



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC Approval of Request from Board Members in re: Use of Board of Trustees Discretionary

Funds for Various Projects/Campuses

SUBMITTED BY: Javier Montemayor **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: March 25, 2015

RECOMMENDATION:

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

RATIONALE:

BUDGETARY INFORMATION:

BOARD POLICY REFERENCE AND COMