School Directors, School District, and School Authority from as a result of said use of these facilities.
Signature Responsible Organization Official	Phone (day) 570 351-2428 (eve.) Supar
Billing Address Po Acx 67, Enst Strads 11 PA 13	0
APPROVALS: Principal Alan White	
Rusinace Administrator	Date 12 18 116
copy to: □stage manager □athletic director □cafeleria manager □head ci	Date / /
	THE PARTY OF THE P
For office use only: Facilities/Equipment used:	Charges: \$ \$
Personnel Employed: (attach time sheets)	Charges: \$
Other (specify):	\$ Charges: \$ \$
white⇒business office pink⇒accounts receivable canary⇒school se	cretary gold⇒requesting organization reference policy #707 (8/02)

Name of Organization FC POCONO	Today's Date 10 /28 / 16
Non-Profit? Will an admission fee be charged? ☐ yes ☐ no ☐ yes ☐ no ☐ fyes, amount \$	Are you requesting a waiver of facilities fees? Yes no If yes, attach a letter of justification addressed to the Board of Education. This does not include a waiver of fees for scheduled district personnel.
Specific purpose of use: Soccer Praction Name of School Requested SMithfield E	
DAY(S) from — DATE(S) — to from — HO MON _ TUES MON _	DESCRIPTION
Facility Required: All-Purpose Room Swimming Pool (requires proof of certified lifeguard) Auditorium Stadium Stage Classrooms #	CafeteriaGymnasiumKitchen/PreparationKitchen/ServingFields (specify) Other (specify)
Equipment Required: (*must be operated/attended by school Stage Lighting* Motion Picture Projector Scoreboard* Athletic Equipment	ol personnel)Piano Record Player/Stereo EquipFolding Stands
for these services. Your organization must provide a Cert \$\left(\sum 0000) \text{Bodily Injury Liability} \frac{100}{(\$500,000 \text{minimum})} (\$500)	other personnel as needed. Your organization will be subject to fees tificate of Insurance listing the ESASD as co-insured as follows: DDDD Property Damage Liability (each occurrence)
being used, and who will accept full responsibility for adhere Name Chery Torres Addr Name Addr Der Guerra Addr	
Use of School Facilities. Further, my organization forever r. School Authority, their directors, agents, employees and servevent(s) conducted on the above-mentioned date(s) for which suits, complaints, or legal proceedings of any kind brought a employees and further will hold harmless and indemnify the	Policy #707 of the East Stroudsburg Area School District concerning eleases the East Stroudsburg Area School District, the East Stroudsburg wants from all claims, actions, and charges whatsoever arising out of the this application is submitted. My organization will defend all actions, against the Board of Education and any of its agents, servants or said School Directors, School District, and School Authority from
Signature — Responsible Organization Official	Phone (day) 570 977 33 9 3 (eve.)
Billing Address P.O. Box 617 East Str	oudsburg PA 18301
copy to:	Date // / / // Date // / d custodian Dibrarian Da/v coordinator Date // /
For office use only: FACILI	TIES USE INVOICE
Facilities/Equipment used:	Charges: \$
Personnel Employed:	\$ Charges: \$
(attach time sheets)	\$
Other (specify):	1

Name of Organiz	cation	cono f	amily	TMCA		l	oday's Da	ate 10	1 908	16
Non-Profit? ☑ yes □ no	Will an admis ☐ yes ☑ no If yes, amoun	ssion fee be cha t \$		If yes, atta This does	equesting a wa ach a letter of j not include a v	ustification a	ddressed to	o the Bo	ard of Edu	
Specific purpose		outh Bas	sketball	legue						
Name of School	Requested	ES	E							
	DAY(S) DATE(S) — to 3/11		830 ay	HOURS — to	(me	DESCRIP eting, practice	e, game, rel baske	thall	prono	
Facility RequireAll-Purpose RSwimming Poproof of certif	oom	Auditoriu Stadium Stage Classroo	um ms #		Cafeteria Kitchen/Prepa _Fields (specif _Other (specif	ŷ)		Gymnas Kitchen/		
Equipment Requestion Kitchen Equip Stage Lighting Scoreboard*	ment*	Sound Sy Motion P	nded by sch ystem Picture Projec Equipment) _Record Playe _Overhead Pro _Other (specif	jector/Screen	p	Piano Folding Tables a	Stands nd/or Chai	S
The District has for these service. \$	s. Your organ Bodily	sign additiona zation must p / Injury Liabilit	rovide a Ce	nd other persertificate of In	nsurance listin Propert	ed. Your or ig the ESAS ty Damage Li	D as co-in	sured a	s follows:	fees
List at least one, being used, and v	but preferably t	wo, responsible				be present at	the time f	acilities	requested	
		full responsibil	lity for adhe	erence to Scho	ol District regu	ılations by al	l persons i		ance.	
Name Mike Name I certify that I had	Miller	full responsibil	lity for adheAdoAdo ee to adhere	dress 809 dress to Policy #70	Main St. S	ilations by al	PA 18360	Phone Phone	ance. 570 - 60	1 - 34 1g
Name Mike Name I certify that I had Use of School For School Authority event(s) conduct suits, complaints employees and fit any expenses and	we read, unders acilities. Further, their directors ed on the above to or legal proce- turther will hold dijudements or	tand, and agreer, my organization, agents, emplo-mentioned dated ings of any knames and idecrees recove	lity for adhe Ade Ade to adhere ation forever oyees and se te(s) for whi kind brought indemnify th red against	dress 800 dress to Policy #70 releases the ervants from a ich this applic tagainst the Ene said School	Main St. S 7 of the East S. East Stroudsbudl claims, action ation is submit Board of Educal Directors, Sch	troudsburg A troudsburg A troudsburg A troudsburg A troudsburg A troudsburg trouds troudsburg troudsburg troudsburg troudsburg troud	Persons in	Phone Phone Il District t, the Each pever are will defer ints, serve Show	ance. 570 - 80 et concerni est Strouds ising out o end all actio ants or rity from	n - 34 ng purg the ns,
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Name Mike Name I certify that I had Use of School For School Authority event(s) conducts suits, complaints employees and fit any expenses and Signature — Resembling Address APPROVALS: copy to: stage manager	we read, undersacilities. Further, their directors ed on the above to read procesurther will hold dividements or sponsible Organical Business Admir athletic directors.	tand, and agreer, my organization agents, employmentioned dated in the second s	ity for adhere Address to adhere ation for ever oyees and sete(s) for which indemnify the red against	to Policy #70 to Policy #70 releases the ervants from a ich this applicate against the Ene said School them as a result. Pour PA ead custodian	Main St. St. St. St. St. Stroudsbudt claims, action at submit Board of Educa Directors, Schult of said use of the St.	troudsburg A arg Area Schoons, and chargeted. My organion and any nool District, of these facility. Phoenical Phoenical City Coordinates are	I persons in PA §360 PA §360 Parea School District, ges whatso anization variation variation variation variation variation variation. Parea School District, ges whatso anization variation	Phone Phone Il District, the Eace vill defends, serve old Author Date Date Date Date	ance. 570 - 80 et concerni est Strouds ising out of end all action ents or erity from 807 - 35	11-34 Day Day Strike The The The The The The The T
Name Mike Name I certify that I had Use of School For School Authority event(s) conducts suits, complaints employees and fit any expenses and Signature — Res Billing Address APPROVALS: copy to: □stage manager For office use Facilities/Equi	we read, undersacilities. Further, their directors ed on the above to read procesurther will hold dividements or sponsible Organical Business Admir athletic directors.	tand, and agreer, my organization, agents, employmentioned dated ings of any knarmless and indecrees recovered in the state of the stat	ity for adhere Address to adhere ation for ever to yees and set to (s) for which indemnify the red against stal	dress 809 dress to Policy #70 releases the ervants from a ich this applicat against the Ene said School them as a resultation and the ene said School them as a resultation and the ene said School them as a resultation and the ene said School them as a resultation and the ene said School them as a resultation and the end custodian	ol District regulation St. St. St. Stroudsbudt claims, action action is submit Board of Education of Said use of St.	troudsburg A arg Area Schoons, and chargeted. My organion and any mool District, of these facility Pho	I persons in PA §360 PA §360 Parea School District, ges whatso anization variation variation variation variation variation variation. Parea School District, ges whatso anization variation	Phone Phone I District t, the Eactor are will deferents, serve of Author Date Date Date	ance. 570 - 80 et concerni est Strouds ising out o end all actio ents or erity from 807 - 30	194

Name of Organization Poco to Fi	aily ymor	Today's Da	te 12 / 21 / 16
Non-Profit? Will an admission fee be c ✓ yes ☐ no ☐ yes ☒ no ☐ yes, amount \$	If yes, attach a letter This does not include	waiver of facilities fees? Configuration addressed to a waiver of fees for schedu	the Board of Education.
1 /	mu f		
Name of School Requested Loha	en Int	DECODING ON	
DAY(S) PATE(S) — to	from—HOURS—to /2.'い (!い?	DESCRIPTION (meeting, practice, game, reh	earsal, performance,)
Facility Required: All-Purpose RoomSwimming Pool (requires	nKitchen/P Fields (sp	reparationK ecify)	Gymnasium Kitchen/Serving
	SystemRecord Pl	ayer/Stereo Equip. Frojector/Screen T	riano rolding Stands rables and/or Chairs
The District has the right to assign addition for these services. Your organization must \$ \(\text{00000000000000000000000000000000000	provide a Certificate of Insurance li		ured as follows:
List at least one, but preferably two, responsible being used, and who will accept full responsible Name Name MCC Las Wolfs CL		egulations by all persons in	
Name I certify that I have read, understand, and agg Use of School Facilities. Further, my organic School Authority, their directors, agents, emp event(s) conducted on the above-mentioned d suits, complaints, or legal proceedings of any employees and further will hole harmless and any expenses and judgments or decrees recove	ree to adhere to Policy #707 of the East Stroua station forever releases the East Stroua sloyees and servants from all claims, a late(s) for which this application is sub kind brought against the Board of Ed l indemnify the said School Directors,	st Stroudsburg Area School Isburg Area School District, ctions, and charges whatsoe mitted. My organization wi ucation and any of its agent School District, and School	the East Stroudsburg ever arising out of the ill defend all actions, ts, servants or
		Phone (day)	5/2-354-2142
Signature—Responsible Organization Off Billing Address 709 MAIA	icial St. Stls PA	/476s	
APPROVALS: Principal			Date/
Business Administrator		I	Date/
copy to: ☐ Stage manager ☐ athletic director ☐ cafeteria	manager □head custodian □librarian	□a/v coordinator □other I	Date/
For office use only:	FACILITIES USE INVOICE		
Facilities/Equipment used:		Charges: \$	
		Ф.	
		\$	
Personnel Employed:		Charges: \$	
(attach time sheets)	126	\$ \$	

white business office pink accounts receivable congry-school secretary gold-requesting organization reference policy #707 (8/02)

Name of Organization Q of ESU	Today's Date 11 / 18 / 16
Non-Profit? Will an admission fee be charged? Yes \(\sigma \) no If yes, amount \$ Specific purpose of use: Reveaval For Color	Are you requesting a waiver of facilities fees? yes no If yes, attach a letter of justification addressed to the Board of Education. This does not include a waiver of fees for scheduled district personnel
Name of School Requested JTL / South	- Special Control of the Control of
DAY(S) from — DATE(S) — to from — He Thus day 2(H/42	OURS—to (meeting, practice, game, rehearsal, performance,)
9 am	5pm J
Durday 2/5/17 gam -	5pm H5 South
Facility Required: Auditorium _All-Purpose Room Stadium _Swimming Pool (requires proof of certified lifeguard) Classrooms #	CafeteriaGymnasiumKitchen/PreparationKitchen/ServingFields (specify)Other (specify)
Equipment Required: (*must be operated/attended by school Kitchen Equipment*Sound System Stage Lighting*Motion Picture Projector Scoreboard*Athletic Equipment	Record Player/Stereo Equip. Folding Stands
The District has the right to assign additional security and for these services. Your organization must provide a Cert	I other personnel as needed. Your organization will be subject to fees tificate of Insurance listing the ESASD as co-insured as follows:
\$ Bodily Injury Liability \$	Property Damage Liability (each occurrence)
List at least one, but preferably two, responsible officials of y	our organization who will be present at the time facilities requested are
	nce to School District regulations by all persons in attendance.
Name Nellie Your Addr	ess 133 Petale Beach Ct. E. Strendburg Phone 474-515 8493 ess 133 Petale Beach Ct. E. Strondburg Phone 570.801.1376
I certify that I have read, understand, and agree to adhere to Use of School Facilities. Further, my organization forever re School Authority, their directors, agents, employees and servevent(s) conducted on the above-mentioned date(s) for which suits, complaints, or legal proceedings of any kind brought a	Policy #707 of the East Stroudsburg Area School District concerning eleases the East Stroudsburg Area School District, the East Stroudsburg eants from all claims, actions, and charges whatsoever arising out of the athis application is submitted. My organization will defend all actions, gainst the Board of Education and any of its agents, servants or said School Directors, School District, and School Authority from
Williellon	Phone (day) 5-70-801-1374
Signature — Responsible Organization Official	(eve)
Billing Address 133 Pebble Bead of E. Struds	Jung 0.8 18 302
APPROVALS: Principal Dayourum	A. Drennema
APPROVALS: Principal Business Administrator	Date/
copy to: Business Administrator	Date/
□stage manager □athletic director □cafeteria manager □head	custodian 🗆 librarian 🗀 a/v coordinator 🗀 other Date//
For office use only: FACILITY	TIES USE INVOICE
Facilities/Equipment used:	Charges: \$
	\$
B	\$
Personnel Employed: (attach time sheets)	Charges: \$
(attach time sheets)	\$
Other (specify):	Charges: \$
	\$

API	PLICATION I	FOR	USE	OF	SCHO	OL :	FAC	CILITI	ES
-			_	1					

Name of Organization Delta Sigma Theta Soron	hy_Inc. Today's Date 1 / 18/17
yes □ no □ yes □ no If yes ☐ This	you requesting a waiver of facilities fees? Yes no noes, attach a letter of justification addressed to the Board of Education. does not include a waiver of fees for scheduled district personnel.
Specific purpose of use: Workshops / Meetir Name of School Requested ES High School	000
	South or ESE DESCRIPTION
DAY(S) from — DATE(S) — to from — HOURS Tuesday 2 2 1 2017 4 pm Thursday 3 16 2017 4 pm Saturdey 3 18 2017 0 Am	
Facility Required:AuditoriumAll-Purpose RoomStadiumSwimming Pool (requiresStageClassrooms #2	CafeteriaGymnasiumKitchen/PreparationKitchen/ServingFields (specify) Other (specify)
Equipment Required: (*must be operated/attended by school personal Stage Lighting*	onnel)PianoRecord Player/Stereo EquipFolding StandsOverhead Projector/ScreenTables and/or ChairsOther (specify)
The District has the right to assign additional security and other for these services. Your organization must provide a Certificate	
\$Bodily Injury Liability	minimum) Property Damage Liability (each occurrence)
List at least one, but preferably two, responsible officials of your or being used, and who will accept full responsibility for adherence to Name Dr. Melssa Cheese Address? Name Connie Alexander, PN Address	ganization who will be present at the time facilities requested are
I certify that I have read, understand, and agree to adhere to Policy Use of School Facilities. Further, my organization forever releases School Authority, their directors, agents, employees and servants for event(s) conducted on the above-mentioned date(s) for which this a suits, complaints, or legal proceedings of any kind brought against employees and further will hold harmless and indemnify the said Scany expenses and judgments or decrees recovered against them as	y #707 of the East Stroudsburg Area School District concerning s the East Stroudsburg Area School District, the East Stroudsburg rom all claims, actions, and charges whatsoever arising out of the application is submitted. My organization will defend all actions, the Board of Education and any of its agents, servants or chool Directors, School District, and School Authority from
Janell Henders	Phone (day) <u>570-234-634</u> 7
Signature Responsible Organization Official	(eve.)
Billing Address P.O. BOX 156 E. SHbg	-1 PA 18301
APPROVALS: Principal	Date / /
Business Administrator	Date / /
copy to: □stage manager □athletic director □cafeteria manager □head custo	odian □librarian □a/v coordinator □other Date//
For office use only: FACILITIES	USE INVOICE
Facilities/Equipment used:	
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Personnel Employed:(attach time sheets)	
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Other (specify): 128	Charges: \$ \$

Dudget Transports
12-1-2016 TO 12-91.2016

			a tyler erp solution	lion
01/17/2017 11:10 diane-kelly	East Stroudsburg Area JOURNAL INQUIRY	а SD, РА	P glcjeing	ing Lng
YEAR PER JOURNAL SRC EFF DATE 2017 06 7 BUA 12/01/2016	ENT DATE JNL DESC 12/05/2016 CHAPMAN	CLERK ENTITY AUTO-REV STATUS BUD YEAR elizabeth-kolcun 1 N Hist 2017	JNL TYPE	
IN ORG OBJECT PROJ REF1	REF2 REF3 ACCOUNT	LINE DESCRIPTION DESCRIPTION	CREDIT	OB
1 10013200 432 10-3250-432-000-20-517-550-000-5000-2 2 10013200 610 10-3250-610-000-20-517-550-000-5000-	TR/GEN 0-5000- TR/GEN 0-5000-	CHAPMAN ICE MACHINE JTLAthleticsRep&MaintEq CHAPMAN ICE MACHINE JTLAthleticsGen Sup	69.15	
		** JOURNAL TOTAL 0.00	00.00	
YEAR PER JOURNAL SRC EFF DATE 2017 06 11 BUA 12/01/2016	ENT DATE JNL DESC 12/05/2016 PennLink	CLERK ENTITY AUTO-REV STATUS BUD YEAR jessica-wade 1 N Hist 2017	JNL TYPE	
LN ORG OBJECT PROJ REF1	REF2 REF3 ACCOUNT	LINE DESCRIPTION DESCRIPTION	CREDIT	OB
1 10006770 810 JWW 10-2170-810-000-00-0022-000-0000-2 10280050 810 JWW 10-2840-810-000-00-00-0022-000-0000-	-0000-01	PennLink 15-16 AdmServ Dues&Pees PennLink 15-16 AdmSerDues&Pees	50.00	
		** JOURNAL TOTAL 0.00	00.00	
YEAR PER JOURNAL SRC EFF DATE 2017 06 21 BUA 12/02/2016	ENT DATE JNL DESC 12/05/2016 Sitewise	CLERK debra-wisotsky 1 N Hist 2017	JNL TYPE	
LN ORG OBJECT PROJ REF1	REF2 REF3 ACCOUNT	LINE DESCRIPTION DESCRIPTION	CREDIT	OB
1 10011200 610 DW 10-2660-610-000-00-091-000-00000 2 10011200 438 DW 10-2660-438-000-000-000-091-000-0000	-0000-00	Security Gen Sup Security Mnt/Rpr/Upgrade	7.00	
		** JOURNAL TOTAL 0.00	00.00	
YEAR PER JOURNAL SRC EFF DATE 2017 06 24 BUA 12/02/2016	ENT DATE JNL DESC 12/13/2016 Chorus	CLERK ENTITY AUTO-REV STATUS BUD YEAR catherine-tynemouth 1 N Hist 2017	JNL TYPE	
LN ORG OBJECT PROJ REF1 ACCOUNT	REF2 REF3 ACCOUNT	FE3 LINE DESCRIPTION DESCRIPTION	CREDIT	OB

munis:	P glcjeing	н.	CREDIT OB	210.00	00.00	E	CREDIT OB	1,040.00	00.0	E4	CREDIT OB	500.00
		AUTO-REV STATUS BUD YEAR JNL TYPE N	DEBIT	210.00	0.00	AUTO-REV STATUS BUD YEAR JNL TYPE N	DEBIT	1,040.00	00.00	AUTO-REV STATUS BUD YEAR JNL TYPE N Hist 2017	DEBIT	200.00
	а SD, РА	CLERK ENTITY AUT catherine-tynemouth 1 N	LINE DESCRIPTION DESCRIPTION	All-Eastern Chorus EHSVocalStudentActGen Sup All-Eastern Chorus EHSVocalStaffDevTrainRgst	** JOURNAL TOTAL	CLERK ENTITY AUT CAtherine-tynemouth 1 N	F3 LINE DESCRIPTION ACCOUNT DESCRIPTION	All-Eastern Chorus EHSVocalStudentActGen Sup All-Eastern Chorus EHSVocalStaffDevTravel/Conf	** JOURNAL TOTAL	CLERK ENTITY AUT catherine-tynemouth 1 N	LINE DESCRIPTION DESCRIPTION	All Eastern Chorus EHSVocalStudentActGen Sup All Eastern Chorus EHSVocalStudentActDues&Fees
	East Stroudsburg Area JOURNAL INQUIRY	ENT DATE JNL DESC 12/13/2016 Chorus	REF2 REF3 ACCOUNT	-0000-0		ENT DATE JNL DESC 12/13/2016 Chorus	REF2 REF3 ACCOUNT	-0000-0		ENT DATE JNL DESC 12/13/2016 Chorus	REF2 REF3 ACCOUNT	-0000-0
	01/17/2017 11:10 diane-kelly	YEAR PER JOURNAL SRC EFF DATE 2017 06 24 BUA 12/02/2016	LN ORG OBJECT PROJ REF1	1 10013070 610 10-3210-610-000-30-820-121-000-00000- 2 10008520 324 10-2271-324-000-30-820-121-000-0000-		YEAR PER JOURNAL SRC EFF DATE 2017 06 25 BUA 12/02/2016	IN ORG OBJECT PROJ REF1	1 10013070 610 10-3210-610-000-30-820-121-000-0000 2 10008520 580 10-2271-580-000-30-820-121-000-0000		YEAR PER JOURNAL SRC EFF DATE 2017 06 27 BUA 12/02/2016	LN ORG OBJECT PROJ REF1	1 10013070 610 10-3210-610-000-30-820-121-000-0000- 2 10013070 810 10-3210-810-000-30-820-121-000-0000-

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AUTO-REV STATUS BUD YEAR JNL TYPE N Hist 2017

ENTITY 1

CLERK paul-bakner

ENT DATE JNL DESC 12/06/2016 newhorn

EFF DATE 12/05/2016

YEAR PER JOURNAL SRC 2017 06 29 BUA

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OBJECT PROJ REF1

LN ORG ACCOUNT

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01/17/2017 11:10 East Stroudsburg Adiane-kelly	Area SD, PA		P 3 glcjeing
YEAR PER JOURNAL SRC EFF DATE ENT DATE JNL DESC 2017 06 29 BUA 12/05/2016 12/06/2016 newhorn	CLERK ENTITY paul-bakner 1	AUTO-REV STATUS BUD YEAR JNL TYPE N	
LN ORG OBJECT PROJ REF1 REF2 REF3 ACCOUNT	LINE DESCRIPTION	DEBIT	CREDIT OB
1 10002740 751 horn newhorn 10-1110-751-000-20-518-125-000-0000- 2 10002740 610 horn newhorn 10-1110-610-000-20-518-125-000-0000-	To buy a new horn LISInstrMusicNewEq<\$2,500 To buy a new horn LISInstrMusicGen Sup	2,298.25	2,298.25
	** JOURNAL TOTAL	О.00	00.00
YEAR PER JOURNAL SRC EFF DATE ENT DATE JNL DESC 2017 06 30 BUA 12/05/2016 12/05/2016 TOSFH	CLERK elizabeth-kolcun 1	AUTO-REV STATUS BUD YEAR JNL TYPE N Hist 2017	
IN ORG OBJECT PROJ REF1 REF2 REF3 ACCOUNT ACCOUNT	LINE DESCRIPTION	DEBIT	CREDIT OB
1 10014290 610 LK TR/SCH 10-3250-610-000-30-820-550-000-5030- 2 10014310 610 LK TR/SCH 10-3250-610-000-30-820-550-000-5062-	COVER EXPENSE HSSCheerGen Sup COVER EXPENSE EHSFieldHockeyGen Sup	14.85	14.85
	** JOURNAL TOTAL	O.00	00.00
YEAR PER JOURNAL SRC EFF DATE ENT DATE JNL DESC 2017 06 31 BUA 12/05/2016 12/09/2016 datebooks	CLERK ENTITY lorena-rosado 1	AUTO-REV STATUS BUD YEAR JNL TYPE N Hist 2017	
LN ORG OBJECT PROJ REF1 REF2 REF3 ACCOUNT ACCOUNT	REF3 LINE DESCRIPTION ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
1 10009570 550 10-2380-550-000-20-517-000-000-0000- 2 10009570 330 10-2380-330-000-20-517-000-0000-	Student Agenda books JTLPrincipalPrint&Bind Student Agenda books JTLPrincipalOtherProfSvc	1,000.00	1,000.00
	** JOURNAL TOTAL	О.00	00.00
YEAR PER JOURNAL SRC EFF DATE ENT DATE JNL DESC 2017 06 32 BUA 12/05/2016 12/05/2016 TOSXC	CLERK elizabeth-kolcun l	AUTO-REV STATUS BUD YEAR JNL TYPE N Hist 2017	
LN ORG OBJECT PROJ REF1 REF2 REF3	LINE DESCRIPTION	DEBIT	CREDIT OB

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AUTO-REV STATUS BUD YEAR JNL TYPE N Hist 2017

ENTITY 1

ENT DATE JNL DESC CLERK 12/06/2016 FROMJBSOC elizabeth-kolcun

YEAR PER JOURNAL SRC EFF DATE 2017 06 36 BUA 12/05/2016 REF3 LINE DESCRIPTION ACCOUNT DESCRIPTION

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01/17/2017 11:10 diane-kelly	East Stroudsburg Area JOURNAL INQUIRY	a SD, PA		P glcjeing
YEAR PER JOURNAL SRC EFF DATE 2017 06 36 BUA 12/05/2016	ENT DATE JNL DESC 12/06/2016 FROMJESOC	CLERK elizabeth-kolcun 1	AUTO-REV STATUS BUD YEAR JNL TYPE N	
LN ORG OBJECT PROJ REF1 ACCOUNT	REF2 REF3 ACCOUNT	DESCRIPTION	DEBIT	CREDIT OB
1 10013270 610 LK TRSGLF 10-3250-610-000-20-517-550-000-5131. 2 10014330 610 LK TRSGLF 10-3250-610-000-30-820-550-000-5080	TRSGLF -000-5131- TRSGLF -000-5080-	TO COVER EXPENSE JTL B-Soccerden Sup TO COVER EXPENSE EHSGolfGen Sup	390.39	390.39
		** JOURNAL TO	TOTAL 0.00	0.00
YEAR PER JOURNAL SRC EFF DATE 2017 06 37 BUA 12/05/2016	ENT DATE JNL DESC 12/06/2016 FROMJBSOC	CLERK elizabeth-kolcun 1	AUTO-REV STATUS BUD YEAR JNL TYPE N	
LN ORG OBJECT PROJ REF1 ACCOUNT	REF2 REF3 ACCOUNT	REF3 LINE DESCRIPTION ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
1 10014400 610 10-3250-610-000-30-820-550-000-5172 2 10013270 610 10-3250-610-000-20-517-550-000-5131	TRSGTEN -000-5172- TRSGTEN -000-5131-	TO COVER EXPENSE EHS G TennisGen Sup TO COVER EXPENSE JTL B-SoccerGen Sup	189.82	189.82
		** JOURNAL TO	TOTAL 0.00	00.00
V YEAR PER JOURNAL SRC EFF DATE 2017 06 38 BUA 12/05/2016	ENT DATE JNL DESC 12/06/2016 FROMJBSOC	CLERK elizabeth-kolcun l	AUTO-REV STATUS BUD YEAR JNL TYPE N	
IN ORG OBJECT PROJ REF1 ACCOUNT	REF2 REF3 ACCOUNT	LINE DESCRIPTION	DEBIT	CREDIT OB
1 10014430 610 10-3250-610-000-30-820-550-000-5192 2 10013270 610 10-3250-610-000-20-517-550-000-5131	TRSVB 0-5192- TRSVB 0-5131-	TO COVER EXPENSE EHS G VolleyballGen Sup TO COVER EXPENSE JTL B-SoccerGen Sup	16.63	16.63
		** JOURNAL TO	TOTAL 0.00	00.00
YEAR PER JOURNAL SRC EFF DATE 2017 06 39 BUA 12/05/2016	ENT DATE JNL DESC 12/06/2016 FROMSBTR	CLERK elizabeth-kolcun 1	AUTO-REV STATUS BUD YEAR JNL TYPE N	
LN ORG OBJECT PROJ REF1 ACCOUNT	REF2 REF3 ACCOUNT	REF3 LINE DESCRIPTION ACCOUNT DESCRIPTION	DEBIT	CREDIT OB

			reconstruction a tyler erp solution
East Stroudsburg A. JOURNAL INQUIRY	Area SD, PA		P 6 glcjeing
YEAR PER JOURNAL SRC EFF DATE ENT DATE JNL DESC 2017 06 39 BUA 12/05/2016 12/06/2016 FROMSETR	CLERK ENIITY clizabeth-kolcun 1	AUTO-REV STATUS BUD YEAR JNL TYPE N Hist 2017	
OBJECT PROJ REF1 REF2 REF3 ACCOU	F3 LINE DESCRIPTION ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
10014300 610 LK TRSXC 10-3250-610-000-30-820-550-000-5050- 10014410 610 LK TRSXC 10-3250-610-000-30-820-550-000-5181-	TO COVER EXPENSE EHSCrossCountryGen Sup TO COVER EXPENSE EHS B TrackGen Sup	221.04	221.04
	** JOURNAL TOTAL	AL 0.00	0.00
PER JOURNAL SRC EFF DATE ENT DATE JNL DESC 06 40 BUA 12/05/2016 12/06/2016 FROMNFH	CLERK ENTITY elizabeth-kolcun 1	AUTO-REV STATUS BUD YEAR JNL TYPE N	
OBJECT PROJ REF1 REF2 REF3 ACCOU	LINE DESCRIPTION ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
10014020 610 LK TRNAT 10-3250-610-000-30-819-550-000-5210- 10013880 610 LK TRNAT 10-3250-610-000-30-819-550-000-5062-	TO COVER EXPENSE EHNAthleticTrainerGen Sup TO COVER EXPENSE EHNFieldHockeyGen Sup	24.13	24.13
	** JOURNAL TOTAL	AL 0.00	00.00
YEAR PER JOURNAL SRC EFF DATE ENT DATE JNL DESC 2017 06 41 BUA 12/05/2016 12/13/2016 FROMNFH	CLERK ENTITY elizabeth-kolcun 1	AUTO-REV STATUS BUD YEAR JNL TYPE N Hist 2017	

182.15	0.00		CREDIT OB
182.15	00.00	ENTITY AUTO-REV STATUS BUD YEAR JNL TYPE 1 N Hist 2017	DEBIT
TO COVER EXPENSE EHNBaseballGen Sup TO COVER EXPENSE EHNFieldHockeyGen Sup	** JOURNAL TOTAL	JNL DESC CLERK FROMNFH elizabeth-kolcun 1 N Hi	F3 ACCOUNT DESCRIPTION
1 10013850 610 I.K TRNBSB 10-3250-610-000-30-819-550-000-5021- 2 10013880 610 I.K TRNBSB 10-3250-610-000-30-819-550-000-5062-		YEAR PER JOURNAL SRC EFF DATE ENT DATE JNL DESC 2017 06 42 BUA 12/05/2016 12/13/2016 FROMNFH	LN ORG OBJECT PROJ REF1 REF2 REF3 ACCOUNT

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roud INQ	1/17/2017 11:10 East Stroudsburg Ariane-kelly JOURNAL INQUIRY	a Wer erp solution a Wer erp solution T P	ic CLERK ENTITY AUTO-REV STATUS BUD YEAR JNL TYPE I elizabeth-kolcun 1 N Hist 2017 LINE DESCRIPTION DESCRIPTION CREDIT OB CREDIT OB	TO COVER EXPENSE EHN G-Soccerden Sup TO COVER EXPENSE EHNFieldHockeyGen Sup	** JOURNAL TOTAL 0.00 0.00	CCLERK ENTITY AUTO-REV STATUS BUD YEAR JNL TYPE I elizabeth-kolcun 1 N Hist 2017	LINE DESCRIPTION DEBIT CREDIT OB INT DESCRIPTION	TO COVER EXPENSE EHNSwimmingGen Sup TO COVER EXPENSE EHNFieldHockeyGen Sup
	EFF DATE 12/05/2016 PROJ REF1 S0-819-550-000 LK S0-819-550-000 EFF DATE 12/05/2016 PROJ REF1 S0-819-550-000	East Stroudsburg Area SD, I JOURNAL INQUIRY	F			JNL DESC FROMNFH	REF3 ACCOUNT DESCRIPTION	

YEAR PER JOURNAL SRC 2017 06 42 BUA

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15,000.00	00.00	ENTITY AUTO-REV STATUS BUD YEAR JNL TYPE 1 N Hist 2017	DEBIT
TO CORRECT LINE ITEMS OperBldg VehicleSvc&MaintWater TO CORRECT LINE ITEMS OperBldg Electricity	** JOURNAL TOTAL		LINE DESCRIPTION ACCOUNT DESCRIPTION
-0000-		INT DATE JNL DESC 12/19/2016 CORRECT	REF2 REF3 ACCOUNT
1 10011050 432 KO 10-2620-432-000-30-820-008-000-0000- 2 10011050 431 KO 10-2620-431-000-30-820-008-000-0000-		FEAR PER JOURNAL SRC EFF DATE ENT DATE JNL DESC CLERK 2017 06 49 BUA 12/06/2016 12/19/2016 CORRECT kelli-oney	LN ORG OBJECT PROJ REF1 R ACCOUNT

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AUTO-REV STATUS BUD YEAR JNL TYPE N Hist 2017

ENTITY 1

ENT DATE JNL DESC CLERK 12/19/2016 CORRECT ACKelli-oney

EFF DATE 12/06/2016

YEAR PER JOURNAL SRC 2017 06 43 BUA

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01/17/2017 11:10 diane-kelly		East Stroudsburg	lsburg Area JUIRY	a SD, PA				P glcjeing
YEAR PER JOURNAL 2017 06 49	SRC EFF DATE BUA 12/06/2016	ENT DATE 12/19/2016	JNL DESC CORRECT	CLERK kelli-oney	ENTITY 1	AUTO-REV STATUS N	S BUD YEAR JNL TYPE 2017	
LN ORG OB.	OBJECT PROJ REF1	REF2	REF3 ACCOUNT	LINE	DESCRIPTION		DEBIT	CREDIT OB
1 10010700 610 10-2620-610-0 2 10010780 610 10-2620-610-0	10010700 610 10-2620-610-000-10-213-008-000-0000 10010780 610 10-2620-610-000-10-215-008-000-0000	-0000-00		ALARM SET UI OperBldg Gen Sup ALARM SET UI OperBldg InDistrictTrvl	HMD O	TRANE TRANE	4,000.00	4,000.00
				*	JOURNAL TOTAL	L	00.00	00.00
YEAR PER JOURNAL 2017 06 52	SRC EFF DATE BUA 12/07/2016	ENT DATE 12/13/2016	JNL DESC NSSCHOLAR	CLERK . elizabeth-kolcun	ENTITY 7	AUTO-REV STATUS N	S BUD YEAR JNL TYPE 2017	
LN ORG OB.	OBJECT PROJ REF1	REF2	REF3 ACCOUNT	DESCRIPTION	LINE DESCRIPTION		DEBIT	CREDIT OB
1 10014250 635 10-3250-635-0 2 10014250 580 10-3250-580-0	10014250 635 LK TRSOCBA 10-3250-635-000-30-820-550-000-5000- 10014250 580 LK TRSOCBA 10-3250-580-000-30-820-550-000-5000-	TRSOCBANO 00-5000- TRSOCBANO 00-5000-		COVER EXPENSE SCHOLAR EHSAthleticsMeals/Refreshment COVER EXPENSE SCHOLAR EHSAthleticsTravel/Conf	EXPENSE SCHOLAR/Refreshment EXPENSE SCHOLAR 1/Conf	ак атн ак атн	240.00	240.00
				*	JOURNAL TOTAL	Ţ	0.00	00.00
V YEAR PER JOURNAL STA	SRC EFF DATE BUA 12/07/2016	ENT DATE 12/13/2016	JNL DESC PERMITSHE	JNL DESC CLERK PERMITSHEDelizabeth-kolcun	ENTITY 7	AUTO-REV STATUS N	S BUD YEAR JNL TYPE 2017	
LN ORG OB.	OBJECT PROJ REF1	REF2	REF3 ACCOUNT	F3 ACCOUNT DESCRIPTION	DESCRIPTION		DEBIT	CREDIT OB
1 10014250 431 10-3250-431-C 2 10014250 610 10-3250-610-C	LK 100-30-820-550 100-30-820-550	TRPERMIT -000-5000- TRPERMIT -000-5000-		SHED PER EHS Gen. Athl.Rep&M SHED PER EHSAthleticsGen Sup	SHED PERMIT Athl.Rep&MaintBldgs SHED PERMIT icsGen Sup		35.00	35.00
				*	JOURNAL TOTAL	ı,	0.00	0.00
YEAR PER JOURNAL 2017 06 57	SRC EFF DATE BUA 12/08/2016	ENT DATE 12/19/2016	JNL DESC Trophies	CLERK lorena-rosado	ENTITY 2	AUTO-REV STATUS N	S BUD YEAR JNL TYPE 2017	
LN ORG OB.	OBJECT PROJ REF1	REF2	REF3 ACCOUNT	LINE	DESCRIPTION		DEBIT	CREDIT OB

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NAME PER COURNAL SEC DATE	01/17/2017 11:10 diane-kelly	East Stroudsburg Area JOURNAL INQUIRY	aa SD, PA		P 9 glcjeing
100.00 1	PER JOURNAL SRC 06 57 BUA	ENT DATE 12/19/2016	CLERK ENTITY AUTO-REV lorena-rosado 1 N	BUD 2017	
100.00 1	ORG OBJECT PROJ ACCOUNT	RE	LINE	DEBIT	CREDIT OB
PER JOURNAL SRC SEPE DATE SINC DATE		-0000-000	JTLStudentActivityGen Sup	100.00	C
PER JOURNAL SEC PEP DATE SEC PEP		-0000-000	${\tt JTLStudentActivityOtherProfSvc}$		000
PER JOHENNAL SRC SEPT DATE				00.00	00.00
CALCOUNT	PER JOURNAL SRC EFF DATE 06 71 BUA 12/09/201		CLERK ENTITY AUTO-REV elizabeth-kolcun 1 N	BUD YEAR JNL 2017	
10014250 10 1 1 1 1 1 1 1 1	ORG OBJECT PROJ ACCOUNT		CINE	DEBIT	CREDIT OB
PER JOURNAL SRC STATUS S		TRSRDUES)00-5000- TRSRDUES)00-5100-	N N	25.00	25.00
PER JOURNAL SRC STF DATE PACOUNT PER JOURNAL SRC PACOUNT PER JOURNAL SRC PACOUNT PER JOURNAL SRC PACOUNT PACOUNT PER JOURNAL SRC PACOUNT PAC				00.00	00.00
ORG OBJECT PROJ REF1 REF2 REF3 LINE DESCRIPTION DESCRIPTION DEBIT CREDIT 10013820 610 LK TRNRIFLE TRNRIFLE RIFLE DUE INCREASE 25.00 10013910 810 LK TRNRIFLE FHNRÍFLEDUESÉREES 25.00 10-3250-810-000-30-819-550-000-5100- FHNRÍFLEDUESÉREES ** JOURNAL TOTAL 0.00 DER JOURNAL SRC EFF DATE JUL DESC CLERK BUTTTY AUTO-REV STATUS BUD YEAR JNL TYPE 06 73 BUA 12/14/2016 DUES elizabeth-kolcun 1 N Hist 2017 ORG ORG SEFI REF3 ACCOUNT DESCRIPTION DEBIT CREDIT	PER JOURNAL SRC 06 72 BUA	ENT DATE 12/14/2016	CLERK ENTITY AUTO-REV	BUD YEAR JNL 2017	
10013920 610	ORG OBJECT PROJ ACCOUNT	RE	DESCRIPTION	DEBIT	CREDIT OB
PER JOURNAL SRC 73 BUA 12/10/2016 12/14/2016 DUES elizabeth-kolcun ORG NO REF1 REF2 REF3 REF3 ACCOUNT DESCRIPTION TINE DESCRIPTION OF CREDIT OF CR	1 10013820 610 10-3250-610-000-30-819-550-0 2 10013910 810 10-3250-810-000-30-819-550-0	TRNRIFLE 100-5000- TRNRIFLE 100-5100-		25.00	25.00
PER JOURNAL SRC EFF DATE ENT DATE JNL DESC CLERK 06 73 BUA 12/10/2016 12/14/2016 DUES elizabeth-kolcun 1 N Hist 2017 ORG OBJECT PROJ REF1 REF2 REF3 LINE DESCRIPTION CREDIT CREDIT			JOURNAL	00.0	00.00
ORG OBJECT PROJ REF1 REF2 REF3 LINE DESCRIPTION DESCRIPTION ACCOUNT	PER JOURNAL SRC 06 73 BUA	ENT DATE JNL 12/14/2016 DUES	ENTITY AUTO-REV 1 N	BUD YEAR JNL 2017	
	ORG OBJECT PROJ ACCOUNT		LINE DESCRIPTION DESCRIPTION	DEBIT	

East Stroudsburg Area SD, PA JOURNAL INQUIRY				
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ENT DATE JNL DESC CLERK 12/14/2016 DUES elizabe	CLERK elizabeth-kolcun 1	AUTO-REV STATUS BUD YEAH N Hist 2017	BUD YEAR JNL TYPE 2017	
REF2 REF3 DESCRIPTION	LINE DESCRIPTION	DEBIT	EJ.	CREDIT OB
TRSXC 000-5050- TRSXC 000-5050- JTLCros	FOR XC DUES/ENTRY EHSCrossCountryDues&Fees FOR XC DUES/ENTRY JTLCrossCountryGen Sup	80.00	00	80.00
	** JOURNAL TOTAL	0.00	00	00.0
ENT DATE JNL DESC CLERK 12/14/2016 DUES elizabe	CLERK elizabeth-kolcun 1	ENTITY AUTO-REV STATUS BUD YEAH 1 N Hist 2017	BUD YEAR JNL TYPE 2017	
REF2 REF3 DESCRIPTION	LINE DESCRIPTION	DEBIT	£	CREDIT OB
TRLXC 000-5050- TRLXC 000-5050- LISCros	LISCrossCountryDues&Fees LIS XC DUES/ENTRY LIS XC DUES/ENTRY LISCrossCountryGen Sup	FEES 15.00	00	15.00
	** JOURNAL TOTAL	0.00	00	00.00

