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United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024

Exhibit A

Requesting Campus: Federal and State Programs

Campus Principal: Adriana P. Ramirez, Executive Director

Originators Email: ramireza@uisd.net

Board Member: Francisco "Frank" Castillo

Board Member: _____

Board Member: _____

Description of Request: Funds are to be used to increase Family and Community Engagement opportunities such as the Parent Learning Summit, UCOP, and other related events/activities.

Estimated Cost of Request: \$ 1,500.00

Principal or Director Signature: *Adriana P. Ramirez* Date: 10/20/23

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____
Signature: *Francisco Castillo* Date: 11.7.23

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

Please return the completed form to the Superintendent's Office for processing: boardagenda@uisd.net



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024

Exhibit A

Requesting Campus: Health Services Department

Campus Principal: Director: Irene Rosales MSN, RN

Originators Email: irosales@uisd.net

Board Member: Mr. Francisco Castillo

Board Member: _____

Board Member: _____

Description of Request: I am requesting \$2,000.00 of Discretionary Funds from Mr. Francisco Castillo
to incentivize the nursing staff during the month of December.

Estimated Cost of Request: \$ 2,000.00

Principal or Director Signature: *Irene Rosales MSN RN* Date: 11/6/23

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____
Signature: *Francisco Castillo* Date: 11.7.23

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024

Exhibit A

Requesting Campus: Alicia Ruiz Elementary

Campus Principal: Monica Zepeda

Originators Email: monzep@uisd.net

Board Member: Ramiro Veliz, III

Board Member:

Board Member:

Description of Request: Classroom chairs for teachers

Estimated Cost of Request: \$ 5,997.50

Principal or Director Signature: Monica Zepeda Date: 10-27-2023

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes [checked] No

Signature: Ramiro Veliz Date: 11-1-2023

BOARD MEMBER APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Date:

BOARD APPROVAL DATE:

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UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

VENDOR NAME AND ADDRESS

Executive Office Supply

V#00000008

3312 Santa Ursula

Laredo, Tx 78040

Phone 473-6286

Campus Ruiz Elem Rm # Office

Date October 27, 2023



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

Budget Code

Account Code

Purchasing Contract Approval Code: RFP 008-2023 Discount: _____

Qty	Commodity Code	Item #	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
50		LLR80004	Multi Task Chair (Black)	\$119.95	\$119.95	\$5,997.50
				\$0.00	\$0.00	\$0.00
			Teacher classroom chairs	\$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
				\$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
				\$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: \$5,997.50

Remarks: _____

Grand Total: \$5,997.50

Monica Zepeda

10/27/23

Originator (PRINT)

Date

Budget Coordinator

Date

Monica Zepeda
Administrator Signature

10/27/23
Date

Other

Date

**Executive OFFICE SUPPLY**3312 SANTA URSULA AVENUE
LAREDO, TEXAS 78040

(956) 722-6791 • FAX (956) 722-0690

www.executiveofficesupply.com

QUOTE

G90024

Customer Number :	012048	Bill To# :		Quote Date :	10/27/2023
Quoted To			Ship To		

UNITED I.S.D.

UNITED I.S.D.

201 LINDENWOOD
LAREDO, TX 78041201 LINDENWOOD
LAREDO, TX 78041

Customer PO:		Order Date:	10/27/2023				
Phone:	(956) 473 - 6201	Time:	4:33:09 PM				
Fax:		Clerk Name:	MAURI				
Ship Via:		Route:	3	Salesman Name:			
Product Code	Description	U/M	Quantity	List Price	Disc	Unit Price	Amount
LLR80004	CHAIR,MULTI,TASK,BK	EA	50	\$259.00	54%	\$119.95	\$5997.50

****This is not an invoice****

Sub Total:	\$5997.50
Freight:	
Install:	
Total:	\$5997.50

We Appreciate The Opportunity - THANK YOU

Please contact customer service at 956-722-6791
Everything for the office at www.executiveofficesupply.com

ms



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024

Exhibit A

Requesting Campus: Alexander 9th Grade Campus

Campus Principal: Gilberto Cardenas, Associate Principal

Originators Email: gilbertoc@uisd.net

Board Member: Javier Montemayor

Board Member: _____

Board Member: _____

Description of Request Safety-replace outdated radios.

Estimated Cost of Request: \$ 2,328.00

Principal or Director Signature: [Signature] Date: 11-6-2023

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____
Signature: [Signature] Date: 11/10/23

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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NOVASTAR COMMUNICATIONS

Proposal

SINCE-1986

Customer

Name UISD - Technology Department
 Address _____
 City LAREDO State TX ZIP 78043
 Phone cking@uisd.net

Date 8/25/2023
 Order No. RADIO COMM
 Rep JOSE
 FOB LAREDO, TX

Qty	Description	Unit Price	TOTAL
2-Way Radios			
12	KENWOOD TK-3000 (USA- Compliance) PORTABLE RADIOS 4- WATTS OF POWER ; FLEX ANTENNA ; RAPID CAHRGER 2- YEAR WARRANTY	\$189.00	\$2,268.00
12	PROGRAMMING FREQUENCIES	\$5.00	\$60.00
 IN STOCK			
WARRANTY: 2- YR'S PARTS & LABOR			
email: novacomm@sbcglobal.net / www.novastartx.com			

Payment Details

Cash P.O
 Check
 Payment Options

Monthly _____
 % Down _____

Balance Due \$2,328.00
 Total \$2,328.00

SUB-TOTAL	\$2,328.00
Shipping	\$0.00
SUB-TOTAL	\$2,328.00
TAX	\$0.00
TOTAL	\$2,328.00

**TX-DPS-PSB
LIC # C-13986**



A 25% Restocking Fee on all returned Merchandise / Cancellations or Special Orders /
 903 San Dario Ave. Laredo, TX. 78040 (956)726-1600 Fax 726-0222



ACCEPTED BY: _____

LCD TV - TWO WAY RADIO COMM. - CCTV CAMERAS
DIGITAL D.V.R.'s - GPS TRACKERS AUDIO VIDEO SYSTEMS



masv



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024

Exhibit A

Requesting Campus: Alexander 9th Grade Campus

Campus Principal: Gilberto Cardenas, Associate Principal

Originators Email: gilbertoc@uisd.net

Board Member: Javier Montemayor

Board Member: _____

Board Member: _____

Description of Request TVs are to promote student safety, tutorials, testing and display
student accomplishments.

Estimated Cost of Request: \$ 1,234.00

Principal or Director Signature: [Signature] Date: 11/6/2023

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____
Signature: [Signature] Date: 11/10/23

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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TCL 75" Class 4-Series 4K UHD HDR Smart Roku TV - 75S451

\$528.00/ea **QTY:2**

Free Holiday returns until Jan 31

\$1,056.00

Add Walmart Protection Plan by Allstate
View details

(Only one option can be selected at a time.)

5-Year plan - \$89.00

Subtotal(2 items)

\$1,234.00

Pickup
Free

Estimated total

\$1,234.00



**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024**

Exhibit A

ML

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval, Jr.

Originator's Email: esandoval@uisd.net

Board Member: Mr. Javier Montemayor, Jr.

Board Member: _____

Board Member: _____

Description of Request: Teacher Incentives

Estimated Cost of Request: \$1,200.00

Principal or Director Signature: Date: November 10, 2023

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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

Mary



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024

Exhibit A

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval, Jr.

Originator's Email: esandoval@uisd.net

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Board Member: _____

Description of Request: Teacher Incentives

Estimated Cost of Request: \$1,000.00

Principal or Director Signature: _____ Date: November 10, 2023

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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