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Derry Township School District
Board of Directors Meeting
June 23, 2025
Board of Directors Room 7:00 p.m.
Summary Minutes - XXIV

1. OPENING ITEMS

1.a. Call to Order

Minutes

The meeting was called to order by Ms. Drew at 7:05 p.m. The meeting was conducted both in-person and virtually.

1.b. Roll Call

Minutes

Members in Attendance: Joshua Cysyk, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, and Ericka Schmidt

Members in Attendance Virtually: Tracey Royo

Members Absent: None

Non-Voting members in Attendance: Michele Agee and Stacy Winslow

Solicitor: David Walker

Staff/Public in Attendance In-Person: Phil Ayala, Carol Pitts, Jason Reifsnyder, and Aaron Shuman

Staff/Public in Attendance Virtually: Lisa Balanda, Mark Balanda, Lisa Dalto, Paige Dalto, Scott Harman, and Doug Knepp

1.c. Flag Salute

1.d. Approval of Board of Directors Agenda
Approval of the Derry Township School District Board of Directors Agenda.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the board agenda for this evening's meeting was approved.

Vote Results

Yea:	8	Joshua Cysyk, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	1	Tracey E. Royo

2. INFORMATIONAL AND PROPOSALS

2.a. President Communications

Minutes

Ms. Drew announced the Board met in Executive Session prior to tonight's meeting to discuss the following:

- School Safety update as required annually by School Code

2.b. Recognition of Citizens (Agenda Items)

This is an opportunity for residents and taxpayers, attending either in person or virtually, to address the Board on matters related to the agenda. Those wishing to speak on matters not related to the agenda, an additional public comment period will be provided later in the meeting.

Each speaker is permitted up to 5-minutes of speaking time during each one of the public comment periods in order to provide other residents with an opportunity to speak. When necessary, the Board may set a maximum time for public comment. As a reminder, all public comments are part of the meeting's public record and minutes.

If attending in person, complete and turn in to Board Secretary, Mrs. Agee, a registration form located on the sign-in table. When your name is announced, come to the microphone. If attending online, you must have registered individually with your full name and address. To be recognized, raise your virtual hand. For all speakers, once you are recognized, it is only necessary that you identify yourself by providing your full name.

Minutes

There were no citizens requesting recognition by the board.

2.c. Standing Committee Meeting Report

Minutes

There were no standing committee meetings today.

2.d. Anticipated Agenda Items for the Next Board of Directors Meeting
The following items will be on the Agenda for the next Public Board of Directors Meeting:

- Approval of June 23, 2025, Board of Directors Summary Minutes
- Hershey Babysitters Club
- Operation Smile Club
- 3PLTD
- Edupoint - Synergy
- Edmentum
- Doceo
- PowerSchool
- New Story
- Vista

3. UNFINISHED BUSINESS

4. CONSENT AGENDA ITEMS

The consent agenda contains routinely adopted items and items that normally do not require public deliberations on the part of the Board. A Board Member may pull items which will then be discussed and voted on separately.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the Consent Agenda items were approved.

Vote Results

Yea:	8	Joshua Cysyk, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	1	Tracey E. Royo

4.a. Approval of Summary Board of Directors Meeting Minutes

4.b. Approval of Finance Report

1. The Administration recommends the approval of the Treasurer's Report for the period of May 2025, and is summarized as follows:

General Fund Revenue	$4,088,240
General Fund Expenditures	8,376,988

2. The Administration recommends the approval of the May 2025 expenditures for the paid bills for all funds in the total amount of $5,216,382 excluding net payroll.

4.c. Approval of Budget Transfers
Section 687 (d) of the Public School Code provides: The Board of School Directors shall have the power to authorize the transfer of any unencumbered balance, or any portion thereof, from one class of expenditures or item, to another, but such action shall be taken only during the last nine (9) months of the Fiscal Year.

The Administration recommends the Board authorize the May 2025 budget transfers.

4.d. Request for the Use of School Facilities
The Administration recommends the approval of the following Requests for the Use of School Facilities:

Group:	**Hershey High School Girls Lacrosse Booster Club**
Date/Time:	August 4-7, 2025, 3:30 PM - 5:45 PM
Requested Facility:	322 Turf Field
Event:	HHS Girls Lacrosse Youth Camp
Fee:	None

Group:	**Hershey Youth Football Association Football & Cheer**
Date/Time:	Saturday, September 20, 2025, 7:30 AM - 12:30 PM
Requested Facility:	Memorial FB Field/Cinder Track
Event:	Picture Day for HYFA Football & Cheer
Fee:	None

4.e. Approval of Field Trip/Excursion - Marching Band Drum Majors and Captains
The Administration recommends the approval of the proposed overnight field trip/excursion as listed:

Group:	**Marching Band Drum Majors and Captains**
Number of Participating Students:	10
Grade Level:	9-12
Destination:	West Chester University
Purpose:	Vivace Leadership Camp
Departure:	7/19/25
Return:	7/20/25

Trip Leader:	Brandon Buterbaugh

The District reserves the right to cancel the excursion based on events that could pose a heightened safety or security risk.

4.f. Announcement of Staff Development Conferences

Staff Member:	**Victoria Smith**
Conference:	2025 PCEA Cooperative Education Conference
Location:	State College, PA
Dates:	October 16-17, 2025

4.g. Clinical Agreement – Misericordia University
The Administration recommends the Board approve the Clinical Education Experience Agreement with Derry Township School District and the Misericordia University effective June 23, 2025.

4.h. Follett Software
The Administration recommends the approval of the Follett Software renewal quotes for the elementary, middle, and high schools. The quotes are for Destiny, the district's library management system.

4.i. Frontline Education
The Administration recommends the approval of the Frontline Education Agreement for database software of accounting information utilized by the Business Office for financial planning and budget management analytics.

4.j. Instructure Subscription
The Administration recommends the approval of the Instructure Subscription for Canvas LMS, which is a cloud subscription and is the learning management platform used by all teachers and students in grades six through twelve.

4.k. Presenter - Bucks County IU22 Agreement
The Administration recommends the approval of the Presenter Agreement with Bucks County IU22.

4.l. Presenter - Hollins-Sims Consultation Agreement
The Administration recommends the approval of the Presenter Agreement with Hollins-Sims Consultation.

4.m. Presenter - LLIU13 Agreement

The Administration recommends the approval of the Presenter Agreement with Lancaster Lebanon Intermediate Unit 13.

4.n. Sports Underwriters Inc.

The Administration recommends the approval of the Sports Underwriters Renewal. This agreement is for the blanket accident insurance provided to families to purchase voluntary student accident coverage.

4.o. TMX Compliance

The Administration recommends the Board approve the contract with TMX Compliance to document and track licenses, certifications, and electronic sign-offs. The contract cost is $5,200.00 for the term July 1, 2025 - June 30, 2026.

5. NEW BUSINESS

5.a. CAIU School-Age Education Services Renewal

The Administration recommends the approval of the CAIU School-Age Education Services Renewal Agreement to secure special education services with the IU for the 2025-26 school year.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the CAIU School-Age Education Services Renewal was approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.b. Assessment Appeal – Proposed Stipulation Agreement

The administration recommends the Board approve the attached stipulation agreement as it relates to the assessed value for property parcel number 24-008-034.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the Assessment Appeal - Stipulation Agreement for property parcel number 24-008-034 was approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt

Nay: 0
Abstain: 0
Not Cast: 0

5.c. Club - Science National Honor Society

The Administration recommends the addition of the Science National Honor Society club. No Limited Service Contract is associated with this club. The club is requesting a Student Activity Account.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the Science National Honor Society club was approved.

Vote Results

Yea: 9 Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay: 0
Abstain: 0
Not Cast: 0

5.d. CM Regent Solutions Renewal

The Administration recommends the approval of the CM Regent renewal agreement for group life, accidental death/dismemberment and long-term disability insurance policies for coverage provided by the district.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the CM Regent Solutions renewal was approved.

Vote Results

Yea: 9 Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay: 0
Abstain: 0
Not Cast: 0

5.e. Depositories for 2025-2026

The Administration recommends the Board approve the following depositories for the 2025-2026 school year:

First National Bank
Wilmington Trust
WSFS
Fulton Financial
PSDLAF

PLGIT
Burke & Herbert

Minutes

Following a motion by Mrs. Renz and a second by Dr. Cysyk the depositories for 2025-2026 school year were approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.f. Highmark Renewal

The Administration recommends the approval of the Highmark Renewal agreement to continue providing medical benefits to district employees participating in the plan.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the renewals for Highmark were approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.g. OES Inc. - Scoreboards

The Administration recommends the approval of the OES quote to replace the baseball and softball scoreboards.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the OES Incorporated quote for two scoreboards was approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.h. Pareto Captive Services Renewal

The Administration recommends the approval of the Pareto Captive Services renewal to provide Stop Loss Coverage at an annual specific deductible per individual.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the Pareto Captive Services renewal was approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.i. Penn State Health Athletic Trainer Agreement

The Administration recommends the approval of the Athletic Trainer Agreement Penn State Health for two years beginning July 1, 2025 - June 30, 2027.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the Penn State Health Athletic Trainer Agreement was approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.j. PowerSchool - eFinance

The Administration recommends the approval of the PowerSchool - eFinance renewal for software used by the business and human resource offices for functions that include accounting, purchasing, payables, payroll, benefits, and financial reporting.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the PowerSchool renewal for eFinance software was approve.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.k. Purchasing Consortiums for the 2025-26 School Year

The Administration recommends the approval of the attached purchasing consortiums for the 2025-26 school year.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the purchasing consortiums for the 2025-26 school year were approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.l. Resolution to Close Granada Property Fund (Fund 58)

The Administration recommends the Board approve the Resolution to close the Granada Property Fund and transfer all remaining funds contained therein to the District's General Fund. Without further leasing of the Granada property, there is no longer any reason to maintain the Granada Property Proprietary Fund.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the Resolution to close the Granada Property Proprietary Fund was approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.m. True Rx

The Administration recommends the approval of the True Rx Pharmacy Benefit Plan Design to provide a cost savings to members and the district.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the True Rx Pharmacy Benefit Plan Design was approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.n. United Concordia Renewal

The Administration recommends the approval of the United Concordia Renewal to continue providing dental benefits to district employees participating in the plan.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the United Concordia renewal was approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.o. Year-end Transfers and Commitments of Fund Balance

The Administration recommends the approval of the June 30, 2025, year-end transfers and commitments of the fund balance.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the year-end transfers and commitments of the fund balance were approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.p. Personnel - Resignations

The Administration recommends the approval of the following resignations:

Act 93:

Reifsnyder, Jason
Assistant to the Superintendent for Personnel and Student Services
District Office
Reason: Personal
REVISED Effective: August 4, 2025

Classified Staff:

Catina, Bianca
Paraprofessional (Self-Contained Classroom)
Early Childhood Center

Reason: Personal
Effective: 06/19/2025

Carlson, Scott
Groundskeeper
Buildings and Grounds
Reason: Personal
Effective: 06/26/2025

Martin, Joseph
Administrative Assistant
Transportation
Reason: Personal
Effective: 06/20/2025 (retroactive)

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the Personnel Resignations were approved.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

5.q. Personnel - General
1. The Administration recommends the approval of the following appointments and recognition of the following transfers:

Classified Staff:

Massage, Taylor
Substitute Nurse's Assistant/RN
District-wide
Hours as needed
Salary: $31.14 per hour
Effective: 07/01/2025

Transfer of Classified Staff:

Caceres, Antonio* (replacing Ken Cray)
From: Custodian (2nd shift)
High School
Full-time, 8.0 hours per day
Salary: $20.35 per hour
To: Supervisor for Custodial Staff

Buildings and Grounds
Act 93, Group 2
Salary: $50,000 (pro-rated)
Effective: 07/14/2025

2. The Administration recommends the approval of the Limited-Service Contract List for the 2025-2026 school year as attached.

3. The Administration recommends the approval of the Limited-Service Contract List of Athletic Coaches (Fall, Winter & Spring) for the 2025-2026 school year as attached.

Minutes

Following a motion by Dr. Cysyk and a second by Mrs. Renz, the Personnel - General items were approved and transfers were recognized.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

6. DELEGATE REPORTS

7. SPECIAL REPORTS

7.a. Board Members' Report

Minutes

There were no Board Members with a report to share.

7.b. Superintendent's Report

Minutes

Dr. Winslow reminded everyone to stay safe in the heat we are having. She then shared that Dr. Shuman will be the first point of contact while she is away.

7.c. Board President's Report

Minutes

Ms. Drew did not have a report to share.

8. RECOGNITION OF CITIZENS

This is an opportunity for residents and taxpayers to address the Board on matters related to the agenda or matters of District Governance not on the agenda. Those who speak are asked to follow the same guidelines outlined at the initial public comment portion of our meeting.

Minutes

There were no citizens requesting recognition by the board.

9. ADJOURNMENT

Minutes

The meeting was adjourned at 7:25 p.m. following a motion by Dr. Cysyk and a second by Mrs. Renz.

Vote Results

Yea:	9	Joshua Cysyk, Tracey E. Royo, Lindsay Drew, Ganesh Harinath, Stewart McCarver, Jennifer Renz, Michael Rizzo, Honesta Romberger, Ericka Schmidt
Nay:	0	
Abstain:	0	
Not Cast:	0	

Respectfully submitted,

Michele Agee
Secretary to the Board
July 28, 2025

Lindsay K. Drew
Board President

School Board Meeting Virtual Attendance - Monday, June 23, 2025
Lisa Balanda
Mark Balanda
Lisa Dalto
Paige Dalto
Scott Harman
Doug Knepp

Derry Township School District

Revenue Budget Status Report by Major Source

May 31, 2025

Major Source		Budget	May	YTD Actual	Remaining Balance	% YTD
6000	Local Sources	57,000,597	1,536,290	53,247,907	3,752,690	93.42%
7000	State Sources	16,302,361	2,472,176	13,503,558	2,798,803	82.83%
8000	Federal Sources	857,047	79,774	994,488	(137,441)	116.04%
9000	Other Financing Sources	2,032,520	-	1,456,819	575,701	71.68%
	Total Revenue	76,192,525	4,088,240	69,202,772	6,989,753	90.83%

Expenditure Budget Status by Major Account

May 31, 2025

Major Account		Budget	May	YTD Actual	Remaining Balance	% YTD
100	Salaries	33,026,473	4,034,487	28,627,279	4,399,194	86.68%
200	Benefits	22,892,929	2,516,330	18,739,252	4,153,677	81.86%
300	Professional Services	4,105,665	350,910	4,136,917	(31,252)	100.76%
400	Purchased Property Services	1,700,199	77,401	1,524,171	176,028	89.65%
500	Other Purchased Services	4,007,417	308,472	3,914,595	92,822	97.68%
600	Supplies	3,985,156	299,419	3,588,775	396,381	90.05%
700	Property	241,903	198,080	454,517	(212,614)	187.89%
800	Other Objects	275,200	39,676	433,473	(158,273)	157.51%
900	Other Uses of Funds	6,662,635	552,213	4,820,422	1,842,213	72.35%
	Total Expenditures	76,897,576	8,376,988	66,239,401	10,658,175	86.14%

Derry Township School District

Expenditure Budget Status by Major Function

May 31, 2025

Major Function		Budget	May	YTD Actual	Remaining Balance	% YTD
1100	Regular Programs	32,434,623	3,382,634	26,597,048	5,837,575	82.00%
1200	Special Programs	9,943,328	1,067,143	8,407,047	1,536,281	84.55%
1300	Vocational Programs	1,661,045	164,667	1,461,738	199,307	88.00%
1400	Other Instructional Programs	150,848	22,756	104,810	46,038	69.48%
1500	Non-Public School Programs	-	-	8,428	(8,428)	0.00%
1700	Higher Education Programs	150,000	-	107,119	42,881	71.41%
2100	Pupil Personnel Services	2,284,176	255,471	2,005,234	278,942	87.79%
2200	Instructional Staff Services	3,073,715	417,329	2,889,583	184,132	94.01%
2300	Administration Services	4,397,554	451,045	3,946,285	451,269	89.74%
2400	Pupil Health Services	1,247,744	161,277	1,118,173	129,571	89.62%
2500	Business Services	874,854	88,693	765,335	109,519	87.48%
2600	Building Services	6,729,314	717,687	6,520,363	208,951	96.89%
2700	Pupil Transportation Services	3,528,158	509,571	3,595,392	(67,234)	101.91%
2800	Central Services	1,909,908	199,466	1,735,913	173,995	90.89%
2900	Other Support Services	52,269	-	104,278	(52,009)	199.50%
3200	Student Activities	1,783,573	381,504	2,037,593	(254,020)	114.24%
3300	Community Services	13,833	5,532	10,297	3,536	74.44%
5200	Fund Transfers	6,662,635	552,213	4,824,765	1,837,870	72.42%
	Total Expenditures	76,897,576	8,376,988	66,239,401	10,658,176	86.14%

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	1	05/19/25	8143	DIRECT ENERGY BUSIN	1026200000000000	622	#1785057 3/21-4/21/	0.00	193.60
0101	2	05/19/25	1601	UGI UTILITIES INC	1026200003080000	621	3/15- 4/14/2025	0.00	40.10
0101	2	05/19/25	1601	UGI UTILITIES INC	1026200000001000	621	03/15- 04/14/2025	0.00	65.28
0101	2	05/19/25	1601	UGI UTILITIES INC	1026200000001000	621	03/15- 04/14/2025	0.00	325.49
0101	2	05/19/25	1601	UGI UTILITIES INC	1026200002050000	621	03/15- 04/14/2025	0.00	445.29
0101	2	05/19/25	1601	UGI UTILITIES INC	1026200001020000	621	03/15- 04/14/2025	0.00	532.55
0101	2	05/19/25	1601	UGI UTILITIES INC	1026200001023000	621	03/15- 04/14/2025	0.00	1,007.75
0101	2	05/19/25	1601	UGI UTILITIES INC	1026200000001000	621	03/15- 04/14/2025	0.00	1,433.36
TOTAL CHECK								0.00	3,849.82
0101	3	05/09/25	1702	WASTE MANAGEMENT IN	1026200000001000	411	05/01-05/31/2025	0.00	150.00
0101	3	05/09/25	1702	WASTE MANAGEMENT IN	1026200000001000	411	05/01-05/31/2025	0.00	308.00
0101	3	05/09/25	1702	WASTE MANAGEMENT IN	1026200000003000	411	05/01- 05/31/2025	0.00	310.00
0101	3	05/09/25	1702	WASTE MANAGEMENT IN	1026200002050000	411	05/1-05/31/2025	0.00	697.00
0101	3	05/09/25	1702	WASTE MANAGEMENT IN	1026200001023000	411	05/1-5/31/2025	0.00	901.00
0101	3	05/09/25	1702	WASTE MANAGEMENT IN	1026200003080000	411	05/01-05/31/2025	0.00	901.00
0101	3	05/09/25	1702	WASTE MANAGEMENT IN	1026200001020000	411	05/01- 05/31/2025	0.00	901.00
TOTAL CHECK								0.00	4,168.00
0101	S4	05/29/25	6200	S4TEACHERS LLC	1011100001021700	329	W/E 5/17/25	0.00	4,912.04
0101	S4	05/29/25	6200	S4TEACHERS LLC	1011100001022700	329	W/E 5/17/25	0.00	2,601.66
0101	S4	05/29/25	6200	S4TEACHERS LLC	1011100001023700	329	W/E 5/17/25	0.00	5,070.92
0101	S4	05/29/25	6200	S4TEACHERS LLC	1011100002050700	329	W/E 5/17/25	0.00	7,652.72
0101	S4	05/29/25	6200	S4TEACHERS LLC	1011100003080700	329	W/E 5/17/25	0.00	12,816.32
0101	S4	05/29/25	6200	S4TEACHERS LLC	1012900001022700	329	W/E 5/17/25	0.00	154.42
0101	S4	05/29/25	6200	S4TEACHERS LLC	1012900001023700	329	W/E 5/17/25	0.00	337.62
0101	S4	05/29/25	6200	S4TEACHERS LLC	1012900002050700	329	W/E 5/17/25	0.00	677.61
0101	S4	05/29/25	6200	S4TEACHERS LLC	1012900003080700	329	W/E 5/17/25	0.00	176.02
TOTAL CHECK								0.00	34,399.33
0101	L22T3	05/02/25	8125	VOYA	10	0462.33	EMPLOYEE	0.00	8,434.83
0101	L22T3	05/02/25	8125	VOYA	10	0462.33	POST TAX	0.00	268.88
0101	L22T3	05/02/25	8125	VOYA	10	0462.35	EMPLOYER	0.00	6,705.93
TOTAL CHECK								0.00	15,409.64
0101	L23T3	05/16/25	8125	VOYA	10	0462.33	EMPLOYEE	0.00	9,067.22
0101	L23T3	05/16/25	8125	VOYA	10	0462.33	POST TAX	0.00	255.73
0101	L23T3	05/16/25	8125	VOYA	10	0462.35	EMPLOYER	0.00	7,216.48
TOTAL CHECK								0.00	16,539.43
0101	L24T3	05/30/25	8125	VOYA	10	0462.33	EMPLOYEE	0.00	8,026.82
0101	L24T3	05/30/25	8125	VOYA	10	0462.33	POST TAX	0.00	284.74
0101	L24T3	05/30/25	8125	VOYA	10	0462.35	EMPLOYER	0.00	6,372.12
TOTAL CHECK								0.00	14,683.68
0101	136892	05/02/25	1428	HESPA	10	0462.13	05/02/2025	0.00	219.91
0101	136893	05/02/25	5578	KEYSTONE COLLECTION	10	0462.16	05/02/2025	0.00	404.56
0101	136897	05/09/25	4813	ACADEMIC THERAPY PU	1011100003080153	640	SUPER SCIENCE FACTS	0.00	49.00

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	136897	05/09/25	4813	ACADEMIC THERAPY PU	1011100003080153	640	SUPER SCIENCE FACTS	0.00	49.00
0101	136897	05/09/25	4813	ACADEMIC THERAPY PU	1011100003080153	640	A DAY THAT CHANGED	0.00	49.00
0101	136897	05/09/25	4813	ACADEMIC THERAPY PU	1011100003080153	640	TIMELESS CLASSICS,	0.00	396.00
0101	136897	05/09/25	4813	ACADEMIC THERAPY PU	1011100003080153	640	ESTIMATED SHIPPING/	0.00	65.16
TOTAL CHECK								0.00	608.16
0101	136898	05/09/25	1458	AHOLD FINANCIAL SER	1013410003080240	610		0.00	20.56
0101	136898	05/09/25	1458	AHOLD FINANCIAL SER	1012110003080000	610		0.00	37.17
0101	136898	05/09/25	1458	AHOLD FINANCIAL SER	1013410003080240	610		0.00	44.25
0101	136898	05/09/25	1458	AHOLD FINANCIAL SER	1013410003080240	610		0.00	59.24
0101	136898	05/09/25	1458	AHOLD FINANCIAL SER	1013410003080240	610		0.00	86.45
0101	136898	05/09/25	1458	AHOLD FINANCIAL SER	1012410003080000	610		0.00	107.48
0101	136898	05/09/25	1458	AHOLD FINANCIAL SER	1013410003080240	610		0.00	26.98
0101	136898	05/09/25	1458	AHOLD FINANCIAL SER	1012410003080000	610		0.00	10.79
0101	136898	05/09/25	1458	AHOLD FINANCIAL SER	1012410003080000	610		0.00	17.97
TOTAL CHECK								0.00	410.89
0101	136899	05/09/25	8435	AINSWORTH INC.	1026200003080000	430	HIGH SCHOOL CHILLER	0.00	5,130.00
0101	136900	05/09/25	8169	ALL HANDS INTERPRET	1012210001020000	323		0.00	3,326.60
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1032500003000561	610	WILSON PRO OVERGRIP	0.00	85.95
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001020122	610	MINI BINDER CLIPS	0.00	6.64
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001020122	610	COLORED MASKING TAP	0.00	4.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001020122	610	MUSHROOM STICKERS	0.00	27.56
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001020122	610	BAT STICKERS	0.00	23.96
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001020122	610	PENCIL BOXES, XL, 6	0.00	37.36
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001020122	610	WOOD SLICES, ROUND	0.00	47.94
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001020122	610	MAGNETIC HOOKS	0.00	6.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001020122	610	PYROMETRIC CONES	0.00	19.03
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021400000000000	640	HELPING FAMILIES OF	0.00	41.47
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1023800001022000	610	HEADPHONES, 10/PK	0.00	39.18
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1028400000001750	610	APPLE MAGIC TRACKPA	0.00	129.00
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021200003080000	610	POWER STRIP 16 OUTL	0.00	39.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021200003080000	610	EXTENSION 3 OUTLET	0.00	208.78
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080153	640	INSIDE 2014 A WRITI	0.00	18.23
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1032100003080517	610		0.00	39.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1032100003080517	610		0.00	86.61
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1023600000001000	640		0.00	650.00
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1032100002050517	610	VARIETY OF PLAY COS	0.00	74.29
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1032100002050517	610	VARIETY OF PLAY COS	0.00	692.08
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080153	640	INSIDE 2014 A READI	0.00	28.26
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080153	640	INSIDE 2014 PRACTIC	0.00	14.90
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080153	640	ESTIMATED SHIPPING/	0.00	4.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1032500000000550	610	AWARDS BOX 24/PK	0.00	177.88
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	WICKED, A GRAPHIC N	0.00	20.78
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	EVERYTHING IS TUBER	0.00	35.00
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	SOMEWHERE BEYOND TH	0.00	18.78
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	FULL SHIFT, BOOK	0.00	10.77
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	I AM EVERY GOOD THI	0.00	10.02
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	THE BLETCHLEY RIDDL	0.00	13.99

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	SWARM, BOOK	0.00	6.95
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	HEIR, APPARENTLY, B	0.00	16.72
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	THE PRINCE AND THE	0.00	16.38
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	IMAGINE ME, BOOK	0.00	10.79
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	WATCH ME, BOOK	0.00	18.74
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	FERALESS, BOOK	0.00	17.59
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	640	ASVAB PREP PLUS 202	0.00	21.49
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	ASVAB FLASH CARDS,	0.00	29.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	AP SPANISH FLASHCAR	0.00	16.65
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	AP CALCULUS FLASHCA	0.00	17.74
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	AP STATISTICS FLASH	0.00	22.82
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	AP HUMAN GEOGRAPHY	0.00	23.62
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	AP CHEMISTRY FLASHC	0.00	20.30
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	AP BIOLOGU FLASHCAR	0.00	28.49
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	AP PSYCHOLOGY FLASH	0.00	16.88
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	AP U.S. HISTORY FLA	0.00	23.77
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	FABRIC BANDAGES	0.00	19.98
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	PUSH PINS	0.00	6.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	METALIC PUSH PINS	0.00	57.95
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	TACO CAT GOAT CHEES	0.00	29.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	PUZZLE BY NUMBER	0.00	31.49
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	FOOSBALL AND AIR HO	0.00	59.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1022500003080000	610	BOOKMARK CLIPS	0.00	29.95
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1024200000000310	610	HEADPHONES, MINT, P	0.00	25.67
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1024200000000310	610	PENCIL GRIPS	0.00	9.79
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1024200000000310	610	PENCIL GRIPS FOR KI	0.00	4.98
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1024200000000310	610	CHEW NECKLACE	0.00	9.50
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	TEENIE COOL CAT	0.00	40.20
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	PROJEKT 1065, BOOK	0.00	46.36
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	96 MILES, BOOK	0.00	27.96
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	RESISTANCE, BOOK	0.00	32.04
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	SCYTHE, BOOK	0.00	31.56
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	MAGNETIC BOOKMARKS	0.00	8.59
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	STRESS BALLS	0.00	20.98
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021200002050000	610	PORTABLE WATER BOTT	0.00	8.52
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021200002050000	610	COFFEE SYRUP PUMPS,	0.00	9.97
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021200002050000	635	WATER FLAVORING PAC	0.00	39.95
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021200002050000	635	FLAVORED DRINK SYRU	0.00	35.72
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021200002050000	610	DRINK PACKET ORGANI	0.00	13.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021200002050000	610	WATER BOTTLE STICKE	0.00	7.83
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021200002050000	610	BALLPOINT PENS, BLA	0.00	22.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021200002050000	610	TUMBLERS W/ STRAWS	0.00	87.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021200002050000	635	CRYSTAL LIGHT VARIE	0.00	10.48
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1021200002050000	635	TORANI DRINK SYRUP	0.00	56.01
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	HEADPHONES W/ MICRO	0.00	85.98
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1026200000000000	610	RAZOR SCRAPER, 2/PK	0.00	69.80
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1026200000000000	610	MICROFIBER FEATHER	0.00	66.30
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1026200000000000	610	FEATHER DUSTER, BLU	0.00	15.98
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1026200000000000	610	BROOM & DUSTPAN SET	0.00	99.95
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	SMILING BINDER CLIP	0.00	27.48
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	ACRYLIC PENCIL HOLD	0.00	13.98

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	HANGING FILE ORGANI	0.00	71.96
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	MESH DESKTOP ORGANI	0.00	16.97
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	HEART PUSH PINS	0.00	7.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	CANVAS BOARDS	0.00	23.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	HEART STICKY NOTES	0.00	6.53
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	BUBBLE SHAPE STICKY	0.00	6.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	ROLLING UTILITY CAR	0.00	25.97
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	PAPER AND BINDER CL	0.00	6.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	PUNNY TYEACHER STIC	0.00	8.88
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	POST IT STICKY NOTE	0.00	10.76
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	24 DRAWER STORAGE C	0.00	39.22
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	STAPLE REMOVERS, 4/	0.00	6.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	FRIG MAGNETS, BLACK	0.00	6.89
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	SHARPIE HIGHLIGHTER	0.00	26.02
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	PAPER MATE FLARE PE	0.00	9.49
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	TAGBOARD, HEAVY WEI	0.00	11.18
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	TAGBOARD, MEDIUM WE	0.00	14.58
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	MAGNETIC BARS	0.00	7.95
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	PENTEL GEL PENS, VI	0.00	8.05
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	PENTEL GEL PENS, RE	0.00	20.55
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080150	610	PENTEL GEL PENS	0.00	18.30
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	THE TESTING, BOOK	0.00	45.45
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	ENDER'S GAME, BOOK	0.00	134.64
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	HATCHET, BOOK	0.00	97.38
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050750	610	LEGO WILDFLOWER BOU	0.00	47.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050750	610	LEGO TINY PLANTS	0.00	39.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050750	610	LEGO ORCHID	0.00	39.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050750	610	LEGO SUCCULENTS	0.00	39.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050750	610	LEGO BONSAI TREE	0.00	39.98
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050750	610	LEGO FLOWER BOUQUET	0.00	47.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050750	610	LEGO PINK FLOWERS	0.00	58.69
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050750	610	LEGO POINSETTIA	0.00	42.22
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050750	610	LEGO CAPTAIN AMERIC	0.00	199.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050750	610	LEGO MARVEL GAUNTLE	0.00	63.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050750	610	LEGO TUXEDO CAT	0.00	95.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001020000	610	CHICKEN CLICKING, B	0.00	11.31
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001020000	610	CLICKER THE CAT, BO	0.00	9.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001022750	610	HEADPHONE SET	0.00	25.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001022750	610	WIRELESS KEYBOARD A	0.00	34.19
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100001022750	610	DELL MONITOR	0.00	144.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	FLOOR GAMING CHAIR	0.00	120.78
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	BEACH BALLS	0.00	26.97
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	BOUNCY BANDS	0.00	159.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	HAPPY BIRTHDAY CERT	0.00	16.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	MAKING INFERENCES,	0.00	26.26
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	LITERARY TEXT, TASK	0.00	23.55
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	READING COMPREHENSI	0.00	11.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	WALL CHART	0.00	12.36
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	INCLUSIVE WALL SIGN	0.00	13.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	PORTABLE ROLLING DE	0.00	54.33
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	CHEEZ-IT CRACKERS	0.00	19.72

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	ORVILLE REDENBACHER	0.00	17.79
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	CAPRI SUN PACIFIC C	0.00	2.98
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	MINI SNAKE CUBES	0.00	38.94
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	RAINBOW STRINGY BAL	0.00	35.98
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	FAMOUS AMOS COOKIES	0.00	11.98
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	CHIPS AHOY COOKIES	0.00	7.50
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	BOUNCY BALLS	0.00	13.95
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	JOLLY RANCHERS, VAR	0.00	73.60
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	WELCH'S FRUIT SNACK	0.00	8.48
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	WELCH'S FRUIT SNACK	0.00	8.58
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	FOAM CUPS, 10 OZ	0.00	19.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	JOLLY RANCHER'S, BL	0.00	74.40
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100002050151	610	SHIPPING	0.00	14.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1012900000000750	650	TIMECITY IPAD CASE,	0.00	23.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1012900000000750	650	LTROP IPAD CASE, RE	0.00	23.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1012900000000750	650	TIMECITY IPAD CASE,	0.00	23.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1012900000000750	650	BRAECN IPAD CASE, O	0.00	28.49
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1012900000000750	650	SPARIN SCREEN PROTE	0.00	17.98
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1026200003080000	610	CARLISLE HD FIELD T	0.00	213.58
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1026200003080000	610	LAO XUE BASKETBALL	0.00	15.58
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1023800003080000	610	JOYIN SLAP BRACELET	0.00	6.49
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1023800003080000	610	GLITTER STICKY HAND	0.00	11.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1023800003080000	610	JUNKIN BLANK AWARD	0.00	28.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1023800003080000	610	JUNKIN BLANK AWARD	0.00	25.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1023800003080000	610	ZIP CABLE TIES, 100	0.00	14.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1023800003080000	610	KIGELI 2" BLANK AWA	0.00	82.99
0101	136902	05/09/25	7100	AMAZON CAPITAL SERV	1011100003080750	610	SMART TV, LG, 75"	0.00	796.99
TOTAL CHECK								0.00	7,800.34
0101	136903	05/09/25	2023	AMERICHEM INTERNATI	1026200000000000	610		0.00	1,082.55
0101	136903	05/09/25	2023	AMERICHEM INTERNATI	1026200002050000	430		0.00	196.88
TOTAL CHECK								0.00	1,279.43
0101	136904	05/09/25	170	APPLE INC	1011100001022750	610	APPLE 2024 MAC MINI	0.00	499.00
0101	136904	05/09/25	170	APPLE INC	1011100001022750	610	3 YEAR APPLE CARE	0.00	79.00
0101	136904	05/09/25	170	APPLE INC	1011100001021750	766	MACBOOK AIR, 13"	0.00	38,492.44
0101	136904	05/09/25	170	APPLE INC	1011100001023750	766	MACBOOK AIR, 13"	0.00	38,492.44
0101	136904	05/09/25	170	APPLE INC	1011100001022750	766	MACBOOK AIR, 13"	0.00	46,815.12
TOTAL CHECK								0.00	124,378.00
0101	136905	05/09/25	1205	JAIME L BEAN	1022710003080000	240	GRAD CLASS	0.00	2,139.00
0101	136906	05/09/25	8504	MELINDA S BELL	1025190000001700	580	PERS REIMB MILEAGE	0.00	55.30
0101	136907	05/09/25	5690	TARA BLACKBURN	1022710003080000	240	GRAD CLASS	0.00	1,548.00
0101	136907	05/09/25	5690	TARA BLACKBURN	1022710003080000	240	GRAD CLASS	0.00	2,534.40
TOTAL CHECK								0.00	4,082.40
0101	136908	05/09/25	1597	BRIGHTBILL BODY WOR	1027400000002000	610.22		0.00	721.99
0101	136908	05/09/25	1597	BRIGHTBILL BODY WOR	1027400000002000	610.15		0.00	142.61
0101	136908	05/09/25	1597	BRIGHTBILL BODY WOR	1027400000002000	610.15		0.00	84.59

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	136908	05/09/25	1597	BRIGHTBILL BODY WOR	1027400000002000	610.22		0.00	365.90
TOTAL CHECK								0.00	1,315.09
0101	136909	05/09/25	3449	BROADWAY LICENSING	1032100003080517	610		0.00	150.00
0101	136910	05/09/25	7590	BRANDON M BUTERBAUG	1011100003080121	580	PERS REIMB NAFME	0.00	1,203.23
0101	136910	05/09/25	7590	BRANDON M BUTERBAUG	1011100003080121	810	PERS REIMB PMEA	0.00	225.00
0101	136910	05/09/25	7590	BRANDON M BUTERBAUG	1011100003080121	810	PERS REIMB NAFME	0.00	282.00
0101	136910	05/09/25	7590	BRANDON M BUTERBAUG	1011100003080121	580	PERS REIMB PMEA	0.00	464.82
TOTAL CHECK								0.00	2,175.05
0101	136911	05/09/25	7605	BRIAN W BUTERBAUGH	1011100003080121	810	PERS REIMB PMEA CON	0.00	130.00
0101	136911	05/09/25	7605	BRIAN W BUTERBAUGH	1011100003080121	580	PERS REIMB PMEA CON	0.00	332.19
TOTAL CHECK								0.00	462.19
0101	136912	05/09/25	7855	CANONICO, TYLER	1032100003080517	390	CABARET	0.00	300.00
0101	136913	05/09/25	273	CAPITAL AREA INTERM	1012900000000000	610		0.00	100.00
0101	136914	05/09/25	2459	CENTRAL CHAPTER PSH	1032500000000550	810		0.00	200.00
0101	136915	05/09/25	2813	CLEVELAND BROTHERS	1026200000001000	430		0.00	4,130.10
0101	136916	05/09/25	1766	CM REGENT RESOURCES	10	0469	BASIC LIFE	0.00	2,092.16
0101	136916	05/09/25	1766	CM REGENT RESOURCES	10	0465	BASIC LIFE	0.00	3,551.78
TOTAL CHECK								0.00	5,643.94
0101	136917	05/09/25	1001	DIANA R COLE	1022710002050000	240	GRAD CLASS	0.00	1,851.00
0101	136918	05/09/25	2396	MIRIAM K COLLINS	1022710003080000	240	GRAD CLASS	0.00	1,815.00
0101	136918	05/09/25	2396	MIRIAM K COLLINS	1022710003080000	240	GRAD CLASS	0.00	1,815.00
TOTAL CHECK								0.00	3,630.00
0101	136919	05/09/25	6324	CONVERSATIONS INC	1028340000001000	360	COACH REIFSNYDER	0.00	390.00
0101	136919	05/09/25	6324	CONVERSATIONS INC	1028340001020000	360	COACH FUNCK	0.00	390.00
0101	136919	05/09/25	6324	CONVERSATIONS INC	1028340001020000	360	COACH WINSLOW	0.00	390.00
TOTAL CHECK								0.00	1,170.00
0101	136920	05/09/25	5584	CORNWELL DOOR SERVI	1026200000000000	430		0.00	685.00
0101	136921	05/09/25	499	COUNTY OF DAUPHIN	1023300000000700	390	HOMESTEAD & FARM	0.00	1,567.50
0101	136922	05/09/25	1533	DAUPHIN COUNTY TECH	1013900000001000	564		0.00	43,973.12
0101	136923	05/09/25	2025	DAUPHIN ELECTRIC IN	1026200003080000	610.01	25000791	0.00	-703.36
0101	136923	05/09/25	2025	DAUPHIN ELECTRIC IN	1026200000000000	610	PHIL 579425	0.00	3,292.80
TOTAL CHECK								0.00	2,589.44
0101	136924	05/09/25	150	AMERICAN MARKING SY	1023600000001000	610		0.00	28.25
0101	136925	05/09/25	6900	TURF TRACK & COURT	1026300000000000	414	SYNTHETIC FIELD MAI	0.00	5,042.50

DERRY TOWNSHIP SD
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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	136926	05/09/25	8434	DOCEO OFFICE SOLUTI	1011100003080750	438	YELLOW INK CIPFI-32	0.00	155.75
0101	136926	05/09/25	8434	DOCEO OFFICE SOLUTI	1011100003080750	438	MAGENTA INK, CIPFI-	0.00	155.75
0101	136926	05/09/25	8434	DOCEO OFFICE SOLUTI	1011100003080750	438	CYAN INK, CIPFI-320	0.00	155.75
0101	136926	05/09/25	8434	DOCEO OFFICE SOLUTI	1011100003080750	438	BLACK INK, CIPFI-32	0.00	155.75
0101	136926	05/09/25	8434	DOCEO OFFICE SOLUTI	1011100003080750	438	MATTE BLACK INK, CI	0.00	155.75
TOTAL CHECK								0.00	778.75
0101	136927	05/09/25	1453	E PLUS TECHNOLOGY I	1028180000000750	650	ARUBA CENTRAL 63/38	0.00	3,767.40
0101	136927	05/09/25	1453	E PLUS TECHNOLOGY I	1028180000000750	650	ARUBA CENTRAL 64/54	0.00	502.31
0101	136927	05/09/25	1453	E PLUS TECHNOLOGY I	1028180000000750	650	ARUBA CENTRAL 8XXX	0.00	707.80
TOTAL CHECK								0.00	4,977.51
0101	136928	05/09/25	602	EARPHONE CONNECTION	1026600000000000	610	BLUETOOTH ADAPTER A	0.00	189.99
0101	136928	05/09/25	602	EARPHONE CONNECTION	1026600000000000	610	ESTIMATED SHIPPING/	0.00	10.00
TOTAL CHECK								0.00	199.99
0101	136929	05/09/25	2135	ENGLE PRINTING CO I	1023600000001000	549		0.00	278.70
0101	136930	05/09/25	2530	GREGORY D FASTRICH	1032500003000565	580	VAN RENTAL	0.00	1,140.54
0101	136931	05/09/25	1547	FLINN SCIENTIFIC IN	1011100003080180	610	POTASSIUM IODINE SO	0.00	50.63
0101	136931	05/09/25	1547	FLINN SCIENTIFIC IN	1011100003080180	610	25000832	0.00	27.80
TOTAL CHECK								0.00	78.43
0101	136932	05/09/25	7898	FOX MEDICAL CASE MA	1012410001020000	329		0.00	860.76
0101	136933	05/09/25	7062	FRASER ADVANCED INF	1011100003080750	448		0.00	427.33
0101	136933	05/09/25	7062	FRASER ADVANCED INF	1011100002050750	448		0.00	427.34
0101	136933	05/09/25	7062	FRASER ADVANCED INF	1011100001021750	448		0.00	384.60
0101	136933	05/09/25	7062	FRASER ADVANCED INF	1011100001023750	448		0.00	384.60
0101	136933	05/09/25	7062	FRASER ADVANCED INF	1011100001022750	448		0.00	384.60
0101	136933	05/09/25	7062	FRASER ADVANCED INF	1025400000001750	448		0.00	128.20
TOTAL CHECK								0.00	2,136.67
0101	136934	05/09/25	8581	DAVE ZEIGLER/FREEDO	1014900003080516	610		0.00	170.00
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	146.41
0101	136936	05/09/25	748	GRAINGER INC	1026200000001000	610.03		0.00	146.56
0101	136936	05/09/25	748	GRAINGER INC	1026200003080000	610		0.00	205.12
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	217.57
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	236.39
0101	136936	05/09/25	748	GRAINGER INC	1026200003080000	610		0.00	337.62
0101	136936	05/09/25	748	GRAINGER INC	1026200003080000	610		0.00	357.85
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610.01		0.00	727.00
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	84.48
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	89.38
0101	136936	05/09/25	748	GRAINGER INC	1026200000001000	610		0.00	91.96
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	20.75
0101	136936	05/09/25	748	GRAINGER INC	1026200003080000	610		0.00	21.36
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	24.40

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

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CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	13.33
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	13.33
0101	136936	05/09/25	748	GRAINGER INC	1026200000001000	610.03		0.00	13.44
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	124.80
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	462.16
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	29.78
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	41.03
0101	136936	05/09/25	748	GRAINGER INC	1026200003080000	610		0.00	45.80
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	55.64
0101	136936	05/09/25	748	GRAINGER INC	1026200000000000	610		0.00	60.90
TOTAL CHECK								0.00	3,567.06
0101	136937	05/09/25	7753	HADFIELD ELEVATOR L	1026200002050000	430		0.00	140.00
0101	136938	05/09/25	8558	KAYLEE J HALL	1022710003080000	240	GRAD CLASS	0.00	1,876.80
0101	136939	05/09/25	3928	HARRISBURG LIONS CL	1032500000000550	810	AWARD LUNCHEON	0.00	150.00
0101	136940	05/09/25	7604	HCC LIFE INSURANCE	10	0463		0.00	86,305.00
0101	136941	05/09/25	6712	HENDERSON TRACK BOO	1032500003000566	810	TRACK MAY 2&3	0.00	400.00
0101	136942	05/09/25	2693	HERSHEY RACQUET CLU	1032500003000561	810	TENNIS PRACTICE	0.00	1,350.00
0101	136943	05/09/25	5828	HIGHER INFORMATION	1028180000000750	650		0.00	498.00
0101	136943	05/09/25	5828	HIGHER INFORMATION	1025400000001750	448		0.00	572.54
TOTAL CHECK								0.00	1,070.54
0101	136944	05/09/25	8473	HOLLINS-SIMS, NIKOL	1022710000000000	360	CONSULTATIONS	0.00	3,200.00
0101	136945	05/09/25	6843	INNOVATIVE COACH LL	1032500003000555	580		0.00	2,095.00
0101	136945	05/09/25	6843	INNOVATIVE COACH LL	1032500003000552	580		0.00	2,095.00
0101	136945	05/09/25	6843	INNOVATIVE COACH LL	1032500003000561	580		0.00	1,415.00
TOTAL CHECK								0.00	5,605.00
0101	136946	05/09/25	9999	JOANNE GRIMM	1023800003080000	810	CLEARENCES	0.00	22.95
0101	136947	05/09/25	954	KENBROOK BIBLE CAMP	1011100002250000	810	FINAL BALANCE	0.00	4,650.00
0101	136948	05/09/25	8321	KISNER, BRANDON	1032100003080517	390	CABARET	0.00	300.00
0101	136949	05/09/25	6455	KOPPY'S PROPANE INC	1027400000002000	623		0.00	3,245.10
0101	136949	05/09/25	6455	KOPPY'S PROPANE INC	1027400000002000	623		0.00	2,210.68
0101	136949	05/09/25	6455	KOPPY'S PROPANE INC	1027400000002000	623		0.00	2,750.55
TOTAL CHECK								0.00	8,206.33
0101	136950	05/09/25	5523	AMY M WORCESTER	1013410003080240	610	PERS REIMB GIANT	0.00	108.15
0101	136951	05/09/25	5135	ELIZABETH PAGE KOZA	1024400001020000	610	PERS REIMB ALBUTERO	0.00	48.00
0101	136952	05/09/25	1481	KURTZ BROTHERS INC	1011100000000000	610	EXPANDING PORTFOLIO	0.00	259.12

