



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC: Approval of Request(s) from Board Member(s) in re: Use of Board of Trustees Discretionary Funds for Various Projects/Campuses

SUBMITTED BY: Aliza Flores Oliveros **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION December 19, 2018

RECOMMENDATION:

It is recommended that the United ISD Board of Trustees approve Request(s) from Board Member(s) in re: Use of Board of Trustees Discretionary Funds for Various Projects/Campuses

RATIONALE:

BUDGETARY INFORMATION:

Budget Amendment as needed

POLICY REFERENCE & COMPLIANCE:



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: Veterans Memorial Elementary

Campus Principal: Luz Edith Serna-Ramirez

Board Member: Ramiro Veliz III

Board Member:

Board Member:

Description of Request: Sport Mats for our Cheerleaders

Estimated Cost of Request: \$3,389.00

Principal or Director Signature: Luz Edith Serna-Ramirez Date: 12/3/18

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Ramiro Veliz III, by A. Salinas Date: 12/6/18

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

PURCHASE REQUISITION

VENDOR NAME AND ADDRESS

EZ Flex

4709 S Edgewood Terrace
 Fort Worth, Texas 76119 e-mail ezflexmats.com
 Phone 877-939-3539
 Campus Veterans Memorial Rm # 10
 Date December 4, 2018

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
4	205R BK	6' x 42' x 2' Carpet Roll black EX flex	\$760.00	\$760.00	\$3,040.00
3	502 BK	4" x43.5' Hook - 4" black	\$0.00	\$0.00	\$0.00
1	FRT ID		\$349.00	\$349.00	\$349.00
		Quote # 8772384		\$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 Other - Please see notes _____ Page Total \$3,389.00
 Remarks After approval, Please forward documents to Norberto Martinez at Comptrollers office Grand Total \$3,389.00

Cecilia Garcia 12/3/18
 Originator (PRINT) Date
 12/3/18 Date
 Administrator Signature Date

[Signature]
 Budget Coordinator Date
 Other Date



4709 S Edgewood Terrace Toll Free 877-939-3539
 Fort Worth, TX 76119 Fax 817-632-4798
 ezflexmats.com

Quote

Date	Quote #
11/09/18	32189

Bill To:
Veterans Memorial Elementary 5909 St. Luke Blvd. Laredo, TX 78046

Ship To:
Veterans Memorial Elementary Attn: Cecily Garcia 5909 St. Luke Blvd. Laredo, TX 78046

Cust. Ref. #	Salesperson	Department	Ship Method	Terms
	McMeans, Amber	Cheerleading	Saia	Net 30

Item Code	Description 1	Description 2	Qty	Price	Ext. Price
205R BK	6' x 42' x 2"	Carpet Roll Black EZ Flex	4	760.00	3,040.00
502 BK	4"x43.5	Hook - 4" Black	3	0.00	0.00
FRT ID	Freight Quote ID # 8772384		1	0.00	0.00

NOTES
 -3 year limited warranty
 -Includes two straps per roll
 -Quote expires in 30 days
 -Freight quote expires in 15 days
 -Ships quickly

Subtotal	3,040.00
Tax	0.00
Freight	349.00
Total	3,389.00

EZ Flex collects and remits tax in the following states: AZ, IL, IN, MA, MI, MN, NC, OH, TX, WA and WI.
 Please submit your completed exemption certificate to ensure you aren't charged tax, if applicable.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. EZ Flex, LLC	
2 Business name/disregarded entity name, if different from above EZ Flex Sport Mats	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ P <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 4709 S Edgewood Terrace	Requester's name and address (optional)
6 City, state, and ZIP code Fort Worth, TX 76119	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													
OR													
Employer identification number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;">0</td> </tr> </table>	2	7		-	2	3	4	8	2	3	0		
2	7		-	2	3	4	8	2	3	0			

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶ **04/01/2018**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019**

Requesting Campus: SALVADOR GARCIA MIDDLE SCHOOL

Campus Principal: Alfredo Palapa

Board Member: Ricardo Molina

Board Member: _____

Board Member: _____

Description of Request: Staff Incentives \$1,000.00 & Student Incentives \$3,000.00

Estimated Cost of Request: \$4000.00

Principal or Director Signature:  Date: 11-14-18

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: Ricardo Molina by A. Salinas Date: 12/3/18

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

PURCHASE REQUISITION

Page 1 to 1

VENDOR NAME AND ADDRESS

SAMS

4810 San Bernardo

Laredo Tx, 78041

Phone 473-9800

Campus SGMS Rm #

Date November 14, 2018

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		INCENTIVES FOR STUDENTS-TUTORIALS, AB HONOR ROLL, ACHIEVE 3000, STUDENT OF THE MONTH,	\$3,000.00	\$3,000.00	\$3,000.00
		PBIS & PERFECT ATTENDANCE		\$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 \$3,000.00
 Remarks REWARDS FOR STUDENTS 2018-2019 Grand Total \$3,000.00

Originator Alfredo Palapa (PRINT) Date 11/14/18
 Administrator Signature [Signature] Date 11/24/18

Budget Coordinator _____ Date _____
 Other _____ Date _____



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Page 1 to 1

VENDOR NAME AND ADDRESS

SAMS

4810 San Bernardo
 Laredo Tx, 78041
 Phone 473-5000
 Campus SGMS Rm #
 Date November 14, 2018

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		FACULTY & STAFF Meetings	\$1,000.00	\$1,000.00	\$1,000.00
				\$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
				\$0.00	\$0.00
				\$0.00	\$0.00

Disposition: Check Mail Pickup Fax Page Total **\$1,000.00**
 Remarks _____ Grand Total **\$1,000.00**

Alfredo Palapa 11/14/18
 Originator (PRM) Date
[Signature] 11/20/18
 Administrator Signature Date

 Budget Coordinator Date

 Other Date



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: United Middle School

Campus Principal: Rebecca Coss-Morales

Board Member: Ricardo Molina

Board Member:

Board Member:

Description of Request: Funds to purchase student incentives for meeting attendance and academic goals

Estimated Cost of Request: \$3,000

Principal or Director Signature: Rebecca Coss-Morales Date: 11/26/18

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Ricardo Molina Date: 11-28-18

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: Los Obispos Middle School

Campus Principal: Mrs. Jessica C. Salazar

Board Member: Mr. Ricardo Molina

Board Member: _____

Board Member: _____

Description of Request: STAAR T-Shirts

Estimated Cost of Request: \$2,000.00

Principal or Director Signature: [Signature] Date: 11-29-18

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: Ricardo Molina Date: 11-28-18

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 Request Form
Fiscal Year 2018-2019**

Requesting Campus: Administration

Campus Principal: Gloria S. Rendon

Board Member: Ricardo "Rick" Rodriguez

Board Member: _____

Description of Request: 2019 Graduation Ceremony Digital Backdrop with LED Panels (All 4 High Schools)

Estimated Cost of Request: \$1,300.00

Principal or Director Signature: *Gloria S. Rendon*

Date: _____

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: Yes No

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes No

Signature: *[Handwritten Signature]*

Date: 12/7/18

BOARD MEMBER APPROVAL: Yes No

Signature: _____

Date: _____

BOARD APPROVAL DATE: _____

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 2018-2019

Requesting Campus: Freedom Elementary

Campus Principal: Laura P. de los Santos

Board Member: Mr. Rick Rodriguez

Board Member: _____

Board Member: _____

Description of Request: Incentives for November student of the month, AR student of the month, 100 Club recipients. Each student will receive a Kindle Fire Tablet.

Estimated Cost of Request: \$3800

Principal or Director Signature: [Signature] Date: 11/30/2018

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: [Signature] Date: 12/07/18

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

BOARD APPROVAL DATE: _____

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 2018-2019

Requesting Campus: Clark Middle School

Campus Principal: Melissa C. Ramirez

Board Member: Ricardo Molina, Sr. - District 1

Board Member:

Board Member:

Description of Request: \$1,500 for PBIS for Students and \$1,500 for PBIS for Faculty and Staff

Estimated Cost of Request: \$3,000

Principal or Director Signature: Melissa C. Ramirez Date: Nov. 28, 2018

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Ricard Molina Sr Date: 11-28-18

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.