



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

Exhibit A

Requesting Campus: Cherish Center

Principal/Director: Joseph Lopez

Originators Email: jlopez@uisd.net

Board Member: Ramiro Veliz, III/Aliza Flores Oliveros

Board Member: [Blank]

Board Member: Francisco 'Frank' Castillo/Javier Montemayor, Jr./Ricardo 'Rick' Rodriguez

Description of Request: To request monies for Faculty, Staff & Students to purchase incentives; Thanksgiving, Christmas & Job Sites in Partnership Luncheon and Materials to fulfill IEP Goals for Daily Living Skills.

Estimated Cost of Request: \$ 5,000.00

Principal or Director Signature: [Signature] Date: 9/05/2024

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: boarddiscretionary@uisd.net



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

Exhibit A

Requesting Campus: R. C. CENTENO ELEMENTARY MR

Principal/Director: Mrs. Cynthia Sierra

Originators Email: csierr97@uisd.net

Board Member: Mr. Gilberto Aguilar PR 9-13-24

Board Member: Mr. Ramiro Veliz PR 9-13-24

Board Member: \_\_\_\_\_

Description of Request: Due to the teacher growth at R. C. Centeno Elementary, we would like to have printers

To meet the day to day expectations for students and teachers. We ask that you please consider our request!

Thank you in advance!

Estimated Cost of Request: \$ 3,253.50

Principal or Director Signature: *C Sierra* Date: 9/13/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 09/13/24

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 09/13/24

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](mailto:boarddiscretionary@uisd.net)

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

**Bill To:**  
Accounts Payable Flores  
United ISD  
201 Lindenwood Drive  
Laredo, TX 78045  
Phone: (956)473-8800  
Fax: (956)473-8895  
Email: lupitaf@uisd.net

**Ship To:**  
Lupita Flores  
Centeno Elementary School  
2710 La Pita Mangana Road  
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	\$ 219.00	3	\$ 657.00
2	55B1H0E	Lexmark Unison Original High Yield Laser Toner Cartridge - Black - 1 Pack - 15000 Pages - TAA Compliance	\$ 179.00	3	\$ 537.00
3	40N9320	LEXMARK Color Laser Printer/CS431DW	\$ 335.00	2	\$ 670.00
4	20N1XK0	Lexmark Original Extra High Yield Laser Toner Cartridge - Black - 1 Each - 6000 Pages - TAA Compliance	\$ 109.75	2	\$ 219.50
5	20N1XC0	Lexmark Unison Original Extra High Yield Laser Toner Cartridge - Cyan - 1 Each - 6700 Pages - TAA Compliance	\$ 195.00	2	\$ 390.00
6	20N1XM0	Lexmark Unison Original Extra High Yield Laser Toner Cartridge - Magenta - 1 Each - 6700 Pages - TAA Compliance	\$ 195.00	2	\$ 390.00
7	20N1XY0	Lexmark Unison Original Extra High Yield Laser Toner Cartridge - Yellow - 1 Each - 6700 Pages - TAA Compliance	\$ 195.00	2	\$ 390.00
7 item(s)			<b>Sub-Total</b>		<b>\$ 3,253.50</b>
			<b>Tax @ 0%</b>		<b>\$ 0.00</b>
			<b>Freight</b>		<b>\$ 0.00</b>
			<b>Total</b>		<b>\$ 3,253.50</b>

**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 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: [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](mailto: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:  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](mailto: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

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

<b>Merchandise Total</b>	11,836.80
<b>Tax</b>	0.00
<b>Shipping &amp; Handling</b>	595.00
<b>Total</b>	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

(Amended 9/11/24)

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: \$1,500.00

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](mailto:boarddiscretionary@uisd.net)





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

Exhibit A

DR 9-12-24

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval, Jr.

Originator's Email: esandoval@uisd.net

Board Member: Mr. Francisco Castillo

Board Member:

Board Member:

Description of Request: Cadaver Lab Field Trip transportation, fees, and meals for students and staff

Estimated Cost of Request: \$4,932.47

Principal or Director Signature: [Handwritten Signature] Date: September 9, 2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Date: 09/11/24

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.

Revised: September 17, 2019





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

Exhibit A

Handwritten note: RE 9-11-24

Requesting Campus: CHERISH CENTER

Principal/Director: JOSEPH LOPEZ

Originators Email: jlopez@uisd.net

Board Member: Francisco "Frank" Castillo District 7

Board Member:

Board Member:

Description of Request: Student Incentives and recognitions.

Estimated Cost of Request: \$ 1000.00

Principal or Director Signature: [Handwritten Signature] Date: 9-11-2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Date: 09/11/2024

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

SR 9-12-24

Requesting Campus: District 7

Campus Principal/Director: N/A

Originators Email: [grirodriguez@uisd.net](mailto:grirodriguez@uisd.net)

Board Member: Francisco "Frank" Castillo

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: For printing process and postage for mail out of the District 7 newsletter.

\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Request: \$5,500.00

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: 09/12/24

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](mailto: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: **16748**

Date: 9/12/24

Customer No 308

U.I.S.D.  
 201 Lindenwood Dirve  
 Laredo TX 78045  
 Phone: 473-6259

Quantity	Description	Amount
6,700	(OO) 8.5x11 Newsletters, 4/4, 70# Matte Uncoated Opaque Smooth Text, folded tri-fold, (OO) Newsletters	\$ 2,666.00
20,100	(OO) Chroma Labels, clear with perforation in middle, sealing brochure in three different place, for total of 20,100 labels.	\$ 1,784.00
Taken by: Sofia		SUBTOTAL \$ 4,450.00
Wanted: Tue 9/17/24		TAX
		TOTAL \$ 4,450.00

United States Postal Service

# Postage Statement - Nonprofit USPS Marketing Mail

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

District 7

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

Mailing	Post Office of Mailing 78041-9998	Mailer's Mailing Date Sep 09, 2024	Federal Agency Cost Code	Statement Seq No 162945	For Automation Pieces, Enter Date of Address Matching and Coding 09/09/2024	No. & Type of Containers 0 Sacks 5 1 ft. Letter Trays 6 2 ft. Letter Trays 0 EMM Letter Trays 0 Flat Trays 0 Pallets 0 Other	
	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 5,742	SSF Transaction #		For Carrier Route Pieces, Enter Date of Address Matching and Coding 09/09/2024
	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 82 6848	Permit # 757		For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing
	Weight of a Single Piece 0.0144 pounds <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.	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 Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method		

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"/> K <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> NSA
1	<b>Subtotal Postage</b> (Add parts totals) \$1,001.72
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 \$ = <b>Postage Affixed</b> -
3	<b>Incentive/Discount Flat Dollar Amount</b> -
4	<b>Fee Flat Dollar Amount</b> +
5	<b>Permit #</b> _____ <b>Net Postage Due (Line 1 +/- Lines 2, 3, 4)</b> \$1,001.72

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

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](http://www.usps.com).

Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form <b>ENRIQUE RUBIO</b>	Telephone 956-473-7900
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USPS Use Only To be completed in non-Postal/OneNet sites	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: 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](mailto:boarddiscretionary@uisd.net)



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

Exhibit A

AP  
9-9-24

Requesting Campus: UNITED MIDDLE SCHOOL

Principal/Director: ROSANA ARIZOLA

Originators Email: alma.villarreal@uisd.net

Board Member: Aliza Oliveros

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: School Improvement

\_\_\_\_\_

\_\_\_\_\_

Estimated Cost of Request: \$ 1,500.00

Principal or Director Signature: [Signature] Date: 9/5/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 09/09/2024

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](mailto:boarddiscretionary@uisd.net)

FIND DEALS ON SUPPLIES YOU NEED FOR PROJECTS AND HOME UPDATES. 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 (11)

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

#### Pickup at [Laredo Lowe's](#) (5)



**Spruce - Spruce SDB190 Duct Boost Fan Indoor Hook-up Dryer...**

Item #2423630  
Model #SDB190T

-  +

[Details](#)

[Save For Later](#)

#### Pickup

**\$279.00**

**Ready by Tue, Sep 10 (Est.)**  
At Laredo Lowe's

#### Delivery to [78041](#)

- Get it by Tue, Sep 10  
Ship to Home
- Get it by Thu, Sep 19  
Scheduled Delivery   
Delivery Scheduling in Checkout



**Whirlpool - Deep Water Wash 3.5-cu ft High Efficiency Agitator Top...**

Item #782472  
Model #WTW4816FW

-  +

[Details](#)

[Save For Later](#)

#### Pickup

**\$438.00**

~~Was \$699.00~~

Save \$261.00  
Ends Sep 11

**Ready by Tue, Sep 10**  
At Laredo Lowe's  
[Check Other Stores](#)

#### Delivery to [78041](#)

- Get it by Fri, Sep 13  
Scheduled Delivery   
Delivery Scheduling in Checkout

Feedback

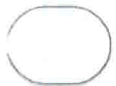
#### Add Services and Protection

Required for Use

These items are necessary for your appliance to function.

EASTMAN 2-Pack 6-ft 3/4-in FHT Inlet x 3/4-in FHT Outlet Stainless Steel Washing Machine Connector

\$36.98  
[Remove](#)





 Haul Away \$50.00

[How it Works](#)

 5-Year \$129.97

[Terms & Coverage](#)



**Southwire - 6-ft 30-Amp 4-Prong Black Dryer Appliance Power Cord**

Item #3782041  
Model #9156SW8808

—  +

[Details](#)

[Save For Later](#)

**Pickup**

**\$36.98** 

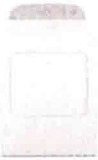
**Ready by Thu, Sep 19**  
At Laredo Lowe's

**Delivery to 78041**

Get it by Wed, Sep 18  
Ship to Home

Get it by Thu, Sep 19  
**Scheduled Delivery** ⓘ  
Delivery Scheduling in Checkout

**Delivery (6)**



**Whirlpool - 7-cu ft Vented Electric Dryer (White)**

Item #670009  
Model #WED4815EW

—  +

[Details](#)

[Save For Later](#)

**Pickup**

**\$438.00** 

Ready Today  
At Laredo Lowe's

**Delivery to 78041**

**Get it by Fri, Sep 13 (\$29.00)**  
**Scheduled Delivery** ⓘ  
Delivery Scheduling in Checkout

~~Was \$699.00~~

Save \$261.00

Ends Sep 11

Add Services and Protection



FREE Installation with \$55.52 Install Kit.

[How it Works](#)



(2) RELIABILT 1-1/2-in to 4-in Galvanized Adjustable Clamp

\$6.56

[Remove](#)



Utilitech Appliance Cord 6-ft 30-Amp 3-Prong Gray Dryer Appliance Power Cord

\$27.48

[Remove](#)



Utilitech Dryer Power Cord 6-ft 30-Amp 4-Prong Black Dryer Appliance Power Cord

\$28.98

[Remove](#)



Lambro Rigiflex Semi-Rigid Silver Flexible Duct for Electric and Gas Clothes Dryer Installation

\$19.98

[Remove](#)



Haul Away \$50.00

[How it Works](#)



Protection Plans

[Terms & Coverage](#)



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



Lowest Price Guarantee [View Details](#)



Pickup & Delivery Options [View Details](#)

GET ALL YOU NEED



\$588.00

~~\$799.00~~ Save 26%

★★★★☆ 4149

Whirlpool 7-cu ft Vented Gas Dryer (White)



\$14.98

~~\$16.98~~ Save 11%

★★★★★ 46

Arm & Hammer Fresh Burst HE Laundry Detergent (166.5-fl oz)



\$278.00

~~\$359.00~~ Save 22%

★★★★☆ 233

Whirlpool Universal Laundry Pedestal (White) with Storage Drawer



\$22.58

★★★★☆ 15

Tide + Dc Laundry Detergent

Add to Cart

Add to Cart

Add to Cart

Add t

### Order Summary

Item Subtotal (11)	\$1,441.93
Delivery <span>▼</span>	\$29.00
Estimated Tax	Calculated in Checkout
<b>Promo Code <span>▼</span></b>	
Promo(s) Applied	
Savings <span>▼</span>	-\$522.00
<b>Estimated Total</b>	<b>\$1,470.93</b>

Start Secure Checkout

Or



[Back to Top](#)

### Deals, Inspiration and Trends

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Email Address

Sign Up



Contact Us & FAQ



Order Status



Lowe's Credit Center



Gift Cards



Installation Services



Lowe's App

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Stores & Services ▼



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 9/5/24  
 Originator (PRINT) Date

Budget Coordinator Date

*Monica Zepeda* 9/5/24  
 Administrator Signature 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)			<b>Sub-Total</b>		<b>\$ 3,491.00</b>
			<b>Tax @ 0%</b>		<b>\$ 0.00</b>
			<b>Freight</b>		<b>\$ 0.00</b>
			<b>Total</b>		<b>\$ 3,491.00</b>

**Payment Details**

Pay by: Company PO  
Payment Term: 30 days

**Shipping and Delivery Details**

Shipping via: UPS Ground

**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.



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](mailto:boarddiscretionary@uisd.net)



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

Exhibit A

*BR 9-12-24*

Requesting Campus: Salinas Elementary School

Principal/Director: Abraham Rodriguez III

Originators Email: abrahamr@uisd.net

Board Member: Ramiro Veliz III

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Additional supplies and materials to facilitate small group instruction in Pre-Kinder classrooms.

Estimated Cost of Request: \$ \$1,500.00

Principal or Director Signature: *A. Rdz* Date: 9-12-24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: 09/12/2024

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](mailto:boarddiscretionary@uisd.net)





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

Exhibit A

*for 9-11-24*

Requesting Campus: CHERISH CENTER

Principal/Director: JOSEPH LOPEZ

Originators Email: jlopez@uisd.net

Board Member: Ramiro Veliz III, District 4

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Teacher and student Incentives and recognitions.

Estimated Cost of Request: \$ 1500.00

Principal or Director Signature: *Joseph Lopez* Date: 9-11-2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 09/11/24

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](mailto: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 *✓* 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](mailto: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

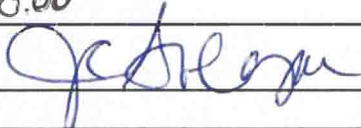
Board Member: Gilbert Aguilar – District 1 Board Member

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](mailto:kgarza@uisd.net)

Board Member: Gilbert Aguilar, Jr.

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

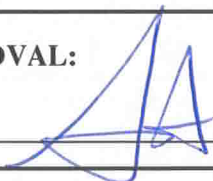
Description of Request: For Wall Decals to display UISD’s 2024-2025 Vision and Mission Statements

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:  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](mailto: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
			<b>Total</b>	<b>\$1,075.00</b>

### 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: [malvarez@uisd.net](mailto:malvarez@uisd.net) [edavlia1@uisd.net](mailto:edavlia1@uisd.net)

Board Member: Gilbert Aguilar, Jr.

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Student and Staff Attendance Incentives.

\_\_\_\_\_

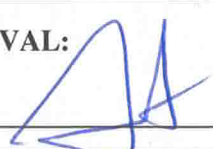
\_\_\_\_\_

Estimated Cost of Request: \$ 1400.00

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](mailto: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](mailto: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.<sup>00</sup>

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](mailto: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](mailto:rortiz@uisd.net)

Board Member: Gilbert Aguilar, Jr.

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Student and Staff Incentives

\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Request: \$2,000<sup>00</sup>

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: [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](mailto: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](mailto: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:  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](mailto: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](mailto:ymauricio@uisd.net) [crodriguez@uisd.net](mailto:crodriguez@uisd.net)

Board Member: Gilbert Aguilar, Jr.

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Student and Staff Incentives

\_\_\_\_\_

\_\_\_\_\_

Estimated Cost of Request: \$ 1,500<sup>00</sup>

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](mailto: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](mailto:gflores@uisd.net)

Board Member: Gilbert Aguilar, Jr.

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Student and Staff Incentives

\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Request: \$3,500<sup>00</sup>

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](mailto: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.<sup>00</sup> 3,000.<sup>00</sup> 6,000.<sup>00</sup> /Attendance-\$2,000.00  
(Staff Incentives Improvements)

TOTAL \$13,000.<sup>00</sup>

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](mailto: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](mailto: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: [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](mailto: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](mailto: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: [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](mailto: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](mailto: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](mailto: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: Yes  No \_\_\_\_\_

Signature: [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](mailto:boarddiscretionary@uisd.net)





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

Exhibit A

Handwritten note: BK 9-10-24

Requesting Campus: Lyndon B. Johnson High School

Campus Principal/Director: Armando Salazar

Originators Email: jpalomo@uisd.net

Board Member: Gilbert Aguilar, Jr.