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	136952	05/09/25	1481	KURTZ BROTHERS INC	1011100000000000	610	SCREEN CLEANING WIP	0.00	119.91
0101	136952	05/09/25	1481	KURTZ BROTHERS INC	1011100000000000	610	YELLOW HIGHLIGHTERS	0.00	131.50
TOTAL CHECK								0.00	510.53
0101	136953	05/09/25	1570	LANCASTER/LEBANON I	1028180000000750	650	ENTRA ID P1	0.00	5,632.45
0101	136953	05/09/25	1570	LANCASTER/LEBANON I	1028180000000750	650	M365 A3 UNIFIED SUB	0.00	35,652.50
0101	136953	05/09/25	1570	LANCASTER/LEBANON I	1028180000000750	650	M365 45 UNIFIED SUB	0.00	5,657.50
0101	136953	05/09/25	1570	LANCASTER/LEBANON I	1028180000000750	650	MICROSOFT UNIFIED S	0.00	5,260.00
0101	136953	05/09/25	1570	LANCASTER/LEBANON I	1028180000000750	650	WIN SERVE DATACENTE	0.00	1,190.40
0101	136953	05/09/25	1570	LANCASTER/LEBANON I	1028180000000750	650	WIN SERVER STANDARD	0.00	47.60
0101	136953	05/09/25	1570	LANCASTER/LEBANON I	1012330002050000	322		0.00	7,961.22
0101	136953	05/09/25	1570	LANCASTER/LEBANON I	1012330003080000	322		0.00	41,744.25
TOTAL CHECK								0.00	103,145.92
0101	136954	05/09/25	994	LAWN & GOLF SUPPLY	1026300000000000	414		0.00	744.50
0101	136954	05/09/25	994	LAWN & GOLF SUPPLY	1026200000000000	610		0.00	82.08
TOTAL CHECK								0.00	826.58
0101	136955	05/09/25	3472	LEXIA VOYAGER SOPRI	1012900000000750	650	LANGUAGE! LIVE, STU	0.00	118.00
0101	136956	05/09/25	1897	LIVING UNLIMITED IN	1012908900000000	323	3/7/25-3/28/25	0.00	525.00
0101	136957	05/09/25	1036	LONG NURSERY INC	1026200000000000	610		0.00	150.00
0101	136958	05/09/25	1046	LOWE'S COMPANIES IN	1026200000000000	610		0.00	37.92
0101	136958	05/09/25	1046	LOWE'S COMPANIES IN	1026200003080000	610		0.00	63.15
0101	136958	05/09/25	1046	LOWE'S COMPANIES IN	1026200000000000	610		0.00	72.04
0101	136958	05/09/25	1046	LOWE'S COMPANIES IN	1026200000000000	610		0.00	129.59
0101	136958	05/09/25	1046	LOWE'S COMPANIES IN	1026200003080000	610		0.00	140.42
0101	136958	05/09/25	1046	LOWE'S COMPANIES IN	1026200000000000	610		0.00	161.91
0101	136958	05/09/25	1046	LOWE'S COMPANIES IN	1026200000000000	610		0.00	265.59
0101	136958	05/09/25	1046	LOWE'S COMPANIES IN	1032100003080517	610		0.00	502.08
0101	136958	05/09/25	1046	LOWE'S COMPANIES IN	1026200003080000	610		0.00	546.22
TOTAL CHECK								0.00	1,918.92
0101	136959	05/09/25	6300	MAKERBOT/ULTIMAKER	1013500003080000	610	TOUGH PRECISION MOD	0.00	130.00
0101	136959	05/09/25	6300	MAKERBOT/ULTIMAKER	1013500003080000	610	PETG SPECIALTY MODE	0.00	118.00
0101	136959	05/09/25	6300	MAKERBOT/ULTIMAKER	1013500003080000	610	MAKERBOT METHOD RAP	0.00	199.00
0101	136959	05/09/25	6300	MAKERBOT/ULTIMAKER	1013500003080000	610	METHOD PLA FILAMENT	0.00	144.00
0101	136959	05/09/25	6300	MAKERBOT/ULTIMAKER	1013500003080000	610	NOZZLE AND PTFE PAC	0.00	69.00
0101	136959	05/09/25	6300	MAKERBOT/ULTIMAKER	1013500003080000	610	ESTIMATED SHIPPING/	0.00	28.05
TOTAL CHECK								0.00	688.05
0101	136960	05/09/25	6121	VICTORIA L FIRESTON	1022710002050000	240	GRAD CLASS	0.00	1,650.00
0101	136960	05/09/25	6121	VICTORIA L FIRESTON	1022710002050000	240	GRAD CLASS	0.00	1,650.00
TOTAL CHECK								0.00	3,300.00
0101	136961	05/09/25	7862	MAXIM HEALTHCARE SE	1012110003080000	323		0.00	2,135.00
0101	136961	05/09/25	7862	MAXIM HEALTHCARE SE	1012330003080000	323		0.00	1,500.00
TOTAL CHECK								0.00	3,635.00

DERRY TOWNSHIP SD
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SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	136962	05/09/25	6186	MAZZITTI & SULLIVAN	1028350000000000	330		0.00	3,431.25
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100001020121	610	NORTHERN LIGHTS BY	0.00	220.80
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	430	OPEN PURCHASE ORDER	0.00	143.00
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	430	OPEN PURCHASE ORDER	0.00	156.40
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	430	OPEN PURCHASE ORDER	0.00	42.90
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	430	OPEN PURCHASE ORDER	0.00	54.00
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	430	OPEN PURCHASE ORDER	0.00	79.80
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	430	OPEN PURCHASE ORDER	0.00	108.55
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	610	CODE CORRECTION	0.00	-163.73
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	610	CODE CORRECTION	0.00	-55.98
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	430	CODE CORRECTION	0.00	-53.79
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	610	CODE CORRECTION	0.00	-52.74
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	610		0.00	204.00
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	610		0.00	63.30
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	430	CODE CORRECTION	0.00	52.74
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100003080121	430	CODE CORRECTION	0.00	53.79
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	430	CODE CORRECTION	0.00	55.98
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	430	CODE CORRECTION	0.00	163.73
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	610	CODE CORRECTION	0.00	-6.99
0101	136963	05/09/25	1579	MENCHEY MUSIC SERVI	1011100002050121	430	CODE CORRECTION	0.00	6.99
TOTAL CHECK								0.00	1,072.75
0101	136964	05/09/25	2929	MICHAEL, ELIZABETH	1012900000000000	329		0.00	28.33
0101	136965	05/09/25	1599	MILLER & BIXLER AUT	1027400000002000	610.18		0.00	9.42
0101	136965	05/09/25	1599	MILLER & BIXLER AUT	1026200000000000	610		0.00	139.99
0101	136965	05/09/25	1599	MILLER & BIXLER AUT	1027400000002000	610		0.00	29.94
TOTAL CHECK								0.00	179.35
0101	136966	05/09/25	7508	NEW STORY LLC	1012330003080000	323		0.00	8,674.00
0101	136967	05/09/25	26	PENN STATE HEALTH	1032500000000550	330	3RD PAYMENT	0.00	1,671.33
0101	136968	05/09/25	7580	PHILHAVEN	1014420003000000	323		0.00	782.00
0101	136968	05/09/25	7580	PHILHAVEN	1014420003000000	323		0.00	816.00
0101	136968	05/09/25	7580	PHILHAVEN	1014420003000000	323		0.00	136.00
TOTAL CHECK								0.00	1,734.00
0101	136969	05/09/25	931	PIONEER DRAMA SERVI	1032100002050517	610	CAST AND CREW SCRIP	0.00	266.95
0101	136969	05/09/25	931	PIONEER DRAMA SERVI	1032100002050517	610	DIRECTOR'S BOOK	0.00	45.00
0101	136969	05/09/25	931	PIONEER DRAMA SERVI	1032100002050517	610	PERFORMANCE FEES	0.00	80.00
0101	136969	05/09/25	931	PIONEER DRAMA SERVI	1032100002050517	610	GRAPHICS PACKAGE FO	0.00	35.00
0101	136969	05/09/25	931	PIONEER DRAMA SERVI	1032100002050517	610	ESTIMATED SHIPPING/	0.00	23.00
TOTAL CHECK								0.00	449.95
0101	136970	05/09/25	4620	PIONEER MANUFACTURI	1026300000000000	414		0.00	45.43
0101	136971	05/09/25	8279	POWER PRO EQUIPMENT	1026200000000000	610		0.00	419.66
0101	136972	05/09/25	7922	PSX INC	1028180000000750	650	CORRECT 2818 TO 266	0.00	-11,500.00

DERRY TOWNSHIP SD
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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	136972	05/09/25	7922	PSX INC	1026600003080750	650	CORRECT 2818 TO 266	0.00	11,500.00
0101	136972	05/09/25	7922	PSX INC	1026200002050000	430		0.00	387.50
TOTAL CHECK								0.00	387.50
0101	136973	05/09/25	670	QUENCH USA, INC	1023800001021000	424		0.00	69.30
0101	136973	05/09/25	670	QUENCH USA, INC	1023800001022000	424		0.00	69.30
0101	136973	05/09/25	670	QUENCH USA, INC	1023800001021000	424		0.00	69.30
0101	136973	05/09/25	670	QUENCH USA, INC	1023800001022000	424		0.00	69.30
0101	136973	05/09/25	670	QUENCH USA, INC	1023800001021000	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1023800001022000	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1026200000000000	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1023800001023000	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1024400001023000	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1024400002050000	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1023800002050000	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1026200000000000	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1028400000001750	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1023800003080000	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1024400003080000	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1023800003080000	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1021400001020000	424		0.00	138.60
0101	136973	05/09/25	670	QUENCH USA, INC	1024400001020000	424		0.00	138.60
TOTAL CHECK								0.00	2,217.60
0101	136974	05/09/25	8516	RAINTREE SERVICES	1026200002050000	430		0.00	782.00
0101	136975	05/09/25	5100	PAULA J RUSSELL	1027200000002000	810	PERS REIMB CDL	0.00	78.00
0101	136976	05/09/25	1692	SCHAEDLER YESCO DIS	1026200003080000	610		0.00	233.09
0101	136977	05/09/25	3057	SCHOOL NURSE SUPPLY	1024400001020000	610	CLEAR PLASTIC CUPS,	0.00	90.25
0101	136977	05/09/25	3057	SCHOOL NURSE SUPPLY	1024400001020000	610	GAUZE SPONGES, NON	0.00	24.42
0101	136977	05/09/25	3057	SCHOOL NURSE SUPPLY	1024400001020000	610	CLOSURE BAGS, ZIPPE	0.00	21.00
0101	136977	05/09/25	3057	SCHOOL NURSE SUPPLY	1024400001020000	610	FABRIC BANDAGES, CA	0.00	37.05
0101	136977	05/09/25	3057	SCHOOL NURSE SUPPLY	1024400001020000	610	FABRIC BANDAGES, AM	0.00	54.62
0101	136977	05/09/25	3057	SCHOOL NURSE SUPPLY	1024400001020000	610	TOOTH NECKLACE, LAR	0.00	44.13
0101	136977	05/09/25	3057	SCHOOL NURSE SUPPLY	1024400001020000	610	BACITRACIN OINTMENT	0.00	6.62
TOTAL CHECK								0.00	278.09
0101	136978	05/09/25	8618	SCIENCE NATIONAL HO	1023800003080000	810	MBRSHIP APPLICATION	0.00	300.00
0101	136979	05/09/25	3045	TROY E SMITH	1032100003080530	810	PERS REIMB POWERLIF	0.00	195.00
0101	136979	05/09/25	3045	TROY E SMITH	1032100003080530	580	PERS REIMB HOTEL	0.00	4,123.50
TOTAL CHECK								0.00	4,318.50
0101	136980	05/09/25	7804	SPECIALIZED EDUCATI	1012310003080000	323		0.00	7,128.00
0101	136981	05/09/25	1641	STACY L STAHL	1022710001022000	240	GRAD CLASS	0.00	1,650.00
0101	136982	05/09/25	8621	STILL, DAVID	1032100003080530	810	PERS REIMB POWERLIF	0.00	195.00

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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	136983	05/09/25	7775	SUBURBAN PROPANE LP	1026200000000000	627		0.00	40.60
0101	136984	05/09/25	8619	MELODY M SULLIVAN	1022710001021000	240	GRAD CLASS	0.00	1,815.00
0101	136985	05/09/25	8158	SWEGER BUS LINES IN	1027200000002000	519		0.00	32,800.60
0101	136986	05/09/25	4039	TALLEY PETROLEUM EN	1026200000000000	627		0.00	1,048.55
0101	136987	05/09/25	7736	TELESYSTEM	1026200000000750	530		0.00	3,761.87
0101	136988	05/09/25	1311	TRIANGLE COMMUNICAT	1026600000000000	610	BATTERY, 6000 LI-IO	0.00	1,240.00
0101	136989	05/09/25	6381	TROJAN TRADING POST	1023800003080000	610		0.00	100.00
0101	136990	05/09/25	1357	VERIZON WIRELESS IN	1028180000000750	538		0.00	225.30
0101	136991	05/09/25	1371	WALTERS SERVICES IN	1026200003080000	442		0.00	144.00
0101	136991	05/09/25	1371	WALTERS SERVICES IN	1026200003080000	442		0.00	144.00
0101	136991	05/09/25	1371	WALTERS SERVICES IN	1026200003080000	442		0.00	72.00
TOTAL CHECK								0.00	360.00
0101	136992	05/09/25	1520	WILHELM'S HARDWARE	1026200000000000	610		0.00	58.03
0101	136992	05/09/25	1520	WILHELM'S HARDWARE	1026200001020000	610		0.00	35.78
0101	136992	05/09/25	1520	WILHELM'S HARDWARE	1026200000000000	610		0.00	7.98
0101	136992	05/09/25	1520	WILHELM'S HARDWARE	1026200000000000	610		0.00	11.56
TOTAL CHECK								0.00	113.35
0101	136993	05/09/25	8200	YENTSCH, JOSHUA	1032100003080517	610	PERS REIMB MUSICAL	0.00	232.94
0101	136994	05/09/25	9999	FREDRICKSON, AARON	10	R6949	AP EXAM REFUND	0.00	118.00
0101	136995	05/09/25	9999	GROFF, CORRY	10	R6949	AP EXAM REFUND	0.00	59.00
0101	136996	05/09/25	9999	GUASTELLA, KATHRYN	10	R6949	AP EXAM REFUND	0.00	59.00
0101	136997	05/09/25	9999	HAFIZ, FAISAL	10	R6949	AP EXAM REFUND	0.00	177.00
0101	136998	05/09/25	9999	HESS, STACY	10	R6949	AP EXAM REFUND	0.00	59.00
0101	136999	05/09/25	9999	KOVATCH, KATHLEEN	10	R6949	AP EXAM REFUND	0.00	59.00
0101	137000	05/09/25	9999	LEKOUBOU, ALAIN	10	R6949	AP EXAM REFUND	0.00	59.00
0101	137001	05/09/25	9999	MACPHEE, BETH	10	R6949	AP EXAM REFUND	0.00	177.00
0101	137002	05/09/25	9999	MEMMI, MARIA	10	R6949	AP EXAM REFUND	0.00	118.00
0101	137003	05/09/25	9999	NEOPANEY, DURGA	10	R6949	AP EXAM REFUND	0.00	59.00
0101	137004	05/09/25	9999	RASHWAN, OLA	10	R6949	AP EXAM REFUND	0.00	59.00

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CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	137005	05/09/25	9999	TWEET, BECCA	10	R6949	AP EXAM REFUND	0.00	59.00
0101	137006	05/09/25	9999	WHETZEL, WENDY	10	R6949	AP EXAM REFUND	0.00	59.00
0101	137007	05/09/25	9999	YOU, XIANG	10	R6949	AP EXAM REFUND	0.00	59.00
0101	137008	05/16/25	1428	HESPA	10	0462.13	05162025	0.00	209.45
0101	137009	05/16/25	5578	KEYSTONE COLLECTION	10	0462.16	05162025	0.00	375.28
0101	137011	05/19/25	9999	ROSS, CARA	1011100002250000	810	REFUND	0.00	50.00
0101	137012	05/23/25	7788	1ST LIGHT COACHING	1028340000001000	360	COACHING C. PITTS	0.00	300.00
0101	137012	05/23/25	7788	1ST LIGHT COACHING	1028340000001000	360	COACHING IACHINI	0.00	300.00
0101	137012	05/23/25	7788	1ST LIGHT COACHING	1028340003080000	360	COACHING L. SCHMIDT	0.00	300.00
0101	137012	05/23/25	7788	1ST LIGHT COACHING	1028340000001000	360	COACHING A. SHUMAN	0.00	300.00
0101	137012	05/23/25	7788	1ST LIGHT COACHING	1028340002050000	360	COACHING E. VALENTI	0.00	300.00
0101	137012	05/23/25	7788	1ST LIGHT COACHING	1028340000001000	360	COACHING S. WINSLOW	0.00	300.00
TOTAL CHECK								0.00	1,800.00
0101	137013	05/23/25	1458	AHOLD FINANCIAL SER	1014900002050528	610		0.00	58.48
0101	137013	05/23/25	1458	AHOLD FINANCIAL SER	1012410003080000	610		0.00	5.20
0101	137013	05/23/25	1458	AHOLD FINANCIAL SER	1012700003080000	610		0.00	17.96
0101	137013	05/23/25	1458	AHOLD FINANCIAL SER	1012410001020000	610		0.00	24.57
0101	137013	05/23/25	1458	AHOLD FINANCIAL SER	1013410003080240	610		0.00	29.13
0101	137013	05/23/25	1458	AHOLD FINANCIAL SER	1012110003080000	610		0.00	326.39
0101	137013	05/23/25	1458	AHOLD FINANCIAL SER	1013410003080240	610		0.00	76.99
0101	137013	05/23/25	1458	AHOLD FINANCIAL SER	1012110003080000	610		0.00	114.71
TOTAL CHECK								0.00	653.43
0101	137014	05/23/25	5781	AIRBORNE CONTAMINAT	1026200001020000	430		0.00	1,575.00
0101	137015	05/23/25	8169	ALL HANDS INTERPRET	1012210001020000	323		0.00	4,460.45
0101	137016	05/23/25	1496	ALUMINUM ATHLETIC E	1032500003000566	610	HURDLE, NAVY BLUE T	0.00	2,240.00
0101	137016	05/23/25	1496	ALUMINUM ATHLETIC E	1032500003000566	610	ESTIMATED SHIPPING/	0.00	380.00
0101	137016	05/23/25	1496	ALUMINUM ATHLETIC E	1032500003000566	610	POLE VULT CROSSBAR	0.00	145.00
0101	137016	05/23/25	1496	ALUMINUM ATHLETIC E	1032500003000566	610	ESTIMATED SHIPPING/	0.00	50.00
TOTAL CHECK								0.00	2,815.00
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1026600000000000	610	LANYARDS	0.00	21.84
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1026600000000000	610	LAMINATING POUCHES	0.00	11.37
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1014900003080516	610	MILWAUKEE PACKOUT B	0.00	165.69
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1014900003080516	610	MILWAUKEE PACKOUT 3	0.00	174.42
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1014900003080516	610	TEXAS INSTRUMENT SC	0.00	331.00
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	THE JUVIE THREE, BO	0.00	35.96
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	NEVER FALL DOWN, BO	0.00	36.56
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	INSIDE OUT AND BACK	0.00	42.72
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	THE 57 BUS, BOOK	0.00	32.97
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	BOYS WITHOUT NAMES,	0.00	16.99
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	BOYS WITHOUT NAMES,	0.00	16.99

DERRY TOWNSHIP SD
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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	ALL AMERICAN BOYS,	0.00	32.70
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	THE BOY WHO DARED,	0.00	6.99
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	GROUND ZERO, BOOK	0.00	51.05
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	THE BOYS WITHOUT NA	0.00	23.97
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100002050150	640	THE BOY WHO DARED,	0.00	11.14
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100001023750	610	ZIPLOC STORAGE BAGS	0.00	511.52
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1028400000001750	610	2025/2026 DESK CALE	0.00	16.19
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100003080750	610	PERLEGEAR ROLLING T	0.00	99.99
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100003080750	610	SAMSUNG 70" SMART T	0.00	477.99
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100003080750	610	VIEWSONIC 32" MONIT	0.00	623.96
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1023800001022000	610	NEENAH BRIGHT WHITE	0.00	59.92
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1025190000001700	610	EXPANDING FILE POCK	0.00	95.41
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1011100003080750	610	DYMO LABEL PRINTER	0.00	197.44
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1023800001022000	610	AVERY EXTRA WIDE DI	0.00	14.76
0101	137017	05/23/25	7100	AMAZON CAPITAL SERV	1023800001022000	610	DAILY PLANNER 2025-	0.00	47.97
TOTAL CHECK								0.00	3,157.51
0101	137018	05/23/25	2023	AMERICHEM INTERNATI	1026200000000000	610		0.00	2,135.95
0101	137018	05/23/25	2023	AMERICHEM INTERNATI	1026200000000000	610	TOWEL TORK ADVANCED	0.00	2,566.45
0101	137018	05/23/25	2023	AMERICHEM INTERNATI	1026200003080000	442		0.00	190.00
0101	137018	05/23/25	2023	AMERICHEM INTERNATI	1026200003080000	442	MAY 2025	0.00	375.00
0101	137018	05/23/25	2023	AMERICHEM INTERNATI	1026200001023000	440	MAY 2025	0.00	375.00
0101	137018	05/23/25	2023	AMERICHEM INTERNATI	1026200001020000	442	MAY 2025	0.00	500.00
0101	137018	05/23/25	2023	AMERICHEM INTERNATI	1026200002050000	442		0.00	570.00
0101	137018	05/23/25	2023	AMERICHEM INTERNATI	1026200003080000	442		0.00	570.00
0101	137018	05/23/25	2023	AMERICHEM INTERNATI	1026200001020000	442	MAY 2025	0.00	570.00
0101	137018	05/23/25	2023	AMERICHEM INTERNATI	1026200000000000	610		0.00	1,260.00
TOTAL CHECK								0.00	9,112.40
0101	137019	05/23/25	170	APPLE INC	1011100001023750	766	MACBOOK AIR, 13"	0.00	23,095.46
0101	137019	05/23/25	170	APPLE INC	1011100001021750	766	MACBOOK AIR, 13"	0.00	23,095.46
0101	137019	05/23/25	170	APPLE INC	1011100001022750	766	MACBOOK AIR, 13"	0.00	28,089.08
0101	137019	05/23/25	170	APPLE INC	1011100003080750	610	APPLE TV, 4K, WI-FI	0.00	745.00
0101	137019	05/23/25	170	APPLE INC	1011100003080750	610	APPLE LAPTOP REPAIR	0.00	567.95
TOTAL CHECK								0.00	75,592.95
0101	137020	05/23/25	197	B & H PHOTO-VIDEO-P	1011100003080750	610	NEUTRIK MALE XLR CO	0.00	12.80
0101	137020	05/23/25	197	B & H PHOTO-VIDEO-P	1011100003080750	610	BOGEN PLATINUM SERI	0.00	899.00
0101	137020	05/23/25	197	B & H PHOTO-VIDEO-P	1011100003080750	610	FURMAN MERIT SERIES	0.00	144.99
0101	137020	05/23/25	197	B & H PHOTO-VIDEO-P	1011100003080750	610	SHURE SHURE DUAL CH	0.00	639.00
TOTAL CHECK								0.00	1,695.79
0101	137021	05/23/25	524	BLICK ART MATERIALS	1011100001020122	610		0.00	5.79
0101	137022	05/23/25	1597	BRIGHTBILL BODY WOR	1027400000002000	610.16		0.00	851.63
0101	137022	05/23/25	1597	BRIGHTBILL BODY WOR	1027400000002000	610.16		0.00	194.07
0101	137022	05/23/25	1597	BRIGHTBILL BODY WOR	1027400000002000	610.22		0.00	622.44
0101	137022	05/23/25	1597	BRIGHTBILL BODY WOR	1027400000002000	610.14		0.00	1,321.10
0101	137022	05/23/25	1597	BRIGHTBILL BODY WOR	1027400000002000	610.14		0.00	82.71
TOTAL CHECK								0.00	3,071.95

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	137023	05/23/25	7590	BRANDON M BUTERBAUG	1032100003080517	810		0.00	110.00
0101	137023	05/23/25	7590	BRANDON M BUTERBAUG	1011100003080121	810		0.00	82.00
0101	137023	05/23/25	7590	BRANDON M BUTERBAUG	1011100003080121	610		0.00	301.60
0101	137023	05/23/25	7590	BRANDON M BUTERBAUG	1032100003080517	610		0.00	800.87
0101	137023	05/23/25	7590	BRANDON M BUTERBAUG	1023800003080000	610		0.00	1,046.27
0101	137023	05/23/25	7590	BRANDON M BUTERBAUG	1032100003080517	610		0.00	1,216.99
TOTAL CHECK								0.00	3,557.73
0101	137024	05/23/25	8623	CHRISTINA M BYLER	1022710003080000	240	GRAD CLASS	0.00	1,548.00
0101	137024	05/23/25	8623	CHRISTINA M BYLER	1022710003080000	240	GRAD CLASS	0.00	1,839.00
TOTAL CHECK								0.00	3,387.00
0101	137025	05/23/25	273	CAPITAL AREA INTERM	1023800003080000	810	CAOLA 12/1/24-2/28/	0.00	19,960.00
0101	137026	05/23/25	4132	CENTER FOR GIFTED E	1022710003080000	360	E. RENO	0.00	615.00
0101	137027	05/23/25	8241	OCCUPATIONAL HEALTH	1027200000002000	333	PHYSICAL	0.00	109.00
0101	137028	05/23/25	7986	CUSTOM EXHAUST SHOP	1027400000002000	430		0.00	1,999.16
0101	137029	05/23/25	499	COUNTY OF DAUPHIN	1023300000000700	390	SCHOOL R/E TAX	0.00	494.25
0101	137030	05/23/25	8042	DERRY TOWNSHIP	1026200000001000	490	ACCT 0181	0.00	217.25
0101	137031	05/23/25	2177	DERRY TWP SCHOOL DI	1023600000001000	635		0.00	19.01
0101	137031	05/23/25	2177	DERRY TWP SCHOOL DI	1011100002450000	635		0.00	1,405.55
TOTAL CHECK								0.00	1,424.56
0101	137032	05/23/25	8528	DEVOPAR LLC	1025190000001700	330		0.00	585.00
0101	137033	05/23/25	8434	DOCEO OFFICE SOLUTI	1025400000001750	448	PRINTING	0.00	962.64
0101	137033 V	05/23/25	8434	DOCEO OFFICE SOLUTI	1025400000001750	448	PRINTING	0.00	-962.64
0101	137033 V	05/23/25	8434	DOCEO OFFICE SOLUTI	1011100001023750	448	ECC	0.00	-2,887.92
0101	137033 V	05/23/25	8434	DOCEO OFFICE SOLUTI	1011100001021750	448	PRIMARY	0.00	-2,887.92
0101	137033 V	05/23/25	8434	DOCEO OFFICE SOLUTI	1011100001022750	448	INTERMEDIATE	0.00	-2,887.92
0101	137033 V	05/23/25	8434	DOCEO OFFICE SOLUTI	1011100002050750	448	MIDDLE SCHOOL	0.00	-3,208.80
0101	137033 V	05/23/25	8434	DOCEO OFFICE SOLUTI	1011100003080750	448	HIGH SCHOOL	0.00	-3,208.80
0101	137033	05/23/25	8434	DOCEO OFFICE SOLUTI	1011100001023750	448	ECC	0.00	2,887.92
0101	137033	05/23/25	8434	DOCEO OFFICE SOLUTI	1011100001021750	448	PRIMARY	0.00	2,887.92
0101	137033	05/23/25	8434	DOCEO OFFICE SOLUTI	1011100001022750	448	INTERMEDIATE	0.00	2,887.92
0101	137033	05/23/25	8434	DOCEO OFFICE SOLUTI	1011100002050750	448	MIDDLE SCHOOL	0.00	3,208.80
0101	137033	05/23/25	8434	DOCEO OFFICE SOLUTI	1011100003080750	448	HIGH SCHOOL	0.00	3,208.80
TOTAL CHECK								0.00	0.00
0101	137034	05/23/25	8099	EXECUTIVE PRINTING	1032100003080525	550		0.00	396.00
0101	137035	05/23/25	2212	FOLLETT CONTENT SOL	1022500001020000	640	VARIOUS BOOK TITLES	0.00	542.12
0101	137035	05/23/25	2212	FOLLETT CONTENT SOL	1022500001020000	640	VARIOUS BOOK TITLES	0.00	680.45
TOTAL CHECK								0.00	1,222.57
0101	137036	05/23/25	7898	FOX MEDICAL CASE MA	1012330001020000	330		0.00	1,374.84

DERRY TOWNSHIP SD
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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	137037	05/23/25	7907	NICHOLAS I FRANK	1032100003080523	580		0.00	116.40
0101	137038	05/23/25	5374	FREIGHTLINER OF HAR	1027400000002000	430		0.00	667.55
0101	137038	05/23/25	5374	FREIGHTLINER OF HAR	1027400000002000	610.17		0.00	328.37
TOTAL CHECK								0.00	995.92
0101	137039	05/23/25	6599	GALLAGHER PRINTING	10111000003080000	610		0.00	124.91
0101	137039	05/23/25	6599	GALLAGHER PRINTING	1032500003000564	610		0.00	44.93
TOTAL CHECK								0.00	169.84
0101	137040	05/23/25	748	GRAINGER INC	1026200003080000	610		0.00	165.70
0101	137040	05/23/25	748	GRAINGER INC	1026200000000000	610		0.00	63.00
TOTAL CHECK								0.00	228.70
0101	137041	05/23/25	2693	HERSHEY RACQUET CLU	1032500003000561	810		0.00	37.50
0101	137042	05/23/25	5828	HIGHER INFORMATION	10111000003080750	438		0.00	88.22
0101	137043	05/23/25	6885	HIGHLANDER CLEANERS	1032100003080517	415		0.00	350.80
0101	137044	05/23/25	942	J W PEPPER & SON CO	10111000002050121	610		0.00	63.30
0101	137044	05/23/25	942	J W PEPPER & SON CO	10111000002050121	610	CODE CORRECTION	0.00	-9.75
0101	137044	05/23/25	942	J W PEPPER & SON CO	10111000003080121	430	CODE CORRECTION	0.00	9.75
TOTAL CHECK								0.00	63.30
0101	137045	05/23/25	924	JKM TRAINING INC	1026600000000000	390	SAFE CRISIS	0.00	3,347.20
0101	137045	05/23/25	924	JKM TRAINING INC	1026600000000000	390	SAFE CRISIS INSTR C	0.00	3,998.00
TOTAL CHECK								0.00	7,345.20
0101	137046	05/23/25	8354	SARAH E HARMER	1022710000001000	240	GRAD CLASS	0.00	2,180.20
0101	137047	05/23/25	954	KENBROOK BIBLE CAMP	10111000002250000	810	MEALS	0.00	9,300.00
0101	137048	05/23/25	6187	KEYSTONE SERVICE SY	1021190000000000	390		0.00	243.00
0101	137049	05/23/25	6455	KOPPY'S PROPANE INC	1027400000002000	623		0.00	2,255.65
0101	137049	05/23/25	6455	KOPPY'S PROPANE INC	1027400000002000	623		0.00	2,550.69
TOTAL CHECK								0.00	4,806.34
0101	137050	05/23/25	5523	AMY M WORCESTER	1013410003080240	610		0.00	57.15
0101	137050	05/23/25	5523	AMY M WORCESTER	1013410003080240	610		0.00	57.44
TOTAL CHECK								0.00	114.59
0101	137051	05/23/25	1570	LANCASTER/LEBANON I	1012250001020000	322		0.00	2,757.76
0101	137051	05/23/25	1570	LANCASTER/LEBANON I	1024200001020000	322		0.00	2,368.40
TOTAL CHECK								0.00	5,126.16
0101	137052	05/23/25	6272	LANGUAGE LINE SERVI	1011904711020153	329		0.00	473.06
0101	137053	05/23/25	994	LAWN & GOLF SUPPLY	1026200000000000	610		0.00	57.40

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	137054	05/23/25	5717	LEADER SERVICES INC	1012900000000000	323		0.00	269.50
0101	137055	05/23/25	7970	MAC-FAT LLC	1032500003000566	810	MEET 3/31 & 5/5	0.00	1,700.00
0101	137056	05/23/25	6286	MACKIN BOOK COMPANY	1022500003080000	640	MACKIN FICTION & NO	0.00	917.41
0101	137056	05/23/25	6286	MACKIN BOOK COMPANY	1022500003080000	640	MACKIN FICTION & NO	0.00	1,092.42
TOTAL CHECK								0.00	2,009.83
0101	137057	05/23/25	2904	JEFFREY L MACKNEER	1013500003080000	610		0.00	159.78
0101	137058	05/23/25	1598	MAGUIRE'S FORD OF H	1027400000002000	610.16		0.00	144.53
0101	137059	05/23/25	1093	MARK'S PLUMBING PAR	1026200000001000	610.03		0.00	938.51
0101	137060	05/23/25	1579	MENCHEY MUSIC SERVI	1011100002050121	430	OPEN PURCHASE ORDER	0.00	66.00
0101	137061	05/23/25	2929	MICHAEL, ELIZABETH	1012900000000000	329		0.00	70.83
0101	137061	05/23/25	2929	MICHAEL, ELIZABETH	1012900000000000	329		0.00	27.50
TOTAL CHECK								0.00	98.33
0101	137062	05/23/25	8622	ARIANA JASMINE NAZA	10	0481		0.00	73.00
0101	137062	05/23/25	8622	ARIANA JASMINE NAZA	10	0481		0.00	25.00
TOTAL CHECK								0.00	98.00
0101	137063	05/23/25	6007	NAFME	1023800003080000	610	TRI-M GRADUATION CO	0.00	250.00
0101	137063	05/23/25	6007	NAFME	1023800003080000	610	ESTIMATED SHIPPING/	0.00	18.56
TOTAL CHECK								0.00	268.56
0101	137064	05/23/25	7508	NEW STORY LLC	1012330003080000	323		0.00	8,940.00
0101	137064	05/23/25	7508	NEW STORY LLC	1012330002050000	323		0.00	8,940.00
TOTAL CHECK								0.00	17,880.00
0101	137065	05/23/25	333	NK GRAPHICS INC	1032100003080524	610		0.00	1,357.00
0101	137066	05/23/25	2229	PA MEDIA GROUP	1023100000000000	540	PUBLIC NOTICE	0.00	151.46
0101	137067	05/23/25	4620	PIONEER MANUFACTURI	1026300000000000	414		0.00	130.82
0101	137067	05/23/25	4620	PIONEER MANUFACTURI	1026300000000000	414		0.00	101.92
0101	137067	05/23/25	4620	PIONEER MANUFACTURI	1026300000000000	414		0.00	1,094.33
0101	137067	05/23/25	4620	PIONEER MANUFACTURI	1026300000000000	414		0.00	633.30
TOTAL CHECK								0.00	1,960.37
0101	137068	05/23/25	8279	POWER PRO EQUIPMENT	1026200000000000	610		0.00	51.74
0101	137069	05/23/25	2842	RIVER VALLEY LANDSC	1026200000000000	610		0.00	67.80
0101	137070	05/23/25	7098	BRANDY L RUFF	1011100002050121	329		0.00	50.00
0101	137071	05/23/25	1692	SCHAEDLER YESCO DIS	1026200003080000	610		0.00	50.04

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	137072	05/23/25	6961	LINDSEY A SCHMIDT	1023800003080000	635		0.00	167.83
0101	137073	05/23/25	2131	SCHOLASTIC BOOK CLU	1033004111020000	640	BOOKSHELF BUILDERS	0.00	59.20
0101	137073	05/23/25	2131	SCHOLASTIC BOOK CLU	1033004111020000	640	BOOKSHELF BUILDERS	0.00	120.00
0101	137073	05/23/25	2131	SCHOLASTIC BOOK CLU	1033004111020000	640	BOOKSHELF BUILDERS	0.00	120.00
0101	137073	05/23/25	2131	SCHOLASTIC BOOK CLU	1033004111020000	640	BOOKSHELF BUILDERS	0.00	40.00
TOTAL CHECK								0.00	339.20
0101	137074	05/23/25	1694	SHERWIN WILLIAMS CO	1026200000000000	610		0.00	28.95
0101	137075	05/23/25	8034	NICHOLAS S SHOLLY	1027400000002000	810		0.00	99.98
0101	137076	05/23/25	9999	SIDDIQUI, AYESHA	10	R6949		0.00	396.00
0101	137077	05/23/25	7388	VICTORIA E SMITH	1013600003080130	580		0.00	63.70
0101	137077	05/23/25	7388	VICTORIA E SMITH	1013600003080130	580		0.00	44.10
TOTAL CHECK								0.00	107.80
0101	137078	05/23/25	3733	SOLUTION TREE LLC	1023800001020000	640	MATHMATICS STRATEGI	0.00	245.70
0101	137078	05/23/25	3733	SOLUTION TREE LLC	1023800001020000	640	TAKING ACTION, A HA	0.00	537.90
0101	137078	05/23/25	3733	SOLUTION TREE LLC	1023800001020000	640	MATHMATICS ASSESSME	0.00	287.60
0101	137078	05/23/25	3733	SOLUTION TREE LLC	1023800001020000	640	BEHAVIOR SOLUTIONS	0.00	87.90
0101	137078	05/23/25	3733	SOLUTION TREE LLC	1023800001020000	640	ESTIMATED SHIPPING/	0.00	70.03
TOTAL CHECK								0.00	1,229.13
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000551	610	SPALDING PRO NFHS B	0.00	965.00
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000551	610	SPORTSMAN'S PRO BAS	0.00	169.95
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000551	610	ESTIMATED SHIPPING/	0.00	25.10
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500002000553	610	SELECT NUMERO 10, W	0.00	194.75
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500002000553	610	ROYALE SOCCER BALL	0.00	195.80
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500002000553	610	JAYPRO OFFICIAL SOC	0.00	2,495.00
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500002000553	610	SHIP 1/2 PAIR NPT P	0.00	89.00
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500002000553	610	ESTIMATED SHIPPING/	0.00	875.15
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000551	610	SPORTSMAN'S SOFTBAL	0.00	620.00
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000551	610	ESTIMATED SHIPPING/	0.00	146.42
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000571	610	LACROSSE BALL, WHIT	0.00	206.55
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000571	610	ESTIMATED SHIPPING/	0.00	12.75
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000564	610		0.00	2,389.59
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000570	610		0.00	433.90
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000551	610	SPALDING PRO NFHS B	0.00	289.50
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000551	610	SPALDING NFHS BASEB	0.00	239.80
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000551	610	ESTIMATED SHIPPING/	0.00	28.00
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500002000553	610	SELECT NUMERO 10,	0.00	194.75
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500002000553	610	ROYALE SOCCER BALL,	0.00	244.75
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500002000553	610	ESTIMATED SHIPPING/	0.00	22.50
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000571	610.06	XRS PRO HELMET W/ B	0.00	1,200.00
0101	137079	05/23/25	1499	SPORTSMANS INC	1032500003000571	610.06	ESTIMATED SHIPPING/	0.00	19.88
TOTAL CHECK								0.00	11,058.14
0101	137080	05/23/25	7866	HEIDI N STINE	1023800001023000	635		0.00	466.96

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	137081	05/23/25	1699	SUN INC	1023600000001000	549		0.00	245.00
0101	137082	05/23/25	8158	SWEGER BUS LINES IN	1027200000002000	519	MAY 1-16	0.00	56,316.00
0101	137083	05/23/25	5633	THERABILITIES INC	1024200000000310	330		0.00	19,926.00
0101	137084	05/23/25	8063	TILLETT TOILETS	1027200000002000	424		0.00	325.00
0101	137085	05/23/25	6561	TOMLINSON BOMBERGER	1026300000000000	414		0.00	8,150.00
0101	137085	05/23/25	6561	TOMLINSON BOMBERGER	1026300000000000	414		0.00	5,375.00
0101	137085	05/23/25	6561	TOMLINSON BOMBERGER	1026300000000000	414		0.00	1,200.00
TOTAL CHECK								0.00	14,725.00
0101	137086	05/23/25	1501	TOWNSHIP OF DERRY	1027400000002000	626		0.00	1,273.13
0101	137086	05/23/25	1501	TOWNSHIP OF DERRY	1027400000002000	627.01		0.00	47.17
0101	137086	05/23/25	1501	TOWNSHIP OF DERRY	1027400000002000	627		0.00	1,871.51
TOTAL CHECK								0.00	3,191.81
0101	137087	05/23/25	1540	TOWNSHIP OF DERRY	1027400000002000	610		0.00	21.62
0101	137088	05/23/25	7026	TREASURER OF FREDER	1023100000001000	810		0.00	8.16
0101	137089	05/23/25	7727	TRI-STATE SHREDDING	1026200000000000	411		0.00	80.00
0101	137090	05/23/25	6559	VERIZON	1026200000001000	530		0.00	176.60
0101	137091	05/23/25	1357	VERIZON WIRELESS IN	1028180000000750	538		0.00	2,393.37
0101	137092	05/23/25	6417	VISTA ADULT SERVICE	1012330003080000	323		0.00	10,413.50
0101	137093	05/23/25	1363	VISTA SCHOOL INC	1012330003080000	323		0.00	14,769.94
0101	137093	05/23/25	1363	VISTA SCHOOL INC	1012330001020000	323		0.00	7,980.64
0101	137093	05/23/25	1363	VISTA SCHOOL INC	1012330003080000	323		0.00	4,900.00
TOTAL CHECK								0.00	27,650.58
0101	137094	05/23/25	1489	WARD'S NATURAL SCIE	1011100003080180	610	NAVIGATOR PORTABLE	0.00	556.66
0101	137094	05/23/25	1489	WARD'S NATURAL SCIE	1011100003080180	610	BOREAL SCIENCE MICR	0.00	125.49
0101	137094	05/23/25	1489	WARD'S NATURAL SCIE	1011100003080180	610	CALCIUM HYDROXIDE	0.00	85.30
0101	137094	05/23/25	1489	WARD'S NATURAL SCIE	1011100003080180	610	ISOPROPPYL ALCOHOL	0.00	63.90
0101	137094	05/23/25	1489	WARD'S NATURAL SCIE	1011100003080180	610	SMALL LABELEDGE TRA	0.00	1.90
0101	137094	05/23/25	1489	WARD'S NATURAL SCIE	1011100003080180	610	SIMULATED BLOOD TYP	0.00	262.45
0101	137094	05/23/25	1489	WARD'S NATURAL SCIE	1011100003080180	610	WARD'S DNA SIMULATI	0.00	534.58
0101	137094	05/23/25	1489	WARD'S NATURAL SCIE	1011100003080180	610	URINE TEST STRIPS	0.00	165.60
0101	137094	05/23/25	1489	WARD'S NATURAL SCIE	1011100003080180	610	DIALYSIS TUBING, 9M	0.00	239.76
0101	137094	05/23/25	1489	WARD'S NATURAL SCIE	1011100003080180	610	DIALYSIS TUBING, 9M	0.00	383.78
TOTAL CHECK								0.00	2,419.42
0101	137095	05/23/25	1520	WILHELM'S HARDWARE	1026200000000000	610		0.00	12.17
0101	137095	05/23/25	1520	WILHELM'S HARDWARE	1026200000000000	610		0.00	4.49
0101	137095	05/23/25	1520	WILHELM'S HARDWARE	1026200000000000	610		0.00	52.28
TOTAL CHECK								0.00	68.94

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	137096	05/23/25	3939	YAZINSKI DMD, RICHA	1024400002050000	390		0.00	37.50
0101	137097	05/23/25	1780	YELLOW BREECHES EDU	1012310003080000	323		0.00	8,068.00
0101	137098	05/23/25	7744	ZOOM VIDEO COMMUNIC	1028180000000750	650		0.00	3,581.16
0101	137098	05/23/25	7744	ZOOM VIDEO COMMUNIC	1028180000000750	650		0.00	23,749.00
TOTAL CHECK								0.00	27,330.16
0101	137099	05/30/25	1428	HESPA	10	0462.13	05/30/2025	0.00	208.66
0101	137100	05/30/25	5578	KEYSTONE COLLECTION	10	0462.16	05/30/2025	0.00	748.10
0101	137101	05/28/25	1046	LOWE'S COMPANIES IN	1027400000002000	610		0.00	104.23
0101	AF050125	05/01/25	2802	AFLAC	10	0462.23	APRIL PREMIUM	0.00	239.96
0101	AR050125	05/01/25	8285	ARBITER SPORTS	1032500000000000	343		0.00	8,000.00
0101	AW052225	05/22/25	1687	PA AMERICAN WATER C	1026200000000000	424		0.00	61.49
0101	AW052225	05/22/25	1687	PA AMERICAN WATER C	1026200000000000	424		0.00	333.54
TOTAL CHECK								0.00	395.03
0101	AW052825	05/28/25	1687	PA AMERICAN WATER C	1026200000001000	424		0.00	296.90
0101	AW052825	05/28/25	1687	PA AMERICAN WATER C	1026200000001000	424		0.00	355.76
0101	AW052825	05/28/25	1687	PA AMERICAN WATER C	1026200000001000	424		0.00	391.84
0101	AW052825	05/28/25	1687	PA AMERICAN WATER C	1026200000000000	424		0.00	416.98
0101	AW052825	05/28/25	1687	PA AMERICAN WATER C	1026200000003000	424		0.00	444.30
TOTAL CHECK								0.00	1,905.78
0101	AW052925	05/29/25	1687	PA AMERICAN WATER C	1026200000000000	424		0.00	71.84
0101	AW052925	05/29/25	1687	PA AMERICAN WATER C	1026200000000000	424		0.00	74.37
0101	AW052925	05/29/25	1687	PA AMERICAN WATER C	1026200002050000	424		0.00	1,409.55
0101	AW052925	05/29/25	1687	PA AMERICAN WATER C	1026200001020000	424		0.00	2,282.01
0101	AW052925	05/29/25	1687	PA AMERICAN WATER C	1026200003080000	424		0.00	3,103.48
TOTAL CHECK								0.00	6,941.25
0101	DE050125	05/01/25	8143	DIRECT ENERGY BUSIN	1026200000000000	622	1785054-3/6-4/3/202	0.00	126.91
0101	DE050125	05/01/25	8143	DIRECT ENERGY BUSIN	1026200003080000	622	ACT# 1785048	0.00	19,110.53
0101	DE050125	05/01/25	8143	DIRECT ENERGY BUSIN	1026200002050000	622	ACT# 1785051	0.00	9,954.30
0101	DE050125	05/01/25	8143	DIRECT ENERGY BUSIN	1026200001020000	622	ACT# 1785050	0.00	9,475.99
0101	DE050125	05/01/25	8143	DIRECT ENERGY BUSIN	1026200001023000	622	ACT# 1785052	0.00	6,533.40
0101	DE050125	05/01/25	8143	DIRECT ENERGY BUSIN	1026200000001000	622	ACT# 1785047	0.00	1,940.08
0101	DE050125	05/01/25	8143	DIRECT ENERGY BUSIN	1026200000001000	622	ACT# 1785053	0.00	950.40
0101	DE050125	05/01/25	8143	DIRECT ENERGY BUSIN	1026200000001000	622	ACT# 175049	0.00	368.73
0101	DE050125	05/01/25	8143	DIRECT ENERGY BUSIN	1026200000000000	622	ACT# 1785055	0.00	32.06
TOTAL CHECK								0.00	48,492.40
0101	DE052225	05/22/25	7276	NRG BUSINESS MARKET	1026200000003000	621		0.00	925.55
0101	DE052225	05/22/25	7276	NRG BUSINESS MARKET	1026200002050000	621		0.00	1,143.40
TOTAL CHECK								0.00	2,068.95

DERRY TOWNSHIP SD
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SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	DE052825	05/28/25	8143	DIRECT ENERGY BUSIN	1026200002050000	622		0.00	9,931.89
0101	DE052825	05/28/25	8143	DIRECT ENERGY BUSIN	1026200003080000	622		0.00	19,490.68
0101	DE052825	05/28/25	8143	DIRECT ENERGY BUSIN	1026200001023000	622		0.00	6,667.03
0101	DE052825	05/28/25	8143	DIRECT ENERGY BUSIN	1026200001020000	622		0.00	9,202.89
TOTAL CHECK								0.00	45,292.49
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200000001000	425	02/05-03/052025	0.00	298.70
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200000000000	425	02/05-03/05/2025	0.00	13.91
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200000000000	425	02/15-3/15/2025	0.00	19.00
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200000000000	425	02/15-03/15/2025	0.00	9.50
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200000003000	425	02/05-03/05/2025	0.00	20.44
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200000003000	425	02/05-03/05/2025	0.00	13.91
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200000000000	425	02/05-03/05/2025	0.00	13.91
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200001023000	425	02/05-03/05/2025	0.00	314.94
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200002050000	425	02/13-03/13/2025	0.00	451.42
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200003080000	425	02/13-03/13/2025	0.00	1,143.60
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200001020000	425	02/13-03/13/2025	0.00	5,600.56
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200000001000	425	02/05-03/05/2025	0.00	282.70
0101	DT050725	05/07/25	1788	DERRY TWP MUNICIPAL	1026200000000000	425	02/15-03/15/2025	0.00	17.10
TOTAL CHECK								0.00	8,199.69
0101	EN052225	05/22/25	8490	ENCOVA MUTUAL INSUR	10	0468	4/2/25-5/1/25	0.00	27,555.00
0101	GA050725	05/07/25	7684	ARTHUR J GALLAGHER	1023100000001700	525	B2512687224304	0.00	142.00
0101	HC050125	05/01/25	7604	HCC LIFE INSURANCE	10	0463	07/01/24- 06/30/25	0.00	203,172.49
0101	HM050725	05/07/25	7411	HIGHMARK BLUE SHIEL	10	0463	CLAIMS PD THRU 5/2/	0.00	138,692.06
0101	HM051625	05/16/25	7411	HIGHMARK BLUE SHIEL	10	0463	CLMS PD THRU 5/9/25	0.00	198,736.39
0101	HM052125	05/21/25	7411	HIGHMARK BLUE SHIEL	10	0463	CLMS PD THRU 05/16/	0.00	143,311.05
0101	HM052825	05/28/25	7411	HIGHMARK BLUE SHIEL	10	0463	CLMS PD THRU 5/23/2	0.00	248,905.38
0101	NG050225	05/02/25	7276	NRG BUSINESS MARKET	1026200000001000	621	931536- 03/15-4/14/	0.00	130.29
0101	NG050225	05/02/25	7276	NRG BUSINESS MARKET	1026200001020000	621	930531-03/01-3/31/2	0.00	3,900.41
0101	NG050225	05/02/25	7276	NRG BUSINESS MARKET	1026200003080000	621	930532-03/1-3/31/20	0.00	4,664.06
0101	NG050225	05/02/25	7276	NRG BUSINESS MARKET	1026200001023000	621	930524- 3/15-4/14/2	0.00	1,262.25
0101	NG050225	05/02/25	7276	NRG BUSINESS MARKET	1026200000001000	621	930525- 03/15-4/14/	0.00	48.05
0101	NG050225	05/02/25	7276	NRG BUSINESS MARKET	1026200000001000	621	930526- 03/15-4/14/	0.00	376.95
0101	NG050225	05/02/25	7276	NRG BUSINESS MARKET	1026200000001000	621	930527- 03/15-4/14/	0.00	109.31
0101	NG050225	05/02/25	7276	NRG BUSINESS MARKET	1026200002050000	621	930528-03/15-4/14/2	0.00	528.73
0101	NG050225	05/02/25	7276	NRG BUSINESS MARKET	1026200003080000	621	930529-3/15-4/14/20	0.00	15.44
0101	NG050225	05/02/25	7276	NRG BUSINESS MARKET	1026200001020000	621	930530-03/15-4/14/2	0.00	637.48
TOTAL CHECK								0.00	11,672.97
0101	PB050725	05/07/25	5156	PITNEY BOWES BANK I	1025300000001000	530		0.00	2,000.00
0101	PP005052	05/05/25	989	PPL ELECTRIC UTILIT	1026200000001000	622	03/05-04/03/2025	0.00	338.02

DERRY TOWNSHIP SD
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SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
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CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	PP050125	05/01/25	989	PPL ELECTRIC UTILIT	1026200001023000	622	02/28-3/31/2025	0.00	1,304.28
0101	PP050125	05/01/25	989	PPL ELECTRIC UTILIT	1026200001020000	622	02/28-03/31/2025	0.00	1,687.70
0101	PP050125	05/01/25	989	PPL ELECTRIC UTILIT	1026200002050000	622	02/28-03/31/2025	0.00	1,898.05
0101	PP050125	05/01/25	989	PPL ELECTRIC UTILIT	1026200003080000	622	02/28-03/31/2025	0.00	3,136.12
TOTAL CHECK								0.00	8,026.15
0101	PP050525	05/05/25	989	PPL ELECTRIC UTILIT	1026200000001000	622	03/05-04/03/2025	0.00	1,736.57
0101	PP050525	05/05/25	989	PPL ELECTRIC UTILIT	1026200000000000	622	03/05-04/03/2025	0.00	30.41
0101	PP050525	05/05/25	989	PPL ELECTRIC UTILIT	1026200000000000	622	03/04-04/02/2025	0.00	80.96
0101	PP050525	05/05/25	989	PPL ELECTRIC UTILIT	1026200000001000	622	03/05-04/03/2025	0.00	131.32
0101	PP050525	05/05/25	989	PPL ELECTRIC UTILIT	1026200000001000	622	03/05-04/03/2025	0.00	162.70
0101	PP050525	05/05/25	989	PPL ELECTRIC UTILIT	1026200000003000	622	03/05-04/03/2025	0.00	253.86
TOTAL CHECK								0.00	2,395.82
0101	PP050725	05/07/25	989	PPL ELECTRIC UTILIT	1026200000000000	622	03/06-04/04/2025	0.00	579.90
0101	PP050825	05/08/25	989	PPL ELECTRIC UTILIT	1026200000003000	622	03/05-04/03/2025	0.00	3,717.23
0101	PS050125	05/01/25	1438	PUBLIC SCHOOL EMPLO	10	0462.21	APRIL WORK REPORT	0.00	62.80
0101	PS050125	05/01/25	1438	PUBLIC SCHOOL EMPLO	10	0467	APRIL WORK REPORT	0.00	182,546.44
TOTAL CHECK								0.00	182,609.24
0101	PS050725	05/07/25	1438	PUBLIC SCHOOL EMPLO	1011100001023170	230	E BROCIOUS 2008-200	0.00	554.71
0101	PS050725	05/07/25	1438	PUBLIC SCHOOL EMPLO	1011000000000000	230	H CERESINI 2008-200	0.00	16.99
TOTAL CHECK								0.00	571.70
0101	PW050125	05/01/25	1687	PA AMERICAN WATER C	1026200001023000	424	03/06-04/03/2025	0.00	705.70
0101	PW050125	05/01/25	1687	PA AMERICAN WATER C	1026200000003000	424	03/06- 04/03/2025	0.00	444.30
0101	PW050125	05/01/25	1687	PA AMERICAN WATER C	1026200000001000	424	03/06- 04/03/2025	0.00	357.66
0101	PW050125	05/01/25	1687	PA AMERICAN WATER C	1026200000000000	424	03/06- 04/03/2025	0.00	132.51
0101	PW050125	05/01/25	1687	PA AMERICAN WATER C	1026200003080000	424	03/06- 04/03/2025	0.00	3,151.77
0101	PW050125	05/01/25	1687	PA AMERICAN WATER C	1026200001020000	424	03/06- 04/03/2025	0.00	2,020.59
0101	PW050125	05/01/25	1687	PA AMERICAN WATER C	1026200002050000	424	03/06- 04/03/2025	0.00	1,367.55
0101	PW050125	05/01/25	1687	PA AMERICAN WATER C	1026200000001000	424	03/06- 04/03/2025	0.00	315.89
0101	PW050125	05/01/25	1687	PA AMERICAN WATER C	1026200000000000	424	03/06- 04/03/2025	0.00	156.60
0101	PW050125	05/01/25	1687	PA AMERICAN WATER C	1026200000000000	424	03/07- 04/04/2025	0.00	59.17
0101	PW050125	05/01/25	1687	PA AMERICAN WATER C	1026200000001000	424	3/06- 4/3/2025	0.00	581.72
TOTAL CHECK								0.00	9,293.46
0101	S4050125	05/01/25	6200	S4TEACHERS LLC	1011100001021700	329	WE 04/19/2025	0.00	1,549.08
0101	S4050125	05/01/25	6200	S4TEACHERS LLC	1011100001022700	329	WE 4/19/2025	0.00	2,836.67
0101	S4050125	05/01/25	6200	S4TEACHERS LLC	1011100001023700	329	WE 04/19/2025	0.00	5,527.70
0101	S4050125	05/01/25	6200	S4TEACHERS LLC	1011100002050700	329	W/E 04/19/2025	0.00	5,206.63
0101	S4050125	05/01/25	6200	S4TEACHERS LLC	1011100003080700	329	W/E 04/19/2025	0.00	6,295.62
0101	S4050125	05/01/25	6200	S4TEACHERS LLC	1012900001021700	329	W/E 04/19/2025	0.00	70.30
0101	S4050125	05/01/25	6200	S4TEACHERS LLC	1012900001022700	329	W/E 04/19/2025	0.00	152.99
0101	S4050125	05/01/25	6200	S4TEACHERS LLC	1012900001023700	329	W/E 04/19/2025	0.00	757.38
0101	S4050125	05/01/25	6200	S4TEACHERS LLC	1012900002050700	329	W/E 04/19/2025	0.00	587.44
0101	S4050125	05/01/25	6200	S4TEACHERS LLC	1012900003080700	329	W/E 04/19/2025	0.00	781.16
TOTAL CHECK								0.00	23,764.97

DERRY TOWNSHIP SD
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SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
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FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	S4050825	05/08/25	6200	S4TEACHERS LLC	1011100001021700	329	W/E 4/26/25	0.00	1,913.18
0101	S4050825	05/08/25	6200	S4TEACHERS LLC	1011100001022700	329	W/E 04/26/25	0.00	979.76
0101	S4050825	05/08/25	6200	S4TEACHERS LLC	1011100001023700	329	W/E 04/26/25	0.00	4,124.26
0101	S4050825	05/08/25	6200	S4TEACHERS LLC	1011100002050700	329	W/E 04/26/25	0.00	6,173.15
0101	S4050825	05/08/25	6200	S4TEACHERS LLC	1011100003080700	329	W/E 04/26/25	0.00	5,408.54
0101	S4050825	05/08/25	6200	S4TEACHERS LLC	1012900001021700	329	W/E 04/26/25	0.00	774.07
0101	S4050825	05/08/25	6200	S4TEACHERS LLC	1012900002050700	329	W/E 04/26/25	0.00	350.91
0101	S4050825	05/08/25	6200	S4TEACHERS LLC	1012900003080700	329	W/E 4/26/25	0.00	2,084.72
TOTAL CHECK								0.00	21,808.59
0101	S4051525	05/15/25	6200	S4TEACHERS LLC	1011100001021700	329	WE 5/3/25	0.00	2,340.17
0101	S4051525	05/15/25	6200	S4TEACHERS LLC	1011100001022700	329	WE 5/3/25	0.00	1,350.48
0101	S4051525	05/15/25	6200	S4TEACHERS LLC	1011100001023700	329	WE 5/3/25	0.00	5,190.08
0101	S4051525	05/15/25	6200	S4TEACHERS LLC	1011100002050700	329	WE 5/3/25	0.00	9,026.37
0101	S4051525	05/15/25	6200	S4TEACHERS LLC	1011100003080700	329	WE 5/3/25	0.00	8,867.49
0101	S4051525	05/15/25	6200	S4TEACHERS LLC	1012900001021700	329	WE 5/3/25	0.00	628.58
0101	S4051525	05/15/25	6200	S4TEACHERS LLC	1012900001022700	329	WE 5/3/25	0.00	225.08
0101	S4051525	05/15/25	6200	S4TEACHERS LLC	1012900001023700	329	WE 5/3/25	0.00	892.95
0101	S4051525	05/15/25	6200	S4TEACHERS LLC	1012900003080700	329	WE 5/3/25	0.00	339.01
TOTAL CHECK								0.00	28,860.21
0101	S4052225	05/22/25	6200	S4TEACHERS LLC	1011100001021700	329	W/E 5/10/25	0.00	4,766.40
0101	S4052225	05/22/25	6200	S4TEACHERS LLC	1011100001022700	329	W/E 5/10/25	0.00	4,948.45
0101	S4052225	05/22/25	6200	S4TEACHERS LLC	1011100001023700	329	W/E 5/10/25	0.00	3,846.22
0101	S4052225	05/22/25	6200	S4TEACHERS LLC	1011100002050700	329	W/E 5/10/25	0.00	6,775.57
0101	S4052225	05/22/25	6200	S4TEACHERS LLC	1011100003080700	329	W/E 5/10/25	0.00	10,896.52
0101	S4052225	05/22/25	6200	S4TEACHERS LLC	1012900001022700	329	W/E 5/10/25	0.00	86.06
0101	S4052225	05/22/25	6200	S4TEACHERS LLC	1012900001023700	329	W/E 5/10/25	0.00	482.56
0101	S4052225	05/22/25	6200	S4TEACHERS LLC	1012900002050700	329	W/E 5/10/25	0.00	191.98
0101	S4052225	05/22/25	6200	S4TEACHERS LLC	1012900003080700	329	W/E 5/10/25	0.00	321.07
TOTAL CHECK								0.00	32,314.83
0101	UC050625	05/06/25	8041	UNITED CONCORDIA	10	0464	04/25- 5/02/2025	0.00	5,573.35
0101	UC051325	05/13/25	8041	UNITED CONCORDIA	10	0464	5/02- 05/09/2025	0.00	8,023.46
0101	UC052025	05/20/25	8041	UNITED CONCORDIA	10	0464	5/9/25-5/16/25	0.00	4,335.16
0101	UC052025	05/20/25	8041	UNITED CONCORDIA	10	0464	4/1/25-4/30/25	0.00	2,056.40
TOTAL CHECK								0.00	6,391.56
0101	UC052825	05/28/25	8041	UNITED CONCORDIA	10	0464	5/16/25-5/23/25	0.00	3,467.75
0101	UG050225	05/02/25	1601	UGI UTILITIES INC	1026200000003000	621	03/15-04/14/2025	0.00	804.61
0101	UG050725	05/07/25	1601	UGI UTILITIES INC	1026200002050000	621	03/01-03/31/2025	0.00	2,192.04
0101	UG050725	05/07/25	1601	UGI UTILITIES INC	1026200001020000	621	03/01-03/31/2025	0.00	2,464.14
0101	UG050725	05/07/25	1601	UGI UTILITIES INC	1026200003080000	621	03/01-03/31/2025	0.00	2,933.90
TOTAL CHECK								0.00	7,590.08
0101	UG052325	05/23/25	1601	UGI UTILITIES INC	1026200000001000	621		0.00	229.16

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	UP050125	05/01/25	1701	UNITED PARCEL SERVI	1025190000001700	810	ACT# X17310	0.00	66.24
0101	WM052225	05/22/25	1702	WASTE MANAGEMENT IN	1026200000001000	411		0.00	512.44
0101	WT522025	05/02/25	1632	WILMINGTON TRUST	1052400000000000	930	DERRY TWP SD 19A	0.00	73,625.00
0101	WT522025	05/02/25	1632	WILMINGTON TRUST	1052400000000000	930	DERRY TWP 19B	0.00	27,212.50
0101	WT522025	05/02/25	1632	WILMINGTON TRUST	1052400000000000	930	DERRY TWP SD 21	0.00	60,256.50
0101	WT522025	05/02/25	1632	WILMINGTON TRUST	1052400000000000	930	DERRY TWP SD 21A	0.00	7,325.00
0101	WT522025	05/02/25	1632	WILMINGTON TRUST	1052400000000000	930	DERRY TWP SD 23	0.00	383,793.75
TOTAL CHECK								0.00	552,212.75
TOTAL CASH ACCOUNT								0.00	3,016,883.98
0102	L22A	05/02/25	1577	PA DEPT OF REVENUE	10	0462.05		0.00	42,687.57
0102	L22B	05/02/25	1432	EFTPS	10	0462.03	FICA	0.00	172,108.18
0102	L22B	05/02/25	1432	EFTPS	10	0462.03	MEDI	0.00	40,251.04
0102	L22B	05/02/25	1432	EFTPS	10	0462.02	FED	0.00	136,401.88
TOTAL CHECK								0.00	348,761.10
0102	L22C	05/02/25	1441	PA STATE COLLECTION	10	0462.16		0.00	1,839.75
0102	L23A	05/16/25	1577	PA DEPT OF REVENUE	10	0462.05	SIT	0.00	43,624.55
0102	L23B	05/16/25	1432	EFTPS	10	0462.03	FICA	0.00	175,892.64
0102	L23B	05/16/25	1432	EFTPS	10	0462.03	MEDI	0.00	41,136.16
0102	L23B	05/16/25	1432	EFTPS	10	0462.02	FED	0.00	134,955.94
TOTAL CHECK								0.00	351,984.74
0102	L23C	05/16/25	1441	PA STATE COLLECTION	10	0462.16		0.00	1,839.75
0102	L24A	05/30/25	1577	PA DEPT OF REVENUE	10	0462.05	SIT	0.00	38,536.42
0102	L24B	05/30/25	1432	EFTPS	10	0462.03	FICA	0.00	155,341.30
0102	L24B	05/30/25	1432	EFTPS	10	0462.03	MEDI	0.00	36,329.62
0102	L24B	05/30/25	1432	EFTPS	10	0462.02	FED	0.00	110,086.29
TOTAL CHECK								0.00	301,757.21
0102	L24C	05/30/25	1441	PA STATE COLLECTION	10	0462.16	SUPPORT	0.00	1,839.75
0102	L24E	05/30/25	2802	AFLAC	10	0462.23	MAY AFLAC	0.00	359.94
0102	L22T1	05/02/25	4448	P & A RETIREMENT P	10	0462.22	EMPLOYEE	0.00	12,202.78
0102	L22T1	05/02/25	4448	P & A RETIREMENT P	10	0462.22	EMPLOYER	0.00	1,186.97
0102	L22T1	05/02/25	4448	P & A RETIREMENT P	10	0462.29	LOAN	0.00	293.13
TOTAL CHECK								0.00	13,682.88
0102	L23T1	05/16/25	4448	P & A RETIREMENT P	10	0462.22	EMPLOYEE	0.00	12,182.04
0102	L23T1	05/16/25	4448	P & A RETIREMENT P	10	0462.22	EMPLOYER	0.00	1,186.97
0102	L23T1	05/16/25	4448	P & A RETIREMENT P	10	0462.29	LOAN	0.00	293.13

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 10 - GENERAL FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
TOTAL CHECK								0.00	13,662.14
0102	L24T1	05/30/25	4448	P & A RETIREMENT P	10	0462.22	EMPLOYEE	0.00	11,756.67
0102	L24T1	05/30/25	4448	P & A RETIREMENT P	10	0462.22	EMPLOYER	0.00	1,186.97
0102	L24T1	05/30/25	4448	P & A RETIREMENT P	10	0462.29	LOAN	0.00	293.13
TOTAL CHECK								0.00	13,236.77
0102	TS053125	05/31/25	4848	TRI-STAR BENEFIT SY	10	0462.31	4/26/25-5/2/25	0.00	2,770.41
0102	TS053125	05/31/25	4848	TRI-STAR BENEFIT SY	10	0462.31	5/3/25-5/9/25	0.00	2,728.82
0102	TS053125	05/31/25	4848	TRI-STAR BENEFIT SY	10	0462.31	5/10/25-5/16/25	0.00	3,929.97
0102	TS053125	05/31/25	4848	TRI-STAR BENEFIT SY	10	0462.31	5/17/25-5/23/25	0.00	3,276.54
0102	TS053125	05/31/25	4848	TRI-STAR BENEFIT SY	10	0462.30	05/01/25-05/31/25	0.00	393.75
TOTAL CHECK								0.00	13,099.49
TOTAL CASH ACCOUNT								0.00	1,186,912.06
TOTAL FUND								0.00	4,203,796.04

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 29.1 - HS ACTIVITY FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	22061	05/09/25	1430	DERRY TWP SCHOOL DI	29.1	0496.111	SUPPLIES TB COMM. D	0.00	171.44
0101	22062	05/09/25	8102	CORRY P GROFF	29.1	0496.48	W4CW EVENT SUPPLIES	0.00	99.44
0101	22063	05/09/25	1127	MICHAEL V GUSTANTIN	29.1	0496.57	REIM. MERCHANDISE	0.00	319.92
0101	22064	05/09/25	8620	HUMMELSTOWN PRINT H	29.1	0496.44	CABARET T-SHIRTS	0.00	983.69
0101	22065	05/09/25	4430	MEGAN E MACNICOL	29.1	0496.108	GRADUATION CORDS	0.00	168.10
0101	22066	05/09/25	3828	MIXED IMPRESSIONS E	29.1	0496.62	DEP - HOMECOMING DJ	0.00	100.00
0101	22067	05/09/25	6989	PULSERA PROJECT	29.1	0496.108	PULSERA SALES	0.00	350.00
0101	22068	05/09/25	6998	RED LION HOTEL HARR	29.1	0496.09	CHOIR BANQUET	0.00	932.00
0101	22069	05/23/25	9999	ABIGAIL HAND/WINTHR	29.1	0496.57	TTP SCHOLARSHIP	0.00	2,000.00
0101	22070	05/23/25	4991	ACCUWRITE FORMS AND	29.1	0496.57	MERCH/CLOTHING	0.00	187.50
0101	22071	05/23/25	1458	AHOLD FINANCIAL SER	29.1	0496.51	RONALD MCDONALD DIN	0.00	234.06
0101	22072	05/23/25	9999	ANDREW PREPUTNICK/F	29.1	0496.57	TTP SCHOLARSHIP	0.00	2,000.00
0101	22073	05/23/25	7590	BRANDON M BUTERBAUG	29.1	0496.44	REIMBURSEMENT	0.00	287.98
0101	22074	05/23/25	7605	BRIAN W BUTERBAUGH	29.1	0496.53	POST CONCERT PARTY	0.00	152.76
0101	22075	05/23/25	5838	ESLICK, BRIAN ENTER	29.1	0496.21	SR DINNER HYPNOTIST	0.00	600.00
0101	22076	05/23/25	3813	SPEECE, GREGORY S	29.1	0496.85	TROJAN IRON T-SHIRT	0.00	621.00
0101	22077	05/23/25	1430	DERRY TWP SCHOOL DI	29.1	0496.44	CABARET TICKET SALE	0.00	1,195.00
0101	22078	05/23/25	1127	MICHAEL V GUSTANTIN	29.1	0496.57	REIMBURSEMENT	0.00	399.89
0101	22078	05/23/25	1127	MICHAEL V GUSTANTIN	29.1	0496.57	REIMBURSEMENT	0.00	1,539.43
TOTAL CHECK								0.00	1,939.32
0101	22079	05/23/25	9999	HAND, ABBY	29.1	0496.57	REIMBURSEMENT	0.00	29.75
0101	22080	05/23/25	9999	JAMES CAMPBELL/CASE	29.1	0496.57	TTP SCHOLARSHIP	0.00	2,000.00
0101	22081	05/23/25	7099	L2 BRANDS LLC	29.1	0496.57	CLOTHING	0.00	516.82
0101	22081	05/23/25	7099	L2 BRANDS LLC	29.1	0496.57	CLOTHING	0.00	369.08
0101	22081	05/23/25	7099	L2 BRANDS LLC	29.1	0496.57	CLOTHING	0.00	677.52
0101	22081	05/23/25	7099	L2 BRANDS LLC	29.1	0496.57	CLOTHING	0.00	798.72
0101	22081	05/23/25	7099	L2 BRANDS LLC	29.1	0496.57	CLOTHING	0.00	603.96
0101	22081	05/23/25	7099	L2 BRANDS LLC	29.1	0496.57	CLOTHING	0.00	603.96
0101	22081	05/23/25	7099	L2 BRANDS LLC	29.1	0496.57	CLOTHING	0.00	603.96
0101	22081	05/23/25	7099	L2 BRANDS LLC	29.1	0496.57	CLOTHING	0.00	607.92
0101	22081	05/23/25	7099	L2 BRANDS LLC	29.1	0496.57	CLOTHING	0.00	306.72

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 29.1 - HS ACTIVITY FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
TOTAL CHECK								0.00	5,088.66
0101	22082	05/23/25	3828	MIXED IMPRESSIONS E	29.1	0496.21	SR. PROM DJ	0.00	1,300.00
0101	22083	05/23/25	9999	RILEY BURNETT/UNIV.	29.1	0496.57	TTP SCHOLARSHIP	0.00	2,000.00
0101	22084	05/23/25	3045	TROY E SMITH	29.1	0496.85	RECORD PLATES	0.00	259.98
0101	22085	05/23/25	7714	SCOTT D STINE	29.1	0496.77	REIM NAT'L COMPETIT	0.00	75.00
0101	22085	05/23/25	7714	SCOTT D STINE	29.1	0496.77	REIM NAT'L COMPETIT	0.00	1,085.00
TOTAL CHECK								0.00	1,160.00
0101	22086	05/23/25	1699	SUN INC	29.1	0496.44	AD FOR CABARET	0.00	200.00
0101	22087	05/23/25	2372	SHARI J TAYLOR-STUC	29.1	0496.51	GRAD. TASSELS	0.00	67.96
0101	22087	05/23/25	2372	SHARI J TAYLOR-STUC	29.1	0496.51	NHS MEDALLIONS/STOL	0.00	356.99
TOTAL CHECK								0.00	424.95
0101	22088	05/23/25	9999	WILLIAM CHAPPELL/UN	29.1	0496.57	TTP SCHOLARSHIP	0.00	2,000.00
TOTAL CASH ACCOUNT								0.00	26,805.55
TOTAL FUND								0.00	26,805.55

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 29.2 - MS ACTIVITY FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	468	05/09/25	8072	SETH M KELLER	29.2	0496.02	DONUTS FOR BAND REW	0.00	51.96
0101	469	05/23/25	2966	FOUR DIAMONDS FUND	29.2	0496.54	MINI-THON DONATION	0.00	9,947.53
0101	470	05/23/25	8072	SETH M KELLER	29.2	0496.02	JAZZ REWARD DONUTS	0.00	64.95
0101	470	05/23/25	8072	SETH M KELLER	29.2	0496.02	7TH GR BAND REWARD	0.00	86.94
TOTAL CHECK								0.00	151.89
TOTAL CASH ACCOUNT								0.00	10,151.38
TOTAL FUND								0.00	10,151.38

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 32 - CAPITAL RESERVE

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	342	05/09/25	1597	BRIGHTBILL BODY WOR	3227400000002000	762	2026 BLUEBIRD VISIO	0.00	557,344.00
0101	343	05/14/25	8386	CUSTER EXCAVATING I	3242000000000802	710	HS BASIN	0.00	82,637.40
0101	344	05/23/25	6967	CRABTREE ROHRBAUGH	3245000000000811	330	DESIGN & DEVELOPMEN	0.00	154,459.30
0101	345	05/23/25	8456	FIDEVIA, LLC	3245000000000811	330		0.00	2,400.00
0101	346	05/23/25	6715	JOHNSON MIRMIRAN &	3244000000000801	330	NEW STADIUM	0.00	24,227.00
0101	346	05/23/25	6715	JOHNSON MIRMIRAN &	3244000000000801	330	STADIUM ZONING	0.00	6,588.50
TOTAL CHECK								0.00	30,815.50
0101	347	05/23/25	4711	RETTEW ASSOCIATES I	3242000000000814	710	ELEMENTARY SCHOOL	0.00	11,841.75
0101	347	05/23/25	4711	RETTEW ASSOCIATES I	3242000000000814	710	STADIUM	0.00	2,567.96
0101	347	05/23/25	4711	RETTEW ASSOCIATES I	3242000000000814	710	MEMORIAL FIELD	0.00	2,616.40
TOTAL CHECK								0.00	17,026.11
TOTAL CASH ACCOUNT								0.00	844,682.31
TOTAL FUND								0.00	844,682.31

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 51 - CAFETERIA FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	14553	05/09/25	1454	ECOLAB INC	5131000002050000	610		0.00	253.49
0101	14554	05/09/25	5382	FOOD SAFETY SOLUTIO	5131000002050000	610.05		0.00	313.64
0101	14554	05/09/25	5382	FOOD SAFETY SOLUTIO	5131000003080000	610.05		0.00	313.64
0101	14554	05/09/25	5382	FOOD SAFETY SOLUTIO	5131000001020000	610.05		0.00	519.13
TOTAL CHECK								0.00	1,146.41
0101	14555	05/09/25	7936	GOLD STAR FOODS INC	5131000000005000	633.01		0.00	143.52
0101	14555	05/09/25	7936	GOLD STAR FOODS INC	5131000001020000	633.01		0.00	162.24
0101	14555	05/09/25	7936	GOLD STAR FOODS INC	5131000000005000	633.01		0.00	99.84
TOTAL CHECK								0.00	405.60
0101	14556	05/09/25	5009	HERSHEY CREAMERY CO	5131000002050000	635		0.00	483.30
0101	14557	05/09/25	4557	MORABITO BAKING CO	5131000001020000	630		0.00	106.40
0101	14557	05/09/25	4557	MORABITO BAKING CO	5131000003080000	630		0.00	51.95
0101	14557	05/09/25	4557	MORABITO BAKING CO	5131000002050000	630		0.00	226.10
0101	14557	05/09/25	4557	MORABITO BAKING CO	5131000003080000	630		0.00	176.00
TOTAL CHECK								0.00	560.45
0101	14558	05/09/25	1470	SINGER EQUIPMENT CO	5131000003080000	610		0.00	368.36
0101	14558	05/09/25	1470	SINGER EQUIPMENT CO	5131000002050000	610		0.00	22.29
0101	14558	05/09/25	1470	SINGER EQUIPMENT CO	5131000002050000	610		0.00	39.08
0101	14558	05/09/25	1470	SINGER EQUIPMENT CO	5131000002050000	610		0.00	427.65
0101	14558	05/09/25	1470	SINGER EQUIPMENT CO	5131000001020000	610		0.00	439.74
TOTAL CHECK								0.00	1,297.12
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000003080000	630		0.00	443.87
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	541.10
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	117.93
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	135.10
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000003080000	630		0.00	419.79
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000002050000	630		0.00	266.89
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000002050000	630		0.00	284.06
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	320.81
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000002050000	630		0.00	327.82
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000003080000	630		0.00	178.82
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	198.81
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	202.88
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000002050000	630		0.00	249.95
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000003080000	630		0.00	169.82
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	608.42
0101	14559	05/09/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	629.40
TOTAL CHECK								0.00	5,095.47
0101	14560	05/09/25	6381	TROJAN TRADING POST	5131000003080000	610.06		0.00	237.60
0101	14561	05/09/25	1473	US FOODSERVICE INC	5131000000005000	635		0.00	655.79
0101	14561	05/09/25	1473	US FOODSERVICE INC	5131000001020000	630		0.00	883.55
0101	14561	05/09/25	1473	US FOODSERVICE INC	5131000001020000	630		0.00	940.54
0101	14561	05/09/25	1473	US FOODSERVICE INC	5131000002050000	635		0.00	1,545.89

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 51 - CAFETERIA FUND

CASH ACCT	CHECK NO		ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	14561		05/09/25	1473	US FOODSERVICE INC	5131000003080000	630		0.00	2,322.72
0101	14561		05/09/25	1473	US FOODSERVICE INC	5131000002050000	630		0.00	3,180.91
0101	14561		05/09/25	1473	US FOODSERVICE INC	5131000003080000	630		0.00	3,360.04
0101	14561		05/09/25	1473	US FOODSERVICE INC	5131000001020000	630		0.00	3,655.86
0101	14561		05/09/25	1473	US FOODSERVICE INC	5131000001020000	630		0.00	4,801.57
0101	14561		05/09/25	1473	US FOODSERVICE INC	5131000002050000	630		0.00	5,883.77
0101	14561		05/09/25	1473	US FOODSERVICE INC	5131000002050000	635		0.00	577.56
0101	14561		05/09/25	1473	US FOODSERVICE INC	5131000001020000	630	CREDIT	0.00	-7.98
0101	14561		05/09/25	1473	US FOODSERVICE INC	5131000002050000	630	CREDIT	0.00	-5.71
0101	14561		05/09/25	1473	US FOODSERVICE INC	5131000000005000	630		0.00	448.98
TOTAL CHECK									0.00	28,243.49
0101	14562		05/09/25	8154	KAREN K ZIPPRICK	5131000001020000	580	PERS REIMB MILEAGE	0.00	12.95
0101	14562		05/09/25	8154	KAREN K ZIPPRICK	5131000002050000	580	PERS REIMB MILEAGE	0.00	12.95
0101	14562		05/09/25	8154	KAREN K ZIPPRICK	5131000003080000	580	PERS REIMB MILEAGE	0.00	12.95
0101	14562	V	05/09/25	8154	KAREN K ZIPPRICK	5131000001020000	580	PERS REIMB MILEAGE	0.00	-12.95
0101	14562	V	05/09/25	8154	KAREN K ZIPPRICK	5131000002050000	580	PERS REIMB MILEAGE	0.00	-12.95
0101	14562	V	05/09/25	8154	KAREN K ZIPPRICK	5131000003080000	580	PERS REIMB MILEAGE	0.00	-12.95
0101	14562	V	05/09/25	8154	KAREN K ZIPPRICK	5131000001020000	580	PERS REIMB MILEAGE	0.00	-12.95
0101	14562	V	05/09/25	8154	KAREN K ZIPPRICK	5131000002050000	580	PERS REIMB MILEAGE	0.00	-12.95
0101	14562	V	05/09/25	8154	KAREN K ZIPPRICK	5131000003080000	580	PERS REIMB MILEAGE	0.00	-12.95
0101	14562		05/09/25	8154	KAREN K ZIPPRICK	5131000001020000	580	PERS REIMB MILEAGE	0.00	12.95
0101	14562		05/09/25	8154	KAREN K ZIPPRICK	5131000002050000	580	PERS REIMB MILEAGE	0.00	12.95
0101	14562		05/09/25	8154	KAREN K ZIPPRICK	5131000003080000	580	PERS REIMB MILEAGE	0.00	12.95
TOTAL CHECK									0.00	0.00
0101	14563		05/09/25	8154	KAREN K ZIPPRICK	5131000001020000	580		0.00	12.95
0101	14563		05/09/25	8154	KAREN K ZIPPRICK	5131000002050000	580		0.00	12.95
0101	14563		05/09/25	8154	KAREN K ZIPPRICK	5131000003080000	580		0.00	12.95
TOTAL CHECK									0.00	38.85
0101	14564		05/23/25	9999	BRADLEY, TSA-HYE	51	0480	STUDENT REFUND	0.00	7.25
0101	14565		05/23/25	1449	CLARK FIRE PROTECTI	5131000002050000	432		0.00	101.25
0101	14566		05/23/25	4939	MNC INC	5131000003080000	635		0.00	143.40
0101	14567		05/23/25	5382	FOOD SAFETY SOLUTIO	5131000001020000	610		0.00	48.00
0101	14568		05/23/25	5009	HERSHEY CREAMERY CO	5131000002050000	630		0.00	362.88
0101	14568		05/23/25	5009	HERSHEY CREAMERY CO	5131000001020000	635		0.00	534.24
TOTAL CHECK									0.00	897.12
0101	14569		05/23/25	1674	GREGORY D HUMMEL	5131000001020000	580		0.00	271.60
0101	14570		05/23/25	4557	MORABITO BAKING CO	5131000003080000	630		0.00	133.70
0101	14570		05/23/25	4557	MORABITO BAKING CO	5131000002050000	630		0.00	159.50
0101	14570		05/23/25	4557	MORABITO BAKING CO	5131000002050000	630		0.00	195.30
0101	14570		05/23/25	4557	MORABITO BAKING CO	5131000001020000	630		0.00	81.40
0101	14570		05/23/25	4557	MORABITO BAKING CO	5131000003080000	630		0.00	20.80
0101	14570		05/23/25	4557	MORABITO BAKING CO	5131000001020000	630		0.00	107.30

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 51 - CAFETERIA FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	14570	05/23/25	4557	MORABITO BAKING CO	5131000003080000	630		0.00	129.50
TOTAL CHECK								0.00	827.50
0101	14571	05/23/25	1470	SINGER EQUIPMENT CO	5131000003080000	610		0.00	144.52
0101	14571	05/23/25	1470	SINGER EQUIPMENT CO	5131000001020000	610		0.00	227.62
0101	14571	05/23/25	1470	SINGER EQUIPMENT CO	5131000002050000	610		0.00	339.98
0101	14571	05/23/25	1470	SINGER EQUIPMENT CO	5131000003080000	610		0.00	497.86
TOTAL CHECK								0.00	1,209.98
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	498.30
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000003080000	630		0.00	385.18
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	563.21
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000003080000	630		0.00	566.72
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	590.29
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000002050000	630		0.00	361.29
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000003080000	630		0.00	235.95
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000002050000	630		0.00	280.84
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	314.57
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	330.93
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	198.81
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000002050000	630		0.00	208.68
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000002050000	630		0.00	208.68
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000003080000	630		0.00	210.34
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	215.17
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	132.37
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630		0.00	132.37
0101	14572	05/23/25	1474	SWISS PREMIUM DAIRY	5131000001020000	630	CREDIT	0.00	-475.80
TOTAL CHECK								0.00	4,957.90
0101	14573	05/23/25	1328	UNITED REFRIGERATIO	5131000001020000	432		0.00	125.81
0101	14573	05/23/25	1328	UNITED REFRIGERATIO	5131000001020000	432		0.00	263.74
TOTAL CHECK								0.00	389.55
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000003080000	635		0.00	673.70
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000001020000	630		0.00	1,005.16
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000002050000	635		0.00	1,043.21
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000001020000	630		0.00	1,207.78
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000000005000	630		0.00	1,654.40
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000000005000	630		0.00	1,706.18
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000000005000	635		0.00	1,775.86
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000002050000	630		0.00	2,371.99
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000002050000	630		0.00	2,373.89
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000001020000	630		0.00	4,613.29
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000003080000	630		0.00	4,722.38
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000001020000	630		0.00	5,057.04
0101	14574	05/23/25	1473	US FOODSERVICE INC	5131000003080000	630		0.00	5,795.21
TOTAL CHECK								0.00	34,000.09
TOTAL CASH ACCOUNT								0.00	80,615.42
TOTAL FUND								0.00	80,615.42

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 51 - CAFETERIA FUND

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT

DERRY TOWNSHIP SD
CHECK REGISTER - DISBURSEMENT FUND

SELECTION CRITERIA: transact.ck_date between '20250501' and '20250531'
ACCOUNTING PERIOD: 12/25

FUND - 71 - TRUST FUNDS

CASH ACCT	CHECK NO	ISSUE DT	VENDOR	NAME	BUDGET UNIT	ACCNT	----DESCRIPTION----	SALES TAX	AMOUNT
0101	100001	05/09/25	8140	GEETING, MADISON	71	0499.23	HOUSING	0.00	2,316.00
0101	100002	05/09/25	7871	MADISON GEETING AND	71	0499.23	MADISON GEETING	0.00	11,715.37
0101	100003	05/14/25	9999	ABBAS BANGASH & PEN	71	0499.01		0.00	1,000.00
0101	100004	05/14/25	9999	AIDEN MILLER & FURM	71	0499.21		0.00	2,500.00
0101	100005	05/14/25	9999	ANDREW PREPUTNICK &	71	0499.27		0.00	5,000.00
0101	100006	05/14/25	9999	AVERY WEABER & MILL	71	0499.27		0.00	5,000.00
0101	100007	05/14/25	9999	CARTER ERWIN & JAME	71	0499.12		0.00	1,000.00
0101	100008	05/14/25	9999	CHRISTINE TANG & GE	71	0499.10		0.00	1,000.00
0101	100009	05/14/25	9999	COLTON ORRIS & SKYB	71	0499.17		0.00	500.00
0101	100010	05/14/25	9999	EVERETT OBENSTINE &	71	0499.26		0.00	500.00
0101	100011	05/14/25	9999	HAMZA MALIK & NORTH	71	0499.03		0.00	300.00
0101	100012	05/14/25	9999	JOYCE TAO & JOHNS H	71	0499.27		0.00	5,000.00
0101	100013	05/14/25	9999	KEIRA FISHER & UNIV	71	0499.01		0.00	1,000.00
0101	100014	05/14/25	9999	OLIVIA FOX & NATION	71	0499.19		0.00	1,000.00
0101	100015	05/14/25	9999	RYLEIGH FREY & MICH	71	0499.01		0.00	1,000.00
0101	100016	05/14/25	9999	SEAN ELLIOTT & UNIV	71	0499.27		0.00	5,000.00
0101	100017	05/14/25	9999	TESSA REESE & BINGH	71	0499.01		0.00	1,000.00
0101	100018	05/14/25	9999	TULSI PATEL & PENN	71	0499.25		0.00	3,000.00
0101	100019	05/14/25	9999	VIOLET FOLEY & BROW	71	0499.21		0.00	2,500.00
TOTAL CASH ACCOUNT								0.00	50,331.37
TOTAL FUND								0.00	50,331.37
TOTAL REPORT								0.00	5,216,382.07

SELECTION CRITERIA: transact.yr='25' and transact.period='11' and transact.t_c='25'

DATE	TC	YEAR	PERIOD	BUDGET UNIT / TITLE	ACCOUNT	PROJECT / DESCRIPTION	PROJ ACCT	AMOUNT	NOTES
05/28/25	25	25	11	1021200003080000 HS GUID OTH PURCH PROF/TECH SERVC	390	COLLEGE FORUM		-270.00	N
05/28/25	25	25	11	1032500003000558 HS FOOTBALL REPAIRS/MAINTENANCE SERV	430	BOYS LACROSSE BALLS		-1004.74	N
05/28/25	25	25	11	1011100003080150 HS ENG TRAVEL	580	PURCHASE USED TUBA		-2850.00	N
05/28/25	25	25	11	1011100003080150 HS ENG GENERAL SUPPLIES	610	PURCHASE USED TUBA		-40.00	N
05/28/25	25	25	11	1032500003000571 HS BOYS LACROSSE GENERAL SUPPLIES	610	BOYS LACROSSE BALLS		1004.74	N
05/28/25	25	25	11	1032100003080517 HS PROD/MUSICAL GENERAL SUPPLIES	610	COVER LICENSING INV		-150.00	N
05/28/25	25	25	11	1011100003080150 HS ENG MEALS/REFRESHMENTS	635	PURCHASE USED TUBA		-2660.00	N
05/28/25	25	25	11	1021200003080000 HS GUID MEALS/REFRESHMENTS	635	COLLEGE FORUM		270.00	N
05/28/25	25	25	11	1032100003080517 HS PROD/MUSICAL DUES AND FEES	810	COVER LICENSING INV		150.00	N
05/28/25	25	25	11	1011100003080121 HS MUSIC EQUIPMENT-ORIG & ADDITNL	750	PURCHASE USED TUBA		40.00	N
05/28/25	25	25	11	1011100003080121 HS MUSIC EQUIPMENT-ORIG & ADDITNL	750	PURCHASE USED TUBA		2660.00	N
05/28/25	25	25	11	1011100003080121 HS MUSIC EQUIPMENT-ORIG & ADDITNL	750	PURCHASE USED TUBA		2850.00	N
05/22/25	25	25	11	1032100003080517 HS PROD/MUSICAL LAUNDRY SERVICES	415	DRYCLEANING		350.80	N
05/22/25	25	25	11	1032100003080517 HS PROD/MUSICAL GENERAL SUPPLIES	610	DRYCLEANING		-350.80	N
05/13/25	25	25	11	1032100003080524 HS KEY CLUB GENERAL SUPPLIES	610	CLN WTR TSHIRT INVOICE		950.00	N
05/13/25	25	25	11	1026600000000000 SAFE SCHOOLS GENERAL SUPPLIES	610	NEW POSITION TRAINING		-1500.00	N
05/13/25	25	25	11	1026600000000000 SAFE SCHOOLS OTH PURCH PROF/TECH SERVC	390	NEW POSITION TRAINING		1500.00	N
05/13/25	25	25	11	1032100003080524 HS KEY CLUB DUES AND FEES	810	CLN WTR TSHIRT INVOICE		-950.00	N
05/06/25	25	25	11	1032100003080530 POWERLIFTING CLUB DUES AND FEES	810	REIMB MEMBER FEES		350.00	N
05/06/25	25	25	11	1011100002050150 MS LANG/COMM ART BOOKS	640	ENGAGEMENT PRODUCT		-86.08	N
05/06/25	25	25	11	1032100003080517 HS PROD/MUSICAL OTH PURCH PROF/TECH SERVC	390	CABARET PERSONNEL		4168.00	N
05/06/25	25	25	11	1011100003080121 HS MUSIC LAUNDRY SERVICES	415	CLEANING UNIFORMS		3000.00	N
05/06/25	25	25	11	1011100003080121 HS MUSIC LAUNDRY SERVICES	415	CLEANING UNIFORMS		400.00	N
05/06/25	25	25	11	1011100003080121 HS MUSIC TRAVEL	580	CLEANING UNIFORMS		-3000.00	N
05/06/25	25	25	11	1011100003080121 HS MUSIC TRAVEL	580	CLEANING UNIFORMS		-400.00	N
05/06/25	25	25	11	1032100003080530 POWERLIFTING CLUB TRAVEL	580	REIMB MEMBER FEES		-350.00	N
05/06/25	25	25	11	1032100003080517 HS PROD/MUSICAL GENERAL SUPPLIES	610	CABARET PERSONNEL		-4168.00	N
05/06/25	25	25	11	1011100002050150	610			86.08	N

SELECTION CRITERIA: transact.yr='25' and transact.period='11' and transact.t_c='25'

DATE	TC	YEAR	PERIOD	BUDGET UNIT / TITLE	ACCOUNT	PROJECT / DESCRIPTION	PROJ ACCT	AMOUNT	NOTES
				MS LANG/COMM ART GENERAL SUPPLIES		ENGAGEMENT PRODUCT			
05/06/25	25	25	11	1011100000000115	610			-1911.74	N
				ONLINE LEARNING GENERAL SUPPLIES		TECH NEEDS-TROJ ACAD			
05/06/25	25	25	11	1011100003080750	610			1911.74	N
				HS TECH GENERAL SUPPLIES		TECH NEEDS-TROJ ACAD			

✓ HS

OK

Derry Township School District

Request for Field Trip Form

Date Submitted: 5/28/25

Name of Group, Class or Organization: Marching Band Drum Majors and Captains

Teacher(s) or Advisor(s): Brandon Buterbaugh

Destination: West Chester University

Transportation Provider: DTSD Bus

Date of Departure: 7/19/25 Date of Return: 7/20/25

Time of Departure: 7:00am Time of Return: 7:00pm

Does this trip need board approval (overnight fieldtrip)? ☑ Yes ☐ No

Purpose of Trip: Vivace Leadership Camp

Number of Students Participating: 10 Grade level(s): 9-12

Curriculum Connections

1. National Standard MU:Re9.1.E.IIIa - Responding: Evaluate
2. National Standard MU:Cn11.0.T.IIIa - Connecting #11
3.

Names of All Staff Participating: (Check ☐ if a substitute teacher is required)

☐ BRANDON BUTERBAUGH	☐
☐	☐
☐	☐

Name of Volunteer Chaperones: (Check ☐ if clearances have been approved – Verify with Human Resources)

☐	☐
☐	☐
☐	☐

Teacher(s) or Advisor(s) Signature: [signature] Date: 5/28/25

The Principal/Supervisor must have the emergency contact information and list of all participants prior to the date of the trip.

Field Trip Costs		Cost Per Student	Qty.	Student Subtotal	Cost Per Staff or Chaperone	Qty.	Staff / Chaperone Subtotal	Amount
A	Transportation	$35	10	$350			0	$350
B	Lodging			0			0	0
C	Meals			0			0	0
D	Registration/Entrance Fees	$325	10	$3250			0	$3250
E	Staff Substitutes	$152.26						
F	Other Expenses (List):							
							Total Trip Expense (Add Amounts for Lines A - F)	$3600

Field Trip Funding Sources		Fee	Qty.	Amount
G	Fees paid by Student/Family	$300	3	$900
H	Fees paid by Chaperone			0
I	PTO/Booster Club (specify) _____			
J	Activity Account (specify) _____			
K	Department Budget (specify) 10-1110-000-30-80-121-810			$2350
L	Other (specify) 10-1110-000-30-80-121-580			$350
	Total Trip Funding (Add Amounts for Lines G - L)			$3600

Total Trip Funding Must equal Total Trip Expense

Plan to cover costs for students with an economic hardship: Boosters Scholarship

Explanation if Funding Sources are less than Field Trip Costs: _____

Approval/Disapproval

Building/Supervisor's Principal: **Approved** ✓ **Disapproved** _____

Assistant Superintendent for Curriculum & Instruction: **Approved** _____ **Disapproved** _____

Reason for Disapproval: _____

Principal's/Supervisor's Signature: Andrew Jenmett Date Processed: 5/29/25

Superintendent's Signature: [signature] Date Processed: 6-4-25

Board Approval Date (if required): June 23, 2025

CLINICAL EDUCATION EXPERIENCE AGREEMENT

This **CLINICAL EDUCATION EXPERIENCE AGREEMENT** (this "Agreement") is made by and between **MISERICORDIA UNIVERSITY** (the "University") and **DERRY TWP SCHOOL DISTRICT** (the "District"). The University and the District may hereinafter be collectively referred to as the "Parties".

WHEREAS, the University has curricula in the University's College of Health Sciences and Education ("CHSE") and wishes to provide a clinical education experience for CHSE students (the "Program"); and

WHEREAS, the District wishes to provide an opportunity and location for University students enrolled in the Program (the "Students") to obtain additional training, education, and practical experience.

NOW, THEREFORE, in consideration of the mutual agreements set forth in this Agreement, the adequacy and receipt of which is hereby acknowledged by each party, and intending to be legally bound, the Parties hereby agree as follows:

I. Mutual Duties of the Parties:

The University and the District agree to determine, through mutual written agreement, the number of Students the District can accommodate from each department and the scheduling of such learning experiences during a given period of time.

II. Additional Duties of the University:

The University, in addition to the duties and obligations set forth in Section I above, shall:

(a) establish the educational objectives for the Program, devise methods for its implementation, and continually monitor Program effectiveness; and

(b) perform the following duties and obligations:

1. appoint an employee or employees who will be responsible for coordination of the Program between the District and the University;

2. appoint an employee or employees to supervise University Students at the District. The Students will have direct patient contact and involvement in clinical activities (the "University Employee(s)"); the University Employee may have direct patient contact or may supervise the Students indirectly via the District's Clinical Educator;

3. establish and maintain on-going communication with the Clinical Educator(s) (as defined in Section III) on items pertinent to the Student(s)' academic and clinical education. On-site visits will be arranged when feasible or when indicated by circumstances, at a mutually agreed upon time;

4. notify the Clinical Educator(s) and the District, at a time mutually agreed upon, of its planned schedule of Student assignments, including the name of each Student, each Student's level of academic preparation, appropriate learning objectives when applicable, and the length and dates of the Program;

5. inform the District of only those Students who have satisfactorily completed the prerequisite didactic portion and all other requirements of the curriculum which is applicable to the District to allow participation in the Program;

6. inform each assigned Student of the District's requirements for acceptance of which the University has been informed in accordance to the terms of this Agreement;

7. advise each assigned Student and University Employee(s) of the responsibility of demonstrating responsible professional behaviors and complying with the Student Code of Ethics, as applicable, and any and all policies and procedures of the District that are provided to the University and the Student and the University's Employee(s), respectively, by the District;

8. provide the District with the appropriate forms to be used in evaluating the performance of each assigned Student;

9. inform each assigned Student and University Employee(s) of the responsibility of providing, prior to the commencement of the Student assignment, such confidential information as may be required by the District or deemed necessary for the training and guidance of the Student and the University Employee(s); and

III. Additional Duties of The District:

In addition to the duties and obligations set forth in Section I above, the District agrees to perform the following duties and obligations:

1. designate as "Clinical Educator" those qualified District staff members who meet the guidelines set forth by the applicable profession's accrediting body and the University, inclusive of compliance with laws and regulations governing the applicable profession's practice, as those who will share in the responsibility of the planning and implementation of the Program. The District will provide evidence of the qualifications of the Clinical Educator(s) to the University upon request;

2. provide the qualified District staff members with the necessary time to plan and implement the clinical education experience including, when feasible, time to attend relevant clinical education meetings and conferences sponsored by the University as part of the education and clinical faculty development program;

3. provide the physical facilities, equipment, and supplies as are necessary to conduct the Program and as conducive to the learning process, including only such equipment and supplies as are customarily provided by the operator of a clinical site;

4. have available a written description of the clinical education experience being offered and to notify the University of any changes to the District's personnel, operation, or policies which may affect the Program;

5. provide the University and each Student and University Employee(s) assigned to the District with a copy of the District's existing pertinent policies and procedures with which the Student and/or employee is expected to comply, as well as any and all changes thereto immediately upon adoption thereof, and an orientation of the physical facilities;

6. make available whenever possible, emergency health care in the case of a Student or University Employee(s) accident or illness, during assigned clinical education hours, but District shall not be

responsible for costs involved, follow-up care or hospitalization. Each Student or University Employee(s) assigned to the District will be otherwise responsible for her/his health care;

7. provide, maintain, and submit in a timely manner, the records and reports required by the University and accrediting agencies for conducting the Program, inclusive of evaluations of Student or University Employee(s) performance, the forms for which will be supplied by the University;

8. advise the University of any deficit noted in the ability of an assigned Student to progress toward achievement of the stated objectives of the Program or of University Employee(s) in meeting supervisory obligations; and

9. recommend, when appropriate, the withdrawal of a Student when the achievement, progress, or health of the Student does not warrant continuation or the behavior of the Student fails to conform to the applicable regulations of the District. In such cases, the District will assist the University in implementing the recommendations and reserves the right in its sole discretion, with notice to the University, to exclude any Student from its premises in the event that the District has determined that the Student fails to abide by the practices, rules, policies, or procedures of the District or in any way threatens to impair the delivery of services to the District's Students.

IV. General Terms of Agreement:

1. Term. This Agreement shall be effective when executed by both Parties for a period of one year, and will be automatically renewed annually unless otherwise indicated in writing by one of the Parties no less than ninety (90) days prior to the commencement of the renewal term; provided, however, that any such non-renewal shall not affect Student placements for the clinical rotation during which such notice is given and, therefore, notwithstanding any non-renewal, the terms of this Agreement shall continue to govern such placements until completion of the clinical rotation during which notice of non-renewal is given, except as otherwise set forth herein. Either party may also terminate this Agreement for cause, effective immediately, upon the material breach of the other party; such termination shall immediately terminate any Student placements.

2. Amendment. This Agreement may be revised or modified only by a written amendment signed by both Parties.

3. Insurance. The University agrees to maintain for itself and any Students and University Employee(s) of the University that are assigned to the District, a policy of professional liability insurance, with a single limit of not less than Two Million Dollars ($2,000,000.00) per occurrence and Four Million Dollars ($4,000,000.00) in the aggregate. In the event the University maintains professional liability insurance on a claims made basis, such party shall secure and maintain tail coverage insurance. Each party agrees to maintain during the term of this Agreement general liability coverage of One Million Dollars ($1,000,000.00) per occurrence combined single limit for bodily injury, personal, and property damage and Two Million Dollars ($2,000,000.00) in the aggregate. A Certificate of Insurance evidencing this general liability coverage will be supplied to the other party upon request. Both Parties are prohibited from accepting service of legal papers on behalf of the other party, its agents or any of its insured. This section shall survive the expiration or termination of this Agreement. The University shall name the District as an additional insured on all insurance policies required hereunder.

4. Indemnification. Each party shall indemnify, defend, and hold the other party, its affiliates and their respective trustees, governors, directors, officers, employees, contractors, subcontractors, and agents (collectively, the "Indemnified Parties") harmless from and against any and all liabilities, suits, actions, claims, demands, damages, losses, expenses, and costs of every kind and character (including, without limitation, reasonable attorney fees court costs, and expert witness fees) suffered or incurred by, or asserted or imposed against the party seeking indemnification (or its Indemnified Parties) to the extent resulting from, connected with, or arising out of any negligent or wrongful act or omission by the indemnifying party (or its Indemnified Parties). Each party shall promptly advise the other party in writing of the commencement of any action, suit, proceeding or investigation which may result in a claim for indemnification hereunder and thereafter may, at its option, jointly participate in such defense at its own expense. Both Parties shall cooperate fully in the defense and conduct of any action, suit, proceeding or investigation and in the negotiation or settlement of any claim, but no claim for which indemnification is sought shall be compromised or settled without the prior written consent of both Parties. Nothing in this Agreement shall be construed to waive or reduce the immunities from civil liability granted by or to enlarge the limitations on immunity imposed by the Political Subdivisions Tort Claims Act. The obligations set forth in this Paragraph shall survive termination of the Agreement.

5. Legal Compliance. The Parties hereby agree to abide by all applicable federal, state, and local laws, rules, regulations, and executive orders as in effect from time to time. Neither party shall discriminate against anyone applying to or enrolling in the clinical program contemplated under this Agreement or employed by either party because of gender, race, color, disability, religion, sexual orientation, nationality, age, or marital status. This Agreement shall be interpreted in accordance with the laws of the Commonwealth of Pennsylvania in effect as of the date of this Agreement, without reference to principles of conflicts of law.

6. Discipline. The University shall have full responsibility for conducting any Student disciplinary proceedings in accordance with its own rules and regulations. Notwithstanding the above, the University agrees to terminate the participation of any University Student at the District's facilities, upon request of the District, if the District has determined that the Student fails to abide by the practices, rules, policies, or procedures of the District or in any way threatens to impair the delivery of services to the District's students. Notwithstanding anything herein to the contrary, the District shall maintain the right at all times to prohibit and/or remove any Student, University staff member, contractor, and/or representative from the District's property and/or service if such removal shall serve the best interests of the District, at the District's sole discretion.

7. Confidentiality. The Parties shall protect the confidentiality of the District and University Student records as dictated by the Family Educational Rights and Privacy Act and shall release no information protected thereunder absent written consent or an applicable exception unless required to do so by law or as dictated by the terms of this Agreement. The University agrees that any information and documents including, without limitation, data, educational materials, medical records, materials relating to business, protocols, guidelines, pricing, strategies, compensation levels, financial information, trade secrets, and technology (collectively, the "Confidential Information") concerning the District, its Students, affiliates, employees, agents, or representatives that are submitted under this Agreement or which the University becomes aware of during the course of its performance hereunder are confidential and proprietary to the District. The University shall hold all Confidential Information in the strictest confidence and shall protect all Confidential Information with the same degree of care that it exercises with respect to its own proprietary information and in accordance with any and all applicable laws and regulations and the District's

policies and procedures. The University shall obtain no proprietary rights (directly or indirectly) in or to any such materials. The University shall not disclose the Confidential Information to any third party without the prior written consent of the District unless required by law in which event, the University will promptly notify the District of such request. Upon the expiration or termination of this Agreement, for any reason, the University shall promptly turn over and return to the District all Confidential Information (in whatever form or media) or upon the written direction of the District, destroy the Confidential Information.

8. Nondiscrimination. The parties agree to continue their respective policies of nondiscrimination based on Title VI of the Civil Rights Act of 1964 in regard to sex, age, race, color, creed, national origin, Title IX of the Education Amendments of 1972, and other applicable laws, as well as the Americans with Disabilities Act. The District and University agree to cooperate with each other in either party's investigations of claims of discrimination or harassment.

9. Background Checks/Clearances. At the commencement of this Agreement, the University shall ensure that District is provided with copies of criminal history record information and child abuse clearances, pursuant to Act 34 and Act 151/33, as amended, said record to be no more than one (1) year old, for each of the University Students, employees, and independent contractors that may have direct contact with District students hereunder ("Authorized Individuals"). Upon any new Authorized Individual enrolling in or supervising the educational experience during the term of the Agreement, the University shall ensure that the District is provided with a copy of said Authorized Individual's recent criminal history record information and/or child abuse clearances. The District retains the right to reasonably request updated criminal history record information and/or child abuse clearances for Authorized Individuals at any time during the term of this Agreement. For purposes of this paragraph, "recent criminal history record information and/or child abuse clearances" or "updated criminal history record information and/or child abuse clearances" shall mean a criminal history record information and/or child abuse clearance that has been performed within two (2) weeks of the date of submission of the criminal history record information and/or child abuse clearance to the District. The University further agrees that it shall notify the District within seventy-two hours (72) of the University becoming aware that any of its employees, contractors, or Students, for whom the District was previously provided recent criminal history record information and/or child abuse clearances, are subsequently arrested or convicted of any crime under state or federal law and/or named as a perpetrator in a founded or indicated child abuse report.

10. Independent Contractor. The Parties hereby acknowledge and agree that the relationship of the Parties is that of independent contractors. Neither party shall be considered an agent, partner, or joint venturer of the other party for any purpose whatsoever. In addition, no individual on the staff or administration of the District shall become or be deemed to become an employee, servant, or agent of the University, nor shall any Student, University Employee(s) or other employees of the University become or be deemed to become an employee, servant, or agent of the District, by virtue of this Agreement or the relationship between the Parties established hereby. The University agrees and shall notify each Student that: (a) he/she shall not be deemed to be an employee of the District for purposes of compensation, fringe benefits, workers' compensation, unemployment compensation, minimum wage laws, income tax withholding, social security or any program because of participation in this educational experience; (b) each Student is placed with the District as a part of an academic curriculum and those duties performed by the Student are not performed as an employee, but in fulfillment of these academic requirements; and (c) the Student shall not, at any time, replace or substitute for any employee of the District. The University shall indemnify, save, and hold the District harmless from and against any and all liabilities, suits, actions, claims,

demands, damages, losses, expenses, and costs of every kind and character (including, without limitation, reasonable attorney fees court costs, and expert witness fees) suffered or incurred by, or asserted or imposed against the District arising out of a claim that any University Student, employee or contractor is an employee, servant, or agent of the District.

11. No Waiver. No failure by either party to insist upon the strict performance of any covenant, agreement, terms or conditions of this Agreement or to enforce a right or remedy shall constitute a waiver and no waiver of any breach shall affect or alter this Agreement, but each and every covenant, condition, agreement and term of this Agreement shall remain in full force and effect with respect to any other existing or subsequent breach.

12. Entire Agreement. This Agreement contains the entire agreement of the Parties with respect to the subject matter contained herein and supersedes any and all other prior or contemporaneous representations and agreements, whether written or oral, between the Parties concerning the subject matter of this Agreement.

13. Notices. All notices and other communications under this Agreement shall be in writing and shall be deemed to have been duly given if delivered by hand or delivered by overnight courier service, return receipt requested, with charges prepaid, or mailed, certified or registered mail, return receipt requested, with postage prepaid, or sent by telefax, with confirmation of transmission received, at the following addresses or telefax numbers and to the following addresses or to such other address, telefax number or addressee as either party may designate by like notice:

    a. If to the University, to:

    Misericordia University
    301 Lake Street
    Dallas, PA 18612-1098
    Phone: (570) 674-6441
    Fax: (570) 674-1453
    ATTN: Terri Pace
    Email: tpace@misericordia.edu

    b. If to the District, to:

    Derry Twp School District
    450 Homestead Rd
    PO Box 898
    Hershey, PA 17033
    Phone: (717) 534-2501
    Fax: (717) 533-4357
    ATTN: Ms. Lindsay Drew
    Email: ldrew@hershey.k12.pa.us

    Either party may at any time, in the manner set forth for giving notices to the other party, designate a different name and/or address to which notices to it shall be sent.

14. Severability. If any provision of this Agreement shall be declared by a court of competent jurisdiction to be invalid, or the Parties determine any provision to be in conflict with any applicable federal, state or local law or regulation, then the remaining provisions of this Agreement shall be unaffected thereby and shall remain in full force and effect.

15. Authority. Each party represents that it has the authority to enter into and be bound by this Agreement.

16. Applicable Law. This Agreement shall be governed and construed in accordance with the laws of the Commonwealth of Pennsylvania without reference to its conflicts of laws principles.

17. Counterparts. Provided that all Parties hereto execute a copy of this Agreement, this Agreement may be executed in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument. Executed copies of this Agreement may be delivered by facsimile transmission or other comparable means.

IN WITNESS WHEREOF, the Parties to this Agreement, with the intention to be legally bound hereby, have caused this Agreement to be duly executed by their respective duly authorized and empowered officers, this, **Monday, June 16, 2025.**

ATTEST: Derry Township **SCHOOL DISTRICT**

By: Michele Agee
Board Secretary

By:
Board President

ATTEST:

MISERICORDIA UNIVERSITY

By: DocuSigned by: David Rehm ED825CF9C9334FB...
David Rehm, Ph.D.
Vice President of Academic Affairs

ATTEST:

By:

By: Signed by: Lisa Norton BF4EE48C14C3418...
Lisa May Norton, Ed.D.
Dean, College of Health Sciences & Education

RENEWAL QUOTE

Page	1
Quote#	7858399
Issue Date	05/06/2025
Expiration Date	06/30/2025
Customer#	3732856
Customer	DERRY TWP SCH DIST

DERRY TWP SCH DIST
PO BOX 898
HERSHEY PA 17033

Quote Summary	Payable in USD
Quote Total	$1,522.49

Applicable taxes are NOT included
Service Expiration Dates are displayed at each line item below

Order Instructions:

Please email Purchase order, referencing Quote number, to FSSOrders@follettsoftware.com, fax to 800.365.5399 or mail Purchase Order to:

Follett Software, LLC.
1340 Ridgeview Drive
McHenry, IL 60050 USA

An invoice will be generated upon receipt of the Purchase Order. If you have any questions, contact Customer Service – 800.323.3397, Option 1 or email softwarecs@follettsoftware.com.

Quote Details

Item Number / Description		Renewal Months	Current Expiration Date	New Expiration Date	Amount
HERSHEY HIGH SCH - 3701206					
67057P	ALLIANCE A/V ONLINE SERVICE RENEWAL - DESTINY DISTRICT MEMBER	12	06/30/2025	06/30/2026	$146.77
48206P	DISTRICT MEMBER LM - HOSTED SERVICE RENEWAL	12	06/30/2025	06/30/2026	$1,219.00
67058P	TITLEPEEK ONLINE SERVICE RENEWAL - DESTINY DISTRICT MEMBER	12	06/30/2025	06/30/2026	$156.72
				Site Total	**$1,522.49**

End of Quote

Board approved, June 23, 2025
Michele Agee, Board Secretary

If you have questions, please contact our Customer Service Team at 800.323.3397, Options 1 or email softwarecs@follettsoftware.com.

Did you know that Follett has a tool to manage your textbooks and other assets? Visit k12.follett.com/drmcomplete to learn more about Destiny® Resource Manager Complete Edition.

Purchase Follett technology products 24/7 on www.destinyexpress.com.

RENEWAL QUOTE

Follett SOFTWARE

Page	1
Quote#	7858400
Issue Date	05/12/2025
Expiration Date	06/30/2025
Customer#	3732856
Customer	DERRY TWP SCH DIST

DERRY TWP SCH DIST
PO BOX 898
HERSHEY PA 17033

Quote Summary	Payable in USD
Quote Total	$1,522.49

Applicable taxes are NOT included
Service Expiration Dates are displayed at each line item below

Order Instructions:

Please email Purchase order, referencing Quote number, to FSSOrders@follettsoftware.com, fax to 800.365.5399 or mail Purchase Order to:

Follett Software, LLC.
1340 Ridgeview Drive
McHenry, IL 60050 USA

An invoice will be generated upon receipt of the Purchase Order. If you have any questions, contact Customer Service – 800.323.3397, Option 1 or email softwarecs@follettsoftware.com.

Quote Details

Item Number / Description		Renewal Months	Current Expiration Date	New Expiration Date	Amount
HERSHEY MDL SCH - 3701207					
67057P	ALLIANCE A/V ONLINE SERVICE RENEWAL - DESTINY DISTRICT MEMBER	12	06/30/2025	06/30/2026	$146.77
48206P	DISTRICT MEMBER LM - HOSTED SERVICE RENEWAL	12	06/30/2025	06/30/2026	$1,219.00
67058P	TITLEPEEK ONLINE SERVICE RENEWAL - DESTINY DISTRICT MEMBER	12	06/30/2025	06/30/2026	$156.72
				Site Total	**$1,522.49**

End of Quote

Board approved June 23, 2025
Michelle Agee, Board Secretary

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Did you know that Follett has a tool to manage your textbooks and other assets? Visit k12.follett.com/drmcomplete to learn more about Destiny® Resource Manager Complete Edition.

Purchase Follett technology products 24/7 on www.destinyexpress.com.

RENEWAL QUOTE

Follett SOFTWARE

Page	1
Quote#	7858436
Issue Date	05/06/2025
Expiration Date	06/30/2025
Customer#	3732856
Customer	DERRY TWP SCH DIST

DERRY TWP SCH DIST
PO BOX 898
HERSHEY PA 17033

Quote Summary	Payable in USD
Quote Total	$1,522.49

Applicable taxes are NOT included
Service Expiration Dates are displayed at each line item below

Order Instructions:

Please email Purchase order, referencing Quote number, to FSSOrders@follettsoftware.com, fax to 800.365.5399 or mail Purchase Order to:

Follett Software, LLC.
1340 Ridgeview Drive
McHenry, IL 60050 USA

An invoice will be generated upon receipt of the Purchase Order. If you have any questions, contact Customer Service – 800.323.3397, Option 1 or email softwarecs@follettsoftware.com.

Quote Details

Item Number / Description		Renewal Months	Current Expiration Date	New Expiration Date	Amount
HERSHEY ELEM/INTERM SCH - 3732858					
67057P	ALLIANCE A/V ONLINE SERVICE RENEWAL - DESTINY DISTRICT MEMBER	12	06/30/2025	06/30/2026	$146.77
48206P	DISTRICT MEMBER LM - HOSTED SERVICE RENEWAL	12	06/30/2025	06/30/2026	$1,219.00
67058P	TITLEPEEK ONLINE SERVICE RENEWAL - DESTINY DISTRICT MEMBER	12	06/30/2025	06/30/2026	$156.72
				Site Total	**$1,522.49**

End of Quote

Board approval June 23, 2025
Michele Agee, Board Secretary

If you have questions, please contact our Customer Service Team at 800.323.3397, Options 1 or email softwarecs@follettsoftware.com.

Did you know that Follett has a tool to manage your textbooks and other assets? Visit k12.follett.com/drmcomplete to learn more about Destiny® Resource Manager Complete Edition.

Purchase Follett technology products 24/7 on www.destinyexpress.com.

frontline education™

INVOICE

Acct #: 16792
#INVUS224906

2359
2.2

Accounts Payable
Derry Township School District
Po Box 898
Hershey PA 17033

Start Date: 7/1/2025
Due Date: 7/31/2025

PAYMENT INFORMATION

Please send checks to:

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

To make payment via ACH/EFT:

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

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

Please send remittance advice to Billing@FrontlineEd.com.

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

Qty	Description	Start	End	End User	Rate	Amount
1	Analytics Solution - powered by Forecast5, usage for up to 5 employees	7/1/2025	6/30/2026	16792 Derry Twp School District	$20,128.51	$20,128.51

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

SUBTOTAL	$20,128.51
TOTAL DUE by 7/31/2025	$20,128.51

Board approved June 23, 2025
Michele Agee, Board Secretary

INSTRUCTURE

Invoice

6330 South 3000 East, Ste 700
Salt Lake City UT 84121
ar@instructure.com

Date	Invoice #
01-Jun-2025	INV637486

Bill To

Derry Township Sd
30 East Granada Ave
Hershey PA 17033

To ensure proper payment application, please follow remit instructions below and include the invoice number.

Remit ACH/Wire:
Bank of America, N.A.
Account: 501014797798
Routing ACH/EFT: 122400724
Routing Domestic Wires: 026009593
International Swift: BOFAUS3N

Remit Check:
Instructure, Inc.
PO Box 7410958
Chicago, IL 60674-0958

Terms	Due Date	Ordered by	PO #
Net 30	01-Jul-2025	Lindsay Drew	

Description	Start Date	End Date	Quantity	Rate	Amount
Canvas LMS Cloud Subscription	7/1/2025	6/30/2026	2,600	$6.76	$17,576.00

Subtotal	$17,576.00 USD
Total Tax	$0.00 USD
Total	$17,576.00 USD
Amount Paid	$0.00 USD
Amount Due	$17,576.00 USD

Board approved, June 23, 2025
Michele Agee, Board Secretary

If you have any questions regarding this invoice, please contact Accounts Receivable ar@instructure.com

Bucks County
Intermediate Unit

705 N. Shady Retreat Rd.
Doylestown, PA 18901
Tel: 215-348-2940
www.BucksIU.org

BUCKS COUNTY INTERMEDIATE UNIT #22

STANDARD SERVICE AGREEMENT

THIS AGREEMENT, entered on **June 17, 2025** by and between the **Bucks County Intermediate Unit #22** located at 705 N. Shady Retreat Road, Doylestown, PA 18901 (hereinafter referred to as "Bucks IU") and **Derry Township School District** located at 30 E. Granada Avenue, Hershey, PA 17033 (hereinafter referred to as "Client").

WHEREAS, Client desires the Bucks IU to provide the services outlined herein; and

WHEREAS, Bucks IU agrees to perform these services under the terms and conditions set forth in this Agreement.

THEREFORE, INTENDING TO BE LEGALLY BOUND, the parties agree as follows:

1. This Agreement shall commence on **August 13, 2025** and shall terminate on **August 15, 2025**, provided that either party to this Agreement may terminate this Agreement sooner upon providing 30 days written notice.

2. The following service(s) will be provided by the Bucks IU to Client:

   a. Training on August 14, 2025.

   b. Training will provide Comprehensive School Threat Assessment Guidelines (CSTAG), which provides guidelines for responding to student threats of violence.

   c. The Bucks IU agrees to send the training documents to the Client for the purpose of duplication.

   d. In the even that the date(s) needs to be rescheduled, the parties agree that they any change the date(s) by written notification with all of the provisions of the original agreement remaining intact.

3. Client shall pay the Bucks IU the following compensation for the service(s) provided under this Agreement.

   a. Amount: $1,500.00 ($1,000.00 for one Full Day of Training, and $500.00 for expenses such as hotel, travel, tolls and meals), for a total amount not to exceed $1,500.00.

b. Client shall purchase manuals for each building (at minimum) or each participant for the training if not already purchased. These must be purchased in advance of the training.

c. Client shall agree to provide each participant with two (2) sets of handouts; one set is a thirty-five (35) page document and the other is a forty (40) page document for the training.

d. Invoice(s) will be submitted to the Client by the Bucks IU by August 31, 2025.

e. Payments shall be made within 30 calendar days following the Client's receipt of invoice(s) by the Bucks IU.

4. Client agrees to indemnify and hold harmless the Bucks IU, its Directors, officers, agents, workers, servants, contractors, subcontractors or employees from any and all claims, demands, causes of action, suits, damages, costs, expenses, including attorneys' fees, which arise directly or indirectly, in whole or in part, as a result of any willful or negligent act or omission of the Bucks IU.

5. Bucks IU shall not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, gender or handicap/disability in performing the duties and/or services required by this Agreement.

6. Client acknowledges and agrees that Bucks IU has developed writings, drawings, designs and other works of authorship that Bucks IU may use in the course of performance of this Agreement. Client agrees that all such materials developed by and/or used by Bucks IU are not works for hire and that Bucks IU is the sole and exclusive owner of all such materials and any copyrights therein.

7. Any change in this Agreement may be accomplished only by a written amendment executed by both Client and Bucks IU.

8. This Agreement may be terminated upon 30 days written notice by either party. If the Agreement is terminated, the Client is expected to pay Bucks IU for services rendered up to the date of termination.

9. Neither the Bucks IU nor Client may assign or transfer any interest in this Agreement without prior written consent of both parties.

10. It is understood and agreed that during the course of work under this Agreement, Client may become aware of confidential information about the Bucks IU, including but not limited to information regarding a Bucks IU employee, information about a Bucks IU student, information from a student's educational or medical records, software and computer programs, and knowledge, skills, and abilities of personnel. It is understood that Client may also become aware of similar confidential information belonging to Bucks IU and/or Bucks IU clients. It is understood and agreed that all such information is considered to be confidential and privileged under the terms and conditions of this Agreement, and cannot be disclosed for any reason. If Client uses, discloses, copies, removes, shares (either

verbally, physically, or electronically) confidential information in any way that is determined by the Bucks IU to be improper or non-work related in any manner, Client will be held liable. It is agreed by both parties that any such disclosure is grounds for immediate termination of this Agreement.

11. Any notice permitted or required under this Agreement shall be in writing and signed by the party giving or serving the same, and shall be served by either by personal delivery or certified mail to the following persons and at the following addresses:

Bucks IU:	Client:
Bucks County Intermediate Unit #22	Derry Township School District
Attn: Jennifer Hertwig, Assistant to the Executive Director for Operations	Attn: Shaunte Iachini
705 N. Shady Retreat Road	30 E. Granada Avenue
Doylestown, PA 18901	Hershey, PA 17033

12. This Agreement includes the terms and conditions set forth in this document. This Agreement constitutes the entire understanding and agreement between the parties.

THIS AGREEMENT is signed below by the duly authorized representatives of the parties:

Derry Township School District

Contact Name: Shauntae Iachini
Title: Director of Supportive Schools
Phone: 717-531-2222

Email: siachini@hershey.k12.pa.us

Authorized Representative:

(Signature in Blue Ink)
Lindsay K. Drew

June 23, 2025
(Date)

(rev.Aug. 2024)

Bucks County Intermediate Unit #22

Recommended By:
Name: Jennifer Hertwig
Title: Assistant to the Executive Director for Operations
Email: JHertwig@BucksIU.org

Approved By:

John D'Angelo, President
Bucks IU Board of School Directors

Attest:

Michele Ruggiero, Secretary
Bucks IU Board of School Directors

(Date)

HOLLINS-SIMS CONSULTATION

PROPOSAL FOR SERVICES

May 21, 2025

OVERVIEW

Hollins-Sims Consultation is pleased to submit this proposal for services to support the Derry Township School District in demonstrating its mission to "engage all students every day to help them achieve their greatest potential as global citizens and to cultivate an extraordinary learning environment in which all students and staff feel loved, welcomed and respected as they exceed academic expectations." The following proposal speaks to collaborating with the Derry Township School District to facilitate and grow educational spaces of belonging and enhanced school climate.

PRICING

The following table details the pricing for delivery of the services outlined in this proposal. This pricing is valid for 60 days from the date of this proposal:

Goals: • Engage teaching staff in the 5 essentials of mental health and workplace well-being (US Surgeon General, 2022). • Obtain feedback and real-time data from teaching staff to inform cabinet-level goal-setting.	**Price**
Professional Development/Training Opportunities • Preparation of Content • Delivery of Content	**$3,000.00**

CONCLUSION

We look forward to working with the Derry Township School District. We are confident that our collaboration will be fruitful and support the amazing purpose of the organization.

If you have questions on this proposal, feel free to contact Dr. Nikole Hollins-Sims at your convenience by email at info@hollinssimsconsult.com.

Board approved June 23, 2025
Michele Agee, Board Secretary

Teaching & Learning Collaborative iu13

CONTRACT FOR SERVICES

Contractor:	**Lancaster-Lebanon Intermediate Unit 13 ("IU13")** **1020 New Holland Pike** **Lancaster, PA 17601**	Customer:	**Derry Township School District** **PO Box 898** **30 E. Granada Avenue** **Hershey, PA 17033**
Supervisor:	**Kristina Fulton**		
Contact:	**Keira London**	Contact:	**Aaron Shuman**
Phone:	**717-947-1940**	Phone:	**717-443-4126**
Email:	**Keira_london@iu13.org**	Email:	**ashuman@hershey.k12.pa.us**

Derry Township School District (Customer) and **Lancaster-Lebanon Intermediate Unit 13** (Contractor) agree as follows:

1. STEELS Professional Learning (Services) shall be provided by the Contractor during the 2025-2026 school year.

2. The Services shall be provided only to the employees of the Customer. Under no circumstances will the Customer permit non-employees to participate in, benefit from, or receive materials related to the Services, unless otherwise agreed to by both parties. Audio/video recording of the Services is not permitted. Copying and/or modifying any portion of the materials provided is strictly prohibited. Any exceptions to this clause must be requested and granted in writing or email correspondence.

3. Specific details, correspondence, and date(s)/timeline for the Services are attached (if applicable).

4. The amount to be paid by **Derry Township School District** for the Services provided by the Contractor is as follows:

Task/ Deliverable	#	Unit	# Staff	Rate	Cost
STEELS Professional Learning	**up to 1**	**day**	**1**	**$1,700 + $40** *(mileage)*	**$1,740**
				Subtract Prepayment or Discount	
				Total	**$1,740**

5. The Customer shall return a signed copy of this Contract to reserve and initiate services.

6. Payment for the services rendered shall be made upon the receipt of an invoice issued by the Contractor following the execution of the agreed upon services.

7. Both parties are protected under the Commonwealth of Pennsylvania's Tort Claims Act (Act), and as such, cannot and shall not be held responsible or other otherwise liable for those actions or inactions specifically enumerated under the Act. Based on the foregoing, each party agrees to protect, indemnify, and hold

harmless the other party and its agents, employees, directors, officers, affiliates, consultants, and/or contractors from and against any and all damages, injuries (including bodily injury, dismemberment, and/or death), claims, liabilities, and costs (including reasonable attorneys' fees), which arise or may be suffered or incurred in whole or in part as a result of the acts or omissions of the indemnifying party, its agents, employees, directors, officers, affiliates, consultants, and/or contractors, and whether arising under this Agreement, to the extent permitted by law.

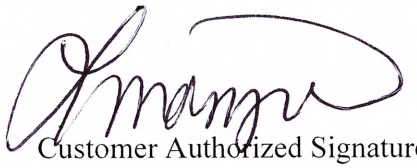
8. The Customer shall not use, issue or release for publication any articles, photographs, or similar materials including or implying the name of IU13, or any advertising or publicity matter including or implying the name of IU13 or relating to the subject matter of this engagement, without first securing written consent from IU13, which consent may be withheld in the IU13's sole discretion.

9. Either Party may terminate this Agreement with 30 days written notice. In the event both Parties wish to mutually terminate this Agreement, the date of termination shall be as agreed by the Parties without regard to the notice provision.

10. **Force Majeure.** Neither party will incur any liability to the other if its performance of any obligation under this Agreement is prevented or delayed by causes beyond its control and without the fault or negligence of either party. Causes beyond a party's control may include, but are not limited to, acts of God, war or terrorism, changes in controlling law, regulations, orders or the requirements of any governmental entity, severe weather conditions, civil disorders, natural disasters, fire, a national or Commonwealth of Pennsylvania emergency, disease, plague, epidemic, pandemic, outbreaks of infectious disease or any other public health crisis, including quarantine or other employee restrictions, general strikes throughout the trade, work stoppages, accidents and freight embargos. and interruptions, loss or malfunctions of utilities, communications or computer (software and hardware) services; other unforeseeable circumstances beyond the control of the Parties against which it would have been unreasonable for the affected party to take precautions and which the affected party cannot avoid even by using its best efforts. Either party shall orally notify the other within forty-eight (48) hours and notify in writing within five (5) days of the date on which either party becomes aware, or should have reasonably become aware, that such cause would prevent or delay its performance. Such notification shall describe fully such cause(s) and its effects on performance, (ii) state whether performance under the Agreement is prevented or delayed and (iii) if performance is delayed, state a reasonable estimate of the duration of the delay. After receipt of such notification, either party may elect to cancel this Agreement, or to extend the time for performance as reasonably necessary to compensate for the delay.

11. The person signing this Agreement on behalf of the Customer individually warrants that he or she has full legal power to execute this Agreement on behalf of the Customer, and to bind and obligate the Customer with respect to all provisions contained in this Agreement.

12. This contract cannot be modified or changed without a contract Amendment signed by both the Customer and the Contractor.



June 23, 2025

Customer Authorized Signature Date Lancaster Lebanon Intermediate Unit 13

Gallagher | Student Health & Special Risk

May 29, 2025

Derry Township School District
PO Box 898
Hershey, PA 17033

Re: Athletic Accident & Voluntary Accident Coverages
Effective Dates: Athletic Accident: August 1, 2025 to August 1, 2026
Voluntary Accident: August 25 2025 to August 24, 2026

Dear Michele,

Your athletic accident & voluntary accident policies will be renewing shortly. Attached is our quotation for coverage.

Thank you for the opportunity to evaluate your insurance program. Understanding the current state of the market, we have reviewed your program structure and coverage, identified the appropriate insurance partners, and considered your loss history to develop our proposal.

The values and schedules are per the expiring policy. It is your responsibility to notify us of all necessary changes to your schedules. Please let us know if changes are needed, or if you do not wish to renew this policy.

We would like to outline the following notable points for your consideration:

- The insurance carrier is The Hartford. The A. M. Best rating is A (Excellent) XV.
- The renewal premium for the athletic accident plan is $7,700. You will receive an invoice from our office at time of binding
- The renewal premium for the voluntary accident plan is $22 (School-Time) or $88 (24 Hour)
- Immediately report all claims to 90 Degree Benefits

Scope of Responsibility: Gallagher Student Health & Special Risk is responsible for the placement of the following lines of coverage: **Student & Voluntary accident Insurance**

It is understood that any other type of exposure/coverage is either self-insured or placed by another brokerage firm other than Gallagher. If you need help in placing other lines of coverage or covering other types of exposures, please contact your Gallagher representative.

To bind this policy, please refer to the "Client Authorization to Bind Coverage" page attached. Note any changes you desire, date, sign and return prior to the effective date of coverage.

We appreciate your business and look forward to working with you in the coming year. Please contact me if you have any questions.

Sincerely,

Charlie Eisenbies
Vice President
Gallagher Student Health & Special Risk

Sport Underwriters, Inc
2047 Saranac Ave:
Suite 201
Lake Placid, NY 1294(

ACCIDENT MEDICAL MASTER INSURANCE APPLICATION

Application is hereby made for a plan of BLANKET ACCIDENT INSURANCE based on the following statements and representations:

Policyholder (full legal name): Derry Township School District
Street Address: PO Box 898
City: Hershey State: PA Zip Code: 17033
Policyholder's Email Address:
Telephone Number: Grades Included: K-12 Estimated # of Students: See Notes

Policy Number:

VOLUNTARY STUDENT ACCIDENT COVERAGE	
Plan:	**Accident Medical Benefit:**
☐ Includes Sports Other than Senior High School Football	**X** Primary
X Excludes Sports	
Effective Date: August 25, 2025	Benefit Period: 1 (years)
Termination Date: August 24, 2026	Total Maximum for All Accident Medical Benefits: $1,000,000
Loss of Life Principal Sum: $5,000	**X** School Time Rate: $ 22.00
	X 24-Hour Wrap Around Rate: $ 88.00

Policy Number:

COMPULSORY STUDENT ACCIDENT COVERAGE	
Includes Sports Other Than Senior High Football	Full Excess
All Sports Excludes Sports	Primary Excess / Maximum Amount $:
Effective Date:	Benefit Period: (years)
Termination Date:	Total Maximum for All Accident Medical Benefits: $
Loss of Life Principal Sum: $5,000	Flat Rate: $

OPTIONAL COVERAGES	
Special Activities Coverage (Plan AA)	☐ Felonious Assault and Violent Crime Benefit
X Non-Athletic Field Trip Coverage	

MANDATORY INTERSCHOLASTIC SPORTS COVERAGE	
Plan:	**Accident Medical Benefit Plan:**
X Senior High School Football	**X** Primary Excess / Maximum Amount: $100.00
X Junior High School Football	**X** Expanded Sports Medical Coverage
X Band and Cheerleader	Benefit Period: 2 (years)
X Senior High School Sports	Total Maximum for All Accident Medical Benefits: $1,000,000
X Junior High School Sports	
Effective Date: August 1, 2025	Termination Date: July 31, 2026
Loss of Life Principal Sum: $15,000	Flat Rate: $ 7,700

COMPENSATION DISCLOSURE SCHEDULE

Coverage(s)	Carrier Name(s)	Wholesaler, MGA, or Intermediary Name 1	Estimated Annual Premium 2	Comm % or Fee 3	Gallagher U.S. owned Wholesaler, MGA or Intermediary %
Athletic Accident	The Hartford	-	$7,700	15%	-

1. We were able to obtain more advantageous terms and conditions for you through an intermediary/ wholesaler.
2. If the premium is shown as an indication: The premium indicated is an estimate provided by the market. The actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.
   * A verbal quotation was received from this carrier. We are awaiting a quotation in writing.
3. The commission rate is a percentage of annual premium excluding taxes & fees.
   * Gallagher is receiving 15% commission on this policy.

COMPENSATION DISCLOSURE

1. Gallagher Companies are primarily compensated from the usual and customary commissions, fees or, where permitted, a combination of both, for brokerage and servicing of insurance policies, annuity contracts, guarantee contracts and surety bonds (collectively "insurance coverages") handled for a client's account, which may vary based on market conditions and the insurance product placed for the client.

2. In placing, renewing, consulting on or servicing your insurance coverages, Gallagher companies may participate in contingent and supplemental commission arrangements with intermediaries and insurance companies that provide for additional compensation if certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Gallagher with the insurance company, not on an individual policy basis. As a result, Gallagher may be considered to have an incentive to place your insurance coverages with a particular insurance company. If you do not wish to have your commercial insurance placement included in consideration for additional compensation, contact your producer or service team for an Opt-out form.

3. Gallagher Companies may receive investment income on fiduciary funds temporarily held by them, or from obtaining or generating premium finance quotes, unless prohibited by law.

4. Gallagher Companies may also access or have an ownership interest in other facilities, including wholesalers, reinsurance intermediaries, captive managers, underwriting managers and others that act as intermediaries for both Gallagher and other brokers in the insurance marketplace some of which may earn and retain customary brokerage commission and fees for their work.

If you have specific questions about any compensation received by Gallagher and its affiliates in relation to your insurance placements, please contact your Gallagher representative for more details.

TERMS AND CONDITIONS

It is important that we clearly outline the nature of our mutual relationship. The following terms and conditions (these "Terms") govern your relationship with Gallagher unless you have separately entered into a written services agreement with Gallagher relative to the policies and services outlined in this Proposal, in which case that services agreement will govern and control with respect to any conflicts with these Terms. These Terms will become effective upon your execution of the Client Authorization to Bind Coverage (the "**CAB**") included in this Proposal and shall survive for the duration of your relationship with Gallagher relative to the policies placed pursuant to the CAB or otherwise at your request.

Services

Gallagher will represent and assist you in all discussions and transactions with insurance companies relating to the lines of insurance coverage set forth in the CAB and any other lines of insurance coverage with which you request Gallagher's assistance. Gallagher will consult with you regarding any matters involving these or other coverages for which you have engaged Gallagher. You have the sole discretion for approving any insurance policies placed, as well as all other material decisions involving your risk management, risk transfer and/or loss prevention needs.

Although you are responsible for notifying applicable insurance companies directly in connection with any claims, demands, suits, notices of potential claims or any other matters as required by the terms and conditions of your policies, Gallagher will assist you in determining applicable claim reporting requirements.

Gallagher is not required to provide Services to you if Gallagher reasonably considers that to do so would put Gallagher in breach of, or would expose Gallagher or its affiliates to fines, penalties or sanctions under any laws, regulations, professional rules or, in Gallagher's sole opinion, you have breached a term/the terms of the Policies. In such circumstances, Gallagher will be entitled to terminate its Services with immediate effect. In the event that Gallagher exercises its right to terminate its Services with immediate effect, Gallagher will not be responsible or liable to you for any direct or indirect loss which you or any other party may suffer as a result.

Please be aware that Gallagher is generally restricted from providing broking, claims handling or other services that relate to Cuba and Iran, including due to significant difficulties in processing payments and other commercial and reputational considerations.

Treatment of Information

Gallagher understands the need to protect the confidentiality and security of your confidential and sensitive information and strives to comply with applicable data privacy and security laws. Your confidential and sensitive information will be protected by Gallagher and only used to perform services for you; provided that Gallagher may disclose and transfer your information to our affiliates, agents or vendors that have a need to know such information in connection with the provision of such services (including insurance markets, as necessary, for marketing, quoting, placing and/or servicing insurance coverages). We may also disclose such information as required by applicable data protection laws or the order of any court or tribunal, subject to our providing you with prior notice as permitted by law.

We will (i) implement appropriate administrative, physical and technical safeguards to protect personal information; (ii) timely report security incidents involving personal information to affected parties and/or regulatory bodies; (iii) create and maintain required policies and procedures; and (iv) comply with data subjects' rights, as applicable. To the extent applicable under associated data protection laws, you are a "business" or "controller" and Gallagher is a "service provider" or "data processor." You will ensure that any information provided to Gallagher has been provided with any required notices and that you have obtained all required consents, if any and where required, or are otherwise authorized to transfer all information to Gallagher and enable Gallagher to process the information for the purposes described in this Proposal and as set forth in Gallaher's Privacy Policy located at https://www.ajg.com/privacy-policy/. Gallagher may update its Privacy Policy from time to time and any updates will be posted to such site.

Dispute Resolution

Gallagher does not expect that it will ever have a formal dispute with any of its clients. However, in the event that one should arise, we should each strive to achieve a fair, expedient and efficient resolution and we'd like to clearly outline the resolution process.

A. If the parties have a dispute regarding Gallagher's services or the relationship governed by this Proposal ("**Dispute**"), each party agrees to resolve that Dispute by mediation. If mediation fails to resolve the Dispute, you and Gallagher agree to binding arbitration. Each party waives all rights to commence litigation in court to resolve a Dispute, and specifically waives all rights to pursue relief by class action or mass action in court or through arbitration. However, the parties do not waive the ability to seek a court order of injunction in aid of the mediation and arbitration required by these Terms.

B. The party asserting a Dispute must provide a written notice ("**Notice**") of the claim to the other party and to the American Arbitration Association ("**AAA**") in accordance with its Commercial Arbitration Rules and Mediation Procedures. All Dispute resolutions will take place in Chicago, IL, unless you and Gallagher agree to another location. The parties will equally divide all costs of the mediation and arbitration proceedings and will each pay their own attorneys' fees. All matters will be before a neutral, impartial and disinterested mediator or arbitrator(s) that have at least 20 years' experience in commercial and insurance coverage disputes.

C. Mediation will occur within sixty (60) days of filing the Notice with the AAA. Mediation results will be reduced to a memorandum of understanding signed by you, Gallagher and the mediator. A Dispute that is not resolved in mediation will commence to binding arbitration. For Disputes in excess of $500,000, either party may elect to have the Dispute heard by a panel of three (3) arbitrators. The award of the arbitrator(s) must be accompanied by a reasoned opinion prepared and signed by the arbitrator(s). Except as may be required by law, neither you, Gallagher, nor a mediator or arbitrator may disclose the existence, content or results of any Dispute or its dispute resolution proceeding without the prior written consent of both you and Gallagher.

Electronic Delivery

In lieu of receiving documents in paper format, you agree, to the fullest extent permitted by law, to accept electronic delivery of any documents that Gallagher may be required to deliver to you (including, but not limited to, insurance policies and endorsements, account statements and all other agreements, forms and communications) in connection with services provided by Gallagher. Electronic delivery of a document to you may be made via electronic mail or by other electronic means, including posting documents to a secure website.

Miscellaneous Terms

Gallagher is engaged to perform services as an independent contractor and not as your employee or agent, and Gallagher will not be operating in a fiduciary capacity.

Where applicable, insurance coverage placements and other services may require the payment of federal excise taxes, surplus lines taxes, stamping or other fees to the Internal Revenue Service, various State(s) departments of revenue, state regulators, boards or associations. In such cases, you will be responsible for the payment of the taxes and/or fees, which Gallagher will separately identify on related invoices.

The Proposal and these Terms are governed by the laws of the State of Illinois, without regard to its conflict of law rules.

If an arbitrator/court of competent jurisdiction determines that any provision of these Terms is void or unenforceable, that provision will be severed, and the arbitrator/court will replace it with a valid and enforceable provision that most closely approximates the original intent, and the remainder of these Terms will remain in effect.

Except to the extent in conflict with a services agreement that you may enter into with Gallagher, these Terms and the remainder of the Proposal constitute the entire agreement between you and Gallagher with respect to the subject matter of the Proposal, and supersede all prior negotiations, agreements and understandings as to such matters.

CARRIER RATINGS AND ADMITTED STATUS

We approached the following carriers in an effort to provide the most comprehensive and cost effective insurance program.

Line of Coverage	Insurance Company ** (AM Best Rate/Financial Strength)	Market Response*	Admitted***
Athletic Accident	The Hartford A XV	Quoted	Yes
Voluntary Accident	The Hartford A XV	Quoted	Yes

*If shown as an indication, the actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.

**Gallagher companies use AM Best rated insurers and the rating listed above was verified on the date the proposal document was created.

Best's Credit Ratings™ reproduced herein appear under license from AM Best and do not constitute, either expressly or impliedly, an endorsement of Gallagher's service or its recommendations. AM Best is not responsible for transcription errors made in presenting Best's Credit Ratings™. Best's Credit Ratings™ are proprietary and may not be reproduced or distributed without the express written permission of AM Best.

A Best's Financial Strength Rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. It is not a warranty of a company's financial strength and ability to meet its obligations to policyholders. Best's Credit Ratings™ are under continuous review and subject to change and/or affirmation. For the latest Best's Credit Ratings™ and Guide to Best's Credit Ratings, visit the AM Best website at http://www.ambest.com/ratings/.

***If coverage placed with a non-admitted carrier, it is doing business in the state as a surplus lines or non-admitted carrier, and is neither subject to the same regulations as an admitted carrier nor do they participate in any state insurance guarantee fund.

Gallagher companies make no representations and warranties concerning the solvency of any carrier, nor does it make any representation or warranty concerning the rating of the carrier which may change.

Gallagher | Student Health & Special Risk

CLIENT AUTHORIZATION TO BIND

After careful consideration of Gallagher's proposal dated May 29, 2025, you accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

Effective Dates: 8/1/25 to 7/31/26 and 8/25/25 to 8/24/26	LINE OF COVERAGE	PREMIUM	CARRIER
☐ Accept ☐ Reject	Athletic Accident	$7,700	The Hartford
☐ Accept ☐ Reject	Voluntary Accident	$22/student/year $88/student/year	The Hartford

Do you have other coverage considerations? ☐ **Yes** ☐ **No**

The above coverage may not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those addressed in the coverage considerations included in this proposal, please list below:

Producer/ Insured Coverage Amendments and Notes:

Account Services: placement of insurance coverage, account management, renewal negotiations with the incumbent carrier and market reviews when necessary, creation of relevant marketing materials (FAQs, brochures, claims filing procedures, etc.) with policy information and benefits, distribution and analysis of periodic claim summary reports

Exposures and Values: You confirm the schedules, and any other information pertaining to your operations, and submitted to the underwriters, were compiled from information provided by you. If no updates were provided to Gallagher, the values and exposures used were based on the expiring policies. You acknowledge it is your responsibility to notify Gallagher of any material change in your exposures

Additional Terms and Disclosures Gallagher is not an expert in all aspects of your business. Gallagher's Proposals for insurance are based upon the information concerning your business that was provided to Gallagher by you. Gallagher expects the information you provide is true, correct and complete in all material respects. Gallagher assumes no responsibility to independently investigate the risks that may be facing your business, but rather have relied upon the information you provide to Gallagher in making our insurance Proposals. Gallagher's liability to you arising from any of Gallagher's acts or omissions will not exceed $20 million in the aggregate. The parties each will only be liable for actual damages incurred by the other party, and will not be liable for any indirect, special, exemplary, consequential, reliance or punitive damages. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with the Proposal, any of Gallagher's services or your relationship with Gallagher may be brought by either party any later than two (2) years after the accrual of the claim or cause of action. Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at https://www.ajg.com/privacy-policy/.

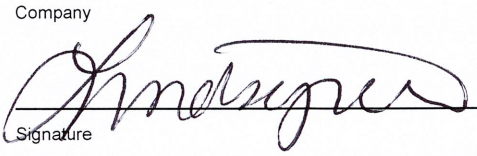
You have read, understand and agree that the information contained in the Proposal and all documents attached to and incorporated into the Proposal, is correct and has been disclosed to you prior to authorizing Gallagher to bind coverage and/or provide services to you. By signing below, or authorizing Gallagher to bind your insurance coverage through email when allowed, you acknowledge you have reviewed and agree with terms, conditions and disclosures contained in the Proposal.

By: Lindsay K. Drew, President, School Board

Print Name (Specify Title)

Derry Township School District

Company



Signature

Date: June 23, 2025

Notes: Elementary School 911; Middle School 741; High School 1079

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance.

Please see attached Important Notice for state specific Fraud Warning Statement.

Authorized Signature of the Applicant

Lindsay K. Drew

Printed Name of Applicant's Authorized Representative

Date: June 23, 2025

Gallagher Benefit Services

Licensed Broker/Agent Signature **Printed/Typed Name of Agent/Broker**

Address: Four Gateway Circle. Suite 805; 444 Liberty Ave

City: Pittsburgh State: PA

Zip code: 15222

Telephone Number: Federal I.D. Number:

License Number: Date:

Regional Sales Manager/Agent Signature **Printed/Typed Name of Regional Sales Manager/Agent**

Address:

City: State:

Zip code:

Telephone Number: Federal I.D. Number:

License Number: Date:

TMX Compliance, LLC
4001 Stonewood Dr Ste 110
Wexford, PA 15090
+17249341470
accounting@tmxcompliance.com

INVOICE

BILL TO
Jason Reifsnyder
Derry Township School District
PO Box 898
30 East Granada Ave
Hershey, PA 17033 USA

INVOICE # 1074
DATE 05/15/2025
DUE DATE 05/15/2025
TERMS Due on receipt

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
TMX Platform		1	4,600.00	4,600.00
Annual Implementation Fee		1	600.00	600.00

SUBTOTAL	5,200.00
TAX	0.00
TOTAL	5,200.00
BALANCE DUE	**$5,200.00**

Board approved June 23, 2025
Michele Ager, Board Secretary

HERSHEY TRUST COMPANY TRUSTEE - MILTON HERSHEY SCHOOL Appellant, v. DAUPHIN COUNTY BOARD OF ASSESSMENT APPEALS, Appellee.	: : : : : : : : :	IN THE COURT OF COMMON PLEAS DAUPHIN COUNTY, PENNSYLVANIA NO. 2023-CV-7681

ORDER

AND NOW this _____ day of _____, 2025, upon consideration of the attached STIPULATION AND JOINT MOTION FOR AGREED UPON ORDER, it is hereby ORDERED that the provisions of the attached Stipulation of the parties are approved and included in the Order by reference thereto.

BY THE COURT:

_____
JEFFREY B. ENGLE, JUDGE

Distribution

Court Administration
Joseph D. Kerwin, Esq. 4245 State Route 209, Elizabethville, PA. 17023
William F. Kerr, Esq. PO Box 8384, Cherry Hill, New Jersey 08034
Patrick M. Armstrong, Esq. 104 S. 6th Street, PO Box 215, Perkasie, PA 18944
David M. Walker, Esq. 280 Granite Run Drive, Suite 300, Lancaster, PA 17601
Matthew L. Owens, Esq. 2 South 2nd Street, Harrisburg, PA 17101
Dauphin County Tax Assessment Office **ATTN: Erin Murphy**

HERSHEY TRUST COMPANY TRUSTEE - MILTON HERSHEY SCHOOL Appellant, v. DAUPHIN COUNTY BOARD OF ASSESSMENT APPEALS, Appellee.	: : : : : : : : :	IN THE COURT OF COMMON PLEAS DAUPHIN COUNTY, PENNSYLVANIA NO. 2023-CV-7681

TO THE HONORABLE JEFFREY B. ENGLE, JUDGE OF SAID COURT:

STIPULATION AND JOINT MOTION FOR AGREED UPON ORDER

AND NOW, this _____ day of _____, 2025, it is hereby stipulated and agreed by and among the parties, Hershey Trust Company Trustee – Milton Hershey School, Appellant, and the Dauphin County Board of Assessment Appeals, Appellee, Derry Township School District, Derry Township, and County of Dauphin, interested parties, that the parcel subject of this appeal, Dauphin County Tax Parcel No. 24-008-034, more familiarly known as 1135 W. Chocolate Ave, shall have the fair market value as of August 1, 2023 hereinafter set forth, to wit:

TAX PARCEL	LAND	IMPROVEMENTS	TOTAL
24-008-034	$3,558,500	$23,941,500	$27,500,000

1. Further, in view of the fact that the State Tax Equalization Board has certified the Common Level Ratio for Dauphin County to be 46.6% for annual appeals filed in 2023, the Common Level Ratio does apply to pending appeals, and it is stipulated that the assessment of the aforesaid parcels, effective January 1, 2024, shall be as follows:

TAX PARCEL	LAND	IMPROVEMENTS	TOTAL
24-008-034	$1,658,300	$11,156,700	$12,815,000

2. The parties hereto further agree, that for the tax year beginning January 1, 2025, the parcels of real estate shall have the following fair market value as set forth herein below:

TAX PARCEL	LAND	IMPROVEMENTS	TOTAL
24-008-034	$3,623,200	$24,376,800	$28,000,000

3. Further, in view of the fact that the State Tax Equalization Board has certified the Common Level Ratio for Dauphin County to be 43.3% for annual appeals filed in 2024, the Common Level Ratio does apply to pending appeals, and it is stipulated that the assessment of the aforesaid parcels, effective January 1, 2025, shall be as follows:

TAX PARCEL	LAND	IMPROVEMENTS	TOTAL
24-008-034	$1,568,800	$10,555,200	$12,124,000

4. The parties hereto agree that any refunds of overpayments in real estate taxes shall not include interest.

WHEREFORE, based upon the within stipulation, counsel herein respectfully moves that this Honorable Court enter the attached, proposed Order in accordance herewith.

[SIGNATURE PAGE TO FOLLOW]

Respectfully Submitted,

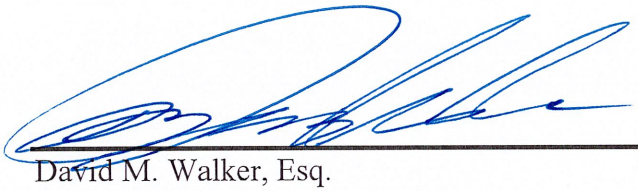
Joseph D. Kerwin, Esq.
Counsel for Appellee
4245 State Route 209
Elizabethville, PA 17023
(717) 362-3215
jdk@kerwinlawfirm.com

Respectfully Submitted,

William F. Kerr, Esq.
Counsel for Appellant
PO Box 8384
Cherry Hill, NJ 08034
(856) 324-0677
wkerr@highswartz.com

Respectfully Submitted,

DERRY TOWNSHIP SCHOOL DISTRICT



David M. Walker, Esq.
Counsel for Derry Township School District
280 Granite Run Drive, Suite 300
Lancaster, PA
(717) 849-4114
dwalker@saxtonstump.com

Respectfully Submitted,

DERRY TOWNSHIP

Patrick M. Armstrong, Esq.
Counsel for Derry Township
104 S. 6th Street, PO Box 215
Perkasie, PA 18944
(215) 257-6811
parmstrong@grimlaw.com

Respectfully Submitted,

DAUPHIN COUNTY

Matthew L. Owens, Esq.
Counsel for Dauphin County
2 South 2nd Street
Harrisburg, PA 17108-1295
(717) 780-6300

Derry Township School District
Administrative Office • 30A East Granada Avenue • P.O. Box 898 • Hershey, PA 17033
Phone (717) 534-2501 • Fax (717) 533-4357 • www.hershey.k12.pa.us

To: Board of School Directors

From: Lindsey Schmidt

Re: Proposal to add a club at Hershey High School

Date: May 23, 2025

On behalf of HHS student Sanskriti Naik, I would like to present a recommendation to the Derry Township Board of School Directors regarding the formation of a student club entitled Science National Honor Society. The enclosed proposal outlines and describes the purpose of the club.

- The club is supported by a faculty advisor, Kim Haney.
- Based on the proposal, the club supports the vision of Hershey High School & DTSD.
- The group does have a desire to handle funds, so a corresponding "student activity account is requested. With board approval, the Science National Honor Society would be required to function in compliance with the Board Policy #618 (Student Activity Funds) regarding the management of their funds.
- Participation in the Science National Honor Society would be open to all HHS students.
- This program does not entail a Limited Service Contract (LSC) and will therefore not include a stipend/payment to the sponsor.

Enclosures: Proposal for HHS Science National Honor Society

Dear School Board Members,

My name is Sanskriti Naik, and I would like to propose a new club for the 2025-2026 school year: Science National Honor Society (SNHS). SNHS is a prestigious organization that recognizes students for their excellence in science subjects on a national level.

The purpose of this club is to encourage academic excellence by recognizing and supporting student interest in science. This club would enhance science education by organizing guest speakers, workshops, field trips, and more. It will also promote leadership, offer opportunities for community service, and provide tutoring for students in science subjects. In addition to these academic service components, the club offers recognition and prestige to students who demonstrate dedication to science subjects. Seniors will also receive an honor cord at graduation for $14 (paid by student).

To support the start of the club, the application to become an official chapter of the Science National Honor Society requires an initial fee of $300, followed by an annual renewal fee of $75. In light of the purchasing of the chords and the annual fee, the club will also need a club account.

We anticipate an initial membership of approximately 30 members. Eligible students must be in grades 10 through 12, maintain a minimum of 93% grade average in all current enrolled science classes and an overall average of 90%. Students must also be enrolled in an Honors or AP science course such as Honors Biology, AP Biology, Honors Chemistry, AP Chemistry, AP Physics 1 or 2, or AP Environmental Science. Membership will be contingent upon teacher recommendation and approval. Once in the club, members will be required to get 4 science related service hours per year, two of which must be in tutoring science. Mrs. Kimberly Haney has agreed to be our faculty advisor for the club. Thank you for considering this proposal.

Sincerely,
Sanskriti Naik

Sanskriti Naik

5/22/25 - Advisor

CM REGENT SOLUTIONS

Specialized Benefit Plans For Your Employees

Derry Township School District

Renewal Effective Date: July 1, 2025

Sun Life Financial Renewal Notification

Thank you for choosing CM Regent Solutions for your employee benefit program.

Your organization's unique benefit needs are addressed by CM Regent Solutions plans, carriers and programs that meet the highest standards of quality and stability, and provide you with choices to protect your employees. When you work with CM Regent Solutions and our industry-leading company partners, you and your employees receive a broad and appealing range of insurance plans and other benefits at affordable prices.

300 Sterling Parkway, Suite 100 | Mechanicsburg, PA 17050

866.403.7700 | Fax: 866.401.6601 | cmregent.com

CM REGENT™ SOLUTIONS

April 15, 2025

CAROL PITTS, BUSINESS MANAGER
DERRY TOWNSHIP SCHOOL DISTRICT
P.O. BOX 898
HERSHEY, PA 17033

RE: CM Regent Solutions and Sun Life Renewal/Acceptance
Policy: 932569
Rate Effective Date: July 1, 2025

On behalf of CM Regent Solutions, we appreciate your business and your continued support of our products. We are committed to providing exceptional service and rate stability. We strive to be your best partner for employee benefits and continue to serve more than 300 public school entities.

Please allow this letter to serve as formal notification of your policy renewal.

Life	0.086
AD&D	0.014
LTD	0.117

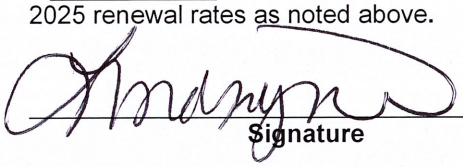
We are pleased to inform you that you have received a guaranteed rate hold from July 1, 2025 to June 30, 2028

CM Regent Solutions offers an industry experienced service team that partners with you and/or your broker and serves as a liaison with Sun Life Financial to support the Pennsylvania School Boards Association (PSBA) Life and Disability programs. Below are some highlights of our program:

- Designated CM Regent Solutions service team.
- Comprehensive analysis and review of census, insurance certificates, and premium remittance.
- Claims review and submission.
- Evidence of Insurability (EOI) support.
- Longstanding rate stability.
- Emergency travel assistance and ID theft protection services for all employees insured under Group Life.

Please contact your CM Regent Solutions Relationship Manager and/or your current broker with any questions or to make any additions or changes to your benefit programs in the upcoming plan year.

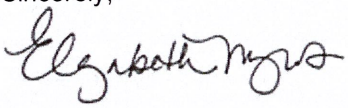
I, Lindsay Drew, as a duly authorized representative of the above named, do hereby accept the 2025 renewal rates as noted above.



Signature June 23, 2025 **Date**

Please email acceptance to Kathleen Malnofski at kmalnofski@cmregent.com.

Sincerely,



Elizabeth Myers
Director, Agency Operations

cc: Ryan Myslinski, Alera Group

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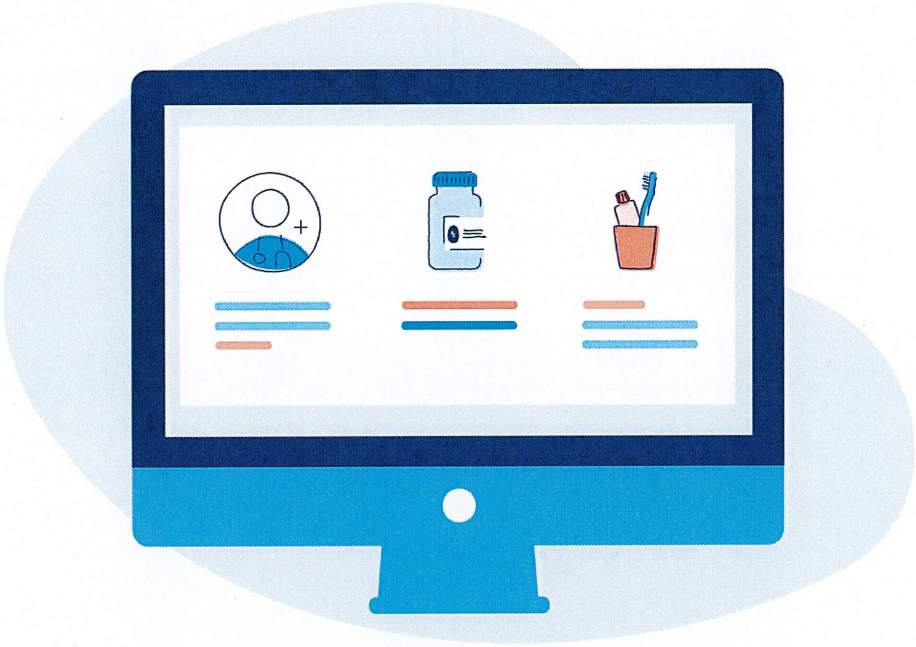
HIGHMARK

Benefits Proposal



FOR

Derry Township School District

Effective Date: 07/01/2025

Presented by:
Keith McCracken
Senior Client Manager - PA
(717) 302-2132
keith.mccracken@highmark.com

Docusign Envelope ID: EAC3CFCF-ED81-4D1D-80D9-0E8E54ACECC2

Highmark Inc. d/b/a Highmark Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

This response does not constitute an offer to contract. Furthermore, the responses and information provided are based on our current understanding of the requests posed and are limited in scope to the information that was available at the time the responses were prepared.

The recipient of this response acknowledges and agrees that the information contained herein is confidential and proprietary and, as a consequence, may not be disclosed to any third party without the specific written consent of Highmark Blue Shield.

Full disclosure of benefits, provisions and financial arrangements will be contained in the group contract.

Docusign Envelope ID: EAC3CFCF-ED81-4D1D-80D9-0E8E54ACECC2

More value. More savings. More of everything you need.

Products/Services /Initiatives	Benefit	Your Cost
One of the Largest Networks in Central PA and the Lehigh Valley	Members can access all acute care hospitals in central PA and the Lehigh Valley, reducing their out-of-network utilization and out-of-pocket expenses.	**Included**
Standard Pharmacy Initiatives	Deeply discounted retail and mail order pharmacy networks, competitive rebates and drug management programs to save on prescription costs.	**Included** Additional options available at cost.
Health and Wellness Programs	A comprehensive suite of standard wellness programs engages members and enhances their health.	**Included**
Blues On Call℠ Nurseline	Members get toll-free, 24-hour health-decision support from dedicated clinicians.	**Included**
Open Enrollment Benefit Meetings - Virtual Capabilities	Zoom Technology: allows us to conduct a virtual "live" webinar for the client and members. We can also record / download to Brainshark for future use to share with employees who may have missed the meeting or for any future new hires to explain their benefits. Teams Meeting: Similar to Zoom but for clients who do not want to run the software and utilize Microsoft Office technology from their mainframes. Conference Call: Our team can set up educational conference call meetings with members to review their benefits, available services, value added resources, tools, and of course, answer any questions they may have.	**Included**
Open Enrollment Benefit Meetings - Recorded Capabilities	Brainshark®: We have the capability to prerecord your clients' benefits and messaging in a Brainshark training video. This is a formal presentation that allows members to view a PowerPoint presentation that has been created by Sales.	**Included**
Member Website	Members have a wide range of health assessment and health improvement programs, and provider quality and care cost tools.	**Included**
Employer Website	You have an efficient and effective way to administer your health plan benefits. You can manage enrollment, view current invoices, and general account information. You can also assist employees with benefit questions, ordering ID cards, or finding health care providers.	**Included**
Detailed Care Utilization Standard Reporting Packages	Allows you to monitor care costs, so you can understand your employees' health and wellness needs and enact claim reduction strategies.	**Included** (for groups of 100+) Custom packages available at cost.

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Self-Insured Administrative Fee Proposal

Docusign Envelope ID: EAC3CFCF-ED81-4D1D-80D9-0E8E54ACECC2

Administrative Services Only (ASO)

Claims Reimbursement Financial Arrangement

- The group is required to have a minimum of 51 enrolled contracts; however, groups under 100 must meet certain underwriting requirements and may require prior approval.
- The group is not subject to state benefit mandates; however, they may elect to cover selected state mandates.
- The group is subject to federal mandates.
- Self-funded financial arrangement.
- The group is billed paid claims plus administrative fees. (Note that "paid claims" includes the cost of claims and fees for value based and payment innovation programs of Highmark and other licensees of the Blue Cross Blue Shield Association)
- The group assumes all risk for payment of claims incurred by its members.
- No maximum group liability is set by Highmark Blue Shield.
- Stop-loss coverage is required for groups having less than 300 enrolled employees/retirees. This coverage must be provided by a carrier that does not otherwise provide Blue Cross and/or Blue Shield products or services.
- Advance deposit may be required. If required, the following will occur:
    - ✓ Annual settlement will be performed to reconcile the group's claims costs with the required advance deposit amount.
    - ✓ Final settlement will occur upon termination.
    - ✓ Settlements may result in a refund or additional billing to the group.
- Letter of credit may be required. If required, the following will occur:
    - ✓ The letter of credit will be adjusted at each contract period renewal.
    - ✓ The initial letter of credit must have an expiration date that is six (6) months after the end of the first contract period.
    - ✓ Each subsequent letter of credit must be valid for twelve (12) months.

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Derry Township School District

Summary of Multiple-Year Administrative Fees

Summary of Terms:

The administrative fees shall be an amount as follows:

Year 1 – 07/01/2025 through 06/30/2026:

Administrative Fees Expressed as $ per Contract Holder per Month	
Medical/Prescription Program	**$58.75**
Producer Commission	**$0.00**
Prescription Rebate	**($0.00)**
Total	**$58.75**

Year 2 - 07/01/2026 through 06/30/2027:

Administrative Fees Expressed as $ per Contract Holder per Month	
Medical/Prescription Program	**$59.75**
Producer Commission	**$0.00**
Prescription Rebate	**($0.00)**
Total	**$59.75**

Year 3 – 07/01/2027 through 06/30/2028:

Administrative Fees Expressed as $ per Contract Holder per Month	
Medical/Prescription Program	**$60.75**
Producer Commission	**$0.00**
Prescription Rebate	**($0.00)**
Total	**$60.75**

Accepted by _____

Title President, School Board

Date June 23, 2025

Please initial benefit grid(s) selected and return with this multiple-year agreement.

This proposal reflects an exclusion for all anti-obesity/weight loss medications in the premium. This proposal reflects an inclusion for all anti-obesity/weight loss medications in the premium.

In addition to the above administrative fee, a carve-out fee of $4.00 PCPM applies when you select a stop-loss insurance carrier other than an affiliate of the HM Life Insurance Company[4]. This includes standard reports provided for outside stop-loss carrier.

In addition to the above administrative fee, a carve-out fee of $5.00 PCPM applies when you select a pharmacy benefits administrator (PBM) other than Highmark Blue Shield.

[4]HM Life Insurance Company is a separate company that does not provide Blue Cross and/or Blue Shield products or services. HM Life Insurance Company is solely responsible for issuing stop-loss insurance coverage.

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Derry Township School District

Highmark Blue Shield Self-Insured Terms and Conditions

Core Services Included in Administrative Fees

Dedicated Account Management Team

- Client Manager, Implementation Service Manager, Client Service Manager, Clinical Strategy Support, Membership Auditor/Supervisor, Supervisor of Operations

Network

- Online directory for most current network, including access to Blue Distinction® Centers for Bariatric Surgery, Cancer Care, Cardiac Care, Cellular Immunotherapy – CAR-T, Fertility Care, Gene Therapy, Knee and Hip Replacement, Maternity Care, Spine Surgery, Substance Use Treatment and Recovery, and Transplants
- Blue Cross Blue Shield Global Core® – global network in over 200 countries

Communications

- Standard ID or custom ID card with logo, color or black (one per member)
- Health Reimbursement Debit Card: Non-customized card included at no additional cost.
- Standard electronic open enrollment / communication materials
- Electronic benefit booklet (also available for members online)
- Electronic Summary of Benefits (SBCs) template
- Open Enrollment Meetings (locations with 100 or more employees)

Administrative Services

- Annual renewal package, admin fee determination and claims projections
- External Audit - 1,000+ contracts are permitted to audit 200 claims and clients with less than 1,000 contracts are permitted to audit 100 claims. (If additional claims are requested, we apply a surcharge of $100/claim for the financial claim audit & $200/claim for the paid claim review.)

Standard File Feeds

- Standard file feeds (using standard file layouts and specified frequencies) for prior carrier accumulator, inbound files from carve-out vendors and outbound files to third party vendors

Web/Digital Services

- Member Self Service Portal and Mobile Web - evaluate health cost and quality-of-care data, find providers, track claims/spending, manage health spending accounts, access wellness and virtual health solutions, view ID card, and leverage a virtual chatbot for questions.
- Employer Self Service Portal – view/manage enrollment, access benefits, view claims, access reports, pay bills
- Mobile Messaging – Secure mobile messaging platform that provides members with information reminders, health solution messages and cost-savings communications to drive engagement in eligible resources

Customer Service/Claims Processing

- Customer Service – Standard Unit
  - Toll-free customer service line, Toll-free group administrator customer service line, Toll free line for open enrollment, Translator assistance, Integrated Voice Response, Chat functionality
- Claims Processing
  - Foreign claim translation and processing
  - Internal appeals according to applicable claims rules

Reporting

- Analytics Navigator Standard Reporting
- 5500 Reporting
  - If applicable, provide data for client to file Schedule C to the Form 5500

Docusign Envelope ID: EAC3CFCF-ED81-4D1D-80D9-0E8E54ACECC2

Health Management (Well360 Core)

- 24/7 nurseline to address members' health care needs
- Multi-disciplinary Clinical Care Team to holistically manage members
- General Case Management and Transition of Care
- Pharmacy Case Management (for carve-in pharmacy only)
- Specialty Case and Disease Management
- Maternity Management (Baby Blueprints, High Risk Pregnancy)
- Behavioral Health Case Management
- Health and Wellbeing Programs

Digital Wellness and Prevention Resources

- Health Risk Assessment
- Digital wellness platform, including personalized health programs and resources

Health and Wellbeing Programs

- Inbound and Referrals into telephonic Wellness Coaching (weight management, nutrition, stress, exercise, etc.)
- How to Be Tobacco Free
- My Weight Management Journey
- Time to Sleep Well
- Daily Steps to Less Stress
- Aim for Change
- Diabetes Prevention Program - Virtual and in-person/onsite options through credentialed providers, including Livongo and select facilities (added to the standard preventive schedule)
- Blue 365 Wellness Discount Program
- Online value program for medical members with savings on non-covered wellness products/services

Telemedicine

- Well360 Virtual Health - Access to secured telemedicine portal to resolve routine medical issues with board-certified physicians via phone or video consultation. (Embedded in Plan Design)

Pharmacy Management

- Medical & Pharmacy Integration
- Designated Pharmacy Program for Opioid Management
- Formulary Administration and Management
- Therapeutic Interchange Program
- Coordinated Care Management
- Specialty Pharmacy Management
- Specialty Retail Exclusivity Program (REP)
- Retail Network Management
- Pharmacy Medical Policy Development
- Medical and Pharmacy Policy Integration
- Medical Injectable Drug Program
- Rx for Health Program
- My Rx Choices
- Point of Sale (POS) Claims Processing
- Mail Order Claims Processing
- Drug Notification Letters
- Member Communications
- Home Delivery Programs
- Worry Free Fills Program
- Mail Order Enrollment Packet, including order forms and pre-addressed, pre-paid envelopes
- Rebate Administration
- Aggressive and Competitive AWP Pricing Discounts
- Pharmacy Audits (Desk and On-Site)
- Preventive Schedule Drug Management
- Concurrent, Retrospective, Prospective DUR
- Best RX Program:
  - Quantity Level Limit Program

  - Dose Optimization Program
  - Step Therapy Program
  - Managed Rx Coverage Program (MRxC)
- Managed Prior Authorization Program
- Market Watch Drug Program

Enhanced Services and Solutions

*Please note clients are automatically enrolled in the following services and solutions. This Pricing is applicable starting 07/01/2025 and ending 06/30/2026. Please note that this pricing is subject to change:

SERVICES	FEES AND SHARED SAVINGS
External Appeals – Health Care Reform required by PPACA	$1,000/appeal
Claims Reprocessing Fee	$25/claim
Runout Claims Processing 12 Months of claims runout	100% of ASO fee times last 3 months of enrollment
Coordination of Benefits - Highmark and its recovery vendor may share in percentage of any recovery made pursuant to the coordination provisions of the Plan in compensation for rendering this service to Plan and Sponsor.	35% of recovery
Other Insurance - Highmark and its recovery vendor will undertake reasonable efforts on behalf of the Plan to recover amounts from other accident and injury carriers (e.g., workers' compensation, automobile accident and other accident or injury insurers) to the extent insurance issued by such insurers may be primarily liable for Paid Claims arising from an illness or injury suffered by a Member. Highmark and its recovery vendor may share in a percentage of any recovery from such carriers in compensation for rendering this service to Plan and Sponsor.	35% of savings
Subrogation Management - As used in this booklet, "subrogation" refers to the Plan's right to seek payment and/or reimbursement from a person or organization responsible, or potentially responsible, for the Plan's payment of health care expenses you incurred in connection with an injury.	35% of recovery
Post-Payment Claim Services - Insurance Carrier reviews and investigates potentially fraudulent, waste, abuse or inappropriate billings submitted by providers and members. Whenever amounts recovered from these investigations can be associated with a paid claim under the Plan and result in a paid claim adjustment, Sponsor will receive a credit against future paid claims costs in the amount of the recovery, less a percentage fee that may be retained by Insurance Carrier.	35% of recovery
Out-of-Network Pricing Services • Negotiation Services • Database Pricing Services • Negotiation Services Cap • Database Pricing Cap	 40% of the difference between billed charges and priced amount 40% of the difference between billed charges and priced amount $50,000 $50,000
Par-Wrap Services	40% of the difference between billed charges and the allowance
Claim Payment Integrity Services	35% of savings
Pre-Payment Services - Such pre-payment activities include but are not limited to: High Dollar Claim Reviews utilizing Itemized Bills, Supplemental Claims Editing, Claim Coding Validation/Accuracy; and Medical Record Reviews.	35% of savings
HEALTH, WELLNESS & PREMIUM SOLUTIONS	
Medical Specialty site of Care Care coordination of Specialty drug to ensure infusion therapy in the safest, most convenient, cost-effective environment - Care Coordination Fee (opt-in program)	$200 infusion/eligible claim
Well360 Health Management Model • Utilization Management - Inpatient (In-Area, Out-of-Area, and Out-of-Network) and Outpatient (In-Area, Out-of-Area, and Out-of-Network)	$110/authorization
• Integrated Care Team (ICT) is a clinical care team who provides intensive, specialized, and high touch case management services during inpatient admissions.	$400/case (This is included in Well360 Connect and Clarity models; the $400 fee does not apply for these models.)

Additional Services and Solutions

The following is a list of services and fees that may apply. This Pricing is applicable starting 07/01/2025 and ending 06/30/2026. Please note that this pricing is subject to change:

Please place an X in the far-left column to indicate all Additional Services/Buy-Up items you are purchasing.		
X	**OPERATIONAL SERVICES**	**ADDITIONAL SERVICES/BUY-UP**
	MEDICAL SPECIALTY SITE OF CARE	
	Care coordination of Specialty drug to ensure infusion therapy in the safest, most convenient, cost-effective environment - Carve Out Care Coordination (opt-out program)	$0.50 PCPM
	NETWORK	
	GeoBlue℠ - Global specialty health services, technology and insurance provider, Medical Concierge identifies, accesses, and pays for quality health care anywhere in the world	Quoted/client
	Select Networks – Fee will only apply to contracts utilizing the Select Network service. * Minimum of 1,000 enrolled members is required to set up a completely new Select Network location where no BCBS network was previously available	$1.00 PCPM
	Network Parity Fee – Alternative to charging a higher administrative fee (applicable to PPO product)	$1.00 PCPM
	COMMUNICATIONS	
	Health Reimbursement Debit Card: Customized	$15,000 initial template
	Health Reimbursement Debit Card: Subsequent clients using same template	$2,500
	Customized open enrollment / communication materials	Quoted/account
	Printed Benefit Booklets (bulk mailing)	$5.25 booklet
	Printed Benefit Booklets (print and mail to individual members)	$6.75 booklet
	Administrative Services	
	Additional Claims to Standard External Audit Service	$100/claim financial claim audit $200/claim paid claim review
	Retiree Drug Subsidy Administration	Quoted/account
	Web/Digital Services	
	Multi-Factor Authentication (MFA) enabled Single Sign-on (SSO) – MFA enabled SSO is a capability that our clients can use to allow members to link from their employee intranet or similar site more securely into the applicable Highmark website. MFA enabled SSO connections are available for the following web experiences. • MyHighmark.com • AllMyHealth.com • Beneficity.com	
	Initial build fee – With existing acceptable MFA enabled solution	$10,000/MFA enabled SSO connection
	Initial build fee – If no existing acceptable MFA enabled solution	$64,000/MFA enabled SSO connection
	Annual Maintenance fee	$5,000/year
	Customized Member Website Landing Page	
	Set-up	Initial build fee – One-time fee based on estimate to build (Flat Dollar Fee)
	Annual Maintenance	Custom Dollar Value/Year Fee (Flat Dollar Fee)
	Ad hoc changes	$200/hour required to make requested changes (Flat Dollar Fee)
	SAGE College Tuition Program	$1.00 PCPM
	CUSTOMER SERVICE/CLAIMS PROCESSING	
	Premium Customer Service Model **Well360 Concierge Service Model (250+ contracts)** A premium designated member service team that provides members with a personalized experience to engage them in their health care.	
	• Concierge Stand Alone	$1.50 PCPM
	Claims Fiduciary – Insurance Carrier handles appeals & has final determination.	$1.50 PCPM
	REPORTING	
	Non-Standard and Ad hoc Reports – Reports designed according to customer's specified parameters	Quote/report (Cost of development @ $250/hour)
	IDENTITY PROTECTION SERVICES	
	Identity Protection Services - Highmark has contracted with Experian to offer access to identity protection services.	No cost: however, clients must opt-in
	THIRD PARTY VENDOR CARVE OUT	

Please place an X in the far-left column to indicate all Additional Services/Buy-Up items you are purchasing.		
X	**OPERATIONAL SERVICES**	**ADDITIONAL SERVICES/BUY-UP**
	PBM Integration for a High Deductible Health Plan - Integrating a High Deductible Health Plan (typically a HDHP) with carve-out PBMs. The fee only applies to groups with deductible integration.	$1.50 PCPM in addition to the Rx carve out fee
	PBM Integration / Carve-out	
	• **Standard**: New PBM Integration/Carve-out	$115,000/client made up of $30,000-$50,000 upfront fee with the remaining expense built into pricing to be spread over 18 months or the term of the contract
	• **Custom**: New PBM Integration/Carve-out	$400,000/client made up of $30,000-$50,000 upfront fee with the remaining expense built into pricing to be spread over 18 months or the term of the contract
x	• **Standard**: Existing PBM Integration/Carve-out with NO customer requested customizations	$3,000/client upfront fee
	• **High Touch**: Existing PBM Integration/Carve-out with NO customer requested customizations	$20,000 set-up/annual maintenance
	• **Custom**: Existing PBM Integration/Carve-out WITH customer requested customizations	$20,000/client set-up (no annual maintenance)
	• **High Touch**: Existing PBM Integration/Carve-out WITH customer requested customizations	$20,000 set-up/annual maintenance
	Spending Account File Feeds to Outside Vendor	Initial Set Up
	• Established vendor	$3,000 set-up fee
	• New Vendor	$5,000 set-up fee
	HCR TMOOP Mental Health Feeds	Initial Set Up / Maintenance
	• Existing mental health vendor	$8,250/$3,750
	• New mental health vendor	Actual Cost/$3,750
	• Mid-Year set-up	$3,000
	DATA EXCHANGE SERVICES (DATA AGGREGATOR/FILE FEEDS)	
	Wellspan – File Feed Bundle	$0.25 PCPM
	Customized – Carve Out Rx Vendor (for Care & Disease Management)	$5,000 set-up (per feed)
	Customized – Third Party Vendor (for Enrollment & Claims)	$3,500 set-up (per feed)
	High Touch Vendor – Standard/Custom File Feed Includes all file feeds regardless of custom or standard and the number requested.	$20,000 set-up/annual maintenance

Please place an X in the far-left column to indicate all Additional Services/Buy-Up items you are purchasing.		
X	**PHARMACY MANAGEMENT**	**ADDITIONAL SERVICES/BUY-UP**
	Free Market Health Specialty	$1.25/Rx script
	RxAdherence® - actionable adherence solution, combines early detection with tailored interventions to improve member adherence. Identifies members at risk of becoming non-adherent in the future and offers them tailored, proactive interventions, before nonadherence becomes a significant issue.	$0.75 PCPM

Please place an X in the far-left column to indicate all Additional Services/Buy-Up items you are purchasing.		
X	**HEALTH, WELLNESS & PREMIUM SOLUTIONS**	**ADDITIONAL SERVICES/BUY-UP**
	HEALTH MANAGEMENT	
	Well360 Focus Health Management Model (250+ contracts) - A multi-channel clinical care solution that focuses on emerging risk, prevalent conditions, and integration with best-in-class vendors. May provide financial, clinical, and operational performance measures.	$3.50 PCPM (Includes "HRA Only" Rewards)
	Additional opt-in solution: CHF and COPD Management virtual care solution, powered by Vida.	Cost is $87/participating member/month with 4-month commitment.
	Well360 Connect Model (250+ contracts) - Integrated team of service representatives and clinicians provide a "one-stop shop" for employees and their dependents. Customer Care Advocates maximize each service encounter by going beyond assisting with customer service-related issues to proactively engage members to improve care outcomes. They collaborate with Clinical Care Advocates who manage members' needs across the care continuum.	
	• Excluding Beneficity	$7.00 PCPM (Includes "HRA Only" Rewards)
	• Including Beneficity, which is a digital front door solution that allows employees to access all their covered benefits and services from one location.	$9.50 PCPM
	Additional opt-in solution: CHF and COPD Management virtual care solution, powered by Vida.	Cost is $87/participating member/month with 4-month commitment.

Please place an X in the far-left column to indicate all Additional Services/Buy-Up items you are purchasing.		
X	**HEALTH, WELLNESS & PREMIUM SOLUTIONS**	**ADDITIONAL SERVICES/BUY-UP**
	Well360 Clarity Model (250+ contracts) - An integrated care navigation solution that uses actionable data to identify and prioritize top cost drivers. The model leverages our dedicated concierge experience and highest touch care management support to guide members to the right care, delivered by the most efficient cost and quality providers.	
	• Excluding Beneficity	$9.00 PCPM
	• Including Beneficity, which is a digital front door solution that allows employees to access all their covered benefits and services from one location.	$11.50 PCPM
	Additional opt-in solution: CHF and COPD Management virtual care solution, powered by Vida.	Cost is $87/participating member/month with 4-month commitment.
	Diabetes Management Program - Virtual diabetes care program for type 1 diabetes (13+) and type 2 diabetes (18+)	$75/Enrolled Participant/Month (Activity/Claims based invoicing)
	Well360 Virtual Second Opinion (250+ contracts) This solution provides direct access to 3,500 world-leading Cleveland Clinic experts in 550+ advanced subspecialties who review diagnosis and treatment plans to provide virtual second opinions.	$1.25 PCPM
	WELLNESS AND PREVENTION	
	Virtual Physical Care Program - A virtual/digital musculoskeletal program for joint health and women's pelvic floor disorders.	$850 maximum invoiced at 3 milestones (Claims Billed)
	Well360 Rewards Packages Preconfigured, flexible, and custom incentive packages that focus on specified activities or outcomes metrics. *50% off discount may be applied for each additional preconfigured Rewards program purchased for the same population; discounts cannot be combined.	
	• HRA Only Rewards	$0.75 PCPM
	• HRA Only Rewards – Bundled with a Well360 buy-up model	$0.00 PCPM
	• Preconfigured Rewards*	$1.50 PCPM
	• Preconfigured Rewards* – Bundled with a Well360 buy-up model	$0.75 PCPM
	• Flexible Rewards	$2.00 PCPM
	• Flexible Rewards – Bundled with Beneficity	$1.00 PCPM
	• Custom Rewards	$2.50 PCPM
	• Custom Rewards – Bundled with Beneficity	$1.25 PCPM
	• Tobacco-Free RA	$750
	• Tobacco-Free Attestation and RA	$1,300
	• Tobacco-Free RA (Digital-Only)	$150
	• Tobacco-Free Attestation and RA (Digital-Only)	$700
	Well360 Core Associate Member - Available with Well360 Rewards and EAP. Enables employees without medical coverage to access Wellness platform, online member portal, and Blue365 Discounts.	$0.75 PCPM $0.00 PCPM with EAP
	Well360 Lifestyle (250+ contracts) Telephonic and digital wellness coaches offer targeted outreach for lifestyle risk, and programs for weight, nutrition, stress, sleep, fitness, tobacco cessation, and lifestyle improvement.	$2.50 PCPM (Includes "HRA Only" Rewards)
	• Associated Members	$3.25 PCPM
	Catapult Preventive Screenings - National Preventive Healthcare Practice that provides preventive checkups to the worksite. Licensed nurses perform diagnostic blood work via finger stick, and a board-certified Nurse Practitioner discusses the results privately with the employee via video technology. Employees leave the checkup with their results and actionable items to improve their health including referrals to disease management, wellness, and employer programs. Results are shared with the employee's Primary Care Provider (PCP). If a participant does not have a PCP, Catapult will assist the member with finding a high-quality in-network provider. • Required lead time for any screening request is a minimum of 12 weeks. • Any onsite screening requires a minimum of 30 participants per clinic and preregistration is required. • Additional fees may apply for non-standard clinic hours (outside of 7 am - 7 pm), less participation than estimated, etc.	$195 claims cost applies
NOTE: Some products and services may be subject to sales tax. Product orders may take up to 10 business days to deliver. Rush shipping fees equal to the greater of $25 or 10% of the product order will be charged if requiring shipping in less than 10 business days. Prices reflect standard model – additional fees may apply for customization.		
	BIOMETRIC SCREENING SERVICES	

Please place an X in the far-left column to indicate all Additional Services/Buy-Up items you are purchasing.		
X	**HEALTH, WELLNESS & PREMIUM SOLUTIONS**	**ADDITIONAL SERVICES/BUY-UP**
	Comprehensive Fingerstick (total cholesterol, LDL, HDL, Triglycerides, glucose, and blood pressure)	$48/Participant
	Comprehensive Venipuncture (total cholesterol, LDL, HDL, Triglycerides, glucose, and blood pressure)	$54/Participant
	A la Carte Onsite Add-ons:	
	Biometric Screening Counseling (in conjunction with purchased Fingerstick screening option: 5-minute private consultation with qualified health professional regarding screening results).	Add $7/participant
	Measured Height and Weight (calculated BMI)	Add $6/Participant
	Measured Waist Circumference	Add $6/Participant
	Cotinine Venipuncture (Nicotine) with screening	Add $20/Participant
	Cotinine swab test with screening	Add $37/Participant
	A la Carte Offsite options:	
	Physician Derived Results (PDR)	$20/Participant
	Screening Lab Vouchers (Full lipid/glucose)	$50/Participant
	Screening Lab Vouchers (Full lipid/glucose/HT/WT/Waist Circumference)	$80/Participant
	Home Test Kits: Full Lipid Panel and Glucose (no minimum required)	$45/participant processed ($20/kit unprocessed)
	3rd Party Biometric Data File	
	Clients who contract with their own screening vendor but want results loaded to Health Plan systems for incentive tracking or condition management purposes. Includes providing Health Plan's file requirements, eligibility file with UMI identifiers and testing.	$5,000
	COST-SAVING PREMIUM SOLUTIONS	
X	**Advanced Radiology and Cardiac Imaging UM (RadCard)** – Includes OOA and ON services. No min. contracts.	$20/authorization This is included in Well360 Clarity
	Radiation Oncology Authorization Program - Standard program to ensure radiation therapy services are managed to national clinical guidelines.	$780/authorization
	Laboratory Management (Genetic testing) Program – Program to ensure members are receiving the most clinically appropriate genetic laboratory testing. No min. contracts.	$580/authorization
	MSK Surgery and Interventional Pain Management Services Prior Authorization Program - Includes prior authorization for non-emergent MSK surgeries, as well as prior authorizations required for outpatient IPM services.	$110/authorization This is included in Well360 Clarity
	Kidney Care Management - This care management program works to provide early detection, while slowing disease progression and reducing adverse events that can lead to poor outcomes.	$60/eligible member/month
	Fertility and Family Building Management (250+ contracts) - This program is inclusive of fertility-related care such as: intrauterine insemination (IUI), in vitro fertilization (IVF), male factor testing and preservation as well as surrogacy and adoption guidance.	$1.00 PCPM
	Well360 Virtual Health Enhanced - Access to secured telemedicine portal for behavioral health and urgent care services with board-certified physicians via phone or video consultation. This Enhanced option adds primary care, dermatology, and women's health practice options for a comprehensive virtual health solution.	$0.65 PCPM
x	**Mental Well-Being** – Expanded network of behavioral health providers in addition to a digital experience. Self-guided platform is a value-add and included in Well360 Core.	$45/participant/month for Premium Platform (Claims Billed)
	Employee Assistance Program (EAP) & Mental Well-Being Access to coaching and care navigation services, on demand digital programs, work-life resources, and organizational support. EAP Employer Sponsored Session EAP Critical Incident EAP Management Referral	$2.25 PCPM Note: The Mental Well-Being PPPM program fee billed via claims does not apply for clients who add EAP. Activity based variable fees, based individual session type and location, invoiced monthly Activity based variable fees, based on type and duration of support required, invoiced per incident Activity based variable fees, based on type of assessment required, invoiced per case

The proposed administrative fee represents an offer of a multiple-year agreement and are subject to the conditions and reservation of rights noted herein. This offer does not apply to an increase attributable to federal/state taxes, fees, surcharges, assessments or changes to mandated benefits and coverage requirements, regardless of whether such taxes, fees, surcharges, assessments or mandated benefits or coverage requirements were in effect before or after the date of this offer.

A fixed pharmacy rebate may be used to offset your administrative fee on a PCPM (per contract per month) basis and may be credited to your invoice. The rebate is guaranteed for the 12 months coinciding with the contract period, subject to the conditions and reservation of rights noted herein and may be subject to revision in future contract periods.

Notwithstanding anything in this proposal to the contrary, Sponsor understands and agrees that pharmacy rebates and, thus, Highmark's ability to extend the pharmacy rebate terms, is subject to the following:

- The terms of agreements that Highmark or its pharmacy vendor has with brand drug manufacturers;
- Changes in law; which, among other things, may be revised due to changes in applicable laws, regulations, executive orders, agency actions, court orders and/or legal settlements; or
- Actions taken by a pharmaceutical manufacturer that has an adverse effect on the availability of the rebate (including, but not limited to, legal settlements)

All of the preceding are, hereinafter, referred to as "Rebate Changes".

Sponsor understands and agrees that Highmark may, correspondingly, reduce the preceding Pharmacy Rebate credits in the event of such Rebate Changes. Highmark shall inform Sponsor of an adjustment to Pharmacy Rebate credits in writing not later than thirty (30) days prior to implementing the adjustment.

Highmark further reserves the right to adjust the Pharmacy Rebate credit if any of the following were to occur during the term of this contract:

- There is a material change in the utilization, size, demographics or gender distribution of Sponsor's membership, in each case as compared to that reflected in the base data used to price contracted guarantees, that results in a change in the drug mix which has a positive or negative impact on the Rebates that Highmark would otherwise receive so as to have a positive or negative impact on Highmark's ability to meet the Pharmacy Rebate guarantees; or
- Client-initiated change to pharmacy benefit program or plan design (which may include, but not limited to, copays, network, formulary, specialty drug list, or utilization management edits); or
- Product offering decisions by drug manufacturers that result in a reduction of rebates, including the introduction of a lower cost alternative product which may replace an existing rebateable brand product; an unexpected launch of an interchangeable version of a brand product; or a branded product converted to OTC status, recalled, or withdrawn from the market; or a material reduction in Wholesale Acquisition Cost (WAC); or
- Sponsor materially changes the formulary or benefit design in the Plan; or
- Sponsor elects to use on-site clinics or pharmacies to dispense Covered Drugs to Members; or
- Rebates materially decrease with respect to the Plan because Brand Name Drugs move off patent, authorized generic is launched, or biosimilars are introduced; or
- In the event a public health emergency is declared affecting (i) one or more Highmark service locations that support Services under this SOW; and/or (ii) geographic area(s) of work or residence of ten percent (10%) or more Members. The preceding shall apply whether a public health emergency is declared by the World Health Organization or by an agency or instrumentality of government in the relevant geographic area(s) having such authority.

Sponsor understands and agrees that the Pharmacy Rebate credits are voided as of the date Sponsor implements a program or other initiative (either directly or through a third party) that has the effect of changing the mix of drugs subject to the Pharmacy Rebate.

Highmark reserves the right to modify the monthly administrative fee amounts if any of the following were to occur during the term of the contract.

- Sponsor does not enroll a minimum of 51 enrolled contracts;
- Sponsor requests additional effective dates;
- Sponsor's enrollment increases or decreases by more than ten percent (10%) from the level of the base experience period when the fee was determined;
- There is a change in state, federal or other law (including any change in mandated benefits, taxes, fees, surcharges or other assessments) or the interpretation of such laws; or
- There is a requested or mandated revision in the coverage provided under the contract.

Information regarding applicable commissions will be made available upon request.

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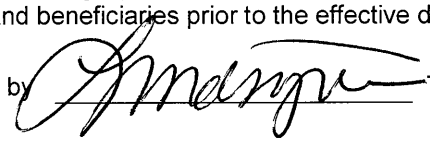
In response to the Patient Protection and Affordable Care Act (PPACA) legislation, there is a tax that may impact the cost of providing coverage to your employees. This tax is as follows:

- Patient-Centered Outcomes Research Institute (PCORI) Fees - Sponsors of self-insured plans (including Cost Plus) are required to pay the tax on their own behalf. This tax continues to be in effect until plan years ending September 30, 2029. The amount due per life is subject to annual adjustment.

Highmark's administrative fee does not include costs associated with federal and state taxes, surcharges and fees, including those imposed by the Patient Protection and Affordable Care Act of 2010 (e.g., Patient-Centered Outcomes Research Institute). The Sponsor will agree to reimburse Highmark for taxes, surcharges or fees assessed against Highmark or that Highmark is required to pay by law or regulation (whether in effect now or in the future) relating to the Sponsor's health plan, including, among other things, benefits paid and membership (exclusive of taxes assessed on the basis of Highmark's net income). Highmark has the authority and discretion to determine whether any such tax should be paid or disputed. Highmark will act reasonably when making that determination.

Sponsor acknowledges and agrees that it has had the opportunity to discuss Sponsor's specific plan design requirements with Highmark prior to signing this proposal; and, further, understands, acknowledges and agrees that Highmark may require that Sponsor execute an indemnification agreement as a condition to Highmark's administration of certain non-standard benefit/coverage exclusions (Exclusions) in light of the potential risk associated with each. In this regard, Sponsor acknowledges that it has had an opportunity to review a listing of Exclusions standardly administered by Highmark and for which no indemnification will be required as of the date of this Proposal.

I have read and understand the financial language included in this proposal and acknowledge that I had the opportunity to have each term and condition explained to me in full. Please note that benefit changes after distribution of a Summary of Benefits and Coverage (SBC) may require modification and redistribution of the SBC and/or advance notification to participants and beneficiaries prior to the effective date of the benefit change.

Accepted by  Title School Board President Date June 23, 2025

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HIGHMARK.

NETWORK ACCESS FEES

BLUECARD® ACCESS FEE DISCLOSURE STATEMENT

Highmark Inc. (Highmark) has a variety of relationships with other Blue Cross and/or Blue Shield Licensees referred to generally as "Inter-Plan Programs." Whenever members access health care services outside the geographic area we serve, the claim for those services may be processed through one of these Inter-Plan Programs and presented to us for payment in accordance with the rules of the Inter-Plan Programs policies then in effect. The Inter-Plan Programs available to Members under this agreement are described generally below:

Typically, members, when accessing care outside the geographic area we serve, obtain care from health care providers that have a contractual agreement (i.e., are "participating providers") with the local Blue Cross and/or Blue Shield Licensee in the other geographic area ("Host Blue"). In some instances, members may obtain care from non-participating health care providers. The payment practices in both instances are described below.

BLUE CARD PROGRAM:

Under the BlueCard Program, when members access covered health care services within the geographic area serviced by a Host blue, we will remain responsible to the client for fulfilling our contractual obligations. However, in accordance with applicable Inter-Plan Programs polices then in effect, the Host Blue will be responsible for providing such services as contracting and handling substantially all interactions with its participating health care providers. The financial terms of the Blue Card Program are described generally below. Individual circumstances may arise that are not directly covered by this description. However, in those instances, our action will be consistent with the spirit of this description.

LIABILITY CALCULATION METHOD PER CLAIM

The calculation of member liability on claims for covered health care services processed through the BlueCard Program will be based on the lower of the participating health care provider's billed covered charges or the negotiated price made available to us by the Host Blue.

The calculation of your liability on claims for covered health care services incurred outside the geographic area we serve and processed through BlueCard will be based on the negotiated price we pay the Host Blue.

The calculation of the client's liability on claims for covered health care services processed through the BlueCard Program is based on the negotiated price made available to us by the Host Blue. Sometimes, this negotiated price may be greater than billed charges if the Host Blue has negotiated with its participating health care provider(s) an inclusive allowance (e.g., per case or per day amount) for specific health care services.

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Host Blues may use various methods to determine a negotiated price, depending on the terms of each Host Blue's health care provider contracts. The negotiated price made available to us by the Host Blue may represent a payment negotiated by a Host Blue with a heath care provider that is one of the following:

- **An actual price.** An actual price is a negotiated payment without any other increases or decreases, or
- **An estimated price.** An estimated price is a negotiated payment reduced or increased by a percentage to take into account certain payments negotiated with the provider and other claim- and non-claim-related transactions. Such transactions may include, but are not limited to, anti-fraud and abuse recoveries, provider refunds not applied on a claim-specific basis, retrospective settlements, and performance-related bonuses or incentives, or
- **An average price.** An average price is a percentage of billed covered charges representing the aggregate payments negotiated by the Host Blue with all of its health care providers or a similar classification of its providers and other claim- and non-claim-related transactions. Such transactions may include the same ones as noted above for an estimated price.

Host Blues, using either the Estimated Price or Average Price may, in accordance with Inter-Plan Programs Policies, prospectively increase or reduce such prices to correct for over- or under estimation of past prices (i.e., prospective adjustments may mean that a current price reflects additional amounts or credits for claims already paid to providers or anticipated to be paid to or received from providers). However, the amount paid by the member and the client is a final price; no future price adjustment will result in increases or decreases to the pricing of past claims. The BlueCard Program requires that the price submitted by a Host Blue to us is a final price irrespective of any future adjustments based on the use of estimated or average pricing.

If a Host Blue uses either an estimated price or an average price on a claim, it may hold some portion of the amount that a client pays in a variance account, pending settlement with its participating health care providers. Because all amounts paid are final, neither variance account funds held to be paid, nor the funds expected to be received, are due to or from a client. Such payable or receivable would be eventually exhausted by health care provider settlements and/or through prospective adjustment to the negotiated prices. *Some Host Blues may retain interest earned, if any, on funds held in variance accounts.*

A small number of states require Host Blues either (i) to use a basis for determining member liability for covered health care services that does not reflect the entire savings realized, or expected to be realized, on a particular claim or (ii) to add a surcharge. Should the state in which health care services are accessed mandate liability calculation methods that differ from the negotiated price methodology or require a surcharge, we would then calculate member liability and the client's liability in accordance with applicable law.

RETURN OF OVERPAYMENTS

Under the BlueCard Program, recoveries from a Host Blue or its participating health care providers can arise in several ways, including, but not limited to, anti-fraud and abuse recoveries, health care provider/hospital audits, credit balance audits, utilization review refunds, and unsolicited refunds. In some cases, the Host Blue will engage a third party to assist in identification or collection of recovery amounts. The fees of such a third party may be netted against the recovery. Recovery amounts determined in this way will be applied in accordance with applicable Inter-Plan Programs Policies, which generally require correction on a claim-by-claim or prospective basis.

Unless otherwise agreed to by the Host Blue, we may request adjustments from the Host Blue for full refunds from healthcare providers due to the retroactive cancellation of membership but only for one year after the date of the Inter-Plan financial settlement process for the original claim. In some cases, recovery of claim payments associated with a retroactive cancellation may not be possible if, as an example, the recovery conflicts with Host Blue's state law or healthcare provider contracts or would jeopardize its relationship with tis health care providers.

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BLUECARD PROGRAM FEES AND COMPENSATION

The client understands and agrees to reimburse Highmark for certain fees and compensation which we are obligated under the BlueCard Program to pay to the Host Blues, to the Blue Cross and Blue Shield Association (BCBSA), and/or to BlueCard Program vendors, as described below. Fees and compensation under the BlueCard Program may be revised in accordance with the Program's standard procedures for revising such fees and compensation, which do not provide for prior approval by any accounts. Such revisions typically are made annually as a result of program policy changes and/or vendor negotiations. These revisions may occur at any time during the course of a given calendar year, and they do not necessarily coincide with a client's benefit period under this agreement.

Based on the most recent 12-month medical inflation trend data available from the ***S&P Dow Jones Healthcare Claims Cost Indices***, the BlueCard Access Fee rates, effective ***January 1, 2025***, are as follows:

2025 BLUECARD® FEES			
	Client Size (Contracts)	**Administrative Expense Allowance (AEA) (1)**	**Access Fees: Percent (2)**
Standard (Indemnity, EPO, PPO, POS & HMO	Indemnity Contracts & <1,000 Blue EPO & PPO Enrolled Contracts Travelers (HMO & POS)	$11.00 per facility provider claim $5.00 per professional provider claim	3.31%
Reduced/Junior Jumbo (EPO & PPO only)	1,000 to 9,999 Blue EPO & PPO Non-Medicare Prime Enrolled Contracts	$9.75 per facility provider claim $4.00 per professional provider claim	1.84%
Jumbo (EPO & PPO Only)	10,000 – 49,999 Blue EPO & PPO Non-Medicare Prime Enrolled Contracts	$9.75 per facility provider claim $4.00 per professional provider claim	1.71%
Super Jumbo (All Products)	50,000+ Blue Enrolled Contracts for All Products	$10.00 PCPM -OR- $6.00 per facility or professional provider claim	Not Applicable
Non-Participating Provider	Applies to all client sizes	$3.00 per claim	Not Applicable
Medicare Advantage (PPO Only)	Applies to all client sizes	$5.00 per facility provider claim $2.25 per professional provider claim	Not Applicable
Medicare Advantage (All Other Products)	Applies to all client sizes	$1.00 per facility or professional provider claim	Not Applicable
Medicare (All Products Excluding All Medicare Advantage Products)	Applies to all client sizes	$1.00 per eligible Medicare-related claims	Not Applicable
Medicaid (All Products)	Applies to all client sizes	$1.00 per eligible Medicaid claims	Not Applicable
Blue Cross Blue Shield Global Core International Claims	Applies to all client sizes	$18.55 per facility provider claim $5.50 per professional provider claim $4.35 per member submitted claims	Not Applicable
Blue Distinction Centers for Transplant® Electronic Claims	Applies to all client sizes	$300.00 per case	Not Applicable

(1) Administrative Expense Allowance (AEA): An administrative services fee charged by Host Plans for processing BlueCard claims which is a fixed amount per facility provider claim and fixed amount per professional provider claim and is the same for calendar year 2024 and 2025. (2) The access fee percent applied to discount savings per claim, limited to a maximum of $2,000 per claim.

Some of the BlueCard Program fees and compensation are charged each time a claim is processed through the BlueCard Program and include, but are not limited to, access fees, administrative expense allowance fees, Central Finance Agency fees and ITS transaction fees.

SUPPLEMENT (PART A) TO RENEWAL ACCEPTANCE AGREEMENT

Client Name: Derry Township School District
Client Number: 067945
Renewal Period: 07/01/2025 to 06/30/2026

This Supplement (Part A) to the Renewal Acceptance Agreement includes additional agreed upon terms concerning services and fees that will apply to our administrative services only agreement or claims-billed cost plus insurance contract (Service Agreement) during the above Renewal Period.

The above named group (Client) understands and agrees that the Renewal Acceptance Agreement, Supplement (Part A) and Supplement (Part B) (collectively, the Renewal) supersedes and amends the relevant terms of our Service Agreement. Accordingly, the terms of the Renewal control over any conflicting terms in our Service Agreement.

Please have an authorized representative (Group Representative) accept the terms and conditions of this Supplement (Part A) by signing and returning this Supplement (Part A) to your client manager or your authorized producer (broker) not later than 30 days prior to the effective date of this Renewal.

Standard Provisions Category

Post-payment Recovery Services	**Percentage Fee Based on Recovery**
Post-payment recovery services include, but are not limited to: Fraud, Waste and Abuse Reviews (provider and member); Facility Audits; Coordination of Benefits with other insurers	35%
Subrogation	35%
Claims Services	**Percentage Fee**
Pre-payment claims services include, but are not limited to: Fraud, Waste and Abuse Reviews (provider and member); Claim Coding Validation/Accuracy; Claim Coding Integrity (medical record review) and Pre-Claim Audit Services	35%
	Percentage Fee Based on the Difference Between Billed Charges and Priced Amount
Claim Pricing (Non-Contracted Provider Claims Negotiation Services)	40%
Claim Pricing (Non-Contracted Provider Claims Database Pricing)	0%
Claim Pricing (Par-Wrap Services)	40%
Claim Pricing (Non-Contracted Provider Claims) Fee Cap	$50K Cap
	Additional Fees
Percent of Administrative Fee for Post-Termination Services (fee in effect immediately prior to termination)	100%
External Review (Independent Review Organization)	$1000 per appeal

Claims Reprocessing	$25 per claim

Unless otherwise stated in a proposal document signed by Group (Proposal), Group further agrees that the fees set forth in this Supplement (Part A) shall, likewise, apply to agreed-upon programs and services set forth in the Proposal for the period set forth therein.

Group understands and agrees that the Renewal offer, and Group's acceptance of the Renewal, requires that a Group Representative sign each of the Renewal Acceptance Agreement, Supplement (Part A) and Supplement (Part B) (if applicable). Signing some, but not all of the components of the Renewal, does not constitute Group acceptance. Alternatively, Group agrees that the initial payment of administrative fees and/or claims cost for the Renewal Period described in the Renewal shall be deemed Group's complete acceptance of all of the terms and conditions of all components of the Renewal.

Accepted by: _____ Title: School Board President
(Signature of Group Representative)

Email Address: ap@hershey.k12.pa.us Date: June 23, 2025

SUPPLEMENT (PART B) TO RENEWAL ACCEPTANCE AGREEMENT

Client Name: Derry Township School District
Client Number: 067945
Renewal Period: 07/01/2025 to 06/30/2026

This Supplement (Part B) to the Renewal Acceptance Agreement includes additional agreed upon terms concerning services and fees that will apply to our administrative services only agreement or claims billed cost-plus insurance contract (Service Agreement) during the Renewal Period.

The above named client (Group) understands and agrees that the Renewal Acceptance Agreement, Supplement (Part A) and Supplement (Part B) (collectively, the Renewal) supercedes and amends all of our Service Agreements. Accordingly the terms of this Supplement control over any conflicting terms in our Service Agreement.

Please have an authorized representative (Group Representative) accept the terms and conditions of this Supplement (Part B) by signing and returning this Supplement (Part B) to your client manager or your authorized producer (broker) not later than 30 days prior to the effective date of this Renewal.

Additional Products and Services Provided Summary by Product:

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
Radiology Cardiac Imaging UM	Radiology Cardiac Image UM - Opt In	$20.00				Per auth	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
Lab Gen Test UM	Lab Gen Test UM – Opt Out	$0.00				Per Auth	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
RadOnc UM	RadOnc UM – Opt Out	$0.00				Per Auth	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
MSK UM	MSK UM – Opt Out	$0.00				Per Auth	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
Mental Well-being	Mental Well-being					Per Claims Billed	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
Network Value Fee	Network Value fee 0/.50	$0.00		$0	0.25%	Per shared savings achieved	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
Copay Armor	Copay Armor	$0.00			25%	Per shared savings achieved	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
Utilization Management (UM)	Utilization Management In Pat	$110.00				Per auth	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
Utilization Management (UM)	Utilization Management Out Pat	$110.00				Per auth	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
Integrated Care Team (ICT)	Integrated Care Team (ICT)	$400.00				Per Case	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
Stop Loss Carve Out	500 to 999 contracts	$4.00				PCPM	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
Site of Care Drug Management Program	Site of Care Drug Managem ent - Opt In	$200.00				Per infusion; billed quarterly	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
Kidney Care Management	Kidney Care Managem ent - Opt out	$0.00				PEMPM	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
Rx Carve-Out	Less than 500 contracts	$5.00				PCPM	07/01/2025	06/30/2026
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36								

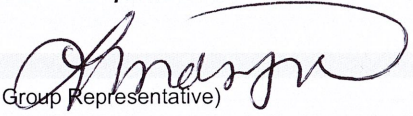
Product / Services		Sold Price ($)	Pay Loc	Cap	Percent (%)	Frequency	Effective Begin Date	Effective End Date
PBM Integration / Carveout	Existing PBM Integration / Carveout - No Customiza tions	$3,000.00				One-Time	07/01/2025	06/30/2026
Applies to Groups: Whole Client								

Credits Summary by Credit:

Type of Credit	Amount ($)	Credit to be Applied	Begin Date	End Date	Carryover
Loyalty Credit	$3,000.00	One-Time	07/01/2025	06/30/2026	No
Applies to Groups: 105659,-25,-26,-27,-28,-29,-30,-31,-32,-33,-34,-35,-36					

Unless otherwise stated in a proposal document signed by Group (Proposal), Group further agrees that the fees set forth in this Supplement (Part B) shall, likewise, apply to agreed upon programs and services set forth in the Proposal for the period set forth therein.

Group understands and agrees that the Renewal offer, and Group's acceptance of the Renewal, requires that a Group Representative sign each of the Renewal Acceptance Agreement, Supplement (Part A) and Supplement (Part B). Signing some, but not all of the components of the Renewal, does not constitute Group acceptance. Alternatively, that notwithstanding anything in this Renewal Acceptance Agreement, Supplement (Part A) or Supplement (Part B) to the contrary, Group agrees that the initial payment of administrative fees and/or claims cost for the Renewal Period described in the Renewal shall be deemed Group's complete acceptance of all of the terms and conditions of all components of the Renewal.

Accepted by: 
(Signature of Group Representative)

Title: School Board President

Email Address: ap@hershey.k12.pa.us

Date: June 23, 2025

RENEWAL NOTIFICATION

FOR CLIENTS RENEWING JULY - DECEMBER 2025

Client Name:

Derry Township School District

Client Number(s):

067945

The following are proposed modifications to the Master Health Services Agreement upon renewal. Plan changes, other than definitions or items designed to clarify an existing benefit or process will be implemented upon receipt of your expressed written authorization. We are providing you with this information so that you may evaluate and decide if these changes are beneficial to your plan.

This Renewal Notification applies to the following medical products unless otherwise noted within:

PPO Blue[SM]
EPO Blue[SM]
PPO Blue Total Health
EPO Blue Total Health
Choice Blue PPO
Lehigh Valley Flex Blue PPO
Performance Blue PPO
Performance Flex Blue PPO
Performance Blue EPO
Performance Flex Blue EPO
Classic Blue® Traditional
Classic Blue Comprehensive

Please take a moment and accept or decline each option available to you. Your client manager will help implement these provisions for your organization.

MODIFICATIONS – EFFECTIVE WITH YOUR AUTHORIZATION UPON RENEWAL

Annual Limitations

- Total Maximum Out-of-Pocket Limitation (TMOOP):
  - The annual limitation on in-network out-of-pocket maximums for non-qualified plans **decreases** to $9,200 for self-only coverage and $18,400 for family coverage in 2025.
  - The annual limitation on in-network out-of-pocket maximums for qualified high deductible plans increases to $8,300 for self-only coverage and $16,600 for family coverage in 2025.
- The minimum in-network deductible for qualified high deductible plans increases to $1,650 for an individual and $3,300 for a family in 2025.

Benefits After Termination

Highmark medical policy dictates that inpatient facility benefits continue following coverage termination until the maximum benefit amount is reached or the inpatient stay concludes, whichever comes first. Upon renewal beginning 7/1/25, clients may either default to current medical policy (by taking no action) or elect to terminate inpatient benefits when coverage terminates - even if a member is still inpatient. Exceptions to the elective rule apply if the member is inpatient at a facility that is reimbursed at a case rate/DRG payment methodology or as may be required under Blue Cross Blue Shield Association Inter-Plan Policies.

Employee Assistance Program (powered by Spring Health)

Effective 1-1-2025, all ASO clients that have the Mental Well-Being solution can expand their coverage by adding the Employee Assistance Program (EAP).

Highmark Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

HIGHMARK

RENEWAL NOTIFICATION

FOR CLIENTS RENEWING JULY - DECEMBER 2025

Highmark's EAP, powered by Spring Health, is a full population (medically and non-medically covered) support product that offers an expanded access to behavioral health providers in addition to self-service resources available via the digital experience. Highmark's partnership with Spring Health aids in offering expanded and timely access to mental and behavioral health interventions for members throughout the continuum, from low to high acuity needs.

Members will gain access to a larger network of behavioral health providers, making it easier to find high-quality care more quickly (both in person and virtual).

Bundling EAP and the existing Mental Well-Being services together into a single solution and digital location allows for a simplified member experience that is easier to utilize, navigate, and stay engaged in.

Members will be able to transition seamlessly from their EAP benefits to their MWB medical benefits (rather than having to find a new provider/therapist after completing their sponsored sessions)

Fully integrating medical plan benefits and EAP services together within one solution eliminates the need for clients to work with multiple, separate vendors.

As part of the EAP, eligible individuals have 6 therapy and medication management sessions available to them and their household family at zero cost to them in a given 12-month period. Once a person exhausts their employer-sponsored EAP sessions for the year, members with Highmark medical coverage can continue working with their therapists under the Mental Well-Being program to ensure there is no disruption with continuity of care. Spring Health concierge support can also assist individuals without Highmark medical coverage with finding an in-network therapist, or the family member may continue to work with their therapist at their own expense.

PCPM Fee is $2.25. This fee covers access to care navigation and coaching services, on demand digital programs, work-life resources and organizational support. This fee replaces the Mental Well-Being $45 program PPPM fee. The EAP requires a 90-day implementation period that must be elected during your renewal and cannot be added off renewal.

Employer Sponsored Therapy Session Fee: Straight pass through for each individual therapy session fee; fees are based on the type and location of the provider.

Preventive Care

- Polio Vaccine (adults 19 and older): The Centers for Disease Control and Prevention (CDC) has recommended adding the polio IPV vaccine. The change was effective back to 1/1/2025 and the preventive schedule will be updated effective 7/1/2025.
- Pneumonia Vaccine: The CDC has updated the recommendation for the pneumonia vaccine – lowering it to high-risk starting at age 50 (previously was age 65). The preventive schedules will be updated effective 7/1/2025.

Client Elections

Total Maximum Out-of-Pocket Limitation (TMOOP)

Specify Out-of-Pocket Maximums for benefits administered:

All Plans except Qualified High Deductible Plans:		
☐	**Option 1:**	2025 Standard Selection – Total Maximum Out-of-Pocket with combined medical and prescription drug $9,200 individual/$18,400 family.
☒	**Option 2:**	Other Selection – Total Maximum Out-of-Pocket with combined medical and prescription drug $6,600 individual/ $13.200 family (cannot exceed $9,200 individual/$18,200 family).

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☐	**Option 3:**	Selection for clients with Rx Carved Out – Total Maximum Out-of-Pocket – Medical Services only $_____ individual/$_____ family (combined with Rx cannot exceed $9,200 individual/$18,400 family).
Qualified High Deductible Health Plans:		
☐	**Option 1:**	2025 Standard Selection – Total Maximum Out-of-Pocket with combined medical and Prescription Drug $8,300 individual/$16,600 family.
☐	**Option 2:**	Other Selection – Total Maximum Out-of-Pocket with combined medical and prescription drug $_____ individual/$_____ family (cannot exceed $8,300 individual/$16,600 family).

Benefits after Termination

☒ Continue inpatient facility benefits after termination until the maximum benefit amount is reached or the inpatient stay concludes, whichever comes first.

☐ Terminate inpatient benefits when coverage terminates, even if a member is still inpatient. Exceptions to this rule apply if the member is inpatient at a facility that is reimbursed at a case rate/DRG payment methodology or as may be required under Blue Cross Blue Shield Association Inter-Plan Policies.
Note: Amendment letter sent by Highmark must also be signed and returned to make this change.

Employee Assistance Program (powered by Spring Health)

☐ Yes, add this program (90-day implementation period at renewal only).

☒ No, do not add this program.

Preventive Care

NOTE: If you have a Standard or Enhanced Preventive Schedule these will automatically be added at renewal. If you choose to decline these updates your Preventive Schedule will become customized. A customized schedule does not receive coverage updates automatically; they must be requested. By declining any of these options you are accepting removal of automatic updates.

Should you currently have a Customized Preventive Schedule, please indicate if you want to add these updates.

☒ Yes, add the Polio IPV Vaccine (Adults 19 and older) based on the CDC recommendations.
☐ No, do not add the Polio IPV Vaccine (Adults 19 and older) based on the CDC recommendations

☒ Yes, update Pneumonia Vaccine based on the CDC recommendations to High-risk or age 50 from High-risk or age 65

☐ No, do not update Pneumonia Vaccine based on the CDC recommendations to High-risk or age 50 from High-risk or age 65

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HIGHMARK.

RENEWAL NOTIFICATION

FOR CLIENTS RENEWING JULY - DECEMBER 2025

For your information, pricing updates may go into effect upon 2025 renewal, for electronic exchange of information (claim or eligibility files), prescription drug, and stop loss carve outs. Your Client Manager will review with you and advise if these changes are applicable.

Authorized Signature: _____

Date: June 23, 2025

The information in this renewal is for plans offered through Highmark Blue Shield.

Highmark Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

Vision Renewal Acceptance Agreement

Client Name: **Derry Township School District**
Client Number: **067945**

This Renewal Acceptance Agreement represents written notice concerning the monthly administrative fees that will apply to your renewed contract. Please place a check next to each of the offered fees you accept/decline. To renew, acknowledge your acceptance of the applicable terms and conditions by signing this and returning this renewal form to your Highmark Blue Shield Client Manager or your authorized Highmark Blue Shield Producer (broker) no later than 30 days from the effective date of this renewal.

This Renewal Acceptance Agreement will amend your existing contract for the period effective July 01, 2025 through June 30, 2027. The monthly administrative fees necessary to provide administrative services for the new benefit period are as follows:

Vision	
Group(s): 028671-97; -98; 105659-25; -26; -27; -28; -29; -30; -31; -32; -33; -34; -35; -36	
Administrative Fees Expressed as $ per Contract Holder per Month	
Vision Program	**$1.49**
Producer Commission	**$0.00**
Total	**$1.49**

ACCEPT ☐

DECLINE ☐

Comments:

By signing below, Group Representative acknowledges and agrees that:

- Group has had the opportunity to discuss applicable underwriting requirements with Highmark Blue Shield; and agrees to follow such requirements.
- Highmark Blue Shield reserves the right to modify retentions at any time if there is a change in state, federal or other law (including agency interpretations of such laws).
- Your renewal is subject to the satisfaction of certain Highmark Blue Shield underwriting requirements; specifically:
  - Highmark Blue Shield reserves the right to modify the monthly administrative fees at any time during the contract period if the plan sponsor's enrollment increases or decreases by more than ten percent (10%) from the level of the base experience period when the administrative fees were determined.

Accepted by: _____ Title: School Board President
(Signature of Authorized Group Representative)

Email Address: ap@hershey.k12.pa.us Date: June 23, 2025

Derry Township School District – Teachers Active-U65 Ret - CB 750/1500 - 105659-31, -32, -33 and -34

On the chart below, you'll see what your plan pays for specific services. There are two levels of network benefits coverage for certain services: Enhanced Value and Standard Value*. When you receive services from providers at the Enhanced Value level of benefits, you will pay less out-of-pocket. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital

Benefit	In-Network Enhanced Value	In-Network Standard Value	Out of Network
General Provisions			
Effective Date	July 1, 2025		
Benefit Period (1)	Contract Year		
Deductible (per benefit period) Individual Family	$750 $1,500		$1,500 $3,000
Plan Pays – payment based on the plan allowance	100% after deductible	100% after deductible	80% after deductible
Out-of-Pocket Limit (Includes coinsurance) Once met, the plan pays 100% coinsurance for the rest of the benefit period. Individual Family	None None	None None	$3,000 $6,000
Total Maximum Out-of-Pocket (Includes any medical and prescription drug deductibles, coinsurance, and copays, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period. Individual Family	$6,600 $13,200		Not Applicable Not Applicable
Office/Clinic/Urgent Care Visits			
Retail Clinic Visits & Virtual Visits	100% after $40 copay	100% after $40 copay	80% after deductible
Primary Care Provider (PCP) Office Visits & Virtual Visits	100% after $20 copay	100% after $20 copay	80% after deductible
Specialist Office Visits & Virtual Visits	100% after $40 copay	100% after $40 copay	80% after deductible
Virtual Visit Provider Originating Site Fee	100% after deductible	100% after deductible	80% after deductible
Urgent Care Center Visits	100% after $40 copay	100% after $40 copay	80% after deductible
	copay, if any, does not apply to urgent care center visits prescribed for the treatment of mental health or substance abuse		
Telemedicine Services (3)	100% after $20 copay	100% after $20 copay	not covered
Preventive Care (4)			
Routine Adult Physical Exams	100% (deductible does not apply)		80% after deductible
Adult Immunizations	100% (deductible does not apply)		80% after deductible
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)		80% (deductible does not apply)
Breast Cancer Screenings (annual routine and supplemental)	100% (deductible does not apply)		80% after deductible
BRCA-Related Genetic Counseling and Genetic Testing	100% (deductible does not apply)		80% after deductible
Colorectal Cancer Screening	100% (deductible does not apply)		80% after deductible
Diagnostic Services and Procedures	100% (deductible does not apply)		80% after deductible
Routine Pediatric Physical Exams	100% (deductible does not apply)		80% after deductible
Pediatric Immunizations	100% (deductible does not apply)		80% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)		80% after deductible
Emergency Services			
Emergency Room Services (5)	100% after $100 copay (waived if admitted)		
Ambulance - Emergency (6)	100% after in-network deductible		
Ambulance - Non-Emergency (6)	100% after in-network deductible		80% after program deductible
Hospital and Medical / Surgical Expenses (including maternity) (5)			
Hospital Inpatient	100% after deductible	100% after deductible	80% after deductible
	limit: 365 days/admission		
Hospital Outpatient	100% after deductible	100% after deductible	80% after deductible
Outpatient Surgery (facility)	100% after deductible	100% after deductible	80% after deductible
Surgical Services (professional)	100% after deductible	100% after deductible	80% after deductible
Maternity (non-preventive professional services) including dependent daughter	100% after deductible	100% after deductible	80% after deductible
Medical Care (including inpatient visits and consultations)	100% after deductible	100% after deductible	80% after deductible
Therapy Services			
Physical Medicine	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: unlimited visits/benefit period		
Speech Therapy	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: 30 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse		
Occupational Therapy	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: 30 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse		
Respiratory Therapy	100% after deductible	100% after deductible	80% after deductible

Benefit	In-Network Enhanced Value	In-Network Standard Value	Out of Network
Spinal Manipulations	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: unlimited visits/benefit period		
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100% after deductible	100% after deductible	80% after deductible
Mental Health / Substance Abuse			
Inpatient Mental Health Services	100% after in-network deductible		80% after deductible
Inpatient Detoxification / Rehabilitation	100% after in-network deductible		80% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	100% after in-network deductible		80% after deductible
Outpatient Substance Abuse Services	100% after in-network deductible		80% after deductible
Other Services			
Allergy Extracts and Injections	100% after deductible	100% after deductible	80% after deductible
Autism Spectrum Disorder Applied Behavior Analysis (7)	100% after deductible	100% after deductible	80% after deductible
Assisted Fertilization Procedures	not covered	not covered	not covered
Dental Services Related to Accidental Injury	100% after deductible	100% after deductible	80% after deductible
Diabetes Treatment Equipment and Supplies	100% after deductible	100% after deductible	80% after deductible
Diabetes Education Program	100% after deductible	100% after deductible	80% after deductible
Diagnostic Services Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after deductible	100% after deductible	80% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after deductible	100% after deductible	80% after deductible
Mammograms, Medically Necessary	100% (deductible does not apply)		80% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100% after deductible	100% after deductible	80% after deductible
Home Health Care	100% after deductible	100% after deductible	80% after deductible
	limit: 90 visits/benefit period aggregate with visiting nurse		
Hospice	100% after in-network deductible		80% after deductible
Infertility Counseling, Testing and Treatment (8)	100% after deductible	100% after deductible	80% after deductible
Private Duty Nursing	100% after deductible	100% after deductible	80% after deductible
	limit: 240 hours/benefit period		
Skilled Nursing Facility Care	100% after deductible	100% after deductible	80% after deductible
Transplant Services	100% after in-network deductible		80% after deductible
Precertification/Authorization Requirements (9)	Yes	Yes	Yes
Prescription Drugs			
Prescription Drug Program	Not Covered Rx carved out to True Rx		
Bid-directional	Integrate Medical and Rx TMOOP		

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.
*The terms "Enhanced Value" and "Standard Value" are not descriptors of the provider's ability.

(1) Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning on your employer's effective date. Contact your employer to determine the effective date applicable to your program.
(2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expense.
(3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).
(4) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).
(5) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the Network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately following receipt of Emergency Care Services will be paid at the Network services level. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.
(6) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.
(7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist, or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services-Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g., speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits.
(8) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
(9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

Accepted By _____ Title Lindsay K. Drew Date June 23, 2025

Highmark Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

Derry Township School District - Hourly - CB 400/800 - 105659-27 and -28

On the chart below, you'll see what your plan pays for specific services. There are two levels of network benefits coverage for certain services: Enhanced Value and Standard Value*. When you receive services from providers at the Enhanced Value level of benefits, you will pay less out-of-pocket. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital

Benefit	In-Network Enhanced Value	In-Network Standard Value	Out of Network
General Provisions			
Effective Date	July 1, 2025		
Benefit Period (1)	Contract Year		
Deductible (per benefit period) Individual Family	$400 $800		$600 $1,200
Plan Pays – payment based on the plan allowance	100% after deductible	100% after deductible	80% after deductible
Out-of-Pocket Limit (Includes coinsurance) Once met, the plan pays 100% coinsurance for the rest of the benefit period. Individual Family	None None	None None	$3,000 $6,000
Total Maximum Out-of-Pocket (Includes any medical and prescription drug deductibles, coinsurance, and copays, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period. Individual Family	$6,600 $13,200		Not Applicable Not Applicable
Office/Clinic/Urgent Care Visits			
Retail Clinic Visits & Virtual Visits	100% after $40 copay	100% after $40 copay	80% after deductible
Primary Care Provider (PCP) Office Visits & Virtual Visits	100% after $20 copay	100% after $20 copay	80% after deductible
Specialist Office Visits & Virtual Visits	100% after $40 copay	100% after $40 copay	80% after deductible
Virtual Visit Provider Originating Site Fee	100% after deductible	100% after deductible	80% after deductible
Urgent Care Center Visits	100% after $40 copay	100% after $40 copay	80% after deductible
	copay, if any, does not apply to urgent care center visits prescribed for the treatment of mental health or substance abuse		
Telemedicine Services (3)	100% after $20 copay	100% after $20 copay	not covered
Preventive Care (4)			
Routine Adult Physical Exams	100% (deductible does not apply)		80% after deductible
Adult Immunizations	100% (deductible does not apply)		80% after deductible
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)		80% (deductible does not apply)
Breast Cancer Screenings (annual routine and supplemental)	100% (deductible does not apply)		80% after deductible
BRCA-Related Genetic Counseling and Genetic Testing	100% (deductible does not apply)		80% after deductible
Colorectal Cancer Screening	100% (deductible does not apply)		80% after deductible
Diagnostic Services and Procedures	100% (deductible does not apply)		80% after deductible
Routine Pediatric Physical Exams	100% (deductible does not apply)		80% after deductible
Pediatric Immunizations	100% (deductible does not apply)		80% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)		80% after deductible
Emergency Services			
Emergency Room Services (5)	100% after $100 copay (waived if admitted)		
Ambulance - Emergency (6)	100% after in-network deductible		
Ambulance - Non-Emergency (6)	100% after in-network deductible		80% after program deductible
Hospital and Medical / Surgical Expenses (including maternity) (5)			
Hospital Inpatient	100% after deductible	100% after deductible	80% after deductible
	limit: 365 days/admission		
Hospital Outpatient	100% after deductible	100% after deductible	80% after deductible
Outpatient Surgery (facility)	100% after deductible	100% after deductible	80% after deductible
Surgical Services (professional)	100% after deductible	100% after deductible	80% after deductible
Maternity (non-preventive professional services) including dependent daughter	100% after deductible	100% after deductible	80% after deductible
Medical Care (including inpatient visits and consultations)	100% after deductible	100% after deductible	80% after deductible
Therapy Services			
Physical Medicine	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: unlimited visits/benefit period		
Speech Therapy	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: 30 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse		
Occupational Therapy	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: 30 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse		
Respiratory Therapy	100% after deductible	100% after deductible	80% after deductible

Benefit	In-Network Enhanced Value	In-Network Standard Value	Out of Network
Spinal Manipulations	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: unlimited visits/benefit period		
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100% after deductible	100% after deductible	80% after deductible
Mental Health / Substance Abuse			
Inpatient Mental Health Services	100% after in-network deductible		80% after deductible
Inpatient Detoxification / Rehabilitation	100% after in-network deductible		80% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	100% after in-network deductible		80% after deductible
Outpatient Substance Abuse Services	100% after in-network deductible		80% after deductible
Other Services			
Allergy Extracts and Injections	100% after deductible	100% after deductible	80% after deductible
Autism Spectrum Disorder Applied Behavior Analysis (7)	100% after deductible	100% after deductible	80% after deductible
Assisted Fertilization Procedures	not covered	not covered	not covered
Dental Services Related to Accidental Injury	100% after deductible	100% after deductible	80% after deductible
Diabetes Treatment Equipment and Supplies	100% after deductible	100% after deductible	80% after deductible
Diabetes Education Program	100% after deductible	100% after deductible	80% after deductible
Diagnostic Services Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after deductible	100% after deductible	80% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after deductible	100% after deductible	80% after deductible
Mammograms, Medically Necessary	100% (deductible does not apply)		80% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100% after deductible	100% after deductible	80% after deductible
Home Health Care	100% after deductible	100% after deductible	80% after deductible
	limit: 90 visits/benefit period aggregate with visiting nurse		
Hospice	100% after in-network deductible		80% after deductible
Infertility Counseling, Testing and Treatment (8)	100% after deductible	100% after deductible	80% after deductible
Private Duty Nursing	100% after deductible	100% after deductible	80% after deductible
	limit: 240 hours/benefit period		
Skilled Nursing Facility Care	100% after deductible	100% after deductible	80% after deductible
Transplant Services	100% after in-network deductible		80% after deductible
Precertification/Authorization Requirements (9)	Yes	Yes	Yes
Prescription Drugs			
Prescription Drug Program	Not Covered Rx carved out to True Rx		
Bid-directional	Integrate Medical and Rx TMOOP		

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.
*The terms "Enhanced Value" and "Standard Value" are not descriptors of the provider's ability.