1 10014300 810 LK TRSXC 10-3250-810-000-30-820-550-000-5050-2 10013240 610 LK TRSXC 10-3250-610-000-20-517-550-000-5050-

OBJECT PROJ REF1

ORG ACCOUNT

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YEAR PER JOURNAL SRC EFF DATE 2017 06 73 BUA 12/10/2016

01/17/2017 11:10 diane-kelly

	CREDIT OB	295.00	0.00		CREDIT OB
ENTITY AUTO-REV STATUS BUD YEAR JNL TYPE 1 N Hist 2017	DEBIT	295.00	00.0	ENTITY AUTO-REV STATUS BUD YEAR JNL TYPE 1 N Hist 2017	DEBIT
ENT DATE JNL DESC CLERK 12/19/2016 MEMBERSHIPlorena-rosado 1	REF3 ACCOUNT DESCRIPTION	MEMBERSHIP RENEWAL JTLPrincipalDues&Fees MEMBERSHIP RENEWAL JTLPrincipalOtherProfSvc	** JOURNAL TOTAL	ENT DATE JNL DESC CLERK 12/13/2016 cyber equimaria-heitz 1	REF3 ACCOUNT DESCRIPTION
YEAR PER JOURNAL SRC EFF DATE ENT DATE 2017 06 76 BUA 12/13/2016 12/19/2016	LN ORG OBJECT PROJ REF1 REF2 ACCOUNT	1 10009570 810 10-2380-810-000-20-517-000-000-0000- 2 10009570 330 10-2380-330-000-20-517-000-0000-		YEAR PER JOURNAL SRC EFF DATE ENT DATE 2017 06 77 BUA 12/13/2016 12/13/2016	LN ORG OBJECT PROJ REF1 REF2 ACCOUNT

OBJECT PROJ REF1

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YEAR PER JOURNAL SRC EFF DATE 2017 06 74 BUA 12/10/2016

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01/17/2017 11:10 diane-kelly	East Stroudsburg Area JOURNAL INQUIRY	sa SD, PA		P 12 glcjeing
YEAR PER JOURNAL SRC EFF DATE 2017 06 81 BUA 12/14/2016	ENT DATE JNL DESC 12/19/2016 Transfer	CLERK ENTITY debra-wisotsky 1	AUTO-REV STATUS BUD YEAR JNL TYPE N Hist 2017	
LN ORG OBJECT PROJ REF1	REF2 REF3 ACCOUNT	LINE DESCRIPTION DESCRIPTION	DEBIT	CREDIT OB
1 10011200 610 DW 10-2660-610-000-00-0091-000-0000 2 10011200 433 DW 10-2660-433-000-00-000-091-000-0000	-0000-00	Security Gen Sup Lettering for 2015 Security Rep&MaintVeh	Explore 585.00	585.00
		** JOURNAL TOTAL	0.00	00.0
YEAR PER JOURNAL SRC EFF DATE 2017 06 84 BUA 12/14/2016	ENT DATE JNL DESC 12/19/2016 transfer	CLERK jeanine-fuller 1	AUTO-REV STATUS BUD YEAR JNL TYPE N	
LN ORG OBJECT PROJ REF1	REF2 REF3 ACCOUNT	LINE DESCRIPTION DESCRIPTION	DEBIT	CREDIT OB
1 10005380 650 10-1241-650-000-20-000-310-000-0000 2 10004720 610 10-1211-610-000-20-000-310-000-0000	-0000-000	transfer 1241-1211 LearningSuppSupplies Tech transfer 1241-1211 LifeSkillGen Sup	800.00	800.00
		** JOURNAL TOTAL	0.00	00.00
YEAR PER JOURNAL SRC EFF DATE 90 BUA 12/15/2016	ENT DATE JNL DESC 12/21/2016 ISS	CLERK ENTITY annmarie-lafemina-ad 1	AUTO-REV STATUS BUD YEAR JNL TYPE N	
LN ORG OBJECT PROJ REF1	REF2 REF3 ACCOUNT	LINE DESCRIPTION	DEBIT	CREDIT OB
1 10003100 751 aadams 10-1110-751-000-30-819-110-000-0000 2 10003100 650 aadams 10-1110-650-000-30-819-110-000-0000	-0000-000 S -0000-000	ISS Live Media EHNRegularNewEq<\$2,500 ISS Live Media EHNRegularSupplies Tech	495.00	495.00
		** JOURNAL TOTAL	0.00	00.00
YEAR PER JOURNAL SRC EFF DATE 2017 06 96 BUA 12/15/2016	ENT DATE JNL DESC 12/19/2016 Lightspee	JNL DESC CLERK Lightspeedamy-snyder	AUTO-REV STATUS BUD YEAR JNL TYPE N	
IN ORG OBJECT PROJ REFI	REF2 REF3 ACCOUNT	F3 ACCOUNT DESCRIPTION	DEBIT	CREDIT OB

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01/17/2017 11:10 diane-kelly	East Stroudsburg Area JOURNAL INQUIRY	SD, PA		P 13 glcjeing
YEAR PER JOURNAL SRC EFF DATE 12017 06 96 BUA 12/15/2016	ENT DATE JNL DESC 12/19/2016 Lightspeed	JNL DESC CLERK Lightspeedamy-snyder 1 N	EV STATUS BUD YEAR JNL TYPE Hist 2017	
IN ORG OBJECT PROJ REF1 I	REF2 REF3 ACCOUNT	REF3 LINE DESCRIPTION ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
1 10210020 618 10-2111-618-000-10-000-009-000-0000- 2 10210020 610 10-2111-610-000-10-000-009-000-		ightspeed for re ightspeed for Sup	09	00.009
		** JOURNAL TOTAL	00.0	00.00
YEAR PER JOURNAL SRC EFF DATE 2017 06 97 BUA 12/15/2016	ENT DATE JNL DESC 12/19/2016 CINTAS	CLERK ENTITY AUTO-REV kristine-michaels 1 N	EV STATUS BUD YEAR JNL TYPE Hist 2017	
LN ORG OBJECT PROJ REF1 1	REF2 REF3 ACCOUNT	LINE DESCRIPTION DESCRIPTION	DEBIT	CREDIT OB
1 10011670 627 10-2720-627-000-00-000-007-000-0000 2 10011670 610 KM 10-2720-610-000-000-007-000-0000		CINTAS/MED CABINET SUPPLY Transportation North Diesel CINTAS/MED CABINET SUPPLY Transp,Gen, Sup	1,250.00	1,250.00
		** JOURNAL TOTAL	0.00	00.00
YEAR PER JOURNAL SRC EFF DATE 12017 06 103 BUA 12/16/2016	ENT DATE JNL DESC 12/19/2016 Unexped Ex	JNL DESC CLERK Unexped Exkelli-oney 1 N	EV STATUS BUD YEAR JNL TYPE Hist 2017	
LN ORG OBJECT PROJ REF1 1	REF2 REF3 ACCOUNT	DESCRIPTION	DEBIT	CREDIT OB
1 10012350 610 10-2844-610-000-00-000-006-0000 2 10012350 433 10-2844-433-000-000-006-000-0000		TIRES FOR VAN ITEC Gen Sup TIRES FOR VAN ITEC Rep&MaintVeh	336.16	336.16
		** JOURNAL TOTAL	00.00	00.00
YEAR PER JOURNAL SRC EFF DATE 2017 06 106 BUA 12/16/2016	ENT DATE JNL DESC 12/19/2016 DR.ED CAR	CLERK ENTITY AUTO-REV diane-kelly 1	EV STATUS BUD YEAR JNL TYPE Hist 2017	
IN ORG OBJECT PROJ REF1 I	REF2 REF3 ACCOUNT	REF3 ACCOUNT DESCRIPTION	DEBIT	CREDIT OB

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01/17/2017 11:10 diane-kelly	East Stroudsburg P	Area SD, PA		P 14 glcjeing
YEAR PER JOURNAL SRC EFF DATE 2017 06 106 BUA 12/16/2016	ENT DATE JNL DESC 12/19/2016 DR.ED CAR	C CLERK ENTITY AUTO-REV	EV STATUS BUD YEAR JNL TYPE Hist 2017	
IN ORG OBJECT PROJ REF1	REF2 REF3 ACCOUNT	LINE DESCRIPTION NT DESCRIPTION	DEBIT	CREDIT OB
1 10010430 761 dk 10-2515-761-000-00-000-005-000-0000- 2 10005780 762 dk 10-1410-762-000-30-820-410-000-0000-	-0000-000	DRIVER ED CAR-SOUTH BusinessOfficeRepEq<\$2,500 DRIVER ED CAR-SOUTH EHSDrivers'EdRepEq>\$2,500	18,700.00	18,700.00
		** JOURNAL TOTAL	00.00	00.00
YEAR PER JOURNAL SRC EFF DATE 2017 06 109 BUA 12/16/2016	ENT DATE JNL DESC 12/19/2016 Transfer	C CLERK ENTITY AUTO-REV	EV STATUS BUD YEAR JNL TYPE Hist 2017	
LN ORG OBJECT PROJ REF1 ACCOUNT	REF2 REF3 ACCOUNT	LINE DESCRIPTION NT DESCRIPTION	DEBIT	CREDIT OB
1 10009060 610 10-2360-610-000-00-0002-000-0000 2 10280110 324 10-2836-324-000-00-002-000-0000	-0000-000	To cover notary recertific Superintendent Gen Sup To cover notary recertific SuperintendentTrainRgst	434.00	434.00
		** JOURNAL TOTAL	0.00	00.00
YEAR PER JOURNAL SRC EFF DATE 2017 06 110 BUA 12/16/2016	ENT DATE JNL DESC 12/19/2016 CONFERENC	ט	EV STATUS BUD YEAR JNL TYPE Hist 2017	
LN ORG OBJECT PROJ REF1 ACCOUNT	REF2 REF3 ACCOUNT	LINE DESCRIPTION NT DESCRIPTION	DEBIT	CREDIT OB
1 10011850 324 KO 10-2834-324-000-00-006-000-0000 2 10012210 324 KO 10-2836-324-000-00-006-0000	-0000-000	CONFERENCE ITEC TrainRgst CONFERENCE ITEC TrainRost	350.00	350.00
3 10011850 324 KO 10-2834-324-000-00-000-006-000-0000-000-0000-0000	-0000-000	CONFERENCE ITEC TrainRgst CONFERENCE ITEC Travel/Conf	574.64	574.64
		** JOURNAL TOTAL	0.00	00.00

