



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

Exhibit A

F.C. 04/23/24

Requesting Campus: Health Services Department

Campus Principal: Director: Irene Rosales MSN, 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 National School Nurses' Celebration on May 10, 2024. This is to increase
the morale of the nurses and Health Services staff to keep them working at their optimum.

Estimated Cost of Request: \$ 1,000.00

Principal or Director Signature: *Irene Rosales* Date: 4.12.24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
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 APPROVAL DATE: _____

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



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

Exhibit A

FC/AR-5-8-24

Requesting Campus: United High School

Campus Principal: Jessica Salazar

Originators Email: cportillo@uisd.net rrhinojosa@uisd.net gina.lara@uisd.net

Board Member: Francisco "Frank" Castillo

Board Member: _____

Board Member: _____

Description of Request: Larriette Dance Team transportation expense to attend MA Officers Camp in Houston, Texas.

Estimated Cost of Request: \$1,000.00

Principal or Director Signature: Jessica Salazar Date: _____

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: _____ Date: 05/08/2024

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

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

BOARD APPROVAL DATE: _____

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

Exhibit A

FC-1392-5/8/24

Requesting Campus: Health Department

Campus Principal: Irene Rosales

Originators Email: _____

Board Member: Francisco "Frank" Castillo

Board Member: _____

Board Member: _____

Description of Request: Nurses Week faculty and staff incentives

Houston, Texas.

Estimated Cost of Request: \$500.00

Principal or Director Signature: Mike Garza Date: 05/08/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: _____ Date: 05/08/2024

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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

Exhibit A

Requesting Campus: Juarez-Lincoln Elem.

Campus Principal: Roberto Ortiz

Originators Email: _____

Board Member: Ramiro Veliz, III

Board Member: _____

Board Member: _____

Description of Request: 5th Grade level, supplies, materials and other graduation expenses.

Estimated Cost of Request: \$500.00

Principal or Director Signature: Mike Garza Date: 05/06/2024

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: [Signature] Date: 05/06/2024

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

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

BOARD APPROVAL DATE: _____

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

Exhibit A

R.V. / 05/24

Requesting Campus: United South High School – 9th

Campus Principal: Laura D. Collins

Originators Email: edavila1@uisd.net ssweatt@uisd.net

Board Member: Ramiro Veliz, III

Board Member: _____

Board Member: _____

Description of Request: Class of 2027 Student Incentives for End Of Year field trip expenses

Estimated Cost of Request: \$1,500.00

Principal or Director Signature: *Laura D. Collins* Date: 05/02/2024

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: _____ Date: 05/02/24

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: boardagenda@uisd.net



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

Exhibit A

Handwritten date: 4/15/24

Requesting Campus: Finley Elementary

Campus Principal: Imelda Flores

Originators Email: imeldaf@uisd.net claudia.penaestrada@uisd.net

Board Member: Michelle Molina

Board Member:

Board Member:

Description of Request: For Student participation in the Imagine Lab Mobile Half-Day Session

(activities include: Biology, Chemistry, Art & Physics, Math and Engineering))

Estimated Cost of Request: \$800.00

Principal or Director Signature: [Handwritten Signature] Date: 05/01/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes [checked] No

Signature: Date: 05/02/24

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: boardagenda@uisd.net



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

Exhibit A

Requesting Campus: J.B.J. MULLER ELEMENTARY

Campus Principal: MAYRA N. RAMIREZ

Originators Email: MSOLORIO@UISD.NET

Board Member: MICHELLE MOLINA

Board Member: _____

Board Member: _____

Description of Request: Homework planners for students to keep them organized and have communication /
documentation with parents through the planners since students and parents sign the planner on a daily basis.

Estimated Cost of Request: \$ 3,298.25

Principal or Director Signature: Mayra Ramirez Date: 3/21/24

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: [Signature] Date: 05/03/24

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 final processing: boardagenda@uisd.net



2024-2025 Student Planner Order Form

Order online, or complete, sign, and email order form to purchaseorders@schoolmate.com, or fax to 800-570-1767. Call 800-516-8339 with questions. Phone orders not accepted.

For Office Use Only - 1/24 web

Order # _____
Date Rec'd _____

School Name Muller Elementary
District Name UNITED ISD
Contact Name Mayra Ramirez Title Principal
School Mailing Address 4430 Muller Memorial Blvd
City, State, Zip Laredo, Texas 78045
Ship Address (If different, No PO Boxes) _____
Ship City, State, Zip _____
School Ph (956) 473-3900 Fax (956) 473-3999
Cell Ph () _____ Alt Ph () _____
Email (required) msolorio@uisd.net

Proof Contact (Provide ALL contact info)
Name Angela Solis Fax (956) 473-3999
Cell Ph () _____ Alt Ph () _____
Home Email (required) _____
Work Email (required) asolis@uisd.net
Bill Attention to: United ISD
 PO# (opt.) _____ Invoice US
 Pay by credit card, go to schoolmate.com.
Early Invoice by ____/____/____ **Signature Required Below**
 Please send me email updates, reminders, and special offers from School Mate.®

A CHOOSE PLANNER - Check only 1 product code below. Submit extra order form(s) for additional product(s).											B QUANTITY	
PLANNER TYPE	Kindergarten	Primary	Elementary	Middle School	Navigator	High School	Dated Agenda	Undated Agenda	Classic	Scholar	# Student Planners.....	
Value Planners	<input type="checkbox"/> KGA	<input type="checkbox"/> PPA	<input type="checkbox"/> ELA	<input type="checkbox"/> MSA	<input type="checkbox"/> NVA	<input type="checkbox"/> HSA	<input type="checkbox"/> AGA	<input type="checkbox"/> UDA	<input type="checkbox"/> GLA	<input type="checkbox"/> SRA	250	
Custom Planners	<input type="checkbox"/> KGB	<input checked="" type="checkbox"/> PRB	<input type="checkbox"/> ELB	<input type="checkbox"/> MSB	<input type="checkbox"/> NVB	<input type="checkbox"/> HSB	<input type="checkbox"/> AGB	NA	<input type="checkbox"/> GLB	<input type="checkbox"/> SRB	# Teacher Editions (TE) + ... NA for Undated Agendas (UDA)	-
Custom with Handbooks	<input type="checkbox"/> KGC	<input type="checkbox"/> PRC	<input type="checkbox"/> ELG	<input type="checkbox"/> MSG	<input type="checkbox"/> NVG	<input type="checkbox"/> HSG	<input type="checkbox"/> AGC	NA	<input type="checkbox"/> CLG	<input type="checkbox"/> SRC	# Total Planners (TP) = ...	250

C VALUE PLANNERS - See Price Chart C
\$ _____ x Total Planners (TP) (25 min. order, 60 min. for UDA) ... = \$ _____
KGA PPA ELA MSA NVA HSA AGA UDA GLA SRA
Continue on to sections H and I.

D CUSTOM PLANNERS (with or without Handbooks) - See Price Chart D
\$ 3.45 x Total Planners (TP) (60 min. order) ... = \$ 862.50
KGB KGC PRB PRG ELB ELC MSB MSG NVB NVG HSB HSC AGB AGC GLB GLC SRB SRC
Continue on to sections E, F, G, H, and I.

E COVERS - For Custom Planners only. Select a cover design and complete the Cover Wording (also indicate if years are to be printed) and Mascot below.

- Poly-Pro™ Cover with school name/mascot in black ink: Design #P- 841 FREE
- Full-Color Agenda Cover - For AGB and AGC only with school name/mascot in black ink: #FC- _____ FREE
- Religious Cover with school name/mascot in black ink: #R- _____ FREE
- One-Color Cover - Indicate 1 standard ink: _____ FREE
 #C _____ Repeat last year's; change year Own design
- Multicolor or Photo Cover - Indicate 2 standard inks: _____ TP x 25¢ = \$ _____
 #T _____ Repeat last year's; change year Own design
 Photo Cover #F _____; Own photo, OR Photo mascot # _____ Repeat last year's design; change year
Cover Wording: J.B.J. Muller Elementary print 2024-2025
Mascot: Online mascot # _____ Own mascot Repeat last year's mascot
- Custom Back Cover Own design Repeat last year's Solid - standard ink: _____ TP x 25¢ = \$ _____
 Custom Inside Back Cover (only available with Custom Back Cover) Own design Repeat last year's TP x 25¢ = \$ _____

F 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 CLB, CLC, SRB & SRC is 6.

- Hall Pass Sheet... TP x 12¢ = _____
- Year-Rnd. Suppl. TP x 25¢ = _____ → bind in: front of planner back of planner
- Char. Ed. Suppl.... TP x 40¢ = _____
- Vinyl Pouch..... TP x 30¢ = _____
- Planning Stickers... TP x 25¢ = _____ = \$ _____
- Inserts IN1 IN2 IN3 IN4 #Total Inserts _____ x 25¢ x TP = \$ _____

Options for Teacher Editions (TE) only - will be placed in all TEs ordered.
 Grade Records..... TE x 85¢ = _____ Lesson Plans (NA for HSB, HSC, SRB, or SRC) TE x 85¢ = _____ = \$ _____

G HANDBOOK PAGES - For Custom Planners only.
Note: 1 page is 1 side of a sheet of paper. #Total Custom Pages _____ x 4¢/page (3¢ for HSC, SRC & AGC) x TP = \$ _____
 Repeat last year's pages Press-ready pages enclosed PDF uploaded

H EXTRAS - Available for ALL planners & agendas (Value and Custom).
 Page Marker Rulers - Must order for all, no partials. TP x 20¢ = \$ _____
 Wall Charts - 5 wall charts per case (must order by full case). #cases _____ x \$35 = \$ _____

Order will not be processed without a signature.
Sign Here M. Ramirez Date 2/23/24
By signing, you agree to School Mate's Terms & Conditions

I SHIPPING & ORDER TOTALS
Subtotal = \$ 862.50
 RUSH Production - 4 weeks (Custom Planners only) - add 20% (\$75 min.) = \$ _____
Shipping - (AK, HI, APO, FPO call for pricing) 48 states..... 50¢/planner = \$ 125.00
Pretax Total = \$ _____
State Tax Customer must provide tax exempt form, or customer will be responsible for paying sales tax. = \$ _____
Delay Ship (opt.): Apr 19 May 10 June 14 July 12 July 19
 July 26 Aug 2 Aug 9 Aug 16 Aug 23 Aug 30
TOTAL 987.50

Special Instructions: Please attach if you have any.



2024-2025 Student Planner Order Form

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For Office Use Only - 1/24 web

Order # _____
Date Rec'd _____

School Name Muller Elementary
District Name United I.S.D.
Contact Name Marya Ramirez Title Principal
School Mailing Address 4480 Muller Memorial Blvd.
City, State, Zip Laredo, TX 78045
Ship Address (If different, No PO Boxes) _____
Ship City, State, Zip _____
School Ph (954) 473-3900 Fax (954) 473-3999
Cell Ph () _____ Alt Ph () _____
Email (required) msolorio@uisd.net

Proof Contact (Provide ALL contact info)
Name Angela Solis Fax (954) 473-3999
Cell Ph () _____ Alt Ph () _____
Home Email (required) _____
Work Email (required) asolis@uisd.net
Bill Attention to: United ISD
 PO# (opt.) _____ Invoice US
 Pay by credit card, go to schoolmate.com.
Early Invoice by ____/____/____ Signature Required Below
 Please send me email updates, reminders, and special offers from School Mate®

A CHOOSE PLANNER - Check only 1 product code below. Submit extra order form(s) for additional product(s).											B QUANTITY	
PLANNER TYPE	Kindergarten	Primary	Elementary	Middle School	Navigator	High School	Dated Agenda	Undated Agenda	Classic	Scholar	# Student Planners.....	
Value Planners	<input type="checkbox"/> KGA	<input type="checkbox"/> PRA	<input type="checkbox"/> ELA	<input type="checkbox"/> MSA	<input type="checkbox"/> NVA	<input type="checkbox"/> HSA	<input type="checkbox"/> AGA	<input type="checkbox"/> UDA	<input type="checkbox"/> CLA	<input type="checkbox"/> SRA	585	
Custom Planners	<input type="checkbox"/> KGB	<input type="checkbox"/> PRB	<input checked="" type="checkbox"/> ELB	<input type="checkbox"/> MSB	<input type="checkbox"/> NVB	<input type="checkbox"/> HSB	<input type="checkbox"/> AGB	NA	<input type="checkbox"/> CLB	<input type="checkbox"/> SRB		# Teacher Editions (TE) + ... NA for Undated Agendas (UDA)
Custom with Handbooks	<input type="checkbox"/> KGC	<input type="checkbox"/> PRC	<input type="checkbox"/> ELC	<input type="checkbox"/> MSC	<input type="checkbox"/> NVC	<input type="checkbox"/> HSC	<input type="checkbox"/> AGC	NA	<input type="checkbox"/> CLC	<input type="checkbox"/> SRC	585	# Total Planners (TP) = ...