(1) Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning on your employer's effective date. Contact your employer to determine the effective date applicable to your program.
(2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expense.
(3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).
(4) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).
(5) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the Network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately following receipt of Emergency Care Services will be paid at the Network services level. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.
(6) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.
(7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist, or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services-Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g., speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits.
(8) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
(9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

Accepted By: _____ Title Lindsay K. Drew Date June 23, 2025

Highmark Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

Derry Township School District - Admin 2 - CB 400/800 - 105659-29 and -30

On the chart below, you'll see what your plan pays for specific services. There are two levels of network benefits coverage for certain services: Enhanced Value and Standard Value*. When you receive services from providers at the Enhanced Value level of benefits, you will pay less out-of-pocket. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital

Benefit	In-Network Enhanced Value	In-Network Standard Value	Out of Network
General Provisions			
Effective Date	July 1, 2025		
Benefit Period (1)	Contract Year		
Deductible (per benefit period) Individual Family	$400 $800		$800 $1,600
Plan Pays – payment based on the plan allowance	100% after deductible	100% after deductible	80% after deductible
Out-of-Pocket Limit (Includes coinsurance) Once met, the plan pays 100% coinsurance for the rest of the benefit period. Individual Family	None None	None None	$3,000 $6,000
Total Maximum Out-of-Pocket (Includes any medical and prescription drug deductibles, coinsurance, and copays, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period. Individual Family	$6,600 $13,200		Not Applicable Not Applicable
Office/Clinic/Urgent Care Visits			
Retail Clinic Visits & Virtual Visits	100% after $40 copay	100% after $40 copay	80% after deductible
Primary Care Provider (PCP) Office Visits & Virtual Visits	100% after $20 copay	100% after $20 copay	80% after deductible
Specialist Office Visits & Virtual Visits	100% after $40 copay	100% after $40 copay	80% after deductible
Virtual Visit Provider Originating Site Fee	100% after deductible	100% after deductible	80% after deductible
Urgent Care Center Visits	100% after $40 copay	100% after $40 copay	80% after deductible
	copay, if any, does not apply to urgent care center visits prescribed for the treatment of mental health or substance abuse		
Telemedicine Services (3)	100% after $20 copay	100% after $20 copay	not covered
Preventive Care (4)			
Routine Adult Physical Exams	100% (deductible does not apply)		80% after deductible
Adult Immunizations	100% (deductible does not apply)		80% after deductible
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)		80% (deductible does not apply)
Breast Cancer Screenings (annual routine and supplemental)	100% (deductible does not apply)		80% after deductible
BRCA-Related Genetic Counseling and Genetic Testing	100% (deductible does not apply)		80% after deductible
Colorectal Cancer Screening	100% (deductible does not apply)		80% after deductible
Diagnostic Services and Procedures	100% (deductible does not apply)		80% after deductible
Routine Pediatric Physical Exams	100% (deductible does not apply)		80% after deductible
Pediatric Immunizations	100% (deductible does not apply)		80% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)		80% after deductible
Emergency Services			
Emergency Room Services (5)	100% after $100 copay (waived if admitted)		
Ambulance - Emergency (6)	100% after in-network deductible		
Ambulance - Non-Emergency (6)	100% after in-network deductible		80% after program deductible
Hospital and Medical / Surgical Expenses (including maternity) (5)			
Hospital Inpatient	100% after deductible	100% after deductible	80% after deductible
	limit: 365 days/admission		
Hospital Outpatient	100% after deductible	100% after deductible	80% after deductible
Outpatient Surgery (facility)	100% after deductible	100% after deductible	80% after deductible
Surgical Services (professional)	100% after deductible	100% after deductible	80% after deductible
Maternity (non-preventive professional services) including dependent daughter	100% after deductible	100% after deductible	80% after deductible
Medical Care (including inpatient visits and consultations)	100% after deductible	100% after deductible	80% after deductible
Therapy Services			
Physical Medicine	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: unlimited visits/benefit period		
Speech Therapy	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: 30 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse		
Occupational Therapy	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: 30 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse		
Respiratory Therapy	100% after deductible	100% after deductible	80% after deductible

Benefit	In-Network Enhanced Value	In-Network Standard Value	Out of Network
Spinal Manipulations	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: unlimited visits/benefit period		
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100% after deductible	100% after deductible	80% after deductible
Mental Health / Substance Abuse			
Inpatient Mental Health Services	100% after in-network deductible		80% after deductible
Inpatient Detoxification / Rehabilitation	100% after in-network deductible		80% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	100% after in-network deductible		80% after deductible
Outpatient Substance Abuse Services	100% after in-network deductible		80% after deductible
Other Services			
Allergy Extracts and Injections	100% after deductible	100% after deductible	80% after deductible
Autism Spectrum Disorder Applied Behavior Analysis (7)	100% after deductible	100% after deductible	80% after deductible
Assisted Fertilization Procedures	not covered	not covered	not covered
Dental Services Related to Accidental Injury	100% after deductible	100% after deductible	80% after deductible
Diabetes Treatment Equipment and Supplies	100% after deductible	100% after deductible	80% after deductible
Diabetes Education Program	100% after deductible	100% after deductible	80% after deductible
Diagnostic Services Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after deductible	100% after deductible	80% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after deductible	100% after deductible	80% after deductible
Mammograms, Medically Necessary	100% (deductible does not apply)		80% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100% after deductible	100% after deductible	80% after deductible
Home Health Care	100% after deductible	100% after deductible	80% after deductible
	limit: 90 visits/benefit period aggregate with visiting nurse		
Hospice	100% after in-network deductible		80% after deductible
Infertility Counseling, Testing and Treatment (8)	100% after deductible	100% after deductible	80% after deductible
Private Duty Nursing	100% after deductible	100% after deductible	80% after deductible
	limit: 240 hours/benefit period		
Skilled Nursing Facility Care	100% after deductible	100% after deductible	80% after deductible
Transplant Services	100% after in-network deductible		80% after deductible
Precertification/Authorization Requirements (9)	Yes	Yes	Yes
Prescription Drugs			
Prescription Drug Program	Not Covered Rx carved out to True Rx		
Bid-directional	Integrate Medical and Rx TMOOP		

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(2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expense.
(3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).
(4) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).
(5) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the Network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately following receipt of Emergency Care Services will be paid at the Network services level. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.
(6) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.
(7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist, or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services-Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g., speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits.
(8) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
(9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

Accepted By _____ Title Lindsay K. Drew Date June 23, 2025

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Derry Township School District - Admin 1 - CB 1000/2000 - 105659-35 and -36

On the chart below, you'll see what your plan pays for specific services. There are two levels of network benefits coverage for certain services: Enhanced Value and Standard Value*. When you receive services from providers at the Enhanced Value level of benefits, you will pay less out-of-pocket. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital

Benefit	In-Network Enhanced Value	In-Network Standard Value	Out of Network
General Provisions			
Effective Date	July 1, 2025		
Benefit Period (1)	Contract Year		
Deductible (per benefit period) Individual Family	$1,000 $2,000		$2,000 $4,000
Plan Pays – payment based on the plan allowance	100% after deductible	100% after deductible	80% after deductible
Out-of-Pocket Limit (Includes coinsurance) Once met, the plan pays 100% coinsurance for the rest of the benefit period. Individual Family	None None	None None	$3,000 $6,000
Total Maximum Out-of-Pocket (Includes any medical and prescription drug deductibles, coinsurance, and copays, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period. Individual Family	$6,600 $13,200		Not Applicable Not Applicable
Office/Clinic/Urgent Care Visits			
Retail Clinic Visits & Virtual Visits	100% after $40 copay	100% after $40 copay	80% after deductible
Primary Care Provider (PCP) Office Visits & Virtual Visits	100% after $20 copay	100% after $20 copay	80% after deductible
Specialist Office Visits & Virtual Visits	100% after $40 copay	100% after $40 copay	80% after deductible
Virtual Visit Provider Originating Site Fee	100% after deductible	100% after deductible	80% after deductible
Urgent Care Center Visits	100% after $40 copay	100% after $40 copay	80% after deductible
	copay, if any, does not apply to urgent care center visits prescribed for the treatment of mental health or substance abuse		
Telemedicine Services (3)	100% after $20 copay	100% after $20 copay	not covered
Preventive Care (4)			
Routine Adult Physical Exams	100% (deductible does not apply)		80% after deductible
Adult Immunizations	100% (deductible does not apply)		80% after deductible
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)		80% (deductible does not apply)
Breast Cancer Screenings (annual routine and supplemental)	100% (deductible does not apply)		80% after deductible
BRCA-Related Genetic Counseling and Genetic Testing	100% (deductible does not apply)		80% after deductible
Colorectal Cancer Screening	100% (deductible does not apply)		80% after deductible
Diagnostic Services and Procedures	100% (deductible does not apply)		80% after deductible
Routine Pediatric Physical Exams	100% (deductible does not apply)		80% after deductible
Pediatric Immunizations	100% (deductible does not apply)		80% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)		80% after deductible
Emergency Services			
Emergency Room Services (5)	100% after $100 copay (waived if admitted)		
Ambulance - Emergency (6)	100% after in-network deductible		
Ambulance - Non-Emergency (6)	100% after in-network deductible		80% after program deductible
Hospital and Medical / Surgical Expenses (including maternity) (5)			
Hospital Inpatient	100% after deductible	100% after deductible	80% after deductible
	limit: 365 days/admission		
Hospital Outpatient	100% after deductible	100% after deductible	80% after deductible
Outpatient Surgery (facility)	100% after deductible	100% after deductible	80% after deductible
Surgical Services (professional)	100% after deductible	100% after deductible	80% after deductible
Maternity (non-preventive professional services) including dependent daughter	100% after deductible	100% after deductible	80% after deductible
Medical Care (including inpatient visits and consultations)	100% after deductible	100% after deductible	80% after deductible
Therapy Services			
Physical Medicine	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: unlimited/benefit period		
Speech Therapy	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: 30 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse		
Occupational Therapy	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: 30 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse		

Benefit	In-Network Enhanced Value	In-Network Standard Value	Out of Network
Respiratory Therapy	100% after deductible	100% after deductible	80% after deductible
Spinal Manipulations	100% after $40 copay	100% after $40 copay	80% after deductible
	limit: unlimited/benefit period		
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100% after deductible	100% after deductible	80% after deductible
Mental Health / Substance Abuse			
Inpatient Mental Health Services	100% after in-network deductible		80% after deductible
Inpatient Detoxification / Rehabilitation	100% after in-network deductible		80% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	100% after in-network deductible		80% after deductible
Outpatient Substance Abuse Services	100% after in-network deductible		80% after deductible
Other Services			
Allergy Extracts and Injections	100% after deductible	100% after deductible	80% after deductible
Autism Spectrum Disorder Applied Behavior Analysis (7)	100% after deductible	100% after deductible	80% after deductible
Assisted Fertilization Procedures	not covered	not covered	not covered
Dental Services Related to Accidental Injury	100% after deductible	100% after deductible	80% after deductible
Diabetes Treatment Equipment and Supplies	100% after deductible	100% after deductible	80% after deductible
Diabetes Education Program	100% after deductible	100% after deductible	80% after deductible
Diagnostic Services Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after deductible	100% after deductible	80% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after deductible	100% after deductible	80% after deductible
Mammograms, Medically Necessary	100% (deductible does not apply)		80% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100% after deductible	100% after deductible	80% after deductible
Home Health Care	100% after deductible	100% after deductible	80% after deductible
	limit: 90 visits/benefit period aggregate with visiting nurse		
Hospice	100% after in-network deductible		80% after deductible
Infertility Counseling, Testing and Treatment (8)	100% after deductible	100% after deductible	80% after deductible
Private Duty Nursing	100% after deductible	100% after deductible	80% after deductible
	limit: 240 hours/benefit period		
Skilled Nursing Facility Care	100% after deductible	100% after deductible	80% after deductible
Transplant Services	100% after in-network deductible		80% after deductible
Precertification/Authorization Requirements (9)	Yes	Yes	Yes
Prescription Drugs			
Prescription Drug Program	Not Covered Rx carved out to True Rx		
Bid-directional	Integrate Medical and Rx TMOOP		

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(3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).
(4) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).
(5) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the Network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately following receipt of Emergency Care Services will be paid at the Network services level. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.
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(7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist, or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services-Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g., speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits.
(8) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
(9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

Accepted By: _____ Title: Lindsay K. Drew Date: June 23, 2025

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Derry Township School District – Admin – U65 Retirees - CB 0/0 - 105659-25 and -26

On the chart below, you'll see what your plan pays for specific services. There are two levels of network benefits coverage for certain services: Enhanced Value and Standard Value*. When you receive services from providers at the Enhanced Value level of benefits, you will pay less out-of-pocket. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital

Benefit	In-Network Enhanced Value	In-Network Standard Value	Out of Network
General Provisions			
Effective Date	July 1, 2025		
Benefit Period (1)	Contract Year		
Deductible (per benefit period) Individual Family	None None		$250 $500
Plan Pays – payment based on the plan allowance	100%	100%	80% after deductible
Out-of-Pocket Limit (Includes coinsurance) Once met, the plan pays 100% coinsurance for the rest of the benefit period. Individual Family	None None	None None	$3,000 $6,000
Total Maximum Out-of-Pocket (Includes any medical and prescription drug deductibles, coinsurance, and copays, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period. Individual Family	$6,600 $13,200		Not Applicable Not Applicable
Office/Clinic/Urgent Care Visits			
Retail Clinic Visits & Virtual Visits	100% after $20 copay	100% after $20 copay	80% after deductible
Primary Care Provider (PCP) Office Visits & Virtual Visits	100% after $20 copay	100% after $20 copay	80% after deductible
Specialist Office Visits & Virtual Visits	100% after $20 copay	100% after $20 copay	80% after deductible
Virtual Visit Provider Originating Site Fee	100%	100%	80% after deductible
Urgent Care Center Visits	100% after $20 copay	100% after $20 copay	80% after deductible
	copay, if any, does not apply to urgent care center visits prescribed for the treatment of mental health or substance abuse		
Telemedicine Services (3)	100% after $20 copay	100% after $20 copay	not covered
Preventive Care (4)			
Routine Adult Physical Exams	100%		80% after deductible
Adult Immunizations	100%		80% after deductible
Routine Gynecological Exams, including a Pap Test	100%		80% (deductible does not apply)
Breast Cancer Screenings (annual routine and supplemental)	100%		80% after deductible
BRCA-Related Genetic Counseling and Genetic Testing	100%		80% after deductible
Colorectal Cancer Screening	100%		80% after deductible
Diagnostic Services and Procedures	100%		80% after deductible
Routine Pediatric Physical Exams	100%		80% after deductible
Pediatric Immunizations	100%		80% (deductible does not apply)
Diagnostic Services and Procedures	100%		80% after deductible
Emergency Services			
Emergency Room Services (5)	100% after $100 copay (waived if admitted)		
Ambulance - Emergency (6)	100%		100% (deductible does not apply)
Ambulance - Non-Emergency (6)	100%		80% after program deductible
Hospital and Medical / Surgical Expenses (including maternity) (5)			
Hospital Inpatient	100%	100%	80% after deductible
	limit: 365 days/admission		
Hospital Outpatient	100%	100%	80% after deductible
Outpatient Surgery (facility)	100%	100%	80% after deductible
Surgical Services (professional)	100%	100%	80% after deductible
Maternity (non-preventive professional services) including dependent daughter	100%	100%	80% after deductible
Medical Care (including inpatient visits and consultations)	100%	100%	80% after deductible
Therapy Services			
Physical Medicine	100% after $20 copay	100% after $20 copay	80% after deductible
	limit: unlimited visits/benefit period		
Speech Therapy	100% after $20 copay	100% after $20 copay	80% after deductible
	limit: 30 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse		
Occupational Therapy	100% after $20 copay	100% after $20 copay	80% after deductible
	limit: 30 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse		

Benefit	In-Network Enhanced Value	In-Network Standard Value	Out of Network
Respiratory Therapy	100%	100%	80% after deductible
Spinal Manipulations	100% after $20 copay	100% after $20 copay	80% after deductible
	limit: unlimited visits/benefit period		
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100%	100%	80% after deductible
Mental Health / Substance Abuse			
Inpatient Mental Health Services	100%		80% after deductible
Inpatient Detoxification / Rehabilitation	100%		80% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	100%		80% after deductible
Outpatient Substance Abuse Services	100%		80% after deductible
Other Services			
Allergy Extracts and Injections	100%	100%	80% after deductible
Autism Spectrum Disorder Applied Behavior Analysis (7)	100%	100%	80% after deductible
Assisted Fertilization Procedures	not covered	not covered	not covered
Dental Services Related to Accidental Injury	100%	100%	80% after deductible
Diabetes Treatment Equipment and Supplies	100%	100%	80% after deductible
Diabetes Education Program	100%	100%	80% after deductible
Diagnostic Services Advanced Imaging (MRI, CAT, PET scan, etc.)	100%	100%	80% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100%	100%	80% after deductible
Mammograms, Medically Necessary	100%		80% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100%	100%	80% after deductible
Home Health Care	100%	100%	80% after deductible
	limit: 90 visits/benefit period aggregate with visiting nurse		
Hospice	100%		80% after deductible
Infertility Counseling, Testing and Treatment (8)	100%	100%	80% after deductible
Private Duty Nursing	100%	100%	80% after deductible
	limit: 240 hours/benefit period		
Skilled Nursing Facility Care	100%	100%	80% after deductible
Transplant Services	100%		80% after deductible
Precertification/Authorization Requirements (9)	Yes	Yes	Yes
Prescription Drugs			
Prescription Drug Program	Not Covered Rx carved out to True Rx		
Bid-directional	Integrate Medical and Rx TMOOP		

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.
*The terms "Enhanced Value" and "Standard Value" are not descriptors of the provider's ability.

(1) Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning on your employer's effective date. Contact your employer to determine the effective date applicable to your program.
(2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expense.
(3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).
(4) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).
(5) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the Network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately following receipt of Emergency Care Services will be paid at the Network services level. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.
(6) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.
(7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist, or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services-Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g., speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits.
(8) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
(9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

Accepted By _____ Title President, School Board Date June 23, 2025

Highmark Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

OES Inc.
4056 Blakie Road
London, ON N6L 1P7
Canada

Ph: 519-652-5833
Fax: 519-652-3795

Quote

Number: 44612-P Date: 20-May-25

To

Derry Township School District
PO Box 898
Hershey, PA 17033
United States

Quote To

Hershey High School
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Terms	Ship Via	Salesperson
50%/35%/15%	Best Way	RESETD

Quantity	Description	Unit Price	Amount
	Reference: Hershey HS-Baseball		
1 ea	Line: 001 Part: OMNIA CONTRACT 08-37 Rev: OMNIA Member Pricing Quoted pricing listed below reflects OES's preferred pricing for OMNIA Members OMNIA Contract Info Awarded Vendor: OES Scoreboards Contract Awarded: Scoreboards and Electric Signage Contract Number: 08-37 Region 14 ESC-TX For more information and contract documentation please refer to the OMNIA Website https://www.omniapartners.com/suppliers/oes-scoreboards/public-sector	US$0.00	US$0.00 US Dollars
1 ea	Line: 002 Part: BASEBALL Rev:	US$0.00	US$0.00 US Dollars
1 ea	Line: 003 Part: AC624018U- Outdoor Ad Panel 20'Wx18"Hx6"D Rev: Aluminum Ad Panel Paint Color: Navy Blue RAL5013 Enclosure Shape: Rectangular Includes Unistrut Non-Backlit with Printed Vinyl Artwork	US$1,999.00	US$1,999.00 US Dollars

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Quantity	Description	Unit Price	Amount
1 ea	Line: 004 Part: ARTWORK Rev: For AC624018U- Approved artwork to be submitted with Purchase Order	US$0.00	US$0.00 US Dollars
1 ea	Line: 005 Part: M7120AUCV-AB Rev: Baseball Scoreboard Enclosure Color: TBD LED Color: TBD Vinyl Color: TBD Unistrut 17" LED Digits for BALL, STRIKE, OUT, AT BAT 14" LED Digits for INNINGS, RUNS 8" Vinyl Lettering for AT BAT 9" Vinyl Lettering for INNINGS, RUNS 12" Vinyl Lettering for BALL, STRIKE, OUT, GUEST, HOME Overall size: 20' (W) x 7' (H) x 6" (D) Approximate Weight: 773 lbs	US$9,899.00	US$9,899.00 US Dollars
1 ea	Line: 006 Part: CUSTOM-VINYL Rev: Custom Vinyl Letter Color Custom Color: Orange #360	US$0.00	US$0.00 US Dollars

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Quantity	Description	Unit Price	Amount
1	Line: 007 Part: STRIPE17-21 Rev: Border Striping (17' to 21') for Scoreboards ea	US$179.00	US$179.00 US Dollars
1	Line: 008 Part: HOMETEAM-VYL Rev: Custom Vinyl Letters-Home Team ea	US$0.00	US$0.00 US Dollars
1	Line: 009 Part: ColorCastPRO Rev: ColorCast PRO License Administrator Email address: to be advised ea	US$675.00	US$675.00 US Dollars
1	Line: 010 Part: ISC9000-PR Rev: C333 Desktop Scoreboard Controller RS485/RS232 Setup: - Program: latest pro8093 - Protocol & Sports: STANDARD BASEBALL ea	US$558.00	US$558.00 US Dollars
1	Line: 011 Part: HW186K Rev: Carry Case - ISC9000 Pro ea	US$182.00	US$182.00 US Dollars

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Quantity	Description	Unit Price	Amount
1 ea	Line: 012 Part: SOFTBALL Rev: 	US$0.00	US$0.00 US Dollars
1 ea	Line: 013 Part: AC624018U- Rev: Outdoor Ad Panel 20'Wx18"Hx6"D Aluminum Ad Panel Paint Color: Navy Blue RAL5013 Enclosure Shape: Rectangular Includes Unistrut Non-Backlit with Printed Vinyl Artwork	US$1,999.00	US$1,999.00 US Dollars
1 ea	Line: 014 Part: ARTWORK Rev: For AC624018U- Approved artwork to be submitted with Purchase Order	US$0.00	US$0.00 US Dollars

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Quantity	Description	Unit Price	Amount
1 ea	Line: 015 Part: M7120AUCV-AB Rev: Baseball Scoreboard Enclosure Color: TBD LED Color: TBD Vinyl Color: TBD Unistrut 17" LED Digits for BALL, STRIKE, OUT, AT BAT 14" LED Digits for INNINGS, RUNS 8" Vinyl Lettering for AT BAT 9" Vinyl Lettering for INNINGS, RUNS 12" Vinyl Lettering for BALL, STRIKE, OUT, GUEST, HOME Overall size: 20' (W) x 7' (H) x 6" (D) Approximate Weight: 773 lbs	US$9,899.00	US$9,899.00 US Dollars
1 ea	Line: 016 Part: CUSTOM-VINYL Rev: Custom Vinyl Letter Color Custom Color: Orange #360	US$0.00	US$0.00 US Dollars
1 ea	Line: 017 Part: STRIPE17-21 Rev: Border Striping (17' to 21') for Scoreboards	US$179.00	US$179.00 US Dollars

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Quantity	Description	Unit Price	Amount
1 ea	Line: 018 Part: HOMETEAM-VYL Rev: Custom Vinyl Letters-Home Team	US$0.00	US$0.00 US Dollars
1 ea	Line: 019 Part: ISC9000-PR Rev: C333 Desktop Scoreboard Controller RS485/RS232 Setup: - Program: latest pro8093 - Protocol & Sports: STANDARD BASEBALL	US$558.00	US$558.00 US Dollars
1 ea	Line: 020 Part: HW186K Rev: Carry Case - ISC9000 Pro	US$182.00	US$182.00 US Dollars

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Quantity	Description	Unit Price	Amount
1	Line: 021 Part: FREIGHT-EXTRA Rev: Estimate only The contract freight terms are Incoterms® 2020: FCA (Free Carrier) London, Ontario, Canada. The Buyer is responsible for all costs related to freight, handling, delivery, and insurance, as well as any import duties, taxes, and fees. Additional charges may be imposed by customs authorities, import organizations, or brokers, which are separate from and in addition to any pre-paid or invoiced amounts by OES Inc. Alternatively, Customer may arrange transport – to advise OES of shipping arrangements prior to shipment. Freight quotes are for reference only and may change after 30 days or if shipping requirements change. LTL/Less-Than-Truckload freight ships via Standard 53ft Dry Van trucks. Other freight requirements (eg tailgate, flatbeds) may incur additional charges/delays. ea	US$1,195.00	US$1,195.00 US Dollars

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Quantity	Description	Unit Price	Amount
1	Line: 022 Part: INSTALL-OTHER Rev: Baseball Scope of Work: - Remove and Dispose of Current 18' x 6' Scoreboard - Install on Same Structure; Paint Structure Black - Install (1) Top Standard Fully Enclosed Non-Backlit Ad Panel, (20'W x 18"H) - Install (1) M7120AUCV-AB Baseball scoreboard - Start Up and Commissioning - Terminate secondary power/data from customer provided primary power/data feeds. - Test OES product after installation to confirm functionality. - Supply all necessary labour and equipment for installation. - Clean-up site and haul away any debris. Assumptions: - Free and clear access, with clear space and clear access to working area. - Availability of adequate room for work to be performed from lift. - Proper roadway and ramp to gain access to the building and work area. - Includes (1) mobilization to site. - Permitting is NOT included. - Sanitary facilities NOT included. - Structural engineering services are NOT included unless otherwise specified. - Customer to supply both primary power and data feeds as directed by OES. - All primary power/data feeds including conduit, cable, and cable pulls (electrical/fiber) by customer. - Where applicable, customer to co-ordinate all private utility locates in all work areas involving excavation and is responsible for any unmarked private utilities. - OES will co-ordinate installation with Customer where unrestricted access to the facility during certain aspects of the installation will be required. - Any existing structure to be repurposed is structurally sound to support the mounting of the newly proposed systems without any modifications to existing design; any modifications would be the responsibility of the customer or come at an additional cost by OES. ea	US$24,480.00	US$24,480.00

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Quantity	Description	Unit Price	Amount
			US Dollars
	This quote is valid for 15 days. All prices quoted are in US Funds. Please reference the quote # on your Purchase Order. Federal ID Number is required before shipping to the USA. All present and future sales, use, excise, and similar taxes, duties, or tariffs imposed by any federal, state, provincial, local, or foreign government are extra, to the extent permitted by law. These taxes are not included in OES' proposal and the Purchaser agrees to self-assess and remit any taxes applicable to the purchase of these goods from OES. If this purchase qualifies for tax exemption it is the responsibility of the Purchaser to provide all required documentation and certification confirming the tax exemption. Estimated Delivery: 6-8 weeks after receipt of acceptable Purchase Order and Down Payment. Estimated Installation Date: 2-3 weeks after arrival of product on-site. Payment Terms: > 50% down payment with purchase order. Manufacturing of product(s), lead time, and procurement of material will be determined after receipt of deposit. > 35% on completion of assembly and readiness to ship, payment due prior to goods shipping from OES facility > 15% on substantial completion of installation. Substantial completion shall be defined as the operational availability of the equipment in accordance with the equipment's specifications without regard to items which do not affect the operation of the equipment. > Payment terms subject to credit review and approval by OES Terms and Conditions: OES General Terms and Conditions apply, reference form GTC022025VSB attached Warranty: As per OES General Terms and Condition, reference form GTC022025VSB, with the following exceptions: > OES Manufactured Scoreboards, LED video products including scoring tables, and ISC Series Controllers – 5 years after shipment from factory > OES Indoor Retrofit Digit Kits – 5 years after shipment from factory	Total:	US$51,984.00

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	> OES Outdoor Retrofit Digit Kits – 1 year after shipment from factory > OES Bolt and vMixPro Computer Systems – 1 year > Batteries – 60 days > Printed vinyl and graphics – 1 year > OES will only be obligated to honor warranty upon receipt of full payment for equipment purchased and for accounts in good standing. PLEASE NOTE: A 3% service fee will apply to orders paid by credit card. Fees and Returns: Warehousing fees are applied on orders not picked up within 7 days of the original ship date. We regret we cannot issue refunds on any deposits made. Returns are evaluated on a case by case basis and may incur a restocking fee. Freight: Freight quotes are for reference only and may change after 30 days or if shipping requirements change. If a freight estimate/quote has not been provided, the cost will be determined and charged at time of shipment. Additional services such as lift gate truck must be requested at time of order or additional charges may apply after shipment. Failure to provide valid delivery contact information or delivery site conditions that delay off-loading may result in additional charges. It is the customer's responsibility to inspect the shipment immediately upon arrival. All damage must be noted on the bill of lading and reported to OES Scoreboards within 24 hours. Damage claims must include photos of all damage and the signed bill of lading with damage noted. Any damage claim made after delivery could result in the claim being voided. Completion Criteria: Contractor shall have fulfilled its obligations upon substantial completion, defined as the operational availability of the equipment in accordance with the equipment's specifications without regard to items which do not affect the operation of the equipment. Including, but not limited to, items outside OES scope of work, items considered aesthetic or punch list items and items that fall under customer responsibility.		

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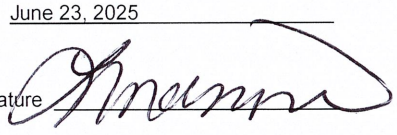
	Project Change Order Procedure: The following process will be followed if a change to this scope of work is required: - A Change Order (CO) will be the vehicle for communicating change. The CO must describe the change, the rationale for the change, and the effect the change will have on the project. - The designated Project Manager of the requesting party (OES or Client) will review the proposed change and determine whether to submit the request to the other party. - A written Change Authorization must be signed by both parties to authorize implementation of the any changes. Scoreboard display products are UL, Entela, or QPS listed for use in Canada and USA. Please contact your sales representative for additional information. Per OES Inc.: Doug Resetar 412-889-6566 dresetar@oes-inc.com www.oes-scoreboards.com OES Inc. is ISO 9001 Certified. Customer Approval: Name Lindsay K. Drew Title School Board President Date June 23, 2025 Signature 		

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	Due to fuel surcharge increases, shipping rates are subject to change without prior notice. This Quotation Firm 30 Days, and Subject to the Terms and Conditions Noted Above IT IS YOUR RESPONSIBILITY TO OFFLOAD YOUR PRODUCT FROM THE FREIGHT TRUCK. FORK LIFT TRUCK MAY BE REQUIRED.		

OES INC. GENERAL TERMS AND CONDITIONS OF SALE (*Form: GTC022025VSB*)

1. Acceptance and Cancellation of Orders. Any Contract for the sale of products made between Buyer and Seller may be cancelled by Buyer only with Seller's prior written consent, which may be withheld in its sole discretion. As a condition of Seller's consent, Buyer shall pay for all partially completed work up to the date of cancellation plus all cancellation, restocking, or other fees incurred by Seller as a direct result of the cancellation. Special order items are non-cancellable and non-refundable.

2. Delivery. All prices quoted and products shipped are FCA Seller's facilities as per Incoterms 2020. Title to and risk of loss shall pass to Buyer when the products are placed by Seller in possession of a common carrier selected by Seller for shipment to Buyer. Unless expressly provided otherwise in the Contract, Buyer shall pay all freight, handling, delivery, and insurance charges assessed by Seller for the shipment of products. Seller may refuse or delay any shipment if Buyer fails to satisfy or fulfill any contractual obligation to Seller, whether pursuant to the Contract or any other contract between Seller and Buyer. Seller may deliver all products covered by the Contract at one time or in portions from time to time, within the delivery time provided in the Contract.

3. Force Majeure. Seller is excused from performance of any obligations and shall not be liable for delays in delivery or for failure to perform if such failure or delay of performance is caused by events or conditions beyond Seller's reasonable control, including without limitation, acts of God, natural disasters, including storms, earthquakes and floods, fire, acts of the public enemy, quarantine restrictions, expropriation or confiscation of facilities or equipment, compliance with an order of a governmental authority, industrial or labour force disturbances, civil disturbances, boycotts, acts or omissions of Buyer, epidemic or pandemic, war, breakage or accident of machinery or equipment, delays in transportation, or inability to obtain necessary labour, materials or supplies. In the event of a force majeure, the contractual date of delivery, if any, shall be extended for a period equal to the time lost as a consequence of the force majeure without penalty to Seller.

4. Payment Terms. Buyer shall pay for the products in full and without offset or deduction within the time frame and in the manner set forth in the Contract. For those sales that do not require payment in advance of or upon delivery, payment is due within 30 days of invoice date. A late payment charge of 1.5% per month (being 19.56% per year) of the unpaid balance or the maximum rate of interest allowed by law, whichever is less. Time is of the essence with respect to Buyer's obligation to pay all invoices in full in a timely manner. Acceptance of any partial payment shall not constitute waiver of Seller's right to payment in full of all amounts owing from Buyer to Seller.

Seller's prices do not include sales. use, excise, or other similar taxes, duties or other governmental fees, all of which shall be the responsibility of the Buyer.

Buyer hereby grants Seller a security interest in the products shipped pursuant to the Contract, including all accessions to and replacements of the products and the proceeds therefrom, to secure the due and timely payment of the purchase price of the products and all other amounts owing hereunder. Buyer shall execute and deliver to Seller any additional documents, instruments, financing statements or amendments that Seller deems necessary or advisable to perfect and maintain such security interest.

5. Limited Warranty. Subject to Section 7, Seller warrants for a period of one (1) year from the date of purchase, only to the original Buyer, that the product(s) shall be free from material defects in material or workmanship at time of sale, and that each product will meet the published specifications for such product or any specifications agreed by Seller in writing. This warranty does not extend to any products which have been subject to misuse, adverse conditions, abuse, neglect, or accident, or which have been altered or repaired outside of Seller's facilities, or which has not been used strictly in accordance with all manuals and instructions. OTHER THAN THE WARRANTIES SET FORTH ABOVE, SELLER MAKES NO OTHER WARRANTIES OR REPRESENTATIONS OF ANY KIND, EXPRESS, IMPLIED OR STATUTORY, AS TO THE CONDITION, DESCRIPTION, FITNESS FOR A PARTICULAR PURPOSE, OR MERCHANTABILITY OF THE PRODUCTS, OR AS TO ANY OTHER MATTER, AND THE WARRANTIES SET FORTH ABOVE SHALL SUPERSEDE ANY ORAL OR WRITTEN WARRANTIES OR REPRESENTATIONS MADE OR IMPLIED BY SELLER OR ANY OF ITS EMPLOYEES OR REPRESENTATIVES. IN ALL CASES, BUYER'S SOLE AND EXCLUSIVE REMEDY AND SELLER'S SOLE OBLIGATION FOR ANY BREACH OF THE WARRANTIES CONTAINED HEREIN SHALL BE LIMITED TO, AT SELLER'S OPTION, CREDIT FOR THE DEFECTIVE PRODUCT OR THE REPAIR OR REPLACEMENT OF THE DEFECTIVE PRODUCT, PROVIDED THAT SAID PRODUCT IS RETURNED TO THE SELLER ACCORDING TO ITS STANDARD RETURN PROCEDURES, AND PROVIDED THAT UPON THE SELLER'S EXAMINATION, THE PRODUCT, WHEN TESTED WITHIN THE SPECIFIED RATINGS AND IN ACCORDANCE WITH GOOD ENGINEERING PRACTICE, DOES NOT MEET THE WARRANTY CONTAINED HEREIN, AS SELLER SHALL DETERMINE IN ITS SOLE DISCRETION. SELLER AND BUYER AGREE AND UNDERSTAND THAT THE PRICE STATED FOR THE PRODUCTS AND SERVICES HEREIN DESCRIBED IS IN CONSIDERATION FOR THE LIMITATION OF SELLER'S LIABILITY FOR A BREACH OF THE ABOVE DESCRIBED EXPRESS WARRANTY AND THAT SUCH LIMITATION REPRESENTS A VALID AND REASONABLE ALLOCATION OF COMMERCIAL RISK BETWEEN THE PARTIES.

6. Warranty Replacement and Adjustment. All claims under warranty must be made in writing promptly after the occurrence of circumstances giving rise thereto and must be received within the applicable warranty period by Seller or its authorized representative. Each claim must include the product type and serial numbers, invoice date and number, and a full description of the circumstances giving rise to the claim. Before any products are returned for repair and/or adjustment, written authorization from Seller or its authorized representative for the return and instructions as to how and where the products should be shipped must be obtained. Any product returned to Seller for examination shall be sent prepaid via the means of transportation indicated as acceptable by Seller. Seller reserves the right to reject any warranty claim not promptly reported and any warranty claim on any item that has been altered or has been shipped by non-acceptable means of transportation. When any product is returned for examination and inspection, or for any other reason, Buyer shall be responsible for all damage resulting from improper packing and handling and for loss in transit, notwithstanding any defect or nonconformity in the product. In all cases, Seller has sole responsibility for determining the cause and nature of failure, and Seller´s determination with regard thereto shall be final. If it is found that the product has been returned without cause and is still serviceable, Buyer will be notified, and the product returned at Buyer's expense, together for a reasonable charge for testing and examination.

7. Limitation of Liability. BUYER'S EXCLUSIVE REMEDY AND SELLER'S TOTAL LIABILITY FOR ANY AND ALL LOSSES AND DAMAGES ARISING OUT OF ANY CLAIM WHATSOEVER (WHETHER THE CLAIM IS BASED ON BREACH OF WARRANTY, BREACH OF CONTRACT, NEGLIGENCE, STRICT LIABILITY, OR ANY OTHER LEGAL THEORY) SHALL IN NO EVENT EXCEED THE PURCHASE PRICE OF THE PRODUCTS IN RESPECT TO WHICH THE CLAIM ARISES OR, AT SELLER'S OPTION, THE REPAIR OR REPLACEMENT OF THE PRODUCTS. IN NO EVENT SHALL SELLER BE LIABLE TO BUYER OR ANY THIRD PARTY FOR ANY OTHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES RESULTING FROM ANY CLAIM (INCLUDING, WITHOUT LIMITATION, LOSS OF PROFITS, BUSINESS LOSSES, DAMAGE TO PROPERTY OR ANY LIABILITY OF BUYER TO ITS CUSTOMERS OR THIRD PARTIES) ARISING OUT OF OR RELATING TO THE SALE OF PRODUCTS BY SELLER TO BUYER OR ANY RELATED SERVICES PROVIDED TO BUYER.

8. Intellectual Property. Seller retains ownership of all right, title and interest (including copyright and patent rights) in and to its intellectual property rights relating to the products, including any software or technology contained therein, and nothing herein or any other document constitutes a transfer or conveyance of any right, title or interest in such intellectual property rights, except the limited right of use in accordance with the applicable manual or instructions. Seller will defend Buyer and pay any settlement amount or judgment resulting from any claim that the design or manufacture of any product in Seller´s commercial line of products constitutes an infringement of any Canadian patents, provided that (a) Seller is notified promptly in writing of such claim of infringement and is given full authority, information and assistance in settling and defending such claim, and (b) Seller shall have no liability whatsoever with respect to (i) any claims settled by Buyer without Seller´s prior written consent, (ii) any modification of products, or (iii) any use or combination of products with products not furnished by Seller. In the event of such a claim, Seller will, in its sole discretion and at its own expense, either procure for Buyer the right to continue using the product, replace it with a non-infringing product, or remove it and refund the price paid. THIS SHALL CONSTITUTE SELLER´S ENTIRE LIABILITY RELATING TO ANY CLAIM BASED UPON OR RELATED TO ANY ALLEGED INFRINGEMENT OF ANY PATENT OR OTHER INTELLECTUAL PROPERTY RIGHTS.

9. Installation. Buyer is solely responsible for the installation and operation of the products, including without limitation, obtaining all permits, licenses, or certificates required for the installation or use of the products.

10. Technical Advice and Data. Any technical advice offered or given in connection with the use of any products is an accommodation to Buyer without charge and Seller is not liable or responsible whatsoever for the content or use of such advice. Without Seller's prior written consent, Buyer shall not use, duplicate or disclose any technical data delivered or disclosed by Seller to Buyer for any purpose other than for installation, operation or maintenance of the products purchased by Buyer from Seller.

11. Entire Agreement and Assignment. The Contract, including these Terms and Conditions of Sale, records the complete and exclusive agreement between the parties with regard to the purchase and sale of the products and supersedes any and all prior or contemporaneous oral or written agreements between them regarding the same. No course of prior dealings between the parties and no usage of the trade is relevant to supplement or explain any term used in the Contract. No amendment or modification to the Contract, including these Terms and Conditions of Sale, shall be valid and effective unless in writing and signed by both Buyer and Seller. Any assignment by Buyer of the Contract or any rights in it, without Seller's prior written consent, shall be void.

12. Buyer's Terms and Conditions Not Applicable. Products furnished and services rendered by Seller to Buyer are sold only on the terms and conditions stated herein. Any different or additional terms or conditions contained on Buyer's purchase order, invoice, confirmation or any other Buyer-generated document are specifically objected to by Seller. Seller's performance of any Contract is expressly made conditional on Buyer's agreement to these Terms and Conditions of Sale. Commencement of performance or delivery shall be for Buyer's convenience only and shall not constitute acceptance by Seller of Buyer's terms and conditions.

13. Governing Law. The validity, enforcement, construction, and interpretation of this Contract are governed by the laws of Ontario and the laws of Canada applicable therein, without regard to any conflict of law provisions. The Buyer and Seller irrevocably consent to the exclusive jurisdiction of the courts sitting in Ontario in respect of any matter arising out of the Contact, including any dispute in respect of its existence. The parties expressly exclude the applicability of the United Nations Convention on Contracts for the International Sale of Products.

14. Compliance with Law. Buyer agrees to comply with all relevant export and trade control laws, regulations or requirements of Canada, the United States and any other relevant jurisdictions. Without limiting the foregoing, Buyer agrees to comply with all relevant laws governing Buyer's purchase, receipt, use, disclosure and/or re-export of any products, including any hardware, software, or technology, provided to it under the Contract. This provision shall survive the termination of the Contract.

15. General. All agreements, covenants conditions and provisions contained herein shall apply to and bind the permitted assignees and successors in interest of Buyer. If any provision of this Contract is held to be invalid, illegal, unconscionable or unenforceable, that provision will be considered separable from the remaining provisions of this Contract, and will not affect the validity, legality, or enforceability of such remaining provisions. Headings used herein are for the convenience only and shall not affect the constructions or interpretation hereof. Nothing herein, whether express or implied, is intended or should be construed to confer upon, or grant to, any person except Buyer and Seller, any clam right, or remedy. The parties have expressly requested that this Contract and all other documents relating thereto be drawn up in the English language.

OES INC. GENERAL TERMS AND CONDITIONS OF SALE (*Form: GTC022025VSB*)

1. Acceptance and Cancellation of Orders. Any Contract for the sale of products made between Buyer and Seller may be cancelled by Buyer only with Seller's prior written consent, which may be withheld in its sole discretion. As a condition of Seller's consent, Buyer shall pay for all partially completed work up to the date of cancellation plus all cancellation, restocking, or other fees incurred by Seller as a direct result of the cancellation. Special order items are non-cancellable and non-refundable.

2. Delivery. All prices quoted and products shipped are FCA Seller's facilities as per Incoterms 2020. Title to and risk of loss shall pass to Buyer when the products are placed by Seller in possession of a common carrier selected by Seller for shipment to Buyer. Unless expressly provided otherwise in the Contract, Buyer shall pay all freight, handling, delivery, and insurance charges assessed by Seller for the shipment of products. Seller may refuse or delay any shipment if Buyer fails to satisfy or fulfill any contractual obligation to Seller, whether pursuant to the Contract or any other contract between Seller and Buyer. Seller may deliver all products covered by the Contract at one time or in portions from time to time, within the delivery time provided in the Contract.

3. Force Majeure. Seller is excused from performance of any obligations and shall not be liable for delays in delivery or for failure to perform if such failure or delay of performance is caused by events or conditions beyond Seller's reasonable control, including without limitation, acts of God, natural disasters, including storms, earthquakes and floods, fire, acts of the public enemy, quarantine restrictions, expropriation or confiscation of facilities or equipment, compliance with an order of a governmental authority, industrial or labour force disturbances, civil disturbances, boycotts, acts or omissions of Buyer, epidemic or pandemic, war, breakage or accident of machinery or equipment, delays in transportation, or inability to obtain necessary labour, materials or supplies. In the event of a force majeure, the contractual date of delivery, if any, shall be extended for a period equal to the time lost as a consequence of the force majeure without penalty to Seller.

4. Payment Terms. Buyer shall pay for the products in full and without offset or deduction within the time frame and in the manner set forth in the Contract. For those sales that do not require payment in advance of or upon delivery, payment is due within 30 days of invoice date. A late payment charge of 1.5% per month (being 19.56% per year) of the unpaid balance or the maximum rate of interest allowed by law, whichever is less. Time is of the essence with respect to Buyer's obligation to pay all invoices in full in a timely manner. Acceptance of any partial payment shall not constitute waiver of Seller's right to payment in full of all amounts owing from Buyer to Seller.

Seller's prices do not include sales. use, excise, or other similar taxes, duties or other governmental fees, all of which shall be the responsibility of the Buyer.

Buyer hereby grants Seller a security interest in the products shipped pursuant to the Contract, including all accessions to and replacements of the products and the proceeds therefrom, to secure the due and timely payment of the purchase price of the products and all other amounts owing hereunder. Buyer shall execute and deliver to Seller any additional documents, instruments, financing statements or amendments that Seller deems necessary or advisable to perfect and maintain such security interest.

5. Limited Warranty. Subject to Section 7, Seller warrants for a period of one (1) year from the date of purchase, only to the original Buyer, that the product(s) shall be free from material defects in material or workmanship at time of sale, and that each product will meet the published specifications for such product or any specifications agreed by Seller in writing. This warranty does not extend to any products which have been subject to misuse, adverse conditions, abuse, neglect, or accident, or which have been altered or repaired outside of Seller's facilities, or which has not been used strictly in accordance with all manuals and instructions. OTHER THAN THE WARRANTIES SET FORTH ABOVE, SELLER MAKES NO OTHER WARRANTIES OR REPRESENTATIONS OF ANY KIND, EXPRESS, IMPLIED OR STATUTORY, AS TO THE CONDITION, DESCRIPTION, FITNESS FOR A PARTICULAR PURPOSE, OR MERCHANTABILITY OF THE PRODUCTS, OR AS TO ANY OTHER MATTER, AND THE WARRANTIES SET FORTH ABOVE SHALL SUPERSEDE ANY ORAL OR WRITTEN WARRANTIES OR REPRESENTATIONS MADE OR IMPLIED BY SELLER OR ANY OF ITS EMPLOYEES OR REPRESENTATIVES. IN ALL CASES, BUYER'S SOLE AND EXCLUSIVE REMEDY AND SELLER'S SOLE OBLIGATION FOR ANY BREACH OF THE WARRANTIES CONTAINED HEREIN SHALL BE LIMITED TO, AT SELLER'S OPTION, CREDIT FOR THE DEFECTIVE PRODUCT OR THE REPAIR OR REPLACEMENT OF THE DEFECTIVE PRODUCT, PROVIDED THAT SAID PRODUCT IS RETURNED TO THE SELLER ACCORDING TO ITS STANDARD RETURN PROCEDURES, AND PROVIDED THAT UPON THE SELLER'S EXAMINATION, THE PRODUCT, WHEN TESTED WITHIN THE SPECIFIED RATINGS AND IN ACCORDANCE WITH GOOD ENGINEERING PRACTICE, DOES NOT MEET THE WARRANTY CONTAINED HEREIN, AS SELLER SHALL DETERMINE IN ITS SOLE DISCRETION. SELLER AND BUYER AGREE AND UNDERSTAND THAT THE PRICE STATED FOR THE PRODUCTS AND SERVICES HEREIN DESCRIBED IS IN CONSIDERATION FOR THE LIMITATION OF SELLER'S LIABILITY FOR A BREACH OF THE ABOVE DESCRIBED EXPRESS WARRANTY AND THAT SUCH LIMITATION REPRESENTS A VALID AND REASONABLE ALLOCATION OF COMMERCIAL RISK BETWEEN THE PARTIES.

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7. Limitation of Liability. BUYER'S EXCLUSIVE REMEDY AND SELLER'S TOTAL LIABILITY FOR ANY AND ALL LOSSES AND DAMAGES ARISING OUT OF ANY CLAIM WHATSOEVER (WHETHER THE CLAIM IS BASED ON BREACH OF WARRANTY, BREACH OF CONTRACT, NEGLIGENCE, STRICT LIABILITY, OR ANY OTHER LEGAL THEORY) SHALL IN NO EVENT EXCEED THE PURCHASE PRICE OF THE PRODUCTS IN RESPECT TO WHICH THE CLAIM ARISES OR, AT SELLER'S OPTION, THE REPAIR OR REPLACEMENT OF THE PRODUCTS. IN NO EVENT SHALL SELLER BE LIABLE TO BUYER OR ANY THIRD PARTY FOR ANY OTHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES RESULTING FROM ANY CLAIM (INCLUDING, WITHOUT LIMITATION, LOSS OF PROFITS, BUSINESS LOSSES, DAMAGE TO PROPERTY OR ANY LIABILITY OF BUYER TO ITS CUSTOMERS OR THIRD PARTIES) ARISING OUT OF OR RELATING TO THE SALE OF PRODUCTS BY SELLER TO BUYER OR ANY RELATED SERVICES PROVIDED TO BUYER.

8. Intellectual Property. Seller retains ownership of all right, title and interest (including copyright and patent rights) in and to its intellectual property rights relating to the products, including any software or technology contained therein, and nothing herein or any other document constitutes a transfer or conveyance of any right, title or interest in such intellectual property rights, except the limited right of use in accordance with the applicable manual or instructions. Seller will defend Buyer and pay any settlement amount or judgment resulting from any claim that the design or manufacture of any product in Seller´s commercial line of products constitutes an infringement of any Canadian patents, provided that (a) Seller is notified promptly in writing of such claim of infringement and is given full authority, information and assistance in settling and defending such claim, and (b) Seller shall have no liability whatsoever with respect to (i) any claims settled by Buyer without Seller´s prior written consent, (ii) any modification of products, or (iii) any use or combination of products with products not furnished by Seller. In the event of such a claim, Seller will, in its sole discretion and at its own expense, either procure for Buyer the right to continue using the product, replace it with a non-infringing product, or remove it and refund the price paid. THIS SHALL CONSTITUTE SELLER´S ENTIRE LIABILITY RELATING TO ANY CLAIM BASED UPON OR RELATED TO ANY ALLEGED INFRINGEMENT OF ANY PATENT OR OTHER INTELLECTUAL PROPERTY RIGHTS.

9. Installation. Buyer is solely responsible for the installation and operation of the products, including without limitation, obtaining all permits, licenses, or certificates required for the installation or use of the products.

10. Technical Advice and Data. Any technical advice offered or given in connection with the use of any products is an accommodation to Buyer without charge and Seller is not liable or responsible whatsoever for the content or use of such advice. Without Seller's prior written consent, Buyer shall not use, duplicate or disclose any technical data delivered or disclosed by Seller to Buyer for any purpose other than for installation, operation or maintenance of the products purchased by Buyer from Seller.

11. Entire Agreement and Assignment. The Contract, including these Terms and Conditions of Sale, records the complete and exclusive agreement between the parties with regard to the purchase and sale of the products and supersedes any and all prior or contemporaneous oral or written agreements between them regarding the same. No course of prior dealings between the parties and no usage of the trade is relevant to supplement or explain any term used in the Contract. No amendment or modification to the Contract, including these Terms and Conditions of Sale, shall be valid and effective unless in writing and signed by both Buyer and Seller. Any assignment by Buyer of the Contract or any rights in it, without Seller's prior written consent, shall be void.

12. Buyer's Terms and Conditions Not Applicable. Products furnished and services rendered by Seller to Buyer are sold only on the terms and conditions stated herein. Any different or additional terms or conditions contained on Buyer's purchase order, invoice, confirmation or any other Buyer-generated document are specifically objected to by Seller. Seller's performance of any Contract is expressly made conditional on Buyer's agreement to these Terms and Conditions of Sale. Commencement of performance or delivery shall be for Buyer's convenience only and shall not constitute acceptance by Seller of Buyer's terms and conditions.