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01/17 diane	01/17/2017 1 diane-kelly	11:10			East Stroudsburg JOURNAL INQUIRY	lsburg Area JUIRY	a SD, PA				P 15 glcjeing
YEAR 2017	PER 06	JOURNAL SRC 111 BUA	EFF DATE 12/16/201	TE 2016	ENT DATE 12/19/2016	JNL DESC Transfer	CLERK patricia-rosado	ENTITY AU 1 N	AUTO-REV STATUS N	BUD YEAR JNL TYPE 2017	
LN	ORG	OBJECT	PROJ	REF1	REF2	REF3 ACCOUNT	REF3 ACCOUNT DESCRIPTION	DESCRIPTION		DEBIT	CREDIT OB
Ч 2		10009060 610 10-2360-610-000-00-000-002-000-0000- 10008960 810 PLR 10-2310-810-000-00-000-001-000-0000-	PI PI PI O-000-00-00-00-00-00-00-0	PLR -002-000 PLR -001-000	1 1		Board Dues Superintendent Gen Sup Board Dues School Board Dues&Fees	78 78 78 78 78 78 78 78 78 78 78 78 78 7		140.00	140.00
							100 **	JOURNAL TOTAL		0.00	0.00
YEAR 2017	PER 06	JOURNAL SRC 114 BUA	EFF DATE 12/16/201	TE 2016	ENT DATE 12/19/2016	JNL DESC Transfer	CLERK patricia-rosado	54	AUTO-REV STATUS N	BUD YEAR JNL TYPE 2017	
LN	ORG	OBJECT	PROJ	REF1	REF2	REF3 ACCOUNT	DESCRIPTION	IPTION		DEBIT	CREDIT OB
Н 0		10009060 610 10-2360-610-000-00-0002-000-0000 10012180 580 10-2836-580-000-00-001-000-0000	PI 19 10-000-00-00-00-00-00-00-00-00-00-00-00-	PLR -002-001 PLR -001-001	-0000-0		Board Travel Superintendent Gen Sup Board Travel School Board Travel/Conf	rel Expenses p rel Expenses onf		1,443.00	1,443.00
							100 **	JOURNAL TOTAL		0.00	00.00
YEAR 2017	PER 06	JOURNAL SRC 117 BUA	EFF DATE 12/16/201	TE 2016	ENT DATE 12/21/2016	JNL DESC CORRECT	CLERK kelli-oney	ENTITY AU	AUTO-REV STATUS N	BUD YEAR JNL TYPE 2017	
LN	ORG	OBJECT	PROJ	REF1	REF2	REF3 ACCOUNT	LINE	DESCRIPTION		DEBIT	CREDIT OB
Н 2		10010660 424 10-2620-424-000-10-212-008-000-0000 10010870 424 10-2620-424-000-20-517-008-000-0000	KO -10-212-0C KO -20-517-0C	00-800	KO 212-008-000-0000- KO 517-008-000-0000-		CORRECT WRONG ESEOperBldgwater/Sewage CORRECT WRONG JTLOperBldgwater/Sewage	ONG TRANSFER ge ONG TRANSFER ge	저 저	954.95	954.95
							** JOD	JOURNAL TOTAL		0.00	0.00
YEAR 2017	PER 06	JOURNAL SRC 130 BUA	EFF DATE 12/19/2016	TE 2016	ENT DATE 12/21/2016	JNL DESC Medieval	CLERK annmarie-lafemina-ad	ENTITY AU 1	AUTO-REV STATUS N	BUD YEAR JNL TYPE 2017	
LN	ORG	OBJECT	PROJ	REF1	REF2	REF3 ACCOUNT	FR3 ACCOUNT DESCRIPTION	IPTION		DEBIT	CREDIT OB

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	STATUS BUD YEAR JNL TYPE Hist 2017	DEBIT	1,400.00	0.00	STATUS BUD YEAR JNL TYPE Hist 2017	DEBIT	190.00	0.00	STATUS BUD YEAR JNL TYPE Hist 2017	DEBIT	220.00	0.00	STATUS BUD YEAR JNL TYPE Hist 2017	DEBIT
SD, PA	CLERK annmarie-lafemina-ad 1 N	LINE DESCRIPTION DESCRIPTION	EHNEngLangArtSupplies Tech EHNELADevCertTravel/Conf	** JOURNAL TOTAL	CLERK ENTITY AUTO-REV ST paul-bakner 1 N	LINE DESCRIPTION DESCRIPTION	Pay for registration fees EHSInstrMusicOtherProfSvc Pay for registration fees EHSInstrMusicDues&Fees	** JOURNAL TOTAL	CLERK elizabeth-kolcun 1 N Hi	LINE DESCRIPTION DESCRIPTION	EHNAthleticsGen Sup EHNSthleticsGen Sup ENTRY FEE FOR SOUTH SWIM EHNSwimmingDues&Fees	** JOURNAL TOTAL	ENTITY AUTO-REV 1 N	REF3 ACCOUNT DESCRIPTION
East Stroudsburg Area JOURNAL INQUIRY	ENT DATE JNL DESC 12/21/2016 Medieval	REF2 REF3 ACCOUNT	1 1		ENT DATE JNL DESC 01/03/2017 Fees	REF2 REF3 ACCOUNT			ENT DATE JNL DESC 12/21/2016 SOUTH SW	REF2 REF3 ACCOUNT	rry f rry f		ENT DATE JNL DESC CLERK 12/21/2016 CONFERENCEKelli-oney	REF2 REF3 ACCOUNT
11:10	JOURNAL SRC EFF DATE 130 BUA 12/19/2016	ORG OBJECT PROJ REF1 RE	10003220 650 10-1110-650-000-30-819-150-000-0000 10008450 580 10-2271-580-000-30-819-150-000-0000		PER JOURNAL SRC EFF DATE EN 06 135 BUA 12/19/2016 01	OBJECT PROJ REF1	10013090 330 Fees Fees Fees 10-3210-330-000-30-820-125-000-0000 10013090 810 Fees Fees 10-3210-810-000-30-820-125-000-0000		PER JOURNAL SRC EFF DATE EN 06 138 BUA 12/19/2016 12	OBJECT PROJ REF1	10013820 610 LK TRSWENT 10-3250-610-000-30-819-550-000-5000- 10013950 810 LK TRSWENT 10-3250-810-000-30-819-550-000-5160-		PER JOURNAL SRC EFF DATE EN 06 140 BUA 12/20/2016 12	OBJECT PROJ REF1
01/17/2017 diane-kelly	YEAR PER 2017 06	LN OR	1 10 10. 2 10 10.		YEAR PE 2017 0	LN ORG	1 10 10. 2 10		XEAR PE 2017 0	LIN ORG	1 10 10. 2 10		YEAR PE 2017 0	LN ORG

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P 17 glcjeing	JNL TYPE	r CREDIT OB	1,324.48	00.00	JNL TYPE	r CREDIT OB	8,000.00	00.00	JNL TYPE	r CREDIT OB	210.00	00.00	JNL TYPE	T CREDIT OB
	AUTO-REV STATUS BUD YEAR N	DEBIT	se se 1,324.48	0.00	AUTO-REV STATUS BUD YEAR N Hist 2017	DEBIT	00.000.8	00.00	AUTO-REV STATUS BUD YEAR N	DEBIT	210.00	0.00	AUTO-REV STATUS BUD YEAR N Hist 2017	THE
	ENTITY AUT	LINE DESCRIPTION	CoSN Conference Expense gst CoSN Conference Expense	** JOURNAL TOTAL	ENTITY 1	LINE DESCRIPTION	calculator purchase EHSMathematicsSupplies Tech calculator purchase EHSMathematicsGen Sup	** JOURNAL TOTAL	ENTITY 1	LINE DESCRIPTION	FB SCHOLAR ATH BANQ EHSAthleticsTravel/Conf FB SCHOLAR ATH BANQ EHSAthleticsMeals/Refreshment	** JOURNAL TOTAL	ENTITY 1	NOTTGIANT HAT.I
sburg Area SD, PA UIRY	JNL DESC CLERK CONFERENCEKelli-oney	REF3 ACCOUNT DESCRIPTION	COSN ITEC TrainRgst COSN ITEC Travel/Conf		JNL DESC CLERK calculatorwayne-carson	REF3 ACCOUNT DESCRIPTION	calculator EHSMathematicsSupplie calculator EHSMathematicsGen Sup		JNL DESC CLERK FBBANQ elizabeth-kolcun	REF3 ACCOUNT DESCRIPTION	EHSAthletic EHSAthletic		JNL DESC CLERK QSC K10 diane-kelly	D T T
East Stroudsburg	ENT DATE 12/21/6	71 REF2	-0000-000-9		ENT DATE 01/03/2017	71 REF2	-0000-000-0		ENT DATE	71 REF2	TRFBBANQ 0-000-5000- TRFBBANQ 0-000-5000-		ENT DATE	7 PR P P
01/17/2017 11:10 diane-kelly	R PER JOURNAL SRC BFF DATE 7 06 140 BUA 12/20/2016	ORG OBJECT PROJ REFI	1 10011850 324 ko 10-2834-324-000-00-006-006-0000 2 10011850 580 10-2834-580-000-00-000-006-000-0000		R PER JOURNAL SRC EFF DATE 7 06 142 BUA 12/20/201	ORG OBJECT PROJ REFI	1 10003610 650 10-1110-650-000-30-820-170-000-0000 2 10003610 610 10-1110-610-000-30-820-170-000-0000		R PER JOURNAL SRC EFF DATE 7 06 145 BUA 12/20/2016	ORG OBJECT PROJ REF1	1 10014250 580 LK TRFBBAN 10-3250-580-000-30-820-550-000-5000- 2 10014250 635 LK TRFBBAN 10-3250-635-000-30-820-550-000-5000-		R PER JOURNAL SRC EFF DATE 7 06 153 BUA 12/21/2016	TARA TORO TORITAR
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	STATUS BUD YEAR JNL TYPE Hist 2017	DEBIT	2,807.00	0.00	STATUS BUD YEAR JNL TYPE Hist 2017	DEBIT	200.00	0.00	STATUS BUD YEAR JNL TYPE Hist 2017	DEBIT	1,248.00	0.00	STATUS BUD YEAR JNL TYPE Hist 2017	DEBIT
	ENTITY AUTO-REV ST	DESCRIPTION	man Theater QCS K10 fo epEq<\$2,500 man Theater QCS K10 fr Eq>\$2,500	** JOURNAL TOTAL	ENTITY AUTO-REV ST 1	LINE DESCRIPTION	\$2,500 .p	** JOURNAL TOTAL	ENTITY AUTO-REV ST 1 N HI	3 DESCRIPTION	To pay registration fees EHSInstrMusicRep&MaintEq To pay registration fees EHSInstrMusicDues&Fees	** JOURNAL TOTAL	ENTITY AUTO-REV ST 1 N HI	NOTHER BRANCH
Area SD, PA	DESC CLERK	UNT DESCRIPTION	Sherman Theater BusinessOfficeRepEq<\$2,500 Sherman Theater JMHPrincipalRepEq>\$2,500		DESC CLERK Isfer debra-wisotsky	DESCRIPTION	Security NewEq>\$2,500 Security Gen Sup		SC CLERK paul-bakner	LINE UNT DESCRIPTION	To pay regi EHSInstrMusicRep&Maint To pay regi EHSInstrMusicDues&Fees		SC CLERK kelli-oney	HNTT
East Stroudsburg	JNI.	REF	-0000-00		ENT DATE JNL DESC 01/04/2017 Transfer	REF2 REF3 ACCOUNT	-0000-00		ENT DATE JNL DESC 01/03/2017 Fees	REF2 REF3 ACCOUNT	Fees 00-0000- Fees 00-0000-		ENT DATE JNL DESC 01/03/2017 ALARM	DFE2 DFE3
	SRC EFF DATE	JECT P	10010430 761 dk 10-2515-761-000-00-005-000-0000 10009330 762 dk 10-2380-762-000-10-213-000-0000		. SRC EFF DATE : BUA 12/21/2016	OBJECT PROJ REF1	10011200 752 10-2660-752-000-00-0091-000-0000 10011200 610 10-2660-610-000-00-000-091-000-0000		SRC EFF DATE : BUA 12/22/2016	OBJECT PROJ REF1	10013090 432 Fees Fees 10-3210-432-000-30-820-125-000-0000-10013090 810 Fees Fees 10-3210-810-000-30-820-125-000-00000-		SRC EFF DATE BUA 12/22/2016	רקקם ד. ספם הייסקד. פס
01/17/2017 11:10	YEAR PER JOURNAL	ORG	1 10010430 761 10-2515-761-0 2 10009330 762 10-2380-762-0		YEAR PER JOURNAL 2017 06 165	LN ORG OB ACCOUNT	1 10011200 752 10-2660-752-0 2 10011200 610 10-2660-610-0		YEAR PER JOURNAL 2017 06 172	LN ORG OB	1 10013090 432 10-3210-432-0 2 10013090 810 10-3210-810-0		YEAR PER JOURNAL 2017 06 173	700