Board Member:

Board Member:

Description of Request: Faculty and staff meeting incentives. 8/26/24

Estimated Cost of Request: \$722.30

Principal or Director Signature: [Signature] Date: 9/10/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Date: 9/10/24

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



# AGENDA

WELCOME - MR. ARMANDO SALAZAR & MRS. VERONICA A. GARZA

EARLY COLLEGE - MS. YESENIA SANDOVAL

ATTENDANCE - MR. RAUL NUNO & MR. EDUARDO DAVILA

SAFETY

MR. TIMOTHY McHUGH & MRS. MARIBEL GARCIA

PBIS - DR. THELMA SOLIS & MRS. MARIBEL GARCIA

GRADING GUIDELINES/TUTORIAL LOGS - MS. PAULA RAMIREZ

ALPHA WOLVES- STARS and STRIPES - MRS. EMILY GUZMAN, MRS. RAQUEL RAMON & MRS. ANALINE JOHNSON

MAINTENANCE- MRS. GIGI AYALA

TESTING - MS. BRISEIDA MENDOZA, MRS. ALBA RAMOS & MRS. DEBRA HINOJOSA

LIBRARY ANNOUNCEMENTS - MRS. RAQUEL RAMON & MRS. ANALINE JOHNSON

Ms. Diana Morales - Community in Schools

STUDENT ACTIVITIES - MRS. ROSIE SANTOS



**AUGUST 26, 2024**

Faculty Meeting

TEA "A" Rated:

TEA "A" Track



Peter Piper Pizza!  
Store #576  
4411 HWY 83 S  
(956) 523-0987

Host: Phone 08/26/2024  
LBJ MAIN CAMPUS 2:46 PM  
REPRINT# 2 30027  
Order Type: Take Out

50 LSM Large Pizza (86.69)	434.50
(50)Pepperoni	
20 LG Werx (817.99)	359.60
(20)Tomato Sauce	
(20)Lrg Original	
01o-B060 1/2 Off	-9.00
01o-B060 1/2 Off	-9.00
01o-B060 1/2 Off	-9.00
01o-B060 1/2 Off	-9.00
01o-B060 1/2 Off	-9.00
01o-B060 1/2 Off	-9.00
01o-B060 1/2 Off	-9.00
01o-B060 1/2 Off	-9.00

*Lyndon B. Johnson High School*

\*\*\*\*\* Get \$2 Off LG Pizza \*\*\*\*\*

| We value your feedback! |  
| Please answer 2 quick questions about |  
| your recent experience within 7 days |  
| of 08/26/2024 and receive \$2 off |  
| your next LG/XLG pizza. |  
| Limit one per order. |  
| Go to |  
| <http://www.peterpiperpizza.com/survey> |  
| and enter the 20 digit code below. |

\*\*\*\*\*

| 045 018 300 060 210 776 62 |














Subtotal 722.30  
Tax Exempt #UNIIS1 0.00  
Take Out Total 722.30  
House Acc #UNIIS1 722.30

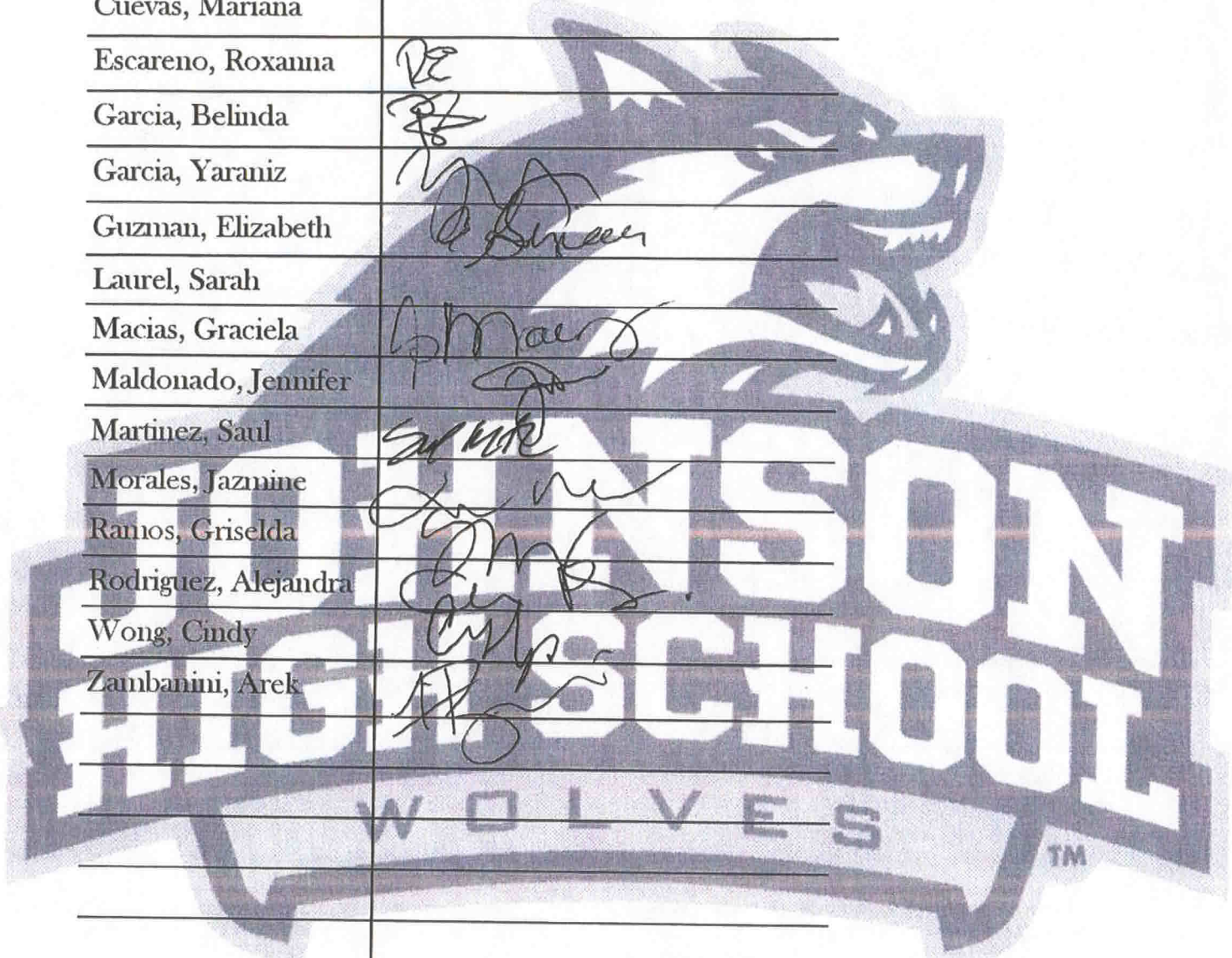
Auth:   
SIGNATURE : \_\_\_\_\_

**DATE:**

# SPEED

*Lyndon B. Johnson High School*

Name	Signature
Charles, Ruby	
Cuevas, Mariana	
Escareno, Roxanna	
Garcia, Belinda	
Garcia, Yaraniz	
Guzman, Elizabeth	
Laurel, Sarah	
Macias, Graciela	
Maldonado, Jennifer	
Martinez, Saul	
Morales, Jazmine	
Ramos, Griselda	
Rodriguez, Alejandra	
Wong, Cindy	
Zambanini, Arek	

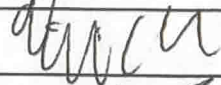

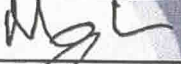












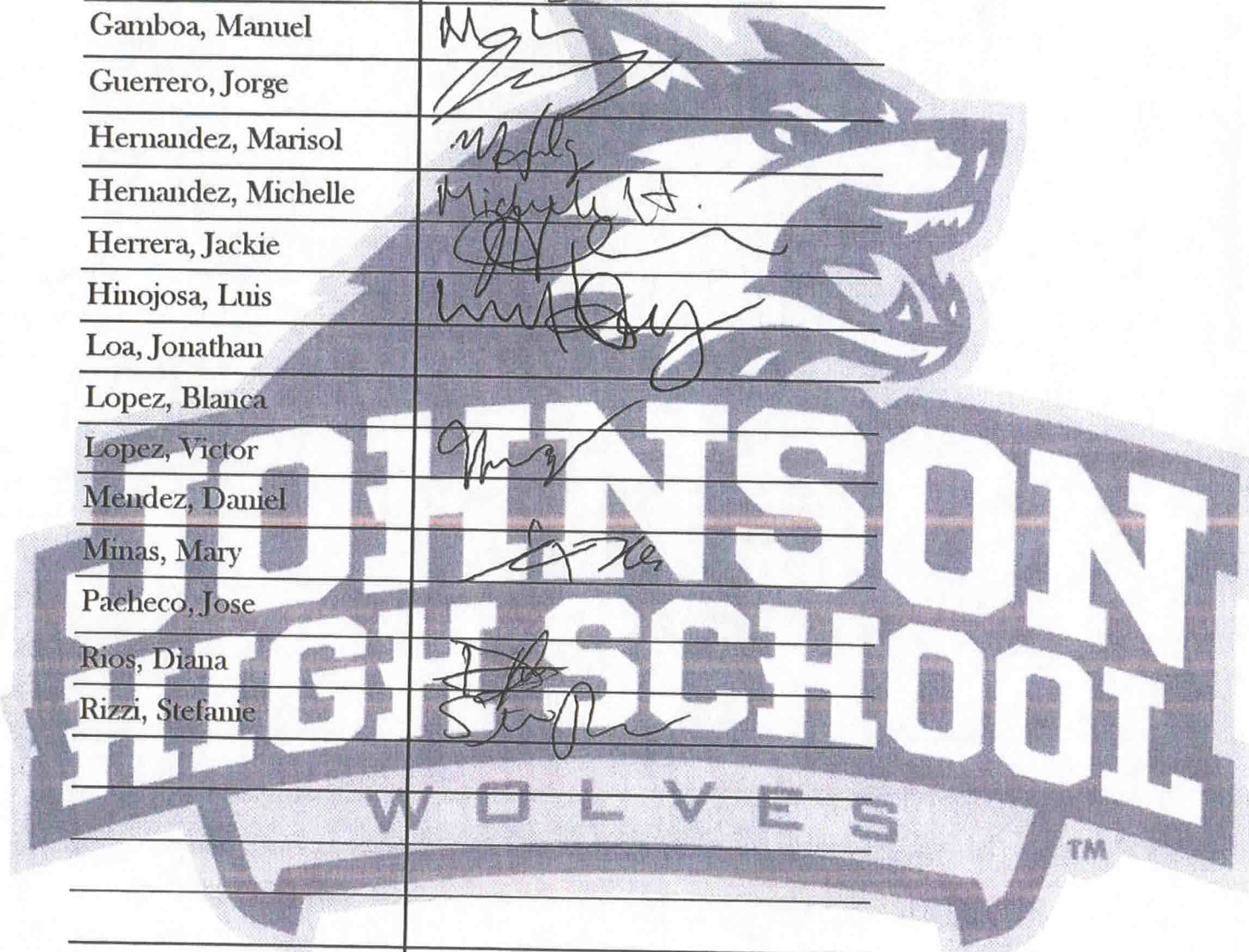


DATE:

# Math

Lyndon B. Johnson High School

















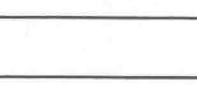
Name	Signature
Cadena, Abigail	
Fernandez, Gamaliel	
Gamboa, Manuel	
Guerrero, Jorge	
Hernandez, Marisol	
Hernandez, Michelle	
Herrera, Jackie	
Hinojosa, Luis	
Loa, Jonathan	
Lopez, Blanca	
Lopez, Victor	
Mendez, Daniel	
Minas, Mary	
Pacheco, Jose	
Rios, Diana	
Rizzi, Stefanie	

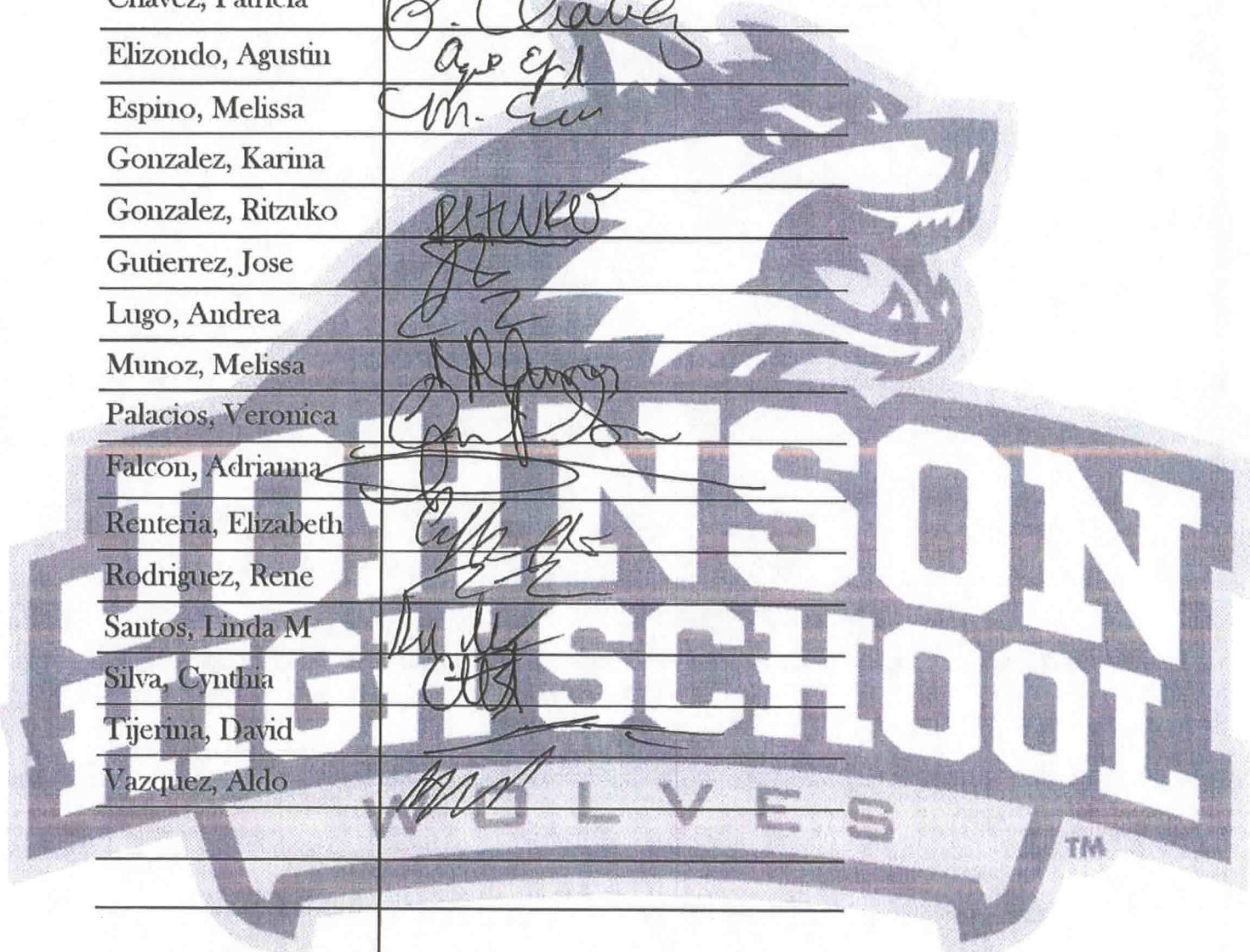


**DATE:**

# SCIENCE

*Lyndon B. Johnson High School*

Name	Signature
Amaya, Frieda	
Camero, Priscilla	
Chavez, Patricia	
Elizondo, Agustin	
Espino, Melissa	
Gonzalez, Karina	
Gonzalez, Ritzuko	
Gutierrez, Jose	
Lugo, Andrea	
Munoz, Melissa	
Palacios, Veronica	
Falcon, Adrianna	
Renteria, Elizabeth	
Rodriguez, Rene	
Santos, Linda M	
Silva, Cynthia	
Tijerina, David	
Vazquez, Aldo	






















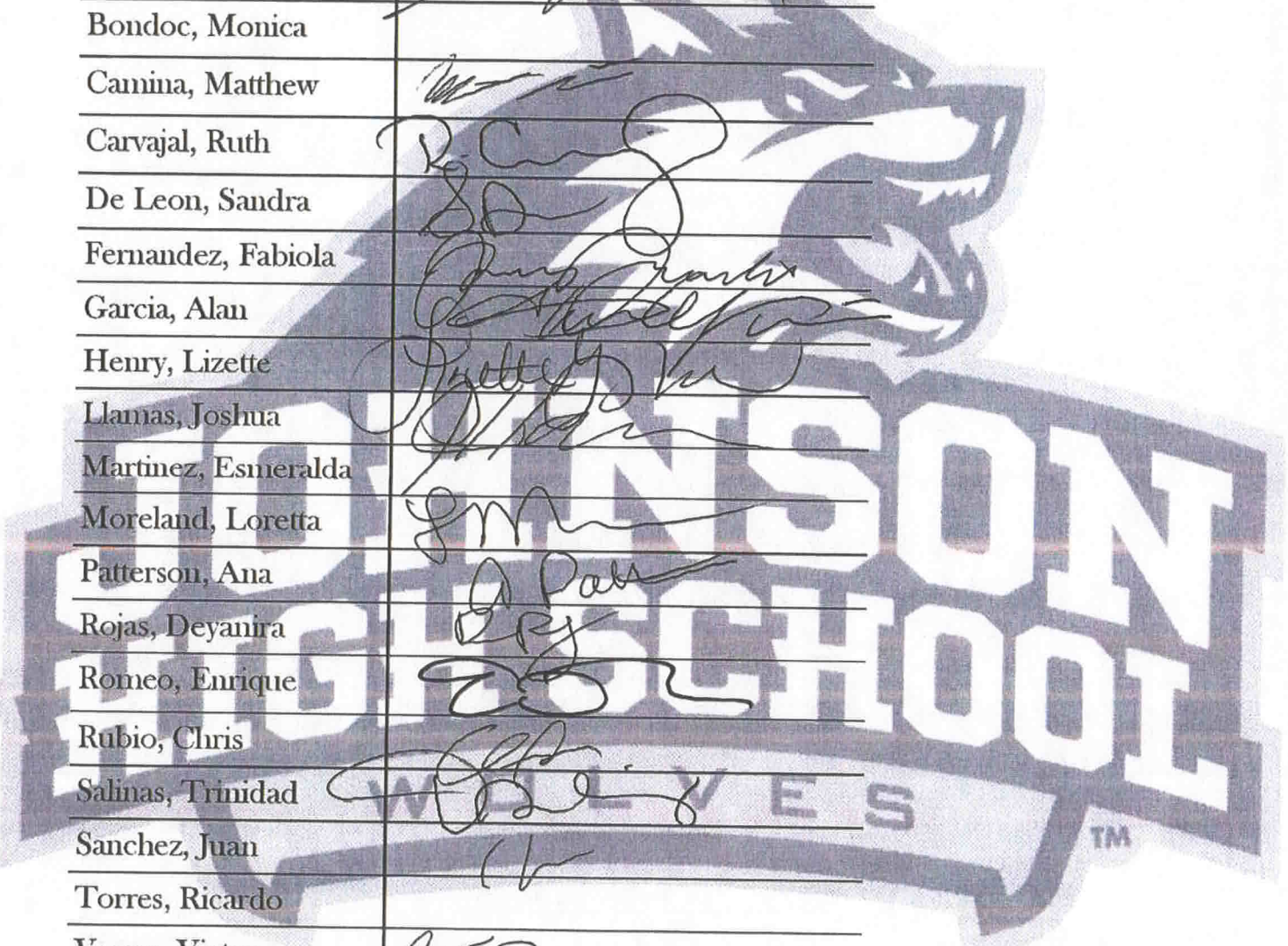


**DATE:**

# S.S

*Lyndon B. Johnson High School*

Name	Signature
Alvarado, Juan	
Bondoc, Monica	
Camina, Matthew	
Carvajal, Ruth	
De Leon, Sandra	
Fernandez, Fabiola	
Garcia, Alan	
Henry, Lizette	
Llamas, Joshua	
Martinez, Esmeralda	
Moreland, Loretta	
Patterson, Ana	
Rojas, Deyanira	
Romeo, Enrique	
Rubio, Chris	
Salinas, Trinidad	
Sanchez, Juan	
Torres, Ricardo	
Vargas, Victor	



**DATE:**

ELA

Lyndon B. Johnson High School






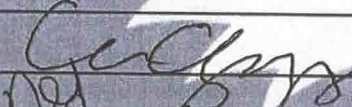






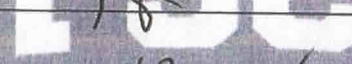
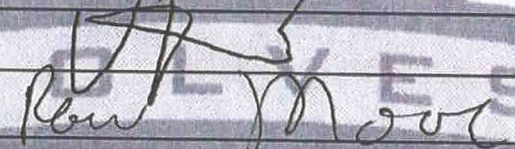





Name	Signature
Arista, Dinorah	Dinorah Arista
Alfaro, Tanya	Tanya
Arwood, Kimberlee	
Castro, Melissa	Melissa
Cruz, Selene	
De la Cruz, Elizabeth	Edw
Gallegos, Lucero	
Garcia, Yadira	
Garza, Elsa	Elsa B. Garza
Garza, Juan	
Garza, Elizabeth	
Gignac, Melissa	
Giron, Gracie	
Gonzalez, Laura	
Guerrero, Giovanni	
Gutierrez, Samantha	
Martinez, Gloria	
Peche, Devenny	Deche
Rios, Araceli	
Rodriguez, Jason	
Rodriguez, Maria	
Santos, Sara	
Santos, Debra	
Vigil, Erika	
Villanueva, Barbara	

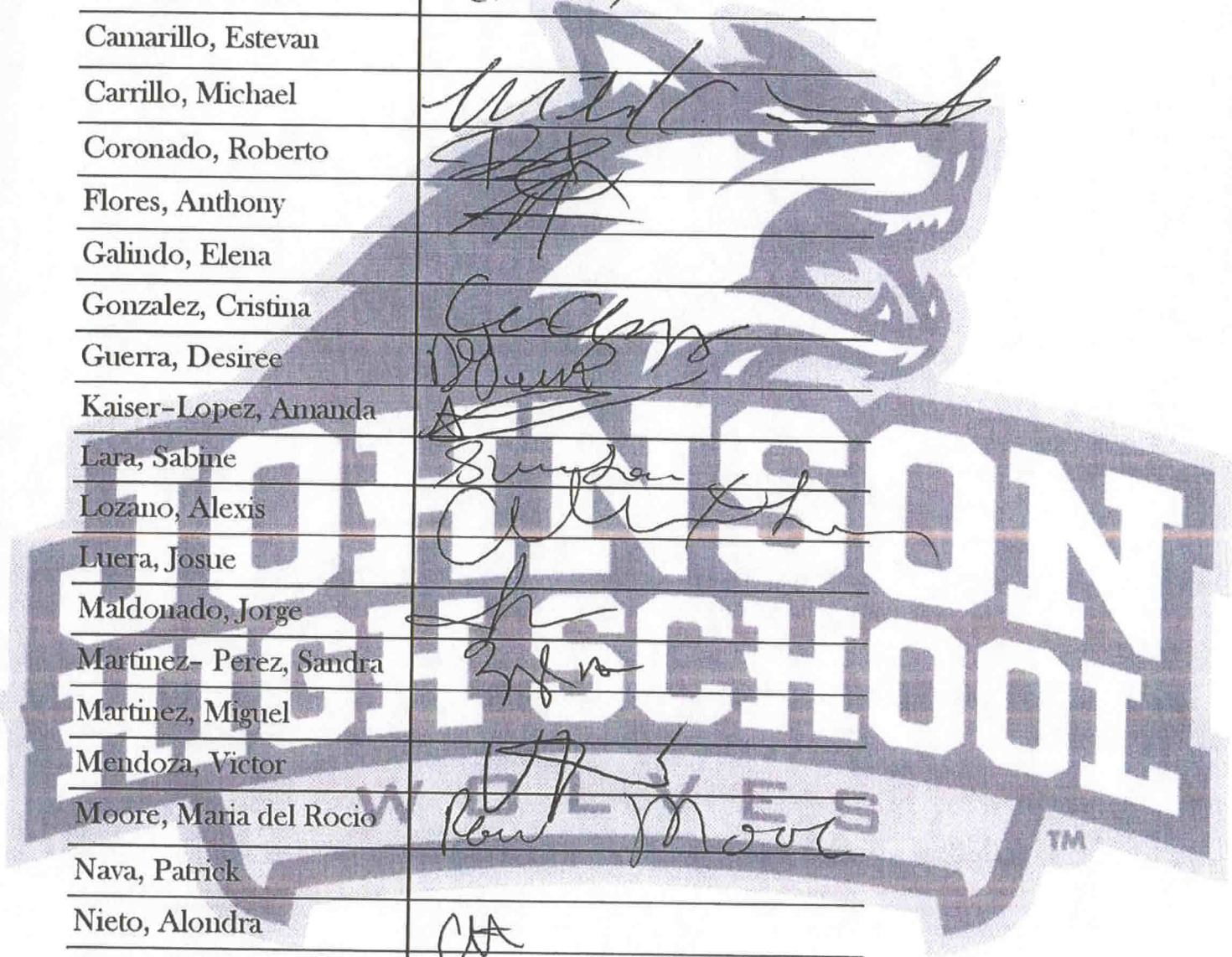


**DATE:**

# CTE

Lyndon B. Johnson High School

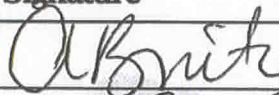










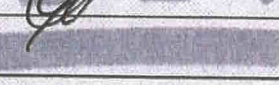
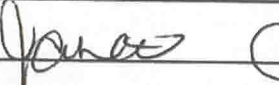
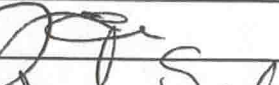

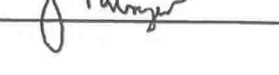
Name	Signature
Benavides, Gildardo	
Buckley, George	
Camarillo, Estevan	
Carrillo, Michael	
Coronado, Roberto	
Flores, Anthony	
Galindo, Elena	
Gonzalez, Cristina	
Guerra, Desiree	
Kaiser-Lopez, Amanda	
Lara, Sabine	
Lozano, Alexis	
Luera, Josue	
Maldonado, Jorge	
Martinez- Perez, Sandra	
Martinez, Miguel	
Mendoza, Victor	
Moore, Maria del Rocio	
Nava, Patrick	
Nieto, Alondra	
Prado, Carolina	
Raymond, Brandon	
Segura, Jose	
Silva Eduardo	
Trevino, Gustavo	
Velazquez, Diana	
Zavala, Norberto	
<i>(Iniales Rosandra)</i>	

