

Exhibit A	
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Requesting Campus: Health Services Departme	ent -/
Campus Principal: Director: Irene Rosales MS	N, RN
Originators Email: irosales@uisd.net	
Board Member: Mr. Francisco Castillo	
Board Member:	
Board Member:	
Description of Request: I am requesting	Discretionary Funds from Mr. Francisco Castillo
to incentivize the nursing staff during the Nation	al School Nurses' Celebration on May 10, 2024. This is to increase
the morale of the nurses and Health Services staf	f to keep them working at their optimum.
Estimated Cost of Request: \$ 1,000,00	
Principal or Director Signature:	Rosals Date: 4.12.24
ASSOCIATE SUPERINTENDENT APPROVAL:	YesNo
Signature:	Date:
SUPERINTENDENT APPROVAL:	Yes No
Signature:	Date:
BOARD MEMBER APPROVAL:	Yes No
Signature:	Date: 04/23/2024
BOARD MEMBER APPROVAL:	Yes No
Signature:	Date:
BOARD MEMBER APPROVAL:	Yes No
Signature:	Date:
BOARD APPROV	AL DATE:



Exh	ib	it	A
- 6			

United High School			*
Jessica Salazar			
cportillo@uisd.net rrhinojos	a@uisd.net gin	a.lara@u	uisd.net
Francisco "Frank" Castillo			
		181	
t: Larriette Dance Team t	transportation	expense t	o attend MA Officers Camp in
quest: \$1,000.00			
			Date:
Jestitus - Jestitus Sun			
INTENDENT APPROVAL:	Yes	_	No
		Date:	
APPROVAL:	Yes		No
		Date:	
			No
	-	— Data:	05/08/2024
		Date.	
APPROVAL:	Yes	-	No
		Date:	
APPROVAL:	Yes		No
	Jessica Salazar cportillo@uisd.net rrhinojos Francisco "Frank" Castillo st: Larriette Dance Team to quest: \$1,000.00 Signature: Jessica Sala EINTENDENT APPROVAL: APPROVAL: APPROVAL: APPROVAL:	cportillo@uisd.net rrhinojosa@uisd.net gin Francisco "Frank" Castillo St: Larriette Dance Team transportation quest: \$1,000.00 Signature: Jessica Salazar EINTENDENT APPROVAL: Yes APPROVAL: Yes APPROVAL: Yes	Jessica Salazar cportillo@uisd.net rrhinojosa@uisd.net gina.lara@u Francisco "Frank" Castillo st: _Larriette Dance Team transportation expense t quest: \$1,000.00 Signature:Jessica Salazar INTENDENT APPROVAL: Yes Date: APPROVAL: Yes Date: APPROVAL: Yes Date: APPROVAL: Yes



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Requesting Campus: Health Department			Y
Campus Principal: Irene Rosales			
Originators Email:			
Soard Member: Francisco "Frank" Castillo			
Board Member:			
aged Members		4 77	
Description of Request: Nurses Week faculty an	d staff incentive	es	
Houston, Texas.			
Estimated Cost of Request: \$500.00			
rincipal or Director Signature: Mike Gaviza	ı		Date: 05/08/20024
SSOCIATE SUPERINTENDENT APPROVAL:	Yes		No
Signature:		Date:	
UPERINTENDENT APPROVAL:	Yes		No
Signature:		Date:	
OARD MEMBER APPROVAL:	Yes		No
Signature:	<u> </u>	Date:	05/08/2024
OARD MEMBER APPROVAL:	Yes		No
Signature:		Date:	
OADD MEMBER ARROWAL.	Ves		No
OARD MEMBER APPROVAL:			





FOR CHILDREN		1 -1		
Requesting Campus:	Juarez-Lin	coln Elem).	_
Campus Principal:	Roberto O	rtiz		
Originators Email:		<u> </u>		
Board Member: Ra	miro Veliz, I	T		
Board Member:			Ei	
Board Member:				
Description of Request: _			oplies, materials and other	
Estimated Cost of Request:	\$500.00			
Principal or Director Signa	ture: Mike Go	vvza	Date: 05/06/2024	
ASSOCIATE SUPERINTE	NDENT APPROVA	L: Yes	No	
Signature:			Date:	
SUPERINTENDENT APPR	ROVAL:	Yes	No	
Signature:			Date:	
BOARD MEMBER APPRO	OVAL:	Yes	No	
Signature:	12024	4	Date: 05/06/2024	
BOARD MEMBER APPRO	OVAL:	Yes	No	
Signature:	5°,		Date:	
BOARD MEMBER APPRO	OVAL:	Yes	No	
			Date:	

BOARD APPROVAL DATE:



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Requesting Campus: United South	1 High School – 9 th		7
Campus Principal: Laura D. Colli	ins		
Originators Email: <u>edavila1@uis</u>	d.net ssweatt@uisd.net		
Board Member: Ramiro Veliz, I	п		
Board Member:			
Board Member:			
Description of Request:Class of	2027 Student Incentives for Er	nd Of Ye	ar field trip expenses
Estimated Cost of Request: \$1,500.	00		
Principal or Director Signature:	Le U-C		Date: 05/02/2024
ASSOCIATE SUPERINTENDENT	APPROVAL: Yes		No
Signature:		Date:	
SUPERINTENDENT APPROVAL:	Yes	_	No
Signature:		Date:	
BOARD MEMBER APPROVAL:	Yes		No
		— Date:	05/02/24
		Date.	
BOARD MEMBER APPROVAL:	Yes	_	No
Signature:		Date:	
BOARD MEMBER APPROVAL:	Yes		No
Signature:		Date:	
ROAR	RD APPROVAL DATE:		
BOTH	THE RESERVE TABLE BALLETS		



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Requesting Campus:	Finley Elementary			No.
Campus Principal:	Imelda Flores			
Originators Email:	imeldaf@uisd.net claudia.p	enaestrad@uisd	l.net	
Board Member:	Aichelle Molina			
Board Member:				
Board Member:				
Description of Reques	t: For Student participati	on in the Imagi	ne Lab N	Aobile Half-Day Session
(activities include: B	iology, Chemistry, Art & Phys	sics, Math and l	Engineer	ing))
Estimated Cost of Re	quest: \$800.00	7 7		
		ed a	5	D-4 05/01/2024
Principal or Director	Signature:	())——	Date: 05/01/2024
ASSOCIATE SUPER	INTENDENT APPROVAL:	Yes		No
Signature: _		<u> </u>	Date:	
SUPERINTENDENT	APPROVAL:	Yes		No
			— Date:	
BOARD MEMBER A	APPROVAL:	Yes /		No
Signature:			Date:	05/02/24
BOARD MEMBER A	APPROVAL:	Yes	_	No
Signature: _			Date:	
BOARD MEMBER A	APPROVAL:	Yes	_	No



Exhibit A

Requesting Campus: _	J.B.J. MULLER EI	LEMENTARY		
Campus Principal: M	AYRA N. RAMIRE	Z		
Originators Email: N	ASOLORIO@UISD	.NET		
Board Member:	MICHELLE MOLIN	NA		· .
Board Member:				
Board Member:				
Description of Request:	Homework plan	ners for students	s to keep them o	rganized and have communication /
documentation with p	parents through the	planners since st	tudents and pare	ents sign the planner on a daily basis.
			CD-50-10-4-0-0-10-0-10-0-0-0-0-0-0-0-0-0-0-0	
Estimated Cost of Requ	est: \$ 3,298.25			
Principal or Director Si	gnature: 🎢	ayra P	Janus 1	Date: 3/21/24
ASSOCIATE SUPERIN	TENDENT APPRO	OVAL: Yes_		No
Signature:			Date:	
SUPERINTENDENT A	PPROVAL:	Yes_		No
Signature:			Date:	
BOARD MEMBER AP	PROVAL:	Yes		No
Signature: 🔑	TAILY		Date:	05/03/24
BOARD MEMBER AP	PROVAL:	Yes_		No
Signature:			Date:	
BOARD MEMBER AP	PROVAL:	Yes _		No
Signature:			Date:	
-	BOARD API	PROVAL DATE	:	



2024-2025 Student Planner Order Form Order online, or complete, sign, and email order form to purchaseorders@schoolmate.com,

