



**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2024-2025**

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: Mr. Javier Montemayor Jr.

Board Member: _____

Description of Request: Alexander High School Cafeteria Audio Visual equipment upgrade from analog to wireless

Estimated Cost of Request: \$8,000.00 (4,000 per board member)

Principal or Director Signature: _____ Date: August 20, 2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: [Signature] Date: 9/3/24

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.



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

RR 8-26-24
RV 8-29-24

Requesting Campus: United South Middle School

Campus Principal/Director: Carlos Valdez

Originators Email: grirodriguez@uisd.net

Board Member: Ricardo "Rick" Rodriguez

Board Member: Ramiro Veliz, III

Board Member: _____

Description of Request: For purchase of student athletics uniforms.

Estimated Cost of Request: \$12,431.80 (\$6,215.90/each)

Principal or Director Signature: *RV* Date: 8/29/24

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: _____ Date: 08/29/24

BOARD MEMBER APPROVAL: Yes No _____
Signature: _____ Date: 08/29/24

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

BOARD APPROVAL DATE: _____

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



WWW.GAME-ONE.COM

QUOTE # D6137354-00

DATE: 2024-07-18

We are pleased to submit this quotation for your consideration. Should you place an order please reference the quote number below.

ACCOUNT: 138702

BILL TO: UNITED ISD 201 LINDENWOOD DR LAREDO TX 78045-2499 US	ATTN: Albert Garza SHIP TO: United South Middle School Football 5208 SANTA CLAUDIA LANE USMS FB GARZA Laredo TX 78043 US
--	---

QUOTE No	WAREHOUSE	DATE	PURCHASE ORDER	TERMS
D6137354 - 00	OD	2024-07-18		NET 30

Style Code	LINE	ITEM	DESCRIPTION	ORDERED	WAREHOUSE	PRICE	UOM	TOTAL PRICE
	1	CADID-V01-00	AD00878M WH WVN A1 JERSEY	48	MF	123.30	EA	5,918.40
	2	CADID-V02-00	AD00878M BLK WVN A1 JERSEY	48	MF	123.30	EA	5,918.40

Prepared By: julieg

Quoted prices reflect our wholesale, discounted prices for payment by cash, check, or net terms only. Quote does not include freight charges unless specified. Prices quoted are subject to change based on vendor pricing.

Merchandise Total	11,836.80
Tax	0.00
Shipping & Handling	595.00
Total	12,431.80

THIS IS NOT A BILL. DO NOT PAY FROM THIS DOCUMENT.

\$ 6,215.90



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Federal and State Programs

Campus Principal/Director: 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: \$1,200.00

Principal or Director Signature: *Adriana P. Ramirez* Date: 9/3/24

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 processing: boarddiscretionary@uisd.net



**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2024-2025**

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: Alexander High School Band Consultants

Estimated Cost of Request: \$6,000.00

Principal or Director Signature:  Date: August 20, 2024

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.



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Federal and State Programs

Campus Principal/Director: Adriana P. Ramirez, Executive Director

Originators Email: ramireza@uisd.net

Board Member: Aliza Flores Oliveros

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: 9/3/24

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 processing: boarddiscretionary@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

PR 9-6-24

Requesting Campus: Alicia Ruiz Elementary School

Campus Principal/Director: Monica Zepeda

Originators Email: monzep@uisd.net

Board Member: Ramiro Veliz

Board Member:

Board Member:

Description of Request: Classroom printers and toners

Estimated Cost of Request: \$3,500

Principal or Director Signature: Monica Zepeda Date: 9-5-2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Date: 09/04/2025

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: boarddiscretionary@uisd.net



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION



VENDOR NAME AND ADDRESS

Advantage Imaging Supply

32242 Paseo Adelanto, Ste C
 San Juan Capistrano, CA 92675-3610
 Phone 800-805-7720
 Campus Ruiz Elem Rm #
 Date September 5, 2024

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

Budget Code _____ Account Code _____

Purchasing Contract Approval Code: _____ Discount: _____

Qty	Commodity Code	Item #	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
8		29S0100	Lexmark MS431DW Laser Printer	\$235.00	\$235.00	\$1,880.00
9		55B1H0E	Lexmark Black toner cartridge	\$179.00	\$179.00	\$1,611.00
				\$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: **\$3,491.00**

Remarks: _____

Grand Total: **\$3,491.00**

Monica Zepeda
 Originator (PRINT) _____ Date 9/5/24
 Administrator Signature *Monica Zepeda* _____ Date 9/5/24

Budget Coordinator _____ Date _____
 Other _____ Date _____

32242 Paseo Adelanto, Ste. C,
San Juan Capistrano, CA 92675-3610
Phone: 800-805-7720 Fax: 949-388-6304

Bill To:
Accounts Payable Department
United ISD
201 Lindenwood Drive
Laredo, TX 78045
Phone: (956)473-3300
Fax: (956)473-3399
Email: chernandez1@uisd.net

Ship To:
Cindy Hernandez
Ruiz Elementary School
1717 Los Presidentes Ave
Laredo, TX 78046

Srl	Part Number	Description	Unit Price	Qty.	Price
1	29S0100	Lexmark MS431DW Laser Printer - Monochrome - 42 ppm Mono - 2400 dpi Print - Automatic Duplex Print - 100 Sheets Input - Wireless LAN - TAA Compliance	\$ 235.00	8	\$ 1,880.00
2	55B1H0E	Lexmark Unison Original High Yield Laser Toner Cartridge - Black - 1 Pack - 15000 Pages - TAA Compliance	\$ 179.00	9	\$ 1,611.00
2 item(s)			Sub-Total		\$ 3,491.00
			Tax @ 0%		\$ 0.00
			Freight		\$ 0.00
			Total		\$ 3,491.00

Payment Details

Pay by: Company PO
Payment Term: 30 days

Terms and Conditions

****NOTE: We are registered to collect Tax on orders shipping into CA, TX & the territory of Puerto Rico. We do not have Nexus in any other States. If there is No Tax added to this order, it does not mean that No Tax is Due. As the Customer, You Are Responsible for All Sales & Use Taxes on this order for your Municipality. For questions, please contact us.**

The information & pricing outlined above is based on our conversation with you and/or the information contained in your quote request. Please review the above quote in detail for accuracy. Pricing outlined on this quote is valid for 30 days, unless notified otherwise, and is subject to availability at the time of order. For Questions or additional information please call us at: 800-805-7720. We look forward to the opportunity to serve you.

Due to current economic conditions, our policies have changed on the acceptance of credit cards. Rather than increase our product prices across the board, we have decided we can no longer accept credit card payments for invoices without assessing a 4.0% processing fee. This includes payments made by JP Morgan or other financial institutions after invoiced. These changes are effective 1/1/2022. Payments made via check or direct deposit will not be assessed a fee. Note: Processing fee amount is subject to change as processing fees change.

Shipping and Delivery Details

Shipping via: UPS Ground



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Federal and State Programs

Campus Principal/Director: Adriana P. Ramirez, Executive Director

Originators Email: ramireza@uisd.net

Board Member: Ramiro Veliz, III

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: 9/3/24

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: _____ Date: 9/6/24

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: boarddiscretionary@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Federal and State Programs

Campus Principal/Director: Adriana P. Ramirez, Executive Director

Originators Email: ramireza@uisd.net

Board Member: Gilbert Aguilar, Jr.

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: 9/3/24

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

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

BOARD MEMBER APPROVAL: Yes *[initials]* No _____
Signature: *[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 processing: boarddiscretionary@uisd.net



**United Independent School District
Board of Trustees Discretionary Funds Request
Form Fiscal Year 2024-2025**

Exhibit A

Requesting Campus: UNITED HIGH SCHOOL

Campus Principal: JESSICA C. SALAZAR

Originators Email: JCSALAZAR@UISD.NET

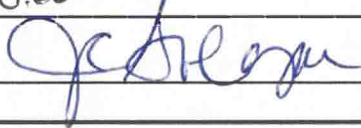
Board Member: Gilbert Aguilar – District 1 Board Member

Board Member: _____

Board Member: _____

Description of Request: ATTENDANCE AND INCENTIVES FOR EMPLOYEES

Estimated Cost of Request: \$ 2,000.00

Principal or Director Signature:  Date: 8/20/24

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.



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: United South High School – 9th

Campus Principal: Marta Alvarez / Karla Garza

Originators Email: kgarza@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member: _____

Board Member: _____

Description of Request: For Wall Decals to display UISD’s 2024-2025 Vision and Mission Statements

Estimated Cost of Request: \$ 1,100.00

Principal or Director Signature: *Karla Garza* Date: 08/21/2024

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: *[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 processing: boardagenda@uisd.net

Make checks payable to:
 Boxxx Signs & more
 4202 E. Saunders
 Laredo, Texas 78040
 boxxxsigns@yahoo.com
 956-712-9872



Estimate

Estimate No: 1286
 Date: 08/12/2024

For: USHS 9Th Grade Campus
 kgarza@uisd.net,
 karlagarza6047@gmail.com

Code	Description	Quantity	Rate	Amount
Perforated	8 Perforated Windows/Door With Custom Design for Vice Principal Bottom Room	1	\$1,075.00	\$1,075.00
			Subtotal	\$1,075.00
			TAX 0%	\$0.00
			Total	\$1,075.00
Total				\$1,075.00

Comments

All orders require 50% deposit. All credit/debit cards will incur a 3% fee. Remaining balance will be due upon receipt of merchandise.



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: United South High School

Campus Principal: Martha Alvarez

Originators Email: malavarez@uisd.net edavlia1@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member: _____

Board Member: _____

Description of Request: Student and Staff Attendance Incentives.

Estimated Cost of Request: \$1,400.00

Principal or Director Signature: Martha Alvarez Date: 08/21/2024

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 processing: boardagenda@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Prada Elementary School

Campus Principal: Vanessa Saldaña

Originators Email: vasaldana@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member: _____

Board Member: _____

Description of Request: Student and Staff Incentives

Estimated Cost of Request: \$3,500.⁰⁰

Principal or Director Signature: Vanessa Saldaña Date: 08/21/2024

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 processing: boardagenda@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Juarez-Lincoln Elementary School

Campus Principal: Robert Ortiz

Originators Email: rortiz@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member: _____

Board Member: _____

Description of Request: Student and Staff Incentives

Estimated Cost of Request: \$ 2,000⁰⁰

Principal or Director Signature: Robert Ortiz Date: 08/21/2024

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 processing: boardagenda@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Veterans Memorial Elementary School

Campus Principal: Luz Serna Ramirez

Originators Email: luzserna@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member: _____

Board Member: _____

Description of Request: Student and Staff Incentives

Estimated Cost of Request: \$ 1500.00

Principal or Director Signature: Luz Serna Ramirez Date: 08/21/2024

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

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

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: [Handwritten 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 processing: boardagenda@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

PA 8/21/24

Requesting Campus: Kennedy Zapata Elementary School

Campus Principal: Yolanda Mauricio

Originators Email: ymauricio@uisd.net crodriguez@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member: _____

Board Member: _____

Description of Request: Student and Staff Incentives

Estimated Cost of Request: \$ 1500⁰⁰

Principal or Director Signature: Yolanda Mauricio Date: 08/21/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: *[Signature]* Date: 08/21/2024

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
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Arndt Elementary School

Campus Principal: Griselda Flores-Ibarra

Originators Email: gflores@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member: _____

Board Member: _____

Description of Request: Student and Staff Incentives

Estimated Cost of Request: \$3,500⁰⁰

Principal or Director Signature: Griselda Flores-Ibarra Date: 08/21/2024

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 processing: boardagenda@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Lyndon B. Johnson H. S.

Campus Principal: Armando Salazar

Originators Email: asalazar1@uisd.net jpalomo@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member: _____

Board Member: _____

Description of Request: Students and Staff Incentives, Campus Improvement/Beautification, and Student Attendance Incentives.

Estimated Cost of Request: TAFE \$2,000.⁰⁰ 3,000.⁰⁰ (Staff Incentives) 6,000.⁰⁰ Improvements /Attendance-\$2,000.00

Total \$13,000.⁰⁰

Principal or Director Signature: Armando Salazar Date: 08/21/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: [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 processing: boardagenda@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Salvador Garcia

Campus Principal/Director: Dr. Jonathan Martinez

Originators Email: grirodriguez@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member: _____

Board Member: _____

Description of Request: Attendance Incentives

Estimated Cost of Request: \$2000.00

Principal or Director Signature: _____ Date: _____

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature:  Date: 09/06/24

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: boarddiscretionary@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Lamar Bruni V.

Campus Principal/Director: Clare Flores

Originators Email: grirodriguez@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member: _____

Board Member: _____

Description of Request: Attendance Incentives

Estimated Cost of Request: \$1,500.00

Principal or Director Signature: _____ Date: _____

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature:  Date: 09/06/24

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: boarddiscretionary@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: R. Molina M.S.

Campus Principal/Director: Alfredo Palapa

Originators Email: grirodriguez@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member: _____

Board Member: _____

Description of Request: attendance incentives / staff incentives

Estimated Cost of Request: \$2,000.00

Principal or Director Signature: _____ Date: _____

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: [Signature] Date: 09/06/27

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: boarddiscretionary@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: STEP Academy

Campus Principal/Director: Matias Ydrogo

Originators Email: grirodriguez@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member: _____

Board Member: _____

Description of Request: Student + Staff Incentive

Estimated Cost of Request: \$1,500.00

Principal or Director Signature: _____ Date: _____

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: AS Yes No _____

Signature: _____ Date: 09/06/24

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: boarddiscretionary@uisd.net



**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2024-2025**

Exhibit A

Requesting Campus: UNITED HIGH SCHOOL

Campus Principal: JESSICA C. SALAZAR

Originators Email: JC SALAZAR@UISD.NET

Board Member: Javier Montemayor – District 5 Board Member

Board Member: _____

Board Member: _____

Description of Request: Miscellaneous Expenses (6499) for Teachers and Staff Professional Development

Estimated Cost of Request: \$ 2500.00

Principal or Director Signature: *JC Salazar* **Date:** 8/20/24

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: *[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.

Revised: July 13, 2022



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Clark Middle School

Campus Principal: Michelle Gomez

Originator's Email: mcgomez@uisd.net

Board Member: Javier Montemayor

Board Member:

Board Member:

Description of Request: Instructional tables for unit, fans for athletics, media backdrop and tablecloth for campus use.

Estimated Cost of Request: \$ 3,351.23

Principal or Director Signature: [Signature] Date: 8/28/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes [checked] No
Signature: [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.