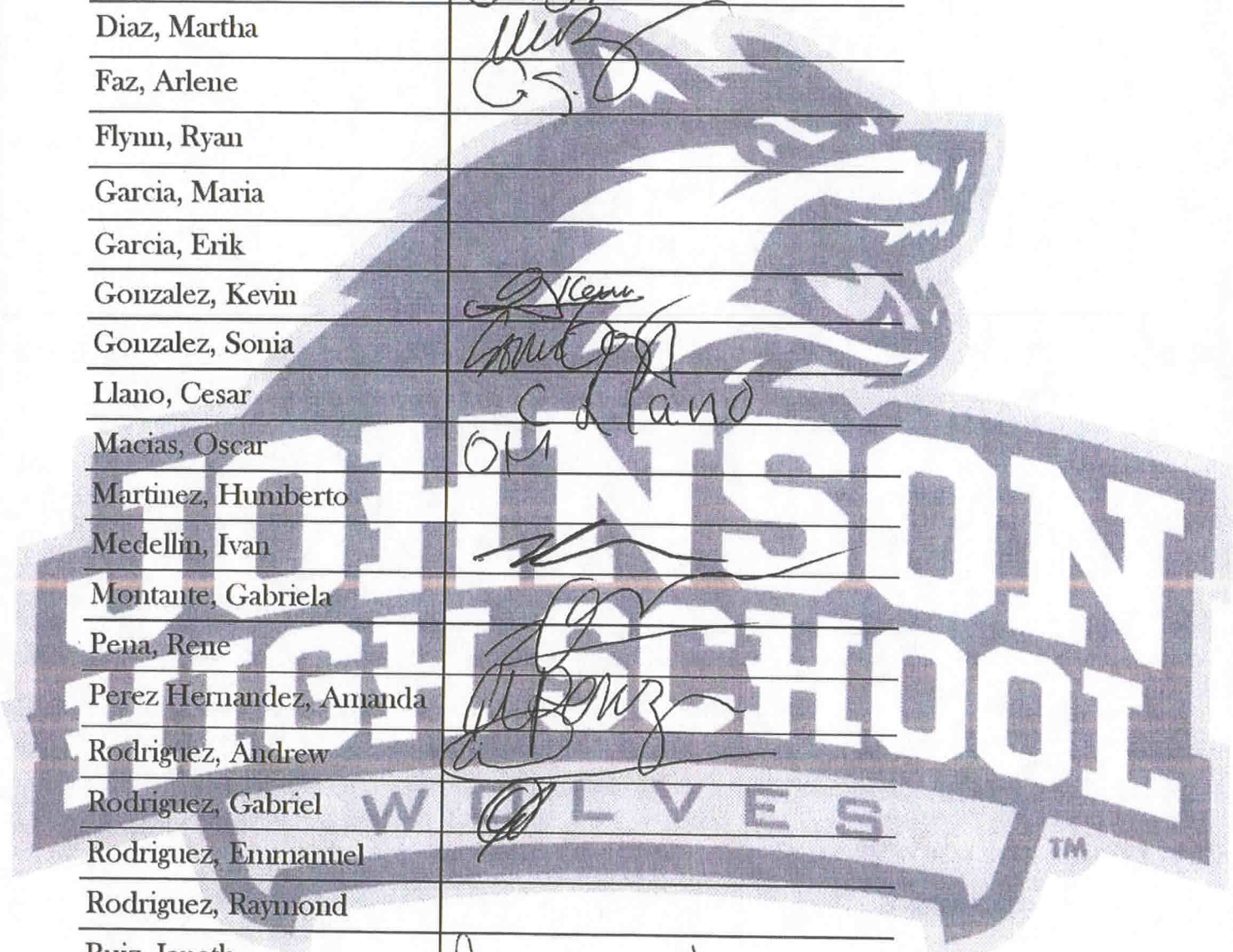


**DATE:**

# ELECTIVES

*Lyndon B. Johnson High School*

Name	Signature
Brito, Anabel	
Diaz, Martha	
Faz, Arlene	
Flynn, Ryan	
Garcia, Maria	
Garcia, Erik	
Gonzalez, Kevin	
Gonzalez, Sonia	
Llano, Cesar	
Macias, Oscar	
Martinez, Humberto	
Medellin, Ivan	
Montante, Gabriela	
Pena, Rene	
Perez Hernandez, Amanda	
Rodriguez, Andrew	
Rodriguez, Gabriel	
Rodriguez, Emmanuel	
Rodriguez, Raymond	
Ruiz, Janeth	
Swain, Brian	
Trevino, Jose	
Tobias, Javier	
Valencia Salinas, Ana	
Valenzuela, Jose	
Waldo, Enrique	









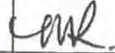



# LBJ HIGH SCHOOL ANNEX FACULTY MEETING 8-26-24





Lyndon B. Johnson High School

## DATE

ALGEBRA	Initial	CTE	Initial
Castillo, Dalila	<i>DC</i>	Camarillo, Jennifer	<i>DC</i>
Erazo, Angela		Canales, Cassandra	
Garza, Maury	<i>MG</i>	Martinez, Erika	
Mendoza, Vanessa	<i>VM</i>	Brewster, Jennifer	<i>JB</i>
Hawkins, Edna	<i>EH</i>	Flores, Anthony	
Martinez, Joshua	<i>JM</i>	Gonzalez, Edna	<i>EG</i>
Montemayor, Erika	<i>EM</i>	Hernandez, Ruby	<i>RH</i>
Montemayor, Lizette	<i>LM</i>	Montemayor, Alfredo	
-		Nava, Adalberto	
		Rendon, Cynthia	<i>CR</i>
		Ramos, Cesar	
BIOLOGY	Initial	FINE ARTS	Initial
Cantu, Rosemary	<i>RC</i>	Barrera-Angco, Jason	<i>BA</i>
Delgado, Alitzah		Diaz, Joseph	<i>JD</i>
Herrera, Gilberto		Jimenez, Daniela	<i>JD</i>
Gidwani, Kavita	<i>KG</i>	Sandoval Benavides, Krizia	<i>KB</i>
Lopez, Saul	<i>SL</i>		
Silva, Luis			
Uribe, Briana	<i>BU</i>		
		SPECIAL ED	Initial
ENGLISH	Initial	Flores, Nelda	
Aleman, Paola	<i>PA</i>	Garza, Jose	
Cantu, Angela	<i>AC</i>	Medina, Mireyda	
Lara, Anna		Rodriguez, Oscar	
Martinez, Jorge	<i>JA</i>	HEALTH & PE	Initial
Gonzalez, Ernesto	<i>GE</i>	Dupuis, Whitney	<i>WD</i>
Prado, Daniela	<i>PS</i>	Gonzalez, Isaac	
Santos, Catherine	<i>CS</i>	Martinez, Alejandro	

Sepulveda, Rebecca		Martinez, Gabriella	
Sosa-Eguia, Camilla		Rodriguez, Ramon	
Vela-Garcia, Stephanie		Rodriguez, Raymond	
<b>WORLD GEOGRAPHY</b>	<b>Initial</b>	<b>Foreign Language</b>	<b>Initial</b>
Arreazola, Gregorio		Arzola, Elvia	
Igbokwe, Jenneth		Quintanilla, Carolina	
Rodriguez, Leticia		Romo, Norma	
Sauceda, Cindy			
Villarreal, Ashly			

Lyndon B. Johnson High School

  
 Maria Siles   
 Soreli Garcia   
 Veronica A. Garza   
 Deemarales CIS del





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

Exhibit A

SR 9-10-24

Requesting Campus: UISD District 1

Campus Principal/Director: N/A

Originators Email: [grirodriguez@uisd.net](mailto:grirodriguez@uisd.net)

Board Member: Gilbert Aguilar, Jr.

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: To process, print and mail out the District 1 Newsletter.

\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Request: \$4,459.05

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: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_

Signature:  Date: 09/10/24

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](mailto:boarddiscretionary@uisd.net)

District 1

Postage Statement - Nonprofit USPS Marketing Mail

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

Post Office of Mailing 78041-9998	Mailer's Mailing Date	Federal Agency Cost Code	Statement Seq No 143730	For Automation Pieces, Enter Date of Address Matching and Coding 08/28/2024	No. & Type of Containers 0 Sacks 3 1 ft Letter Trays 2 2 ft Letter Trays 0 EMM Letter Trays 0 Flat Trays 0 Pallets 0 Other
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"/> Mailable <input type="checkbox"/> Parcels-Irregular <input type="checkbox"/> CMM	Total # of Pieces in Mailing <b>4,600</b>	SSF Transaction #	
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 <b>66,2400</b>	Permit # 757	
	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class	<input type="checkbox"/> Marriage Mail Incentive <input type="checkbox"/> Catalogs	Weight of a Single Piece 0.0144 pounds	For Carrier Route Pieces, Enter Date of Address Matching and Coding 08/28/2024	
			<input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.	For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing	

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

1	<b>Subtotal Postage</b> (Add parts totals)		<b>805</b>
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 \$ = <b>Postage Affixed</b>	-
3	<b>Incentive/Discount Flat Dollar Amount</b>		-
4	<b>Fee Flat Dollar Amount</b>		+
5	<b>Permit #</b>	<b>Net Postage Due (Line 1 +/- Lines 2, 3, 4)</b>	<b>805</b>

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

**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](http://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 To be completed in non-Postal/One! sites	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 Mailed 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 _____	



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

### KKP Estimate

No: **16739**

Date: 9/10/24

Customer No 308

U.I.S.D.

201 Lindenwood Dirve

Laredo TX 78045

E-Mail: [parcos@uisd.net](mailto:parcos@uisd.net)

Quantity	Description	Amount
4,800	(OO) 8.5x11 Newsletters, 4/4, 70# Matte Uncoated Opaque Smooth Text, folded tri-fold, (OO) Newsletters	\$ 1,926.05
7,050	(OO) Chroma Labels, clear with perforation in middle, sealing brochure in three different place, for total of 20,100 labels.	\$ 1,728.00
Taken by: Sofia		
Wanted: Sun 9/15/24		
		SUBTOTAL \$ 3,654.05
		TAX
		TOTAL \$ 3,654.05





**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:** *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:** *[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 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: \_\_\_\_\_

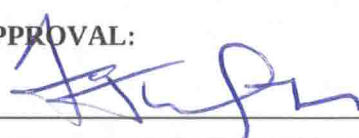
Description of Request: Instructional tables for unit, fans for athletics, media backdrop and  
tablecloth for campus use.

Estimated Cost of Request: \$ \$3,351.23

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

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.

## 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

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](#)

Feedback

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

**Lowest Price Guarantee** [View Details](#)

**Pickup & Delivery Options** [View Details](#)





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

Qty: 1 Delete Save for later

Compare with similar items

Price

**\$273.08**

Typical price:  
~~\$352.09~~

Savings:  
**\$79.01 (22%)**  
Educator Price

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.

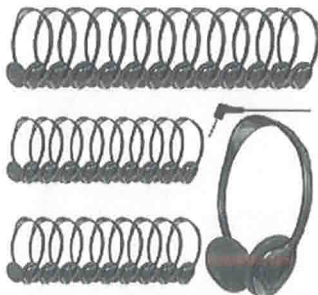
Subtotal (1 item): **\$273.08**

## 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

Handwritten date: 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](mailto: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

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

Postage Statement - Nonprofit USPS Marketing Mail

Permit Holder Name, Address, Email, Telephone; Mailing Agent Name, Address, Telephone; Mail Owner Name, Address; USPS Nonprofit Auth. No.; CRID

Post Office of Mailing; Mailer's Mailing Date; Federal Agency Cost Code; Statement Seq No.; Type of Postage; Processing Category; Total # of Pieces in Mailing; SSF Transaction #; Weight of a Single Piece; Election Mail - Official Ballots; Election Mail - Non-Ballot Materials

Parts Completed (Select all that apply); Subtotal Postage; Price at Which Postage Affixed; Incentive/Discount Flat Dollar Amount; Fee Flat Dollar Amount; Net Postage Due

Additional Postage Payment (State reason); Total Adjusted Postage Affixed; Total Adjusted Postage Permit Imprint; Total Adjusted Postage Simplified Addressing (EDDM)

Incentive/Discount Claimed; Type of Fee; The mailer's signature certifies that... 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; Telephone

Weight of a Single Piece; Total Weight; Total Pieces; Total Postage; Are postage figures at left adjusted from mailer's entries?; Date Mailed Notified; Contact; I CERTIFY that this mailing has been inspected for each item below if required; USPS Employee's Signature; Print USPS Employee's Name



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

Exhibit A

AR 9-9-24

Requesting Campus: Federal and State Programs

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

Originators Email: ramireza@uisd.net

Board Member: Javier Montemayor, 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  No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 09/09/2024

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](mailto:boarddiscretionary@uisd.net)



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](mailto: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](mailto: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](mailto: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



Postage Statement - Nonprofit USPS Marketing Mail

Permit Holder Name, Address, Email, Telephone; Mailing Agent Name, Address, Telephone; Mail Owner Name, Address; USPS Nonprofit Auth. No.; EPS Cust. Ref. No.; CRID

Post Office of Mailing; Mailing Date; Federal Agency Cost Code; Statement Seq. No.; For Automation Pieces; No. & Type of Containers; Type of Postage; Processing Category; Total # of Pieces in Mailing; SSF Transaction #; For Carrier Route Pieces; Weight of a Single Piece; Political Campaign Mailing; Election Mail - Official Ballots; Election Mail - Non-Ballot Materials

Parts Completed (Select all that apply); Subtotal Postage; Price at Which Postage Affixed; Complete if mailing includes pieces bearing metered/PC Postage or precanceled stamps; Incentive/Discount Flat Dollar Amount; Fee Flat Dollar Amount; Net Postage Due (Line 1 +/- Lines 2, 3, 4)

Additional Postage Payment (State reason); Total Adjusted Postage Affixed; Total Adjusted Postage Permit Imprint; Total Adjusted Postage Simplified Addressing (EDDM)

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)...

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; Telephone

Weight of a Single Piece; Total Weight; Total Pieces; Total Postage; Are postage figures at left adjusted from mailer's entries?; Presort Verification Performed?; Date Mailer Notified; Contact; By (Initials); 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 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: [Signature] Date: 8/20/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes [checked] 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

Requesting Campus: Muller Elementary School

AR

Campus Principal/Director: Myra N. Ramirez

Originators Email: [msolorio@uisd.net](mailto:msolorio@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Teachers classroom supplies and materials, incentives, etc.

Estimated Cost of Request: \$2,650.00

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: 09/13/24

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](mailto:boarddiscretionary@uisd.net)





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

Exhibit A

Handwritten initials 'AF'.

Requesting Campus: Finely Elementary School

Campus Principal/Director: Imelda Flores

Originators Email: imeldaf@uisd.net

Board Member: Michelle Molina

Board Member:

Board Member:

Description of Request: Teachers classroom supplies and materials, incentives, etc.

Estimated Cost of Request: \$1,950.00

Principal or Director Signature: Date:

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No (with checkmark)

Signature: Date: 9/13/24

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: Fasken Elementary School

BA

Campus Principal/Director: Liliana Barragan

Originators Email: lbarra54@uisd.net

Board Member: Michelle Molina

Board Member:

Board Member:

Description of Request: Teachers classroom supplies and materials, incentives, etc.

Estimated Cost of Request: \$2,250.00

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: 9/13/24

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

*MR*

Requesting Campus: Washington Middle School

Campus Principal/Director: David Guzman

Originators Email: [dguzman@uisd.net](mailto:dguzman@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Teachers classroom supplies and materials, incentives, etc.

\_\_\_\_\_

\_\_\_\_\_

Estimated Cost of Request: \$1,950.00

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: 9/13/24

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](mailto:boarddiscretionary@uisd.net)



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

Exhibit A

Requesting Campus: Juan R. Ramirez Middle School JR

Campus Principal/Director: Johnny Herrera, Jr.

Originators Email: [jherre03@uisd.net](mailto:jherre03@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Teachers classroom supplies and materials, incentives, etc.

\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Request: \$1,550.00

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: 9/13/2024

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](mailto:boarddiscretionary@uisd.net)



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

Exhibit A

PR

Requesting Campus: Kazen Elementary

Campus Principal/Director: Monica Arriaga

Originators Email: marriaga@uisd.net

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Teachers classroom supplies and materials, incentives, etc.

\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Request: \$1,450.00

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: 9/13/2024

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](mailto:boarddiscretionary@uisd.net)





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

Exhibit A

*JSR*

Requesting Campus: United High School

Campus Principal/Director: Jessica Salazar

Originators Email: [jcsalazar@uisd.net](mailto:jcsalazar@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Teachers classroom supplies and materials, incentives, etc.

Estimated Cost of Request: \$3,875.00

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: 09/13/24

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](mailto:boarddiscretionary@uisd.net)



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

Exhibit A

*Handwritten initials*

Requesting Campus: United High 9<sup>th</sup> School

Campus Principal/Director: Jessica Salazar / Maria T. Lopez

Originators Email: [jcsalazar@uisd.net](mailto:jcsalazar@uisd.net) [mtlopez@uisd.net](mailto:mtlopez@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Teachers classroom supplies and materials, incentives, etc.

Estimated Cost of Request: \$1,240.00

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: 9/13/24

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](mailto:boarddiscretionary@uisd.net)



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

Exhibit A

Requesting Campus: Muller Elementary

*pk*

Campus Principal/Director: Myra N. Ramirez

Originators Email: [msolorio@uisd.net](mailto:msolorio@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Supplies and Materials with focus on closing the GAP for student academic success.

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: \_\_\_\_\_ Date: 9/13/2024

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](mailto:boarddiscretionary@uisd.net)



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

Exhibit A

*B.R.*

Requesting Campus: Finley Elementary

Campus Principal/Director: Imelda Flores

Originators Email: [imeldaf@uisd.net](mailto:imeldaf@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Supplies and Materials with focus on closing the GAP for student academic success.

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: \_\_\_\_\_ Date: 9/13/2024

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](mailto:boarddiscretionary@uisd.net)





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

Exhibit A

*DR*

Requesting Campus: Fasken Elementary

Campus Principal/Director: Liliana Barragan

Originators Email: [lbarra54@uisd.net](mailto:lbarra54@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Supplies and Materials with focus on closing the GAP for student academic success.

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: \_\_\_\_\_ Date: 9/13/2024

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](mailto:boarddiscretionary@uisd.net)



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

Exhibit A

Requesting Campus: Washington Middle School

*bp*

Campus Principal/Director: David Guzman

Originators Email: [dguzman@uisd.net](mailto:dguzman@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Supplies and Materials with focus on closing the GAP for student academic success.

