



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

Exhibit A

Requesting Campus: Matias De Llano, Jr. Elementary

Campus Principal: Diana Korrodi

Originators Email: dkorrodi@uisd.net

Board Member: Mr. Francisco Castillo District 7

Board Member: _____

Board Member: _____

Description of Request: Incentives (clear sling bags) for teachers and professionals for "A" rated campus.

Estimated Cost of Request: \$ 517.63

Principal or Director Signature: Diana Korrodi **Date:** 6/20/2024

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

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

BOARD MEMBER APPROVAL: Yes ☒ No _____
Signature: Francisco Castillo **Date:** 6/24/24

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: boardagenda@uisd.net

Revised: July 18, 2023

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Shopping Cart



Edraco Clear Sling Bag, Stadium Approved Mini PVC Crossbody

\$13.99

Price

In Stock

FREE delivery **Tue, Jun 25** for Prime members

FREE Returns

Color: Black

Buy 50, save 5%

Business Price

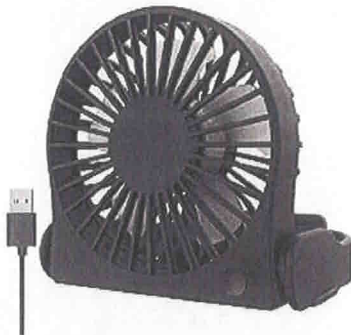
Qty: 37

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Bulk savings to consider

Subtotal (37 items): **\$517.63**

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GRANDFAST Small Desk Fan, 3 Speeds Silent Travel Fan, Por...

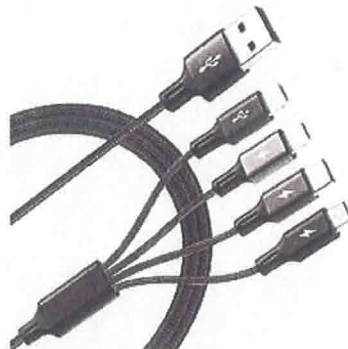
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United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024

Exhibit A

A.O. 7/1/24

Requesting Campus: Step Academy

Campus Principal: Mr. Ydrogo

Originators Email: matias.ydrogo@uisd.net

Board Member: Francisco "Frank" Castillo \$ 515.00

Board Member: Aliza Flores Oliveros \$ 485.00

Board Member: _____

Description of Request: Zen Room for our teachers and staff to implement positive SEL components and to implement PBIS campus school wide.

Estimated Cost of Request: \$1000

Principal or Director Signature: Matias Ydrogo  Date: 6/20/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature:  Date: 6/24/24

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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