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01/17/2017 11:10 diane-kelly	East Stroudsburg A JOURNAL INQUIRY	Area SD, PA		P 19 glcjeing
YEAR PER JOURNAL SRC EFF DATE 2017 06 173 BUA 12/22/2016	ENT DATE JNL DESC 01/03/2017 ALARM	CLERK ENTITY AUTO-REV kelli-oney 1 N	STATUS BUD YEAR JNL TYPE Hist 2017	
LN ORG OBJECT PROJ REF1 ACCOUNT	REF2 REF3 ACCOUNT	LINE DESCRIPTION NT DESCRIPTION	DEBIT	CREDIT OB
1 10010700 350 10-2620-350-000-10-213-008-000-0000- 2 10010700 610	KO 100-0000- KO	ALARM CORRECT ACCOUNT JMHOperBldgSecirotu/SafetServ. ATARM CORPECT ACCOUNT	331.00	331,00
	100-0000- KO 100-0000-	OperBldg Gen Sup ALARM CORRECT ACCOUNT ESEOperBldsSecurityr/SafeServ.	331.00	
4 10010660 431 10-2620-431-000-10-212-008-000-0000- 5 10010620 350 KO	KO 000-0000- KO	OperBldg Gasoline ALARM CORRECT ACCOUNT ALARM CORRECT ACCOUNT	331.00	331.00
10-Z8Z0-350-000-10-Z11-008-000-0000- 6 10010620 431 10-Z6Z0-431-000-10-Z11-008-000-0000- 7 10011000 250	KO KO CO	DESCRIPTION STATES OF THE ALARM CORRECT ACCOUNT OPERBIGG VEHICLESVOCKMAINTHEATI	CC	331.00
, , ,	000-0000- KO	EHNOperBldgSecukrity/SafeServ. ALARM CORRECT ACCOUNT	0000	662.00
10011050 350 10-2620-350-000-30-820-008-000-0000- 10 10011050 431	KO KO KO KO	EHSOPERBIGGSECURITY/SafetServ. ALARM CORRECT ACCOUNT ALARM CORRECT ACCOUNT	331.00	331.00
	000-0000- KO 000-0000-	OperBldg Electricity ALARM CORRECT ACCOUNT JTLOperBldgSecurity/SafeServ.	331.00	() ()
12 10010870 431 10-2620-431-000-20-517-008-000-0000- 7 13 10010820 350 KO	KU 100-0000- KO	OperBldg VehicleSvc&MaintWater Alarm CORRECT ACCOUNT	331.00	331.00
4	KO KO 000-0000-	SMEOPEIBIGGSECULILY/SALESELV. OPErBldg Gen Sup	;	331.00
15 10010780 350 10-2620-350-000-10-215-008-000-0000- 16 10010780 431 KO	KO 000-0000- KO	RESOperBldgsecurity/Safeserv. ALARM CORRECT ACCOUNT	331.00	331.00
17 10010740 350 10-2620-350-000-10-214-008-000-0000- 18 10010740 431 10-2620-431-000-10-214-008-000-0000-	KO 100-0000- KO KO	MSEOperBldgSecurity/SafeServ. ALARM CORRECT ACCOUNT ALARM CORRECT ACCOUNT OperBldg Admin Software	331.00	331.00
		** JOURNAL TOTAL	00.00	00.00

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JOURNAL SRC EFF DATE ENT DATE JNL DESC 176 BUA 12/22/2016 01/03/2017 NEW ACCT	SC CLERK CT kelli-oney 1	AUTO-REV STATUS BUD YEAR JNL TYPE N Hist 2017	
ORG OBJECT PROJ REF1 REF2 REF3 ACCOUNT ACCOUNT	UNT DESCRIPTION	DEBIT	CREDIT OB
000-800-000-00-000	CORRECT ACCOUNTS OperBldg RepamaintEg	6 6 6 7	10,000.00
10012510 610 10-2620-610-000-000-0008-000-0000- 10010620 431		00.000	9,000.00
10-2620-431-000-10-211-008-000-0000- 10010620 432 KO		0,000.00 t;	
10-2620-432-000-10-211-008-000-0000-	Operbing Gasoline Ocrect ACCOUNTS		00.000,9
10-10660 432 KO		00.000.00	
10-2620-432-000-10-212-008-000-0000- 10010740 431 KO			00.000,6
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10-2620-432-000-10-214-008-000-0000- 10010780 431 KO		ri.	5,000.00
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10-2620-432-000-10-215-008-000-0000- 10011000 431 KO			5,000.00
10-2620-431-000-30-819-008-000-0000- 10011000 432	OperBldg Rep&MaintBldgs CORRECT ACCOUNTS	5,000.00	
10-2620-432-000-30-819-008-000-0000- 10010660 431		ES	5,000.00
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250 003065 STEPHEN IASTRA
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250 003807 SUSAN W EDEN
250 003480 THONAS J. MCINITYRE III
250 003480 WILLIAM F PETTERSON
250 003224 VERIZON WIRELESS
250 0033615 WILLIAM F PETTERSON
250 003224 VERIZON WIRELESS
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ED 00209 JACKSON WILDS
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ED 00346 HISPANIC FLAMENCO BALLET
ED 00346 HISPANIC FLAMENCO INC.
ED 003550 JACKSON WILDS
ED 00346 KEYCO DISTRIBUTORS INC.
ED 003551 MANUEL PAGE
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ED 003551 POCONO MOUNTAIN DAIRIES
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10.03925 SHAWN A WESCOTT
10.03926 SIGNAL SERVICE, INC
10.02985 ST. LUKES FAMILY PRACTICE
10.03038 SUPER TEACHER WORKSHEETS
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10.03046 SUSQ-CYBER CHARTER SCHOOL
10.03092 THE AMERICAN BOTTLING CO
10.03103 THERESA DEHART
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10.03117 TRANE U.S. INC
10.0312 TRANE U.S. INC
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10.0322 WALMART COMMUNITY/GEMB
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10.0322 WILLIAM RIKER
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10.0325 BUS PARTS WAREHOUSE
10.0343 WILLIAM RIKER
10.0324 COLT PLUMBING SPECIALTIES
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D01101 ANN L. DAVIES
D013871 ANNE MCHALE-POWER
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D013876 BIG A GRILLEHOUSE
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D01873 INTEGRITEC, INC.
D01892 J.W.PEPPER & SONS-ACCT.#3
D03850 JACK & HANNAH SHEVRIN
D03866 JITTIKOM & REBECCA JANTAR
D03866 JUSTICOMINITY, INC.
D03869 KALLIL ENTERPRISES, INC
D03869 KEVIN CLEMENT
D02063 L.V.S.S.A.F.
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D02064 LEHIGH LEARNING ACADEMY
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D02064 LEHIGH VALLEY IRONPIGS
D02108 LEHIGH LEARNING ACADEMY
D02064 LEHIGH VALLEY INC.
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12D 003249 WL MALVAGNO
12D 003329 VOUTH ADVOCATE PROGRAMS,
12D 003329 WLENART COMMUNITY/GEMB
12D 003329 WLENART COMMUNITY/GEMB
12D 003214 WEX BANK
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12D 003214 WEX BANK
12D 003214 WEX BANK
12D 003214 WEIS MARKET, INC.
12D 003214 WOLFINGTON BODY COMPANY,
12D 003214 WOLFINGTON BODY COMPANY,
12D 003214 WOLFINGTON BANK/AMAZON
12D 003214 WILLEHERM CATHOLIC HIGH S
12D 001179 BARBARA PREVOST
12D 001179 BARBARA PREVOST
12D 001179 BATHLEHEM CATHOLIC HIGH S
12D 001224 BSN SPORTS/ US GAMES #307
12D 001300 CHAPMAN REFRIGERATION LLC
12D 003490 CHAPRAN REFRIGERATION
12D 001324 CHRISTINE DAVIS
12D 003440 CHARNICE & MARCHA CLARRICE
12D 003440 COLONIAL INTERRMEDIATIES
12D 001344 COLL PLUMBING SPECIALITIES
12D 001355 COMMUNITY MEMBER SERVICES
12D 001356 DAVID E MAJESKI 224777 12/16/2016 PRINTED 00 224778 12/16/2016 PRINTED 00 224778 12/16/2016 PRINTED 00 224780 12/16/2016 PRINTED 00 224781 12/16/2016 PRINTED 00 224784 12/16/2016 PRINTED 00 224784 12/16/2016 PRINTED 00 224784 12/16/2016 PRINTED 00 224788 12/16/2016 PRINTED 00 224788 12/16/2016 PRINTED 00 224788 12/16/2016 PRINTED 00 224789 12/16/2016 PRINTED 00 224799 12/16/2016 PRINTED 00 224794 12/16/2016 PRINTED 00 224794 12/16/2016 PRINTED 00 224794 12/16/2016 PRINTED 00 224794 12/16/2016 PRINTED 00 224799 12/16/2016 PRINTED 00 224799 12/16/2016 PRINTED 00 224799 12/16/2016 PRINTED 00 224800 12/22/2016 PRINTED 00 224800 12/22/2016 PRINTED 00 224811 12/22/2016 PRINTED 00 224812 12/22/2016 PRINTED 00 224813 12/22/2016 PRINTED 00 224814 12/22/2016 PRINTED 00 224818 12/22/2016 PRINTED 00 224818 12/22/2016 PRINTED 00 224818 12/22/2016 PRINTED 00 224818 12/22/2016 PRINTED 00 224822 12/22/201