Cart



Classic Allied MarkerBoard™ Table - Circle 48 in.

\$270.15

1

\$270.15

Product Number: Z48004

1 on back-order.



Allied MarkerBoard™ Table - Rectangle

\$226.00

1

\$226.00

Product Number: Z48008

1 on back-order.

Subtotal

\$496.15

SHOP LABOR DAY DEALS FOR SEASONAL SAVINGS. SHOP NOW >

Notifications

My Lists

Sign In

Cart

What are you looking for today?

Laredo Lowe's ▼
Open until 10 PM

Delivery to
78041 ▼



Prices, Promotions, styles, and availability may vary. Our local stores do not honor online pricing. Prices and availability of products and services are subject to change without notice. Errors will be corrected where discovered, and Lowe's reserves the right to revoke any stated offer and to correct any errors, inaccuracies or omissions including after an order has been submitted.

Cart (2)

[Email Cart](#) [Empty Cart](#)

Pickup at [Laredo Lowe's \(2\)](#)



**Dial Manufacturing - 5300-CFM
3-Speed Indoor/Outdoor...**

Item #1093193
Model #81070

— +
\$598.00/ea

[Details](#)

[Save For Later](#)

Pickup

\$1,196.00 ✕

Ready Today
At Laredo Lowe's

Delivery to 78041

Get it Today
Same-Day Delivery ⓘ
Order by 2 p.m.

Get it by Thu, Aug 29
Scheduled Delivery ⓘ
Delivery Scheduling in Checkout

Add a Protection Plan

Protection Plans

[Terms & Coverage](#)

FREE & Easy Returns [View Returns Policy](#)

Lowest Price Guarantee [View Details](#)

Pickup & Delivery Options [View Details](#)

Feedback



All ▾ Enter keyword or product number

All Back to School Buy Again Today's Deals

EN

Hello, Jessica
Account for United Indepen...

Lists Business Prime

1

Shop now

Jessica, treat your employees and clients to an Amazon Gift Card.



Shopping Cart



**Bush Business Furniture Series A
72W Desk in Hansen Cherry and**

Only 16 left in stock (more on the way).

FREE delivery Thu, Sep 5

Color: Hansen Cherry

Size: 72W

\$273.08

Typical price:

~~\$352.09~~

Savings:

\$79.01 (22%)

Educator Price

Qty: 1

Delete

Save for later

Compare with similar items

Subtotal (1 item): **\$273.08**

This order contains a gift

Proceed to checkout

Bulk savings to consider

Acer KB272 EBI 27" IPS Full HD (1920 x 1080) Zero-Frame Gaming O... was removed from Shopping Cart.

Subtotal (1 item): **\$273.08**

Your Items

Saved for later (39 items)

Buy it again

Headphones & earbuds (1)

Fabric ribbons (4)

All-purpose labels (2)

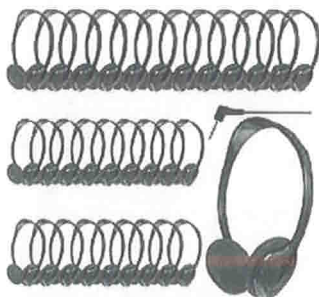
Tool cabinets (1)

Office tape (1)

Tablecloths (1)

Gift wrap bags (2)

See more categories



ZHENWAY 30 Pack Class Set
Headphones for Kids Studen...

\$43.89



Gteller Ribbon Stars Wired
Sheer Glitter Ribbon, 2-Inch...

\$15.90



P.O. Box 841393
 DALLAS, TX 75284-1393
 Tel: 1-800-527-7510 | Fax: 1-800-899-0149
 Visit us at www.bsnsports.com

Cart #:	186846
Ordered By:	Jessica Murrillo
Payment Terms:	
Quote Created:	08/28/2024

Sold To	Ship To	Payer
0001037886	0001037886	0001037886
CLARK MIDDLE SCHOOL	CLARK MIDDLE SCHOOL	CLARK MIDDLE SCHOOL
500 W Hillside Rd Rear	500 W Hillside Rd Rear	500 W Hillside Rd Rear
LAREDO, TX 78041-3198	LAREDO, TX 78041-3198	LAREDO, TX 78041-3198

TC005 -	Type	Size	Qty	Unit Price	Total
CBNTCE0008	TC005_08082022	Top	8 FT	1	\$325.00
				Totals	1
					\$325.00

BKDS001 -	Type	Size	Qty	Unit Price	Total
CBNMBASS	BKDS001_08102022	Top	10x8	1	\$995.00
				Totals	1
					\$995.00

Total Units	2
Subtotal	\$1,320.00
Freight	\$66.00
Sales Tax	\$0.00

Order Total \$1,386.00



P.O. Box 841393
DALLAS, TX 75284-1393
Tel: 1-800-527-7510 | Fax: 1-800-899-0149
Visit us at www.bsnsports.com