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: \_\_\_\_\_ Date: 09/13/2024

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](mailto:boarddiscretionary@uisd.net)



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

Exhibit A

*J.R.*

Requesting Campus: Juan R. Ramirez Middle School

Campus Principal/Director: Johnny Herrera, Jr.

Originators Email: [jherre03@uisd.net](mailto:jherre03@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Supplies and Materials with focus on closing the GAP for student academic success.

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: \_\_\_\_\_ Date: 9/13/2024

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](mailto:boarddiscretionary@uisd.net)



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

Exhibit A

Requesting Campus: Kazen Elementary

*DA*

Campus Principal/Director: Monica Arriaga

Originators Email: [marriaga@uisd.net](mailto:marriaga@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Supplies and Materials with focus on closing the GAP for student academic success.

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: \_\_\_\_\_ Date: 9/13/2024

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](mailto:boarddiscretionary@uisd.net)





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

Exhibit A

*PR*

Requesting Campus: United High School

Campus Principal/Director: Jessica Salazar

Originators Email: [jcsalazar@uisd.net](mailto:jcsalazar@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Supplies and Materials with focus on closing the GAP for student academic success.

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_ Date: 9/13/2024

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](mailto:boarddiscretionary@uisd.net)



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

Exhibit A

Requesting Campus: United High School – 9th

*ML*

Campus Principal/Director: Jessica Salazar / Maria T. Lopez

Originators Email: [jcsalazar@uisd.net](mailto:jcsalazar@uisd.net) [mtlopez@uisd.net](mailto:mtlopez@uisd.net)

Board Member: Michelle Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Supplies and Materials with focus on closing the GAP for student academic success.

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: \_\_\_\_\_ Date: 9/13/2024

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](mailto:boarddiscretionary@uisd.net)



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](mailto:grirodriguez@uisd.net)

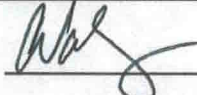
Board Member: Ricardo "Rick" Rodriguez

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](mailto: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

*LR*

Requesting Campus: CHERISH CENTER

Principal/Director: jOSEPH 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](mailto: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](mailto: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

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](mailto:boarddiscretionary@uisd.net)





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

Exhibit A

*BR 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: 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](mailto:boarddiscretionary@uisd.net)



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

Exhibit A

BR 9-9-24

Zaffirini Elementary

Requesting Campus: \_\_\_\_\_

Principal/Director: Claudia Y. Benauides

Originators Email: cbenauid@uisd.net

Board Member: Rick Rodriguez

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Purchase of canopies to place on our outdoor front and side dismissal area. Will assist in ensuring that our staff and students are protected from the weather conditions -excessive heat and rain.

Estimated Cost of Request: \$ \$3,000

Principal or Director Signature: Claudia Y. Benauides Date: 9/9/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: 09/09/2024

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](mailto:boarddiscretionary@uisd.net)

Revised: September 4, 2024



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

Exhibit A

PL 9-9-24

Requesting Campus: Antonio Gonzalez Middle School

Principal/Director: Araceli Garza

Originators Email: [aracelig@uisd.net](mailto:aracelig@uisd.net) [monica.segura@uisd.net](mailto:monica.segura@uisd.net)

Board Member: Ricardo "Rick" Rodriguez

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Campus Faculty & Staff Incentive

\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Request: \$ 860

Principal or Director Signature: *Araceli Garza* Date: 9/9/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: 09/09/24

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](mailto:boarddiscretionary@uisd.net)

# INVOICE 771



Date Friday, September 20, 2024

Paco Rodriguez 956-645-4377

5507 McPherson

perezrodriquez1@live.com

Jessica 956-754-8307

Customer GONZALEZ MIDDLE SCHOOL

Tel. Cel. 956-473-7001

Contact MONICA SEGURA

Email \_\_\_\_\_

Serving Time	Quantity	Description	Unit Price	Total
Event Time: 10:30 AM Delivery				
Pick up:				
Guests:				
115		CHICKEN BREAST W POBLANO SAUCE POBLANO PASTA AND MEDLEY VEGIES	\$ 7.00	\$ 805.00
1		DISPOSABLE PLATES AND CUTERY SERVING, SET UP, CLEAN UP	\$ 55.00	\$ 55.00

Date	Amount	Balance
Dep 1		
Dep 2		
Dep 3		
Dep 4		

Sub Total	\$	860.00
Tax		
Delivery SC		
<b>Grand Total</b>	<b>\$</b>	<b>860.00</b>

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be aware that our food may contain or come into contact with common allergens.  
 All events require a 100% 30 days before event.  
 Rodriguez Catering Co. is not responsible  
 for food left unattended at home business or on the outside of any premises.  
 3% Charge on credit cards will be applied. I have understood all regulations  
 and by signing below acknowledge. (Deposit not refundable)





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

Exhibit A

DR 9-7-24

Requesting Campus: Antonio Gonzalez Middle School

Principal/Director: Araceli Garza

Originators Email: aracelig@uisd.net monica.segura@uisd.net

Board Member: Ricardo "Rick" Rodriguez

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Security Cameras for improved campus security

\_\_\_\_\_

\_\_\_\_\_

Estimated Cost of Request: \$ \$4,254.00

Principal or Director Signature: *Araceli Garza* Date: 9/9/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 09/09/24

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](mailto:boarddiscretionary@uisd.net)

To: United Isd

Attn: Casey King

Date: September 4, 2024

Ref: Guadalupe Lopez- Cam 32mp For Gym

Loc: Antonio Gonzalez Middle School - 5208 Santa Claudia Ln. Laredo, Tx 78043

Of: (956) 473-6249 Cel: (956) 286-6454

Email: cking@uisd.net

Quantity	Description	Unit Price	Amount
1	AVIGILON 32C-H5-A-4MH 4X8MP 3.3-5.7MM ANALYTIC'S CAMERA MODULE	\$ 2,695.00	\$ 2,695.00
1	AVIGILON H5AMH-AD-PEND1 ADAPTER PENDANT MOUNT H5MH	\$ 150.00	\$ 150.00
1	AVIGILON H5AMH-DO-COVR1 SURFACE / PENDANT MOUNT H5MH	\$ 150.00	\$ 150.00
1	AVIGILON WLMT-1001 WALL MOUNT FOR LARGE PENDENT CAMERA	\$ 89.00	\$ 89.00
1	AVIGILON H4AMH-AD-IRIL1 ACCESSORY, IR RING, H4MH	\$ 295.00	\$ 295.00
1	AVIGILON H4-MT-CRNR1 CORNER H4A H4SL H4PTZ H3MH MOUNT	\$ 150.00	\$ 150.00
1	INSTALLATION & CONFIGURATION OF CAMERAS.	\$ 400.00	\$ 400.00
1	CAT. 6 PLENUM CABLE RUN <300' INTERIOR: INCLUDES 2 ATLAS JACKS, 1-PORT LEVITON SURFACE MOUNT BOX W/RACEWAY, LABEL, TESTED.	\$ 325.00	\$ 325.00

The materials and workmanship furnished under this proposal shall comply with the rules set forth by the state and local regulations governing such work. Any changes made in the specifications above shall be made in writing prior to start of job and as evidence of the agreement. M1 Networks, Inc. shall not be held responsible for any loss, damage or delay due to causes beyond M1 Networks, Inc. control. M1 Networks will have in force general liability as set forth by the State and Local Government and agreement between M1 Networks, Inc. and customer.

Sincerely,

**Subtotal** \$ 4,254.00

**Total** \$ 4,254.00

M1 Networks



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

Exhibit A

Handwritten note: B.D. 9-10-24

Requesting Campus: United South Middle School

Campus Principal/Director: Carlos Valdez

Originators Email: carlosv@uisd.net

Board Member: Ricardo "Rick" Rodriguez

Board Member:

Board Member:

Description of Request: These monies will be used for teacher incentives that will help us celebrate our 2023-2024 projected A rating and to get broadcasters for our football games at the SAC and/or Kruger Field.

Estimated Cost of Request: \$ 4,500.00

Principal or Director Signature: [Handwritten Signature] Date: 9/10/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Date: 09/10/24

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

Revised: August 27, 2024





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

Exhibit A

AD 9-10-24

Requesting Campus: United South Middle School

Campus Principal/Director: Carlos Valdez

Originators Email: agarza29@uisd.net

Board Member: Ricardo "Rick" Rodriguez

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: To purchase footballs and caps for students.

\_\_\_\_\_

\_\_\_\_\_

Estimated Cost of Request: \$ 2,000.00

Principal or Director Signature: *CV* Date: 9/10/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 9/10/24

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](mailto:boarddiscretionary@uisd.net)





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

Exhibit A  
*62 9-10-24*

Requesting Campus: R.S. Killam Elementary

Principal/Director: Agapito Palizo Jr.

Originators Email: apali04@uisd.net

Board Member: Ricardo Rodriguez

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Purchasing printers and toner for team leaders and school counselor.

Estimated Cost of Request: \$ 3,000.00

Principal or Director Signature: *[Signature]* Date: 9/10/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: 09/10/24

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](mailto:boarddiscretionary@uisd.net)