13. Governing Law. The validity, enforcement, construction, and interpretation of this Contract are governed by the laws of Ontario and the laws of Canada applicable therein, without regard to any conflict of law provisions. The Buyer and Seller irrevocably consent to the exclusive jurisdiction of the courts sitting in Ontario in respect of any matter arising out of the Contact, including any dispute in respect of its existence. The parties expressly exclude the applicability of the United Nations Convention on Contracts for the International Sale of Products.

14. Compliance with Law. Buyer agrees to comply with all relevant export and trade control laws, regulations or requirements of Canada, the United States and any other relevant jurisdictions. Without limiting the foregoing, Buyer agrees to comply with all relevant laws governing Buyer's purchase, receipt, use, disclosure and/or re-export of any products, including any hardware, software, or technology, provided to it under the Contract. This provision shall survive the termination of the Contract.

15. General. All agreements, covenants conditions and provisions contained herein shall apply to and bind the permitted assignees and successors in interest of Buyer. If any provision of this Contract is held to be invalid, illegal, unconscionable or unenforceable, that provision will be considered separable from the remaining provisions of this Contract, and will not affect the validity, legality, or enforceability of such remaining provisions. Headings used herein are for the convenience only and shall not affect the constructions or interpretation hereof. Nothing herein, whether express or implied, is intended or should be construed to confer upon, or grant to, any person except Buyer and Seller, any clam right, or remedy. The parties have expressly requested that this Contract and all other documents relating thereto be drawn up in the English language.

AGREEMENT FOR THE PROVISION OF LICENSED ATHLETIC TRAINER SERVICES

THIS AGREEMENT FOR THE PROVISION OF LICENSED ATHLETIC TRAINER SERVICES ("Agreement") is made by and between Penn State Health, a nonprofit corporation organized and existing under the laws of the Commonwealth of Pennsylvania, with its principal office at 100 Crystal A Drive, Hershey, PA 17033 ("PSH")

AND

The Derry Township School District, with its principal offices at 30 E. Granada Avenue, Hershey, PA 17033 ("District").

RECITALS

A. The District operates interscholastic athletic programs for its own students (individually, a "Student," and collectively, "Students").

B. The District desires to make arrangements for licensed athletic trainer services for its Students.

C. PSH has agreed to such arrangements upon the terms contained in this Agreement with the District.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the sufficiency of which is acknowledged by the parties, and intending to be legally bound hereby, the parties hereto agree as follows:

1. TERM. The term of this Agreement shall be for two (2) years, beginning on July 1, 2025, and ending on June 30, 2027.

2. SERVICES. PSH shall provide and select, in its sole discretion, two (2) athletic trainers ("Athletic Trainer(s)") to provide athletic training services ("Services") to cover both middle and high school interscholastic. In performing the Services, the Athletic Trainer(s) shall:

   (a) have medical oversight by the dedicated District's Athletics Physician(s).

   (b) shall abide by and adhere to the medical directive(s) of the District's Athletics Physician(s).

   (c) shall provide "on-site," or "on-call" coverage to middle and high schools pursuant to the Schedule mutually agreed to by the parties.

   (d) shall be centrally located at the District's High School.

   (e) shall evaluate, treat, and clear impaired and/or injured middle and high school Students for interscholastic athletic programs in conjunction with the Team Physician year-round.

(f) shall provide first aid and other medical services as is reasonable and possible under the circumstances pending the arrival of ambulance services in the case of major injuries.

(g) shall provide preventative taping and strapping of Students, as needed.

(h) shall provide nutritional information to Student.

(i) shall attend pre-season meetings, if requested by the District's Director of Athletics.

(j) shall comprise and manage a Student Athletic Trainer Program with written goals expectations.

(k) shall comprise an emergency action plan.

(l) shall develop concussion protocol and assessment.

(m) shall institute hydration testing during summer practices.

(n) shall monitor the wrestling weight management program.

(o) shall be available for District sponsored sport camps and tournaments.

(p) shall monitor and assist certified physicians with pre-participation physicals for both middle school and high school Students.

(q) shall design workout/rehab programs for Students out-of-season.

(r) shall complete and follow-up on accident reports for Student, as needed

(s) shall Facilitate communication between Students, coaches, the District's Director of Athletics, school health office personnel, and the family physician, as required and/or needed. Disclosure of any identifiable personal, treatment or other protected health information will require an appropriate release from the parent or guardian and consent of the District's Director of Athletics.

(t) be visible at all times and reachable during practices, circulating and checking in on all teams practicing indoors and outdoors frequently. If there are two or more athletic events occurring at the same time at the same site or location (i.e. HS gymnasiums), the athletic trainer will provide services for the multiple athletic competitions

(u) comprise and manage a student athletic trainer program under the direction of the District's Athletic Director.

(v) provide free American Red Cross CPR/AED/FA training onsite for coaches and other District personnel under the direction of the Director of Athletics three (3) times per year (September, January, June) or as determined by the Director of Athletics.

(w) Participate in and tracking of pre-season physical examinations for Student participants in interscholastic athletic programs, prior to the Fall, Winter, and Spring

sports seasons in conjunction with the District's Athletics Physician(s) as set forth in the Schedule.

3. SCHEDULE. Prior to each season for the interscholastic athletic programs, the parties shall meet in good faith to discuss and agree upon the schedule for the provision of the Services under this Agreement ("Schedule"), with a written copy of such schedule provided to both parties.

4. GENERAL AVAILBILITY. The parties anticipate that the Athletic Trainer(s) shall provide the Services for approximately forty (40) hours per week, per season, which may vary depending on the practice and game schedules. Pursuant to the Schedule, the Athletic Trainer(s) shall cover all practices, scrimmages, home games, playoffs, sectionals, and/or tournaments for both the middle and high schools, except for snow days or if such activities are canceled. The Athletic Trainer(s) shall also be generally available during after school hours (Monday – Friday; starting at 2:30 p.m.) for pre-event taping, home event coverage and away football contests, injury assessment, and post-game follow-up. The Schedule may be adjusted, as needed by District's Director of Athletics for pre-season summer, holiday and school vacation periods. Any such changes to Schedule shall be agreed upon in writing by both parties.

5. TRAINING ROOM.

   (a) The Athletic Trainer(s) shall conduct a preseason inventory of current training room equipment and supplies and will submit a list of necessary materials to the District's Athletic Director for review and authorization to purchase. The District will be solely responsible for the purchase of all approved equipment and supplies.

   (b) The parties shall include the training room hours in the Schedule.

6. CONFLICTS: The parties acknowledge, understand and agree that the intent of this Agreement is for the Athletic Trainer(s) to provide Services to only one event at a time. The District shall be solely responsible, in its discretion, to select the event in which the Athletic Trainer(s) are to provide Services in conflicting situations. The District shall choose the event which has a greater potential risk of injury as determined by the guidelines of the National Athletic Trainers' Association (i.e., collision and contact sports). The District shall communicate this decision in writing to the PSH as soon as practicable.

7. CERTIFICATIONS AND BACKGROUND CLEARANCES. The Athletic Trainer(s) shall be certified by the National Athletic Trainers' Association, licensed by the Commonwealth of Pennsylvania and possess the following required clearances: (a) Act 34 - Pennsylvania State Police Criminal History Check; (b) Act 151 - Pennsylvania Child Abuse History Clearances; (c) Act 114 - Federal FBI Criminal History Records; (d) Act 126 Child Abuse Recognition and Reporting Training; and (e) an Acknowledgement of Confidential Student Information and Regulation Form. Upon request, PSH shall present to the District proof of current professional licenses in the Commonwealth of Pennsylvania for the Athletic Trainer(s). PSH shall immediately notify the District, if the license of any athletic trainer is suspended, revoked or otherwise terminated for any reason. PSH shall not provide any Athletic Trainer(s) to perform the Services under this Agreement, if any background

checks set forth in this Section contain criminal convictions and/or child abuse findings that would otherwise prohibit employment. The Athletic Trainer(s) performing the Services under this Agreement shall report to the District any arrests or convictions for crimes enumerated in Section 111(e) and (f.1) of the Public School Code within seventy-two (72) hours of their occurrence.

8. INSURANCE. PSH agrees to provide and maintain during the term of this Agreement, the following type(s) of insurance coverage or self-insurance coverage with limits not less than the minimum(s) specified: (a) Commercial General Liability Insurance - $1,000,000 per occurrence/$2,000,000 aggregate; (b) Automobile Liability Insurance - $1,000,000 combined single limit for owned, hired and borrowed and non-owned motor vehicles; (c) Statutory Workers' Compensation and Employers' Liability Insurance; (d) Medical Professional Liability Insurance - in the minimum amounts of $1,000,000 per claim and $3,000,000 in the aggregate with a retroactive date that precedes the date of this Agreement, and such coverage shall be continued for two (2) years after termination of this Agreement; and (e) Excess Insurance - on a "Follow-Form" basis, with limits of $3,000,000 each occurrence and aggregate.

9. COMPLIANCE. The Athletic Trainer(s) shall provide the Services with the upmost courtesy and professionalism and maintain a satisfactory level of professional competence. The Athletic Trainer(s) shall follow and abide by: (a) the ethics of the licensed athletic trainer's profession; (b) the guidelines of the National Athletic Trainers' Association; (c) the rules and regulations of all governing boards, all federal, state and municipal laws and ordinances regulating the practice of the licensed athletic trainer's profession; and (d) the policies, standard, and regulations of the District as may be established from time to time. If the District receives multiple substantiated complaints concerning the Athletic Trainer(s), the District may request that PSH provide an appropriate and timely replacement.

10. RECORDS, REPORTS AND DOCUMENTATION.

(a) PSH shall maintain and submit a monthly record of Student treatment and/or assessment to the Director of Athletics of the District and provide a year-end medical report. The disclosure of records is conditioned upon an appropriate release and consent from the parent or guardian of the Student.

(b) PSH shall keep track of and submit a bi-monthly record of all hours worked to the District's Director of Athletics.

(c) PSH shall assist the District's Athletic Director with implementing and completion of appropriate documentation, including forms required by the District, league, and state athletic association. Such records shall be the joint property of the District and PSH, as appropriate.

11. COMMUNICATION OF STUDENT ATHLETE HEALTH RELATED CONCERNS. The Athletic Trainer(s) shall contact the parents and/or guardians (with signed parental release and with the consent of the District's Director of Athletics) to discuss medical related issues

involving the Students. Prior to each sports season, the District's health office shall provide the Athlete Trainer(s) with a list of Students that require standing orders for emergency epinephrine and other special medical needs or emergency protocol, as allowed by law. The District's school nurses will be available, as needed, to the Athletic Trainer(s), by phone and/or email to discuss the medical concerns of the Students, and/or the District's health services. The Athletic Trainer(s) shall also be available to meet with the school nurses and/or school officials, if appropriate to discuss health related concerns specific to the Students' athletic participation.

12. DISTRICT RESPONSIBILITIES: The District shall be obligated and responsible for the follows:

(a) Confirm and provide PSH all game schedules prior to each season.

(b) Provide the Athletic Trainer(s) with cellular phones, which the Athletic Trainer(s) shall keep on their person at all times while providing the Services.

(c) Provide the Athletic Trainer(s) with access to and use of a District issued email account.

(d) Develop a list of locations for emergency phones and emergency contact information, including phone numbers to be distributed to the coaches of the interscholastic athletic programs.

(e) Obtain and provide equipment and supplies identified by the Athletic Trainer(s) that is required to provide the Services.

(f) Provide a current team roster for each interscholastic athletic program.

(g) Provide each Student's preseason physical record, a signed parental and/or guardian consent form for each athlete, and a screening examination form prior to the Students' participation in any interscholastic athletic program.

(h) Provide an appropriate and secure training room facility to conduct interscholastic athletic program physicals and injury assessments, which is located on District premises and easily accessible from practice locations and home competitions.

(i) Provide access to training rooms, ice and supplies, including during those periods when school is not in session or District facilities are otherwise closed.

(j) Provide free and secure parking and access for vehicles of Athletic Trainer(s) adjacent to the training room location.

(k) Procure and maintain for the Term of this Agreement liability insurance for all District employees, agents and facilities related to the Services provided to the Athletic Trainer(s) and services and facilities with such coverage and amounts as are required by Pennsylvania law.

(l) On-site availability of emergency medical services at all home varsity and junior varsity football competitions, and "on-call" emergency medical services for all home middle school and high school wrestling matches.

13. COMPENSATION.

(a) As compensation for the Services provided under this Agreement, the District shall pay PSH as follows: (i) the sum of $64,613 for the school year 2025-26; and (ii) the sum of $66,228 for the school year 2026-27. PSH will invoice the District for the Services in three (3) installments on October 1, February 1, and May 1 of each school year.

(b) As compensation for American Red Cross CPR, AED, and First Aid training services to District personnel, the District shall pay PSH the sum of $10 per person.

(c) All invoices shall be sent to Derry Township School District, 30 E Granada Ave, Hershey, Pennsylvania 17033. Payments shall be made within thirty (30) days of receipt of invoice.

14. TERMINATION: PSH or District shall have the right to terminate this Agreement: (a) without cause, as of the first anniversary date, upon a one hundred eighty (180) day advance written notice to the other party; or (b) in the event of material breach, upon at least thirty (30) days prior written notice to the breaching party, unless the material breach has been cured before the end of such thirty (30) day period. PSH shall have the right to terminate this Agreement immediately, if the Athletic Physician Services Agreement between PSH and the District expires or is terminated.

15. TRADEMARKS AND MARKETING: PSH and the District shall not use the name, trade name, trademarks, service marks, logos or other registered designs of the other party or any of its affiliates or subsidiaries in any form or manner, and/or issue any promotional, advertising or other marketing material, and/or issue a press release or other public announcement, without the prior written consent of the other Party.

16. ASSIGNMENT. This Agreement, nor any of its rights or obligations thereunder, shall be assigned, conveyed, sublet or otherwise transferred (by law or otherwise), without the express written consent of both parties. Any purported assignment in violation of this Section shall be void.

17. HEADINGS: Headings are used herein for convenience only and shall play no part in the construction or interpretation of any provision of this Agreement.

18. NOTICES: Any legal notice, demand, or communication required under this Agreement shall be hand delivered or sent by commercial overnight delivery service, signature required, or if mailed, by pre-paid, first-class mail, return receipt requested, to the addresses listed below. This Section is not intended to govern day-to-day business communications between the parties in performing the duties, in due course, under this Agreement. The addresses to which notices are sent may be changed by proper notice.

If to DISTRICT:

Derry Township School District
30 E. Granada Avenue
Hershey, PA 17033

Attn: Superintendent

With a Copy to:

Saxton & Stump
280 Granite Run Drive, Suite 300
Lancaster, PA 17601

Attn: David M. Walker

If to Hospital:

Penn State Health Milton S. Hershey Medical Center
Department of Orthopaedics and Rehabilitation
30 Hope Drive
Hershey, PA 17033

Attn: Director of Operations Orthopaedics

With a Copy to:

Penn State Health
100 Crystal A Drive
Hershey, PA 17033

Attn: Legal Department

19. Applicable Law and Venue. This Agreement will be governed by the law of the Commonwealth of Pennsylvania, without regard to the conflicts of laws provisions, and the parties agree that the Federal Court of the Middle District of Pennsylvania, or the State Court of Common Pleas for Dauphin County shall have the exclusive jurisdiction and venue for any dispute relating to this Agreement. The parties hereby consent to and waive all objections to the jurisdiction, venue and forum non convenience of such courts.

20. COUNTERPARTS: This Agreement may be electronically executed in any number of counterparts, each of which shall be deemed an original, but all of which shall be deemed one and the same instrument. Signature pages delivered by facsimile or PDF attached to email shall be deemed original counterparts for all purposes.

21. RELATIONSHIP OF PARTIES: The relationship between the parties to this Agreement to each other is that of independent contractors. Neither party nor its employees, agents or contractors have the authority to legally bind the other party. Under no circumstances

shall the relationship of the parties be constructed to constitute a partnership, joint venture, or any other relationship, other than that of independent contractors. The individuals providing the Services are not and shall not become employees or agents of District. Each party agrees to assume complete responsibility for its own employees with regard to federal and state withholding tax, workers' compensation, social security, unemployment insurance, and compliance with other federal, state and local laws.

22. INDEMNIFICATION; LIMITATION OF LIABILITY:

(a) PSH agrees to indemnify, defend and hold harmless District, its current and former directors, officers, employees, contractors and agents from and against any and all claims, suits, damages, fines, judgments, penalties, liabilities, costs and expenses (including reasonable attorney fees, court costs and advancements of counsel) incurred, paid or suffered by District, which result or rise out of any claim by a third party for an act or omission by PSH or any of its directors, officers, employees, contractors or agents in providing Services as set forth under this Agreement. Provided however, District is not entitled to indemnification for its own acts or omissions or that of its agents, contractors, servants, or employees unless such act or omission was taken as a result of the direct instructions of PSH.

(b) District agrees to indemnify, defend and hold harmless PSH its current and former directors, officers, employees, contractors and agents from and against any and all claims, suits, damages, fines, judgments, penalties, liabilities, costs and expenses (including reasonable attorney fees, court costs and advancements of counsel) incurred, paid or suffered by PSH, which result or arise out of any claim, act or omission by District or any of its directors, officers, employees, contractors or agents relating to Services under this Agreement. Provided however, PSH is not entitled to indemnification for its own acts or omissions or that of its agents, contractors, servants, or employees unless such act or omission was taken as a result of the direct or indirect instructions of the District.

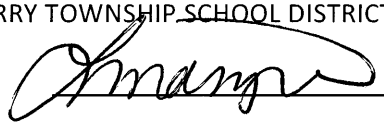
(c) IN NO EVENT SHALL EITHER PARTY BE LIABLE TO THE OTHER, INCLUDING FOR INDEMNIFICATION FOR ANY INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, SPECIAL, OR PUNITIVE DAMAGES OR EXPENSES OR LOST PROFITS (REGARDLESS OF HOW CHARACTERIZED AND EVEN IF SUCH PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES) UNDER OR IN CONNECTION WITH THIS AGREEMENT, REGARDLESS OF THE FORM OF ACTION (WHETHER IN CONTRACT, TORT, NEGLIGENCE, STRICT LIABILITY, STATUTORY LIABILITY, OR OTHERWISE).

(d) Notwithstanding the foregoing or any other provision of this Agreement, nothing in this Agreement shall be deemed a direct or indirect waiver of or limitation to any sovereign or governmental immunity, in any respect, applicable to the District (including, without limitation, under the Pennsylvania Political Subdivision Tort Claims Act) or impose liability, directly or indirectly, on the District from which it would otherwise be immune under applicable law.

(e) The provisions of this Section shall survive the expiration or termination of this Agreement.

23. ENTIRE AGREEMENT: This Agreement, as may be amended from time to time in writing by the parties, sets forth the entire understanding between the parties relating to the matters described herein, there being no terms or conditions other than those contained herein, and all prior and contemporaneous agreements or understandings, whether written or unwritten, are superseded by this Agreement.

IN WITNESS WHEREOF, the parties hereto, by a duly authorized representative, have set their hands and seals, the day and year set forth below.

PENN STATE HEALTH	DERRY TOWNSHIP SCHOOL DISTRICT
By: _____	By: 
Name: _____	Name: Lindsay K. Drew
Title: _____	Title: School Board President
Date: _____	Date: June 23, 2025

Docusign Envelope ID: 24D5388D-9795-4816-906C-43F1FC889762

PowerSchool

Sales Quote - This Is Not An Invoice

PowerSchool Group LLC
150 Parkshore Dr.
Folsom CA 95630

Quote #: Q-71925-1

Prepared By:	Rohith P	Customer Contact:	Stacy Winslow
Customer Name:	Derry Township School District	Title:	Superintendent
		Address:	P. O. Box 898
Contract Term:	12 Months	City:	Hershey
Start Date:	July 1, 2025	State/Province:	Pennsylvania
End Date:	June 30, 2026	Zip Code:	17033
Payment Terms:	Net 30	Phone #	(717)534-2501 X3206
Pricing Vehicle:		Pricing Vehicle Contract #:	

Contract Term : July 1, 2025 to June 30, 2026

Quote Summary

License and Subscription Period(s)	Software	Total
Subscription Period 1: July 1, 2025 to June 30, 2026	USD 49,973.67	USD 49,973.67
Total Contract : July 1, 2025 to June 30, 2026	USD 49,973.67	USD 49,973.67

License and Subscription Fees

Subscription Period 1 License and Subscription Fees

Product Description	Quantity	Unit	Disc (%or $)	Price
eFinancePlus Employee Access Center SaaS	1.00	Students		USD 6,266.46
eFinancePlus Customization M/S	1.00	Hour		USD 432.45
eFinancePlus Customization M/S	1.00	Hour		USD 1,224.06
eFinancePlus Financial Acctg Base SaaS	1.00	Students		USD 3,798.38
eFinancePlus Financial Acctg Base SaaS	1.00	Students		USD 38,252.32
		Subscription Period 1 License and Subscription Fees TOTAL:		USD 49,973.67

Total License and Subscription Fees : **USD 49,973.67**

Subscription Start and End Dates shall be as set forth above. On-Going PowerSchool Subscription/Maintenance and Support Fees are invoiced at the then-current rates and enrollment per existing terms of the executed agreement between Customer and PowerSchool. Any applicable sales or other tax has not been added to this quote. If this quote includes promotional pricing, such promotional pricing may not be valid for the entire duration of this quote.

All purchase orders must include the exact quote number of this quote. Customer agrees that purchase orders are for administrative purposes only and do not impact the terms or conditions of this quote or any agreement executed between the parties. Any credit provided by PowerSchool is nonrefundable and must be used within 12 months of issuance. Unused credits will expire after 12 months.

This quote incorporates any statement of work attached hereto. This quote is subject to and incorporate the terms and conditions found at
www.powerschool.com/MSA_2024/.

By either (i) executing this quote or (ii) accessing the services described on this quote, Customer agrees that after the contract term end date, the subscription for such services will continue for successive twelve (12) month subscription periods on the same terms and conditions as set forth herein, subject to a standard annual price uplift and excluding any promotional pricing, unless Customer provides PowerSchool with a written notice of its intent not to renew at least sixty (60) days prior to the end of the applicable current contract term.

THE PARTIES BELOW ACKNOWLEDGE THAT THEY HAVE READ THE AGREEMENT, UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS.

POWERSCHOOL GROUP LLC

Signature:

Printed Name: Jon Scrimshaw

Title: Chief Accounting Officer

Date: 19-MAY-2025

Derry Township School District

Signature:

Printed Name: Lindsay K. Drew

Title: President, School Board

Date: June 23, 2025

PO Number: _____

DERRY TOWNSHIP SCHOOL DISTRICT

Approval to Participate in Cooperative Purchasing Agreements
School Year 2025-26

Pennsylvania Statute 62, chapter 19, on Procurement allows for cooperative purchasing among local public procurement units or external procurement activities. Section 1902 of the statute specifically states that public procurement units may participate in joint purchasing agreements as long as the participants are in agreement. The statute defines local public procurement units as "a political subdivision, public authority, educational or an area of government, which expends public funds for the procurement of supplies, services, and construction." The District falls within the definition of a local public procurement unit. Approval of the use of these contracts, in no way, precludes obtaining quotes and negotiating price which assures fiscal responsibility for the district.

Per Board Policy 613 Cooperative Purchasing, the Business Manager may negotiate appropriate cooperative purchase agreements with other political subdivisions, in accordance with law and Board Policy. All such agreements must conform to relevant provisions of the School Code.

A list of cooperatives shall be presented to the Board for approval annually. The participating contracting body(s) may specify:

1. Categories of equipment or supplies to be purchased;
2. Manner of advertising for bids and awarding contracts;
3. Method of payment by each participating party; and/or
4. Other matters deemed necessary to carry out the purposes of the agreement.

- Collaborative Purchasing Solutions (Lancaster-Lebanon IU 13)
- Costars and PA State Contract
- PEPPM
- U.S. Communities
- KPN (Keystone Purchasing Network – Central Susquehanna Intermediate Unit)
- OMNIA Partners (includes US Communities and National IPA)
- Sourcewell (includes NJPA, National Joint Powers Association)
- Cooperative Purchasing Opportunities offered by other Intermediate Units
- TIPS Cooperative
- BuyBoard Purchasing Cooperative
- General Services, PA Federal Surplus Property

DERRY TOWNSHIP SCHOOL DISTRICT
Dauphin County, Pennsylvania

WHEREAS, the Derry Township School District ("District") is a public school district organized and operating pursuant to the Pennsylvania Public School Code of 1949, as amended;

WHEREAS, on or about November 9, 2015, the Board of School Directors of the District established a separate propriety fund (the "Granada Property Propriety Fund") for accounting purposes related to various lease arrangements of the property located at 44 E. Granada Avenue, which was formerly designated as 30 E. Granada Avenue (the "Granada Property");

WHEREAS, as part of these various lease arrangements, and as part of establishing the Granada Property Propriety Fund, the District transferred funds from the General fund to the Granada Property Propriety Fund;

WHEREAS, the intent of the Board of School Directors in establishing the Granada Property Propriety Fund was to provide separate and transparent accounting to the Board of School Directors and the public related to the leasing of the Granda Property;

WHEREAS, the intent of the Board of School Directors in transferring funds from the General Fund to the Granada Property Propriety Fund was that the funds would eventually be transferred back to the General Fund;

WHEREAS, the District no longer leases the Granada Property;

WHEREAS, without further leasing the Granada Property, there is no longer any reason to maintain the Granada Property Proprietary Fund; and

WHEREAS, the Board of School Directors desires to close the Granada Property Proprietary Fund and transfer all remaining funds contained therein back to the District's General Fund.

NOW, THEREFORE, BE IT SO RESOLVED, as follows:

1) The Board authorizes the Administration to transfer the entire balance of the Granada Property Propriety Fund to the General Fund.

2) Upon completion of the transfer, the Granada Property Propriety Fund shall be closed.

3) The exact dollar amount of said transfer shall be determined and confirmed upon completion of the annual Audit and reported to the Board at that time.

4) The transfers shall be included in the 2025-26 fiscal year for accounting purposes.

ADOPTED this 28th day of July 2025, at a duly convened public meeting.

ATTEST:

By: _____
Michele Agee, Secretary

BOARD OF SCHOOL DIRECTORS OF THE
DERRY TOWNSHIP SCHOOL DISTRICT

By: _____
Lindsay Drew, President

Docusign Envelope ID: D7514014-E112-4D80-8552-C7A2FD8BFEF1

trueRX HEALTH STRATEGISTS

PHARMACY BENEFIT PLAN DESIGN

Account Data

Account Name & Number:	Derry Township School District - 06842		
Benefit Group Number:	TRUE6842	**ERISA:**	No
BPD Effective Date:	07/01/2025	**Client Effective Date:**	07/01/2025
Grandfathered Status:	Non-Grandfathered	**POS Rebates:**	No
Physical Address:	30 E. Granada Avenue Hershey, PA 17033	**Mailing Address:**	30 E. Granada Avenue P.O. Box 898 Hershey, PA 17033

TPA Information

TPA Name: *Highmark Member Services

Brokerage Firm Information

Brokerage Firm Name: AIA Alera Group

Rx Plan Design - Formulary

Type of Formulary: Universal *Universal formulary with a less restrictive design.*

Rx Plan Design - Pharmacy Network

Type of Network: Standard *65,000 Pharmacies Nationwide; retail chain and independent pharmacies.*

Unique parameters regarding pharmacy network (i.e. tierred copays, pharmacy exclusion)? No

Maximum Dollar Per Rx (Mandatory Prior Authorization for High Cost Medication)

Max Threshold Amount: Retail 1-83 Day Max $1,450.00
Retail 84-90 Day Max $4,350.00
$500 1-30 D/S for all tier 1 medications, $1,000 31-90 D/S for all tier 1 medications

Notes: TRX_Max $1450 $4350 EPLS (pharmacy message)
TRX_EPLS_PAXLOVID OVERRIDE

Annual Maximums

Rx Group Name: 6842_PPO400 **Rx Group Number:** 6842PPO400

Does the plan combine Medical and Pharmacy dollars? Yes

Drug List Notes: TRX_Synthroid EPLS Custom Tier 1 will process as tier 1 for members, DAW1 & DAW2 will bypass penalty. TRX_Max $1450 $4350 EPLS $500 1-30 D/S for all tier 1 medications, $1,000 31-90 D/S for all tier 1 medications (pharmacy message)

Deductible:	
Individual:	
Family:	

Plan or Calendar Year:

Exclude Generics from Deductible?

Deductible Satisfaction:

OOP Max:	Rx Retail, Mail Order plus Medical
Individual:	6,600
Family:	13,200

Plan or Calendar Year: Plan Year *7/1 - 6/30*

Exclude Generics from OOP Max? No

Is the Deductible Included in the OOP Max?

Cap Satisfaction for OOP Max: Embedded

Annual Maximums

Rx Group Name: 6842_PPO1000 **Rx Group Number:** 6842PPO1000

Does the plan combine Medical and Pharmacy dollars? Yes

Drug List Notes: TRX_Synthroid EPLS Custom Tier 1 will process as tier 1 for members, DAW1 & DAW2 will bypass penalty. TRX_Max $1450 $4350 EPLS $500 1-30 D/S for all tier 1 medications, $1,000 31-90 D/S for all tier 1 medications (pharmacy message)

Deductible:	
Individual:	
Family:	

Plan or Calendar Year:

Exclude Generics from Deductible?

Deductible Satisfaction:

OOP Max:	Rx Retail, Mail Order plus Medical
Individual:	6,600
Family:	13,200

Plan or Calendar Year: Plan Year *7/1 - 6/30*

Exclude Generics from OOP Max? No

Is the Deductible Included in the OOP Max?

Cap Satisfaction for OOP Max: Embedded

Annual Maximums

Rx Group Name: 6842_PPO3 **Rx Group Number:** 6842PPO3

Does the plan combine Medical and Pharmacy dollars? Yes

Drug List Notes: TRX_Synthroid EPLS Custom Tier 1 will process as tier 1 for members, DAW1 & DAW2 will bypass penalty. TRX_Max $1450 $4350 EPLS $500 1-30 D/S for all tier 1 medications, $1,000 31-90 D/S for all tier 1 medications (pharmacy message)

Deductible:	
Individual:	
Family:	

Plan or Calendar Year:

Exclude Generics from Deductible?

Deductible Satisfaction:

OOP Max:	Rx Retail, Mail Order plus Medical
Individual:	6,600
Family:	13,200

Plan or Calendar Year: Plan Year *7/1 - 6/30*

Exclude Generics from OOP Max? No

Is the Deductible Included in the OOP Max?

Cap Satisfaction for OOP Max: Embedded

Annual Maximums

Rx Group Name: 6842_PPO750 **Rx Group Number:** 6842PPO750

Does the plan combine Medical and Pharmacy dollars? Yes

Drug List Notes: TRX_Synthroid EPLS Custom Tier 1 will process as tier 1 for members, DAW1 & DAW2 will bypass penalty. TRX_Max $1450 $4350 EPLS $500 1-30 D/S for all tier 1 medications, $1,000 31-90 D/S for all tier 1 medications (pharmacy message)

Deductible:	
Individual:	
Family:	

Plan or Calendar Year:

Exclude Generics from Deductible?

Deductible Satisfaction:

OOP Max:	Rx Retail, Mail Order plus Medical
Individual:	6,600
Family:	13,200

Plan or Calendar Year: Plan Year *7/1 - 6/30*

Exclude Generics from OOP Max? No

Is the Deductible Included in the OOP Max?

Cap Satisfaction for OOP Max: Embedded

Annual Maximums

Rx Group Name: 6842_PPO5 **Rx Group Number:** 6842PPO5

Does the plan combine Medical and Pharmacy dollars? Yes

Drug List Notes: TRX_Synthroid EPLS Custom Tier 1 will process as tier 1 for members, DAW1 & DAW2 will bypass penalty. TRX_Max $1450 $4350 EPLS $500 1-30 D/S for all tier 1 medications, $1,000 31-90 D/S for all tier 1 medications (pharmacy message)

Deductible:	
Individual:	
Family:	

Plan or Calendar Year:

Exclude Generics from Deductible?

Deductible Satisfaction:

OOP Max:	**Rx Retail, Mail Order plus Medical**
Individual:	6,600
Family:	13,200

Plan or Calendar Year: Plan Year *7/1 - 6/30*

Exclude Generics from OOP Max? No

Is the Deductible Included in the OOP Max?

Cap Satisfaction for OOP Max: Embedded

Annual Maximums

Lifetime Benefit Maxium? No ***If yes, Lifetime Benefit Max:*** ***Plan or Calendar Year?***

Rx Program Type

Rx Program Type: Both Retail and Mail **Mail Order Pharmacy:** WB Rx Express

Co-Pay Structure

Deductible must be satisfied before copayments/coinsurance apply, unless specified that the deductible is bypassed.

Rx Group Name: 6842_PPO400 **Rx Group Number:** 6842PPO400

	30 Day Supply	**90 Day Supply**
Non-Standard:		

	1-30 Day Supply	**31-90 Day Supply**
Over The Counter(OTC):	Not Covered	Not Covered
Generic:	$5.00	$5.00
Preferred Brand:	$35.00	$35.00
Non-Preferred Brand:	$35.00	$35.00
Specialty:	Not Covered	Not Covered

	31-60 Day Supply	**61-90 Day Supply**	**90 Day Supply (Mail Order)**
Generic:	N/A	N/A	$10.00
Preferred Brand:	N/A	N/A	$70.00
Non-Preferred Brand:	N/A	N/A	$70.00

Comments: TRX_Synthroid EPLS Custom Tier 1 will process as tier 1 for members, DAW1 & DAW2 will bypass penalty. Mandatory Mail Order – Exclusive Home Delivery Maintenance Drugs through Mail Order (90-day Supply) after two initial retail 30-day fills

Rx Group Name: 6842_PPO1000 **Rx Group Number:** 6842PPO1000

	30 Day Supply	90 Day Supply
Non-Standard:		

	1-30 Day Supply	31-90 Day Supply
Over The Counter(OTC):	Not Covered	Not Covered
Generic:	$5.00	$5.00
Preferred Brand:	$35.00	$35.00
Non-Preferred Brand:	$35.00	$35.00
Specialty:	Not Covered	Not Covered

	31-60 Day Supply	61-90 Day Supply	90 Day Supply (Mail Order)
Generic:	N/A	N/A	$10.00
Preferred Brand:	N/A	N/A	$70.00
Non-Preferred Brand:	N/A	N/A	$70.00

Comments: TRX_Synthroid EPLS Custom Tier 1 will process as tier 1 for members, DAW1 & DAW2 will bypass penalty. Mandatory Mail Order – Exclusive Home Delivery Maintenance Drugs through Mail Order (90-day Supply) after two initial retail 30-day fills

Rx Group Name: 6842_PPO3 **Rx Group Number:** 6842PPO3

	30 Day Supply	90 Day Supply
Non-Standard:		

	1-30 Day Supply	31-90 Day Supply
Over The Counter(OTC):	Not Covered	Not Covered
Generic:	$5.00	$5.00
Preferred Brand:	$35.00	$35.00
Non-Preferred Brand:	$35.00	$35.00
Specialty:	Not Covered	Not Covered

	31-60 Day Supply	61-90 Day Supply	90 Day Supply (Mail Order)
Generic:	N/A	N/A	$10.00
Preferred Brand:	N/A	N/A	$70.00
Non-Preferred Brand:	N/A	N/A	$70.00

Comments: TRX_Synthroid EPLS Custom Tier 1 will process as tier 1 for members, DAW1 & DAW2 will bypass penalty. Mandatory Mail Order – Exclusive Home Delivery Maintenance Drugs through Mail Order (90-day Supply) after two initial retail 30 day fills

Rx Group Name: 6842_PPO750 **Rx Group Number:** 6842PPO750

	30 Day Supply	90 Day Supply
Non-Standard:		

	1-30 Day Supply	31-90 Day Supply

Over The Counter(OTC):	Not Covered	Not Covered
Generic:	$5.00	$5.00
Preferred Brand:	$35.00	$35.00
Non-Preferred Brand:	$35.00	$35.00
Specialty:	Not Covered	Not Covered

	31-60 Day Supply	61-90 Day Supply	90 Day Supply (Mail Order)
Generic:	N/A	N/A	$10.00
Preferred Brand:	N/A	N/A	$70.00
Non-Preferred Brand:	N/A	N/A	$70.00

Comments: TRX_Synthroid EPLS Custom Tier 1 will process as tier 1 for members, DAW1 & DAW2 will bypass penalty. Mandatory Mail Order – Exclusive Home Delivery Maintenance Drugs through Mail Order (90-day Supply) after two initial retail 30-day fills

Rx Group Name: 6842_PPO5 **Rx Group Number:** 6842PPO5

	30 Day Supply	90 Day Supply
Non-Standard:		

	1-30 Day Supply	31-90 Day Supply
Over The Counter(OTC):	Not Covered	Not Covered
Generic:	$5.00	$5.00
Preferred Brand:	$35.00	$35.00
Non-Preferred Brand:	$35.00	$35.00
Specialty:	Not Covered	Not Covered

	31-60 Day Supply	61-90 Day Supply	90 Day Supply (Mail Order)
Generic:	N/A	N/A	$10.00
Preferred Brand:	N/A	N/A	$70.00
Non-Preferred Brand:	N/A	N/A	$70.00

Comments: TRX_Synthroid EPLS Custom Tier 1 will process as tier 1 for members, DAW1 & DAW2 will bypass penalty. Mandatory Mail Order – Exclusive Home Delivery Maintenance Drugs through Mail Order (90-day Supply) after two initial retail 30 day fills

Prior Authorizations

Allow PA for refill too soon (i.e. lost, stolen, damaged, vacation refills)? Yes

If Yes, Approved by: True Rx Health Strategists

Allow PA for dosage increases? Yes

If Yes, Approved by: True Rx Health Strategists

Notes: 1x per medication per rolling 12 months
85% minimum usage on retail
80% minimum usage on mail order
75% minimum usage on specialty

True Rx Clinical

Clinical Solutions

TrueAssist Specialty:	No	**TrueAssist Brands:**	No
Opioid Limitation Program:	Yes	**TrueMeds:**	No
TrueShield:	Yes	**Advocacy:**	Yes
TrueGenomics:	No	**Mark Cuban Cost Plus:**	Yes
True Outcomes - Diabetes Mgmt:	No	**TrueCodes:**	No
Integrated Discount Program:	Yes		

Advocacy Vendor Information

Advocacy Name:	EPLS
Advocacy Contact Name:	Bill Tell
Advocacy Contact Phone:	717-844-9030
Advocacy Contact Email:	williamt@epls.biz

Advocacy Design

Specialty Medications:	Exclude	**Orphan Medications:**	Exclude
Specialty Transition Fills Allowed?	Yes	**Orphan Transition Fills Allowed?**	Yes
Number of Specialty Fills:	2.0000	**Number of Orphan Fills:**	2.0000

Rx Coordination of Benefits:	No	**Generic Enforcement (DAW 2):**	Yes
Apply a patient differential/penalty for DAW 1 (Substitution not allowed by prescriber):			Yes - Penalize Patient
Apply penalty to patient's deductible:			No - Do Not Apply Penalty
Apply penalty to patient's Out of Pocket:			No - Do Not Apply Penalty

Coverage (Inclusion/Exclusion List)

Abortifacient

Exclude

Quantity Limits:

Acne Medications

Partial - See Notes

Quantity Limits:

Notes: Generics Only- Brands Excluded

ADD/ADHD Medications

Include

Quantity Limits:

Allergy Sera

Exclude

Quantity Limits:

Docusign Envelope ID: D7514014-E112-4D80-8552-C7A2FD8BFEF1

Anabolic Steroids and Testosterone
Include
Quantity Limits:

Anti-Obesity/Appetite Suppressants
Exclude
Quantity Limits:

Bowel Prep
ACA Mandate
Quantity Limits:

Breast Cancer
ACA Mandate
Quantity Limits:

Compound Medications
Include
Quantity Limits:

Notes: Compounds exceeding $200 will require a price audit, conducted by True Rx.

Cosmetics (non-acne)
Exclude
Quantity Limits:

Devices: Inhaler Spacers
Include
Quantity Limits:

Diabetic Devices
Include
Quantity Limits:

Diabetic GLP1 and GIP/GLP1
UM Prior Auth per formulary
Quantity Limits:

Diabetic Insulin
Include
Quantity Limits:

Diabetic Supplies
Include
Quantity Limits:

Durable Medical Equipment
Exclude
Quantity Limits:

Emergency Injectables
Include with Quantity Limits
Quantity Limits: 2 per 90 days

Federal Legend Drugs
Include
Quantity Limits:

Docusign Envelope ID: D7514014-E112-4D80-8552-C7A2FD8BFEF1

Female Contraceptives
ACA Mandate
Quantity Limits:

Fertility Agents
Exclude
Quantity Limits:

Fluoride Supplements-Pediatric
ACA Mandate
Quantity Limits:

Folic Acid
ACA Mandate
Quantity Limits:

Gender Dysphoria
Include
Quantity Limits:

Gene and Cellular Therapy
Exclude
Quantity Limits:

Migraine Medications
Include with Quantity Limits
Quantity Limits: Standard Quantity Limits-
Nasal: 6 per 30 D/S 18 per 90 D/S
Injectable: 2 per 30 D/S 6 per 90 D/S

Nail Anti-Fungal, Topical
Partial - See Notes
Quantity Limits:

Notes: Generics Only - Brands excluded

Nutrition Supplements and Medical Food
Exclude
Quantity Limits:

Orphan Designation
Exclude
Quantity Limits:

Pre-Exposure Prophylaxis of HIV
ACA Mandate
Quantity Limits:

Repackaged Products
Exclude
Quantity Limits:

Sexual Health
Exclude
Quantity Limits:

Smoking Cessation
ACA Mandate
Quantity Limits:

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Notes: Generics Only- Brands Excluded

Specialty: True Rx Specialty List

Exclude

Quantity Limits:

Statin Medications

ACA Mandate

Quantity Limits:

Substance Abuse Treatment

Include

Quantity Limits:

Vaccine

ACA Mandate

Quantity Limits:

Vitamins (Rx Only, Single Entity)

Partial - See Notes

Quantity Limits:

Notes: Generics Only- Brands Excluded- $100 30-day maximum, $200 60-day maximum, $300 90-day maximum

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Signatures

The signature below will constitute client's authorization that this completed implementation form accurately reflects the requirements to implement this prescription benefit program.

Client Name: Derry Township School District

Printed By: Lindsay K. Drew Date: June 23, 2025

Title: School Board President

Signature:

True Rx Management Services d/b/a True Rx Health Strategists

Printed Name: Moriah Campbell Date: 6/25/2025

Title: Implementation Specialist

Signature: Signed by: Moriah Campbell 5711D2A9032A40C...

Any Changes to the electronic format of this document need to be communicated in the body of an email to your Account Manager or Implementation Specialist so we can appropriately manage and ensure your plan is set up accurately. Changes to this document will not be implemented until documented in an email as well as on the form.

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Report Definitions

Embedded Plans:	*Each covered family member only needs to satisfy his or her individual accumulator, not the entire family accumulator. For example, if the family deductible is $6,000 and one member meets their individual $3,000 deductible, that member will no longer have to meet a deductible as their individual amount has been met, even if the family deductible of $6,000 has not been met. In addition, when the entire family's total reaches $6,000, the deductible stop for everyone.*
Non-Embedded (Aggregate) Plans:	*The entire family deductible must be met, even if one family member meets the plan's designated individual deductible. For example, the entire family amount of $6,000 must be met before any family member's deductible is considered to be met. This is true even if one family member meets the individual amount of $3,000. The individual member must continue to pay deductible until the total family amount is met.*
Coverage (Inclusion/Exclusion List):	*Unless otherwise noted, the medications in these sections are the standard True Rx drug lists and are available upon request. Any changes to a client's custom list must be provided to True Rx by the client and will not be updated automatically by True Rx.*

United Concordia dental

Carol Pitts
Derry Township School District
30 East Granada Avenue
Hershey, PA 17033

March 25, 2025

Re: Derry Township School District– Agreement for Administrative and Claims Payment Services Renewal for 2025; Group Number(s): 891832-000/099; Account Number: 0201714

Dear Ms. Pitts:

Thank you for allowing United Concordia to continue to serve as the dental plan administrator for Derry Township School District. We appreciate the opportunity to provide the employees and their dependents with access to quality, affordable dental care. Please allow this letter to serve as formal notification of the renewal of the Administrative Services Only (ASO) dental contract with United Concordia for the policy period of July 1, 2025 through June 30, 2026. Effective July 1, 2025, the group's administrative fees and budget rates for the United Concordia dental program are as follows:

Current ASO Fee*: $4.85	Renewal ASO Fee: $4.85
Current Network Access Fee**: 5%	Renewal Network Access Fee: 6%

Rate Tier	Current Budget Rates***	Proposed Budget Rates***
Employee Only	$28.16	$28.16
Employee & One Adult	$82.81	$82.81
Employee & Child(ren)	$82.81	$82.81
Employee & Family	$82.81	$82.81

Enclosed is a copy of the Renewal Acceptance Form. Please have an authorized representative sign and either scan a copy to my e-mail or mail it to the address below. If a signed copy of the form is not received by United Concordia, payment of any of the above fees will constitute acceptance of the United Concordia dental program and all related fees.

Should you have any questions regarding the above rates/fees, please contact me at 717-571-7597. United Concordia Companies, Inc. looks forward to continuing as the dental benefits administrator of choice.

Sincerely,

Kevin Reagan
Senior Client Manager
United Concordia Dental
Attachment: Acceptance Form

*The ASO Fee is per contract per month.

**The network access fee is the percentage of the difference between the amount billed by a participating provider for a covered service and the allowed amount negotiated by the Claims Administrator with the participating provider for the covered service.

***ASO and network access fees are guaranteed for three years; we review budget rates annually.

United Concordia dental

Derry Township School District
United Concordia Renewal Acceptance Form

Funding: Administrative Services Only (ASO)

Policy Period: July 1, 2025 through June 30, 2026

Group Number(s): 891832-000/099

ASO Fee*	$4.85
Network Access Fee**	6%

Budget Rates for Self Funded Plans

Rate Tier	Renewal Rates***
Employee Only	$28.16
Employee & One Adult	$82.81
Employee & Child(ren)	$82.81
Employee & Family	$82.81

I, Lindsay K. Drew, as a duly authorized representative of the above named, do hereby accept the monthly fees as noted above.

(Signature)

June 23, 2025

(Date)

The parties intend that this renewal may be accepted by email.
A signature transmitted by email will be as effective as an original signature for the purpose of acceptance.

*The ASO Fee is per contract per month.

**The network access fee is the percentage of the difference between the amount billed by a participating provider for a covered service and the allowed amount negotiated by the Claims Administrator with the participating provider for the covered service.

***ASO and network access fees are guaranteed for three years; we review budget rates

1800 Center Street, Suite 2B 220 • Camp Hill, 17011 • (717) 571-7597 • Kevin.Reagan@ucci.com

Derry Township School District

Resolution – budget transfers and GASB 54 compliance

Approval of year end budget transfers, and Fund Balance Commitments or Assignments according to Board Policy 625, and authorization for the Business Manager or designee to:

1) Make any adjusting budget transfers in connection with the audit
2) To place any remaining revenue or expenditure balances from the 2024-2025 budget into the General Fund or Capital Reserve Fund Balance, as may be appropriate, and
3) To commit fund balance amounts, which will be specified during the final accounting and audit process for the 2024-2025 year, as needed for the following purposes:
    a. Future increases in retirement costs
    b. Future increases in cost of health benefits
    c. Future capital reserve projects

I certify that the foregoing is a true and correct copy of a resolution adopted by the Board of School Directors at a meeting thereof legally held on June 23, 2025.

DERRY TOWNSHIP SCHOOL DISTRICT

Dated: June 23, 2025

Board President

Board Secretary