Cart #:	186846
Ordered By:	Jessica Murrillo
Payment Terms:	
Quote Created:	08/28/2024

Style: TC005

Color Info

TOP	
FABRIC ACCENT 1	VICTORY WHITE
FABRIC ACCENT 2	VICTORY GRAY
FABRIC PRODUCT COLOR	VICTORY NAVY
TEXT COLOR	VICTORY WHITE
TEXT OUTLINE 1	VICTORY GRAY
TEXT OUTLINE 2	VICTORY NAVY



Size Breakdown

Size	Top	Bottom
8 FT	1	0
Total	1	0

Names and Numbers

Type	Name	#	Size	QTY	SKU
TOP			8 FT	1	CBNTCE0008



P.O. Box 841393
DALLAS, TX 75284-1393
Tel: 1-800-527-7510 | Fax: 1-800-899-0149
Visit us at www.bsnsports.com

Cart #:	186846
Ordered By:	Jessica Murrillo
Payment Terms:	
Quote Created:	08/28/2024

Style: BKDS001

Color Info

TOP	
FABRIC PRODUCT COLOR	VICTORY NAVY
TEXT COLOR	VICTORY WHITE
TEXT OUTLINE 1	VICTORY GRAY
TEXT OUTLINE 2	VICTORY NAVY



Size Breakdown

Size	Top	Bottom
10x8	1	0
Total	1	0

Names and Numbers

Type	Name	#	Size	QTY	SKU
TOP			10x8	1	CBNMBASS



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

APR 8-30-24

Requesting Campus: Board District 5

Campus Principal/Director: N/A

Originators Email: grirodriguez@uisd.net

Board Member: Javier Montemayor

Board Member:

Board Member:

Description of Request: To process, print and mail out the District 5 Newsletter.

Estimated Cost of Request: \$3,389.69

Principal or Director Signature: Date:

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Date: 08/30/2024

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: boarddiscretionary@uisd.net



Kwik Kopy Printing
 616 W. Calton Rd. Suite 8
 Laredo, TX 78041
 Tel: (956) 723-1367
 Fax: (956)723-5870

KKP Estimate

No: **16704**

Date: 8/28/24

Customer No 308

U.I.S.D.
 201 Lindenwood Dirve
 Laredo TX 78045
 E-Mail: parcos@uisd.net

Quantity	Description	Amount
3,100	(OO) 8.5x11 Newsletters, 4/4, 70# Matte Uncoated Opaque Smooth Text, folded tri-fold, (OO) Newsletters	\$ 1,769.00
9,300	(OO) Chroma Labels, clear with perforation in middle, sealing brochure in three different place, for total of 20,100 labels.	\$ 1,116.00
Taken by: Sofia		
Wanted: Mon 9/2/24		
		SUBTOTAL \$ 2,885.00
		TAX
		TOTAL \$ 2,885.00

District 5

United States Postal Service

Postage Statement - Nonprofit USPS Marketing Mail

Post Office: Note Mail Arrival Date & Time (Do Not Round-Stamp)

Mailing Agent	Permit Holder Name, Address, Email, Telephone UNITED INDEPENDENT SCHOOL DISTRICT ENRIQUE RUBIO 201 LINDENWOOD LAREDO, TX 78045-2429 enrique.rubio@uisd.net 956-473-7900 USPS Nonprofit Auth. No. 260304 EPS Cust. Ref. No. _____ CRID 3225743		Mailing Agent (if other than permit holder) Name, Address, Telephone CRID _____		Mail Owner (if other than permit holder) Name, Address USPS Nonprofit Auth. No. _____ CRID _____	
	Post Office of Mailing 78041-9998		Mailing Date Aug 28, 2024		Federal Agency Cost Code 143410	
Mailing	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Marketing Parcels		Total # of Pieces in Mailing 2,889	
	For Mail Enclosed within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail		Move Update Method <input checked="" type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format		Total Weight 41.6016	
Postage	Weight of a Single Piece 0.0144 pounds		Letter-size or flat mailpiece contains DVD/CD or other disk. <input type="checkbox"/>		Statement Seq. No. 143410	
	Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Election Mail - Official Ballots <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Election Mail - Non-Ballot Materials <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
For Automation Pieces, Enter Date of Address Matching and Coding 08/28/2024		For Carrier Route Pieces, Enter Date of Address Matching and Coding 08/28/2024		For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing 08/28/2024		
For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method		No. & Type of Containers 0 Sacks 3 1 ft. Letter Trays 4 2 ft. Letter Trays 0 EMM Letter Trays 0 Flat Trays 0 Pallets 0 Other				
Parts Completed (Select all that apply): <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> NSA						
1 Subtotal Postage (Add parts totals)					\$504.69	
2 Price at Which Postage Affixed (Check one) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage or precanceled stamps					pcs. x \$ = Postage Affixed	
3 Incentive/Discount Flat Dollar Amount					-	
4 Fee Flat Dollar Amount					+	
5 Permit #					Net Postage Due (Line 1 +/- Lines 2, 3, 4)	
Additional Postage Payment (State reason)					Total Adjusted Postage Affixed	
For postage affixed, add additional payment to net postage due for permit imprint add additional payment to total postage.					Total Adjusted Postage Permit Imprint	
Postmaster: Report Total Postage in AIC 125 (Permit Imprint Only, Excluding Simplified Addressing (EDDM))					Total Adjusted Postage Simplified Addressing (EDDM)	
Postmaster: Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only)						
Incentive/Discount Claimed: _____ Type of Fee: _____						
The mailer's signature certifies that: (1) the mailing complies with DMM 703, (2) the income derived from the sale of any products or services advertised in the mailing is not subject to the Unrelated Business Income Tax (UBIT) and any products and services advertised are substantially related to the nonprofit organization's authorized purpose within the meaning of 39 U.S.C. 3626(j)(1)(d)(ii)(I) and 26 U.S.C. 513(A); (3) the mailing if made by a voting registration official is required or authorized under the National Voter Registration Act of 1993, and (4) it will agree to pay, subject to appeal, any revenue deficiencies assessed on this mailing. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful and complete, that the mail and supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed, and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.						
Privacy Notice: For information regarding our Privacy Policy visit www.usps.com .						
Signature of Mailer or Agent				Printed Name of Mailer or Agent Signing Form ENRIQUE RUBIO		Telephone 956-473-7900
USPS Use Only	Weight of a Single Piece _____ pounds		Total Weight		Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason:	
	Total Pieces		Total Postage		Date Mailer Notified	
Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact		By (Initials)		
I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required)		Time		AM PM		
USPS Employee's Signature		Print USPS Employee's Name		Round Stamp (Required) Payment Date		



