



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC: Approval of Requests from Board Members in re: Use of Board Trustees Discretionary

Funds for Various Projects/Campuses

SUBMITTED BY: Judd Gilpin **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: July 19, 2017

RECOMMENDATION: It is recommended that the United ISD Board of Trustees approve Requests from Board Members in re: Use of Board of Trustees Discretionary Funds Various Project/Campuses.

RATIONALE:

BUDGETARY INFORMATION:

POLICY REFERENCE & COMPLIANCE:



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2016-2017

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval, Jr.

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Description of Request: ELA Computer Based Instructional Program
(\$6,000.00 w/ come from Campus Budget.)

Estimated Cost of Request \$12,000.00

Principal or Director Signature: [Signature] Date 6/28/17

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ Date _____

Board Member Approval: Yes No _____

Board Member Signature: Guizelda Rodriguez for Ms. Aliza Flores-Oliveros Date 6/29/17

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

Board Approval: Yes _____ No _____ Date Approved: _____

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



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Page 1 to 1

VENDOR NAME AND ADDRESS

No Red Ink

350 Brannan Suite 350

San Francisco, CA 94107

Phone 415-259-8421

Campus JB Alexander HS Rm #

Date June 28, 2017

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj	Sub Object	Amount
Budget Code			Account Code					

Approval Code: _____ Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
1		NRI Premium Conventions Writing (sites)	\$7,500.00	\$7,500.00	\$7,500.00
3		NRI Premium Conventions -Virtual Training	\$500.00	\$500.00	\$1,500.00
6		NRI Premium Writing-Virtual Training (teacher)	\$500.00	\$500.00	\$3,000.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00

Disposition: Check Mail PickUp Fax Page Total \$12,000.00
 Remarks _____ Grand Total \$12,000.00

Originator Michele Lopez (PRINT) Date 6/28/17
 Administrator Signature [Signature] Date 6/28/17

Budget Coordinator _____ Date _____
 Other _____ Date _____



Customer name:
John B Alexander H S TX

Primary contact name:
Michele Lopez

Billing address:
3600 E DEL MAR
LAREDO, TX 78041

Primary contact email:
miclop@uisd.net

Service start date:
08-07-2017

Service end date:
06-08-2018

SUMMARY

PRODUCT	SALES PRICE	QTY	TOTAL PRICE
NRI Premium Conventions + Writing (Sites)	\$7,500.00	1	\$7,500.00
NRI Premium Conventions - Virtual Training (Teacher)	\$500.00	3	\$1,500.00
NRI Premium Writing - Virtual Training (Teacher)	\$500.00	6	\$3,000.00
TOTAL:			\$12,000.00

Contract terms: This Order Form incorporates and is subject to the Master Services Terms — collectively the "Agreement" — and constitutes a binding contract entered into by and between NoRedInk Corp. ("NoRedInk"), a Delaware corporation with its principal place of business at 118 2nd Street, San Francisco, CA 94105, and the entity listed below as client ("Client"). The Master Services Terms are available at: <https://www.noredink.com/master-services-terms>

NoRedInk Corp. Signature

John B Alexander H S TX Signature

Signature:

Signature: *M Lopez*

Name:

Name: miclop@uisd.net

Title:

Title: *Campus Instruction Coord.*

Date:

Date: *6/28/17*