

No. _____



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC Approval of Request from Ms. Pat Campos for \$3,109.28, Mr. Juan Roberto Ramirez for
\$26,192.10 for the Use of Board of Trustees Discretionary Funds for Clark Elementary School.

SUBMITTED BY: Pat Campos, Juan Roberto Ramirez **OF:** Board Members

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: December 17, 2008

RECOMMENDATION:

RATIONALE:

BUDGETARY INFORMATION

BOARD POLICY REFERENCE AND COMPLIANCE:



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2008-2009**

Requesting Campus: Clark Elementary School

Campus Principal: Linda C. Castillo

Board Member: Pat V. Campos

Board Member: _____

Description of Request: We are requesting 16- 2way radios. The ones we currently have are over 10 years old.

We would really appreciate your help on this request.

Estimated Cost of Request \$ 3,109.28

Principal Signature: Linda C. Castillo Date 12/01/08

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Member Signature: _____ Date _____

Superintendent Signature: _____ Date _____

Board Approval: Yes No Date Approved: _____

Please return the completed form to the Superintendent's Office for final processing.



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2008-2009**

Requesting Campus: Clark Elementary School

Campus Principal: Linda C. Castillo

Board Member: Juan Roberto Ramirez

Board Member: _____

Description of Request: _____

At this time, we are requesting your help in order to purchase the Sing, Spell, Read + Write Readiness Program for our PK-2nd grade students.

Estimated cost w/out shipping + handling is \$23,811.00

Estimated Cost of Request \$26,192.10

Principal Signature: Linda C. Castillo Date 12/01/08

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Member Signature: _____ Date _____

Superintendent Signature: _____ Date _____

Board Approval: Yes No Date Approved: _____

Please return the completed form to the Superintendent's Office for final processing.