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Board District 6

Campus Principal/Director: N/A

Originators Email: grirodriguez@uisd.net

Board Member: Michelle Molina

Board Member: _____

Board Member: _____

Description of Request: To process, print and mail out the District 6 Newsletter.

Estimated Cost of Request: \$2,608.30

Principal or Director Signature: _____ Date: _____

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: Michelle Molina Date: 09/03/24

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: boarddiscretionary@uisd.net



Your Printing Solution

Kwik Kopy Printing
 616 W. Calton Rd. Suite 8
 Laredo, TX 78041
 Tel: (956) 723-1367
 Fax: (956)723-5870

KKP Estimate

No: **16703**

Date: 8/28/24

Customer No 308

U.I.S.D.

201 Lindenwood Dirve

Laredo TX 78045

E-Mail: parcos@uisd.net

Quantity	Description	Amount
2,350	(OO) 8.5x11 Newsletters, 4/4, 70# Matte Uncoated Opaque Smooth Text, folded tri-fold, (OO) Newsletters	\$ 1,386.18
7,050	(OO) Chroma Labels, clear with perforation in middle, sealing brochure in three different place, for total of 20,100 labels.	\$ 846.00
Taken by: Sofia		
Wanted: Mon 9/2/24		
		SUBTOTAL \$ 2,232.18
		TAX
		TOTAL \$ 2,232.18

District 6

Post Office: Note Mail Arrival
Date & Time (Do Not Round-Stamp)

Postage Statement - Nonprofit USPS Marketing Mail

Mailer	Permit Holder Name, Address, Email, Telephone	Mailing Agent (If other than permit holder) Name, Address, Telephone	Mail Owner (If other than permit holder) Name, Address
	UNITED INDEPENDENT SCHOOL DISTRICT ENRIQUE RUBIO 201 LINDENWOOD LAREDO, TX 78045-2429 enrique.rubio@uisd.net 956-473-7900 USPS Nonprofit Auth. No. <u>260304</u> EPS Cust. Ref. No. _____ CRID <u>3225743</u>	_____ CRID _____	_____ CRID _____

Mailing	Post Office of Mailing 78041-9998	Mailer's Mailing Date Aug 28, 2024	Federal Agency Cost Code	Statement Seq No. 143730	No. & Type of Containers	
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Marketing Parcels	<input type="checkbox"/> Parcels-Machinable <input type="checkbox"/> Parcels-Irregular <input type="checkbox"/> CMM	Total # of Pieces in Mailing 2,150	SSF Transaction #	For Automation Pieces, Enter Date of Address Matching and Coding 08/28/2024 For Carrier Route Pieces, Enter Date of Address Matching and Coding 08/28/2024 For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method
	For Mail Enclosed within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail	Move Update Method <input checked="" type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> NCOA Link <input type="checkbox"/> ACS Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Marriage Mail Incentive <input type="checkbox"/> Single Class <input type="checkbox"/> Catalogs	<input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format	Weight of a Single Piece <u>0.0144</u> pounds <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.	Permit # 757	
	Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	Election Mail - Official Ballots <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	Election Mail - Non-Ballot Materials <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Parts Completed (Select all that apply): A B C D E F G H I J K L S NSA

Postage	1	Subtotal Postage (Add parts totals)	\$376.12
	2	Price at Which Postage Affixed (Check one) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage or precanceled stamps	
	3	pcs. x \$ = Postage Affixed	-
	4	Incentive/Discount Flat Dollar Amount	-
	5	Fee Flat Dollar Amount	+
		Permit # _____	Net Postage Due (Line 1 +/- Lines 2, 3, 4) \$376.12

USPS Use Only	Additional Postage Payment (State reason)	
	For postage affixed, add additional payment to net postage due; for permit imprint add additional payment to total postage.	Total Adjusted Postage Affixed
	Postmaster: Report Total Postage in AIC 125 (Permit Imprint Only, Excluding Simplified Addressing (EDDM))	Total Adjusted Postage Permit Imprint
	Postmaster: Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only)	Total Adjusted Postage Simplified Addressing (EDDM)

Certification
Incentive/Discount Claimed: _____ Type of Fee: _____
The mailer's signature certifies that: (1) the mailing complies with DMM 703, (2) the income derived from the sale of any products or services advertised in the mailing is not subject to the Unrelated Business Income Tax (UBIT) and any products and services advertised are substantially related to the nonprofit organization's authorized purpose within the meaning of 39 U.S.C. 3626(j)(1)(d)(ii)(I) and 26 U.S.C. 513(A), (3) the mailing if made by a voting registration official is required or authorized under the National Voter Registration Act of 1993; and (4) it will agree to pay, subject to appeal, any revenue deficiencies assessed on this mailing. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful and complete; that the mail and supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed, and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For Information regarding our Privacy Policy visit www.usps.com.

Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form ENRIQUE RUBIO	Telephone 956-473-7900
------------------------------	--	---------------------------

USPS Use Only	Weight of a Single Piece _____ pounds	Total Weight	Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason: _____	Round Stamp (Required) Payment Date
	Total Pieces	Total Postage		
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Mailer Notified	Contact
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required)		By (Initials)	Time AM PM
	USPS Employee's Signature		Print USPS Employee's Name	



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: UNITED HIGH SCHOOL

Campus Principal: JESSICA C. SALAZAR

Originators Email: JCSALAZAR@UISD.NET

Board Member: Michelle Molina – District 6 Board Secretary

Board Member: _____

Board Member: _____

Description of Request: Teacher Discretionary Incentive

Estimated Cost of Request: \$ 5350.00

Principal or Director Signature: *J. Salazar* **Date:** 8/20/24

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: *Michelle Molina* **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.



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

RR 8-26-24

Requesting Campus: United South Middle School

Campus Principal/Director: Carlos Valdez

Originators Email: grirodriguez@uisd.net

Board Member: Ricardo "Rick" Rodriguez

Board Member: _____

Board Member: _____

Description of Request: Coaches athletic uniforms.

Estimated Cost of Request: \$3,504.00

Principal or Director Signature:  Date: 8/29/24

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: _____ Date: 08/26/24

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: boarddiscretionary@uisd.net

QUOTE No	WAREHOUSE	DATE	PURCHASE ORDER	TERMS
D6153540 - 00	OD	2024-08-23		NET 30

ADDITIONAL COMMENTS:

- ID8812 BLK MEN'S ULTRABOOST - ALL SIZES AVAIL @ ADIDAS 9.20.24.
- ID8847 BLK WOMEN'S ULTRABOOST - ALL SIZES AVAIL @ ADIDAS 9.11.24.
- IQ2957 BLK MEN'S PANTS - 42/30 AVAIL @ ADIDAS 10.31.24.
- EMAIL JULIE LOCKER ROOM PO, IT4450 W BLACK JACKET.

ID: 106976
24 USMS US

Art	Art ID Version	Method	Location	Color Scheme
	15829.3 US LOGO	Embroidery	Left Chest	Default

Art approval is pending, the pricing in not finalized.

Style Code	LINE	ITEM	DESCRIPTION	ORDERED	WAREHOUSE	PRICE	UOM	TOTAL PRICE
	1	IS1103-001-20	ADIDAS MENS COACH SS POLO BLACK M	1	HD	50.00	EA	50.00
	2	IS1103-001-26	ADIDAS MENS COACH SS POLO BLACK L	4	HD	50.00	EA	200.00
	3	IS1103-001-32	ADIDAS MENS COACH SS POLO BLACK XL	1	HD	50.00	EA	50.00
	4	IS1103-001-38	ADIDAS MENS COACH SS POLO BLACK 2XL	3	HD	50.00	EA	150.00
	5	IS1100-001-14	ADIDAS WOMENS COACH SS POLO BLACK S	2	HD	50.00	EA	100.00
	6	IS1100-001-20	ADIDAS WOMENS COACH SS POLO BLACK M	1	HD	50.00	EA	50.00
	7	IS1100-001-26	ADIDAS WOMENS COACH SS POLO BLACK L	2	HD	50.00	EA	100.00
	8	IS1100-001-38	ADIDAS WOMENS COACH SS POLO BLACK 2XL	1	HD	50.00	EA	50.00