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East Stroudsburg Area SD, PA AP CHECK RECONCILIATION REGISTER

FOR CASH ACCOUNT: 00-0000-010-000-00-000-000-000-000

VENDOR NAME

CHECK DATE TYPE

CHECK #

01/13/2017 14:08 sonya-burch

1,750.00 118,000.00 1,164.00 2,117.93 11.88 25.00 14,795.06 4,795.96 4,795.96 980.00 4,328.88 4,328.88 4,328.88 1,365.03 1,655.03 DO 003591 DAVONNE QUIANES
D 003545 DAWN DZEDOVICH
D 003642 DEBORAH HOLDER
D 003663 DEBRAA HOLDER
D 003663 DEBRAA HOLDES
D 003663 DEBRAA PADAVANO
D 001442 DEBORAH KULJCK
D 001442 DEBORAH KULJCK
D 001442 DEBORAH KULJCK
D 001442 DEBORAH KULJCK
D 001508 DUSTIN SISKA
D 001508 DUSTIN SISKA
D 003595 EDGAR GIL
D 003693 ELIZABETH STEWART
D 003924 FRED RIDNER JR
D 003924 FRED RIDNER JR
D 003693 FRED RIDNER JR
D 003605 HARRIET HEATH
D 001749 GINA D. LABADIE
D 003605 HARRIET HEATH
D 001801 HANSON AGGREGATES INC
D 003605 HARRIET HEATH
D 003605 HARRIET J A GCHINO
D 003809 JAMES A KELLY
D 003809 JAMES A KELLY
D 003809 JANNY GALUNIC
D 003809 JANNY GALUNIC
D 003809 JONIN DRUGERIS
D 003809 JONIN DRUGERIS
D 003809 JULIA A TISCHLER
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D 003909 KATHY-ANN FRANCIS
D 003509 KELLE L FUEHRER
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P 11 apchkrcn All Except Stale CLEAR DATE BATCH FOR: CLEARED 900.000 4 900.000 6 000.000 215.49 215.49 215.49 215.49 250.90 1116.20 27.80 264.84 2,341.43 90.00 2,635.88 1,449.00 90.00 330.00 2,248.54 1,824.00 666.25 2,593.10 2,665.38 2,381.21 3,381.21 300.052 21.22 147,773.00 1,500.00 2,907.84 UNCLEARED East Stroudsburg Area SD, PA AP CHECK RECONCILIATION REGISTER ED 002167 MAIN STREET PRINTING & CO
ED 003540 MANDY KENSCHAFT
ED 002540 MANDY KENSCHAFT
ED 003692 MARYLOUISE M NEYHART
ED 003692 MARYLOUISE M NEYHART
ED 003692 MICHELLE SEKAZ
ED 003542 MICHELLE SEKAZ
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ED 003530 MICHELLE SEKAZ
ED 003543 MONTOR CAREER AND TECHNIC
ED 0035543 NADINE C. BROWN
ED 0035544 NADINE C. BROWN
ED 0035555 PATTON/PATTERSON LIC
ED 002557 PEPSI-COLA
ED 002577 PEPSI-COLA
ED 002577 PEPSI-COLA
ED 003534 RACHEL ACEVEDO-LOPEZ
ED 003534 RACHEL ACEVEDO-LOPEZ
ED 003534 RACHEL MENDANDEZ
ED 003533 RENEE BOOKHART-THOWAS
ED 0035458 SAVIETTA SHARMA
ED 003468 SAVIETTA MILLIAMS
ED 003515 SHANNEE MOUNTAIN SKI AREA
ED 003915 SHANNEE MOUNTAIN SKI AREA
ED 003915 STEPHEN E SHERRI LYON
ED 003915 STEPHEN E SHERRI LYON
ED 003915 STEPHEN LASTRA
ED 003915 STEPHEN ZALL
ED 003911 STEVEN JABBER
ED 003911 STEVEN JABBER FOR CASH ACCOUNT: 00-0000-010-000-00-000-000-000-VENDOR NAME 224881 12/22/2016 PRINTED 0224882 12/22/2016 PRINTED 0224884 12/22/2016 PRINTED 0224884 12/22/2016 PRINTED 0224886 12/22/2016 PRINTED 0224886 12/22/2016 PRINTED 0224886 12/22/2016 PRINTED 0224889 12/22/2016 PRINTED 0224899 12/22/2016 PRINTED 0224990 12/22/2016 PRINTED 0224900 12/22/2016 PRINTED 0224900 12/22/2016 PRINTED 0224900 12/22/2016 PRINTED 0224900 12/22/2016 PRINTED 0224901 12/22/2016 PRINTED 0224911 12/22/2016 PRINTED 0224912 12/22/2016 PRINTED 0224921 12/22/2016 PRINTED 0224921 12/22/2016 PRINTED 0224921 12/22/2016 PRINTED 0224922 12/22/2016 PRINTED 00224922 12 CHECK DATE TYPE 01/13/2017 14:08 sonya-burch CHECK #



P 12 apchkrcn All Except Stale CLEAR DATE BATCH FOR: 00. CLEARED 210.00 225.00 24,284 24,247.41 178.31 585.00 69112 1,050 1,050 1,050 1,050 2,24 2,482.50 1,050 1,050 3,695.00 3,695.00 3,695.00 8,390 8,390 8,390 8,390 8,300 8,000 8,000 8,000 8,000 8,000 8,0 2,724,717.25 UNCLEARED East Stroudsburg Area SD, PA AP CHECK RECONCILIATION REGISTER CASH ACCOUNT TOTAL 224933 12/22/2016 PRINTED 003904 SUSAN M STEAKIN 224934 12/22/2016 PRINTED 003897 SUSAN M VITULLI 224934 12/22/2016 PRINTED 003047 SUSAN M VITULLI 224935 12/22/2016 PRINTED 003040 TALLEY PETROLEUM 224938 12/22/2016 PRINTED 003060 TALLEY PETROLEUM 224939 12/22/2016 PRINTED 003060 TALLEY PETROLEUM 224940 12/22/2016 PRINTED 003077 TECHNOLOGY STUDENT ASSOCI 224941 12/22/2016 PRINTED 003180 TRANE OF NORTHEASTERN PEN 224941 12/22/2016 PRINTED 003180 TRANE OF NORTHEASTERN PEN 224943 12/22/2016 PRINTED 003180 TRANE OF NORTHEASTERN PEN 224944 12/22/2016 PRINTED 003897 TYLER W DOLDH 224945 12/22/2016 PRINTED 003894 VICKI J HEITCZMAN 224946 12/22/2016 PRINTED 003898 VICKI J HEITCZMAN 224946 12/22/2016 PRINTED 003929 WILKES BARRE/SCRANTON PEN 224950 12/22/2016 PRINTED 003289 WILKES BARRE/SCRANTON PEN 224950 12/22/2016 PRINTED 003389 WILKES BARRE/SCRANTON PEN 224951 12/22/2016 PRINTED 003389 WILLIAM KNECHT JR 224951 12/22/2016 PRINTED 003389 WILLIAM KNECHT JR 224952 12/22/2016 PRINTED 003389 WILLIAM V. MACGILL & CO. 224953 12/22/2016 PRINTED 003389 WILLIAM V. MACGILL & CO. 224953 12/22/2016 PRINTED 003389 WILLIAM V. MACGILL & CO. FOR CASH ACCOUNT: 00-0000-010-000-00-000-000-000-000 VENDOR NAME 593 CHECKS CHECK DATE TYPE 01/13/2017 14:08 sonya-burch CHECK #



CLEARED UNCLEARED East Stroudsburg Area SD, PA AP CHECK RECONCILIATION REGISTER 01/13/2017 14:08 sonya-burch

** END OF REPORT - Generated by Sonya Burch **

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2,724,717.25

FINAL TOTAL

593 CHECKS

East Stroudsburg Area School District

Enrollment Count Matrix

Count of all actively enrolled students for the current school year. Note: students with multiple building enrollments (ME) will be counted once. See details for building choice.

	GRADE	KF	01	02	03	04	05	06	07	08	09	10	11	12	HmRm
BLDG	HMRM														Total
BES	All	58	57	80	72	72	83	0	0	0	0	0	0	0	422
	BES Total	58	57	80	72	72	83	0	0	0	0	0	0	0	422
EHN	All	0	0	0	0	0	0	0	0	0	257	255	271	241	1024
	EHN Total	0	0	0	0	0	0	0	0	0	257	255	271	241	1024
EHS	All	0	0	0	0	0	0	0	0	0	311	344	364	345	1364
	EHS Total	0	0	0	0	0	0	0	0	0	311	344	364	345	1364
ESE	All	114	90	112	112	129	103	0	0	0	0	0	0	0	660
	ESE Total	114	90	112	112	129	103	0	0	0	0	0	0	0	660
JMH	All	72	78	75	82	78	72	0	0	0	0	0	0	0	457
	JMH Total	72	78	75	82	78	72	0	0	0	0	0	0	0	457
JTL	All	0	0	0	0	0	0	314	303	319	0	0	0	0	936
	JTL Total	0	0	0	0	0	0	314	303	319	0	0	0	0	936
LIS	All	0	0	0	0	0	0	227	233	238	0	0	0	0	698
	LIS Total	0	0	0	0	0	0	227	233	238	0	0	0	0	698
MSE	All	77	85	96	109	99	91	0	0	0	0	0	0	0	557
	MSE Total	77	85	96	109	99	91	0	0	0	0	0	0	0	557
RES	All	68	98	83	87	100	90	0	0	0	0	0	0	0	526
	RES Total	68	98	83	87	100	90	0	0	0	0	0	0	0	526
SMI	All	47	53	64	49	47	64	0	0	0	0	0	0	0	324
	SMI Total	47	53	64	49	47	64	0	0	0	0	0	0	0	324
Total A	All Buildings	436	461	510	511	525	503	541	536	557	568	599	635	586	6968

NOTES:

1. (NA) indicates students not assigned to any homeroom.
2. Student homeroom assignments are based on current enrollment.