For 0	Office	Use	Only – 1/24 web	
order #				

schoolmate.com	Or:	rax to 800-570-1767, Call	800-516-8339 WIT	n questions. Pho	ne orders not a	icceptea.				
School Name Muller tumentary				Proof Contact (Provide ALL contact info) Date Rec'd						
District Name UNITED 15D			Name	Ange	ela so	115	ax (954) 473.	-3999		
Contact Name Mayin Raymon Title Principal				Cell Ph (Cell Ph () Alt Ph ()					
School Mailing Address	4430	Muller Mer	16 161 BU	Home Ema	il (required) _					
City, State, Zip	ivedu, Te	Xas 7804	5	Work Emai	(required) _	asc	115 @	uisd ne-	+	
Ship Address (If different. I	No PO Boxes)				ntion to: _	Un	1 ted 1	Sd		
Ship City, State, Zip	11-2 2 1 1			□ PO# (opt.)				☐ Invoice Us	
School Ph (156)	473-3900	Fax 1954 1477	3-3999	Pay by cr	edit card, go	to schoolm	ate.com.			
Cell Ph () Email (required)Y	A	It Ph ()		Early Invoic	e by			Signature Requ		
Email (required)Y	N2016219 G	usdinet		☐ Please so	end me email	updates, re	eminders, a	nd special offers from Se	chool Mate®	
A CHOOSE PL	ANNER - Check	only 1 product code belo	w. Submit extra or	der form(s) for a	dditional produ	ict(s).		QUANTITY		
PLANNER TYPE	Kindergarten Primary	Elementary Middle School	Navigator Hip		Undated Agenda		Scholar #	Student Planners	250	
Value Planners	C KGA C PHA					GEN C				
Custom Planners	□ KGB XPRE		O (NO)	ISB CAGE		77777	GRB "	Teacher Editions (TE) + NA for Undated Agendas (UDA)	050	
Custom with Handbooks				ISC CAGO	NA C		GRO #	Total Planners (TP) =	250	
G VALUE PLA	NNERS - See Pric	e Chart C		THE PERSON NAMED IN				ithout Handbooks) – See Pric		
\$ x Total F	Planners (TP) (25 min.	order, 60 min. for UDA)	= \$	\$ 3.4	5 x Total I	Planners (T	P) (60 min. or	der) = \$	862.50	
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COVERS FO	r Cuetom Plannere only	. Select a cover design and c	omplete the Count W	Jardina (also indic	ato if waare are to	n ha printed) n	nd Massat ha	low		
								FREE		
/ 4								FREE		
								FREE		
								FREE		
□ #C	Repeat I	ast year's; change year	Own design							
5. Multicolor or P	hoto Cover - Indicate	2 standard inks:			*******		*******	TP x 25¢ = \$		
		ast year's; change year I Own photo, OR 🚨 Pho	U Own design		Ronast last	vaar'e daein	in. chango vi	nar	(\$40 minimum)	
Cover Wording:	J.B.J.	Muller to	ementa	(4)			in, change ye	- 2 commo como		
Mascot: Online ma	scot#	□ 0wn	mascot Repe	at last year's ma	scot					
6. Custom Back C	over 🚨 Own design	Repeat last year's	Solid - standa	ard ink:			********	TP x 25¢ = \$		
☐ Custom Inside I	Back Cover (only ava	ilable with Custom Back	Cover) Own de	esign 🗆 Repe	at last year's .		********	TP x 25¢ = \$	(\$40 minimum)	
		DS - For Custom Planne							(\$40 minimum)	
The same of the sa		re 4, 5, and 6. Only opt				ii atmient i in	iliners and Te	acher Entions.		
		2. ☐ Year-Rnd.				nt of planner	□ back of	planner		
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6. □ Inserts □ IN1	□ IN2 □ IN3	O IN4					FTotal Insort	sx 25¢ x TP = \$	Options 1-5 Total	
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				ISC, SRB, or SR	C) TE x 85€ =			=\$		
G HANDBOOK	CPAGES - For Cu	stom Planners only								
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EXTRAS - AV	railable for ALL planner	s & agendas (Value and C	ustom).			7. 100				
								TP x 20¢ = \$		
								asesx \$35 = \$		
Order will not be processed without a signature.					SHIPPING & ORDER TOTALS Subtotal = \$				862.50	
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Sign Here / /)	-J mya	Date Date	0129	Shipping – (AK	, HI, APO, FPO	call for prici	ng) 48 state	s 50¢/planner = \$	125.00	
L By sign	ing, you agree to School Ma	RESTRUITS & CONDITIONS	THE RESERVE OF THE PARTY OF THE	State Tax Custon	ner must provide	tax exempt for	m. or customer	Pretax Total = \$ will be responsible for = \$		
Special Instructions:	Please attach if you ha	ve any.		paying	sales lax.				987.50	
			1	Delay Ship (op: UJuly 2	6 Apr 19	☐ May 10 ☐ Aug 9		☐ July 12 ☐ July 19 ☐ Aug 23 ☐ Aug 30	FOTAL	



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A CHOOSE PLANNER - Check only 1 product code below. Submi	t extra orde						UANTITY	
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C VALUE PLANNERS - See Price Chart C		CUS	TOM P	AMME	DS (with a		Handbooks) – See Pric	
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Continue on to sections H and I.			- WE WIS		on to section			
E COVERS - For Custom Planners only. Select a cover design and complete th	e Cover Wo	ording (also indicate	e if years are	to be printed	l) and Mascot	below.		
1. Poly-Pro™ Cover with school name/mascot in black ink: Design #P							FREE	
2. Tell-Color Agenda Cover - For AGB and AGC only with school name								
3. Religious Cover with school name/mascot in black ink: #R		***********	* * * * * * * * * * * * *		********		FREE	
4. One-Color Cover – Indicate 1 standard ink:		9:30:00:00:00:00:00:00:00:00:00:00:00:00:	 	*****	K. B. D. D. B.		FREE	
□ #C □ □ Repeat last year's; change year □ Ow	vn design						ala caso ca	_
5. • Multicolor or Photo Cover – Indicate 2 standard inks: #T Repeat last year's; change year • Own photo OR Photo masco	m design		* * * * * * * * * * *	******			TP x 25¢ = \$	(\$40 minimum)
			Repeat las	t year's de	sign; change	year	,	
Cover Wording: J. B. J. Muller Ele							print 2024-2025	
Mascot: Online mascot # Own mascot								-
6. ☐ Custom Back Cover ☐ Own design ☐ Repeat last year's ☐ Soli								(\$48 minimum)
□ Custom Inside Back Cover (only available with Custom Back Cover)								(\$40 minimum)
OPTIONS & TEACHER AIDS - For Custom Planners only. All options ordered will be included in both Student Planners and Teacher Editions.								
Only options available for AGB & AGC are 4, 5, and 6. Only option available for AGB &					as Dibank	-£ -la		
3. □ Char. Ed. SupplTP x 40¢ = 4. □ Vinyl PouchTl							er =\$	_
								Options 1-5 Yotsi
6. □ Inserts □ IN1 □ IN2 □ IN3 □ IN4				*******	, #Total Ins	erts	x 25¢ x TP = \$	
Options for Teacher Editions (TE) only – will be placed in all TEs order Grade RecordsTE x 85¢ = Desson Plans (NA f		SC SBB or SBC)	TF x 85¢ :	=			2 =	-
G HANDBOOK PAGES - For Custom Planners only.		70, 0113, 01 0110,	12.7. 00					1
Note: 1 page is 1 side of a sheet of paper	#Total Cus	stom Pages	Y	Δ¢/naπe	(3¢ for HS	C SEC	& AGC) v TP - S	~
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H EXTRAS – Available for ALL planners & agendas (Value and Custom).								
☐ Page Marker Rulers — Must order for all, no partials						,		
☐ Wall Charts — 5 wall charts per case (must order by full case)	********	******				#cases_	x \$35 = \$	
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LAC CO	De	Hen bassassas	. A	o IC.	Name :	d	Subtotal = \$	2,018, 6
Sign Here M. John in Date 2/23/3	24 8	hippina – (AK +	II. APO FPO	s (Gustom)) call for o	ricina) 48 sta	yı – add ites	20% (\$75 min.) = \$ 50¢/planner = \$	292.50
By signing, you agree to School Mate's Terms & Conditions	1						Pretax Total = \$	
Special Instructions: Place - Wash 1	S	tate Tax Custome paying s	r must provid	e lax exempi	lorm, or custon	ner will be	responsible for = \$	
Delay Ship (opt.): Apr19 May 10 June 14 July 12 July 19 2.							2,310.75	



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Requesting Campus:	Clark Middle School	<u> </u>		h
Campus Principal:	Michelle Gomez	e Bussel		<u> </u>
Originators Email:	mcgomez@uisd.net			
Board Member:	Michelle Molina		3.00	
Board Member:			ď.	
Board Member:	Code		7,7	
Description of Reque	st: Teacher Appreciation		-	
Estimated Cost of Re	quest: \$ 1000.00 Signature: Mikhelle	L. Main	y>	Date: 5/3/2024
	RINTENDENT APPROVAL:	Yes		No
Signature: _			Date:	
SUPERINTENDENT	APPROVAL:	Yes	_	No
Signature:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date:	
BOARD MEMBER A	APPROVAL:	Yes/	_	No
Signature:	Michellesselm	•	Date:	05/03/2024
BOARD MEMBER A	APPROVAL:	Yes	_	No
Signature: _	17		Date:	
BOARD MEMBER	APPROVAL:	Yes		No

BOARD APPROVAL DATE:





Requesting Campus: Newman,	Juellar, Gutierrez, Col.	. Santos Benavides	, R. J. Santos, United MS & AHS-Main				
Campus Principal: Various Pri	ncipals						
Originators Email: grirodrigue	nators Email: grirodriguez@uisd.net exmartinez@uisd.net						
Board Member: Aliza Olivero	s						
Board Member:							
Board Member:							
Description of Request:Teach	er Appreciation Week	Incentives					
Estimated Cost of Request: \$600 Principal or Director Signature:			Date: 05/06/2024				
ASSOCIATE SUPERINTENDEN	T APPROVAL: Yes	5	No				
Signature:		Date:					
SUPERINTENDENT APPROVA	L: Yes	S	No				
Signature:		Date:					
BOARD MEMBER APPROVAL: Signature:			No				
BOARD MEMBER APPROVAL:	Yes	s	No				
Signature:		Date:					
BOARD MEMBER APPROVAL	Yes	S	No				
Signature:	1, 1	Date:					
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