Style Code	LINE	ITEM	DESCRIPTION	ORDERED	WAREHOUSE	PRICE	UOM	TOTAL PRICE
	9	ID8812-001-50	ULTRABOOST LIGHT 2.0 BLACK 9	1	MF	125.00	EA	125.00

Style Code	LINE	ITEM	DESCRIPTION	ORDERED	WAREHOUSE	PRICE	UOM	TOTAL PRICE
	10	ID8812-001-51	ULTRABOOST LIGHT 2.0 BLACK 9.5	1	MF	125.00	EA	125.00
	11	ID8812-001-54	ULTRABOOST LIGHT 2.0 BLACK 11	3	MF	125.00	EA	375.00
	12	ID8812-001-55	ULTRABOOST LIGHT 2.0 BLACK 11.5	1	MF	125.00	EA	125.00
	13	ID8812-001-56	ULTRABOOST LIGHT 2.0 BLACK 12	1	MF	125.00	EA	125.00
	14	ID8812-001-58	ULTRABOOST LIGHT 2.0 BLACK 13	1	MF	125.00	EA	125.00
	15	ID8847-001-44	ULTRABOOST LIGHT 2.0 W BLACK 6	1	MF	125.00	EA	125.00
	16	ID8847-001-45	ULTRABOOST LIGHT 2.0 W BLACK 6.5	1	MF	125.00	EA	125.00
	17	ID8847-001-47	ULTRABOOST LIGHT 2.0 W BLACK 7.5	1	MF	125.00	EA	125.00
	18	ID8847-001-49	ULTRABOOST LIGHT 2.0 W BLACK 8.5	3	MF	125.00	EA	375.00
	19	IQ2957-001-122	ULTIMATE365 GOLF PANTS BLACK 3234	1	MF	58.50	EA	58.50
	20	IQ2957-001-170	ULTIMATE365 GOLF PANTS BLACK 3430	1	MF	58.50	EA	58.50
	21	IQ2957-001-178	ULTIMATE365 GOLF PANTS BLACK 3432	2	MF	58.50	EA	117.00
	22	IQ2957-001-238	ULTIMATE365 GOLF PANTS BLACK 3632	1	MF	58.50	EA	58.50
	23	IQ2957-001-290	ULTIMATE365 GOLF PANTS BLACK 3832	1	MF	58.50	EA	58.50
	24	IQ2957-001-330	ULTIMATE365 GOLF PANTS BLACK 4032	1	MF	58.50	EA	58.50

\$3,504.00



**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2024-2025**

Exhibit A

RDR

Requesting Campus: CHERISH CENTER

Principal/Director: jJOSEPH LOPEZ

Originators Email: jlopez@uisd.net

Board Member: Ricardo Rick Rodriguez

Board Member: _____

Board Member: _____

Description of Request: Field Trip to Main Event (\$ 2000.00) and Student/Staff Incentives (\$ 1000.00)

Estimated Cost of Request: \$ 3000.00

Principal or Director Signature: *Joseph Lopez* Date: 9/05/2024

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: _____ Date: 09/06/2024

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: boarddiscretionary@uisd.net



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2024-2025

Exhibit A

SR

Requesting Campus: Step Academy

Campus Principal: Mr. Ydrogo

Originators Email: matias.ydrogo@uisd.net

Board Member: Ricardo "Rick" Rodriguez

Board Member:

Board Member:

Description of Request: Teacher/Staff Appreciation Week and for Student Incentives PBIS

Estimated Cost of Request: \$1,500

Principal or Director Signature: Matias Ydrogo Date: 09/5/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Date: Sept. 4, 2024

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: boardagenda@uisd.net

Revised: July 13, 2022



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Federal and State Programs

Campus Principal/Director: Adriana P. Ramirez, Executive Director

Originators Email: ramireza@uisd.net

Board Member: Ricardo "Rick" Rodriguez

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: 9/3/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: _____ Date: 9/6/24

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: boarddiscretionary@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

DR 9-6-24

Requesting Campus: Alicia Ruiz Elementary

Campus Principal/Director: Monica Zepeda

Originators Email: monzep@uisd.net

Board Member: Ricardo Rodriguez

Board Member:

Board Member:

Description of Request: Dance Team Uniforms

Estimated Cost of Request: \$3,750

Principal or Director Signature: Monica Zepeda Date: 9-5-2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Date: 09/04/2024

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: boarddiscretionary@uisd.net



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

BR 9-16-24

Requesting Campus: Alicia Ruiz Elementary

Campus Principal/Director: Monica Zepeda

Originators Email: monzep@uisd.net

Board Member: Ricardo Rodriguez

Board Member:

Board Member:

Description of Request: Teacher/Staff Incentives

Estimated Cost of Request: \$6,250

Principal or Director Signature: Monica Zepeda Date: 9-5-2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Date: 09/04/2024

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: boarddiscretionary@uisd.net