C VALUE PLANNERS - See Price Chart C
\$ _____ x Total Planners (TP) (25 min. order, 60 min. for UDA) ... = \$ _____
KGA PRA ELA MSA NVA HSA AGA UDA CLA SRA
Continue on to sections H and I.

D CUSTOM PLANNERS (with or without Handbooks) - See Price Chart D
\$3.45 x Total Planners (TP) (60 min. order) ... = \$ 2,018.25
KGB KGC PRB PRC ELB ELC MSB MSC NVB NVC HSB HSC AGB AGC CLB CLC SRB SRC
Continue on to sections E, F, G, H, and I.

E COVERS - For Custom Planners only. Select a cover design and complete the Cover Wording (also indicate if years are to be printed) and Mascot below.
1. Poly-Pro™ Cover with school name/mascot in black ink: Design #P- 837FREE
2. Full-Color Agenda Cover - For AGB and AGC only with school name/mascot in black ink: #FC- _____ FREE
3. Religious Cover with school name/mascot in black ink: #R- _____ FREE
4. One-Color Cover - Indicate 1 standard ink: _____ FREE
 #C _____ Repeat last year's; change year Own design
5. Multicolor or Photo Cover - Indicate 2 standard inks: _____ TP x 25¢ = \$ _____
 #T _____ Repeat last year's; change year Own design
 Photo Cover #F _____ Own photo OR Photo mascot # _____ Repeat last year's design; change year
Cover Wording: J.B.J. Muller Elementary print 2024-2025
Mascot: Online mascot # _____ Own mascot Repeat last year's mascot
6. Custom Back Cover Own design Repeat last year's Solid - standard ink: _____ TP x 25¢ = \$ _____
 Custom Inside Back Cover (only available with Custom Back Cover) Own design Repeat last year's TP x 25¢ = \$ _____

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Only options available for AGB & AGC are 4, 5, and 6. Only option available for CLB, CLC, SRB & SRC is 6.
1. Hall Pass Sheet... TP x 12¢ = _____ 2. Year-Rnd. Suppl. TP x 25¢ = _____ → bind in: front of planner back of planner
3. Char. Ed. Suppl.... TP x 40¢ = _____ 4. Vinyl Pouch..... TP x 30¢ = _____ 5. Planning Stickers... TP x 25¢ = _____ = \$ _____
6. Inserts IN1 IN2 IN3 IN4 #Total Inserts _____ x 25¢ x TP = \$ _____
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 Page Marker Rulers - Must order for all, no partials..... TP x 20¢ = \$ _____
 Wall Charts - 5 wall charts per case (must order by full case)..... #cases _____ x \$35 = \$ _____

Order will not be processed without a signature.
Sign Here M. Ramirez Date 2/23/24
By signing, you agree to School Mate's Terms & Conditions

I SHIPPING & ORDER TOTALS
Subtotal = \$ 2,018.25
 RUSH Production - 4 weeks (Custom Planners only) - add 20% (\$75 min.) = \$ _____
Shipping - (AK, HI, APO, FPO call for pricing) 48 states..... 50¢/planner = \$ 292.50
Pretax Total = \$ _____
State Tax Customer must provide tax exempt form, or customer will be responsible for paying sales tax. = \$ _____
Delay Ship (opt.): Apr 19 May 10 June 14 July 12 July 19
 July 26 Aug 2 Aug 9 Aug 16 Aug 23 Aug 30
TOTAL 2,310.75

Special Instructions: Please attach if you have any.



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

Exhibit A

MM/5-3-24

Requesting Campus: Clark Middle School

Campus Principal: Michelle Gomez

Originators Email: m Gomez@uisd.net

Board Member: Michelle Molina

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation

Estimated Cost of Request: \$ 1000.00

Principal or Director Signature: Michelle L. Gomez Date: 5/3/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: Michelle Molina Date: 05/03/2024

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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



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

Exhibit A

Requesting Campus: Newman, Cuellar, Gutierrez, Col. Santos Benavides, R. J. Santos, United MS & AHS-Main

Campus Principal: Various Principals

Originators Email: grirodriguez@uisd.net exmartinez@uisd.net

Board Member: Aliza Oliveros

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation Week Incentives

Estimated Cost of Request: \$600.00

Principal or Director Signature: Mike Garza Date: 05/06/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: Aliza Date: 05/06/2024

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: boardagenda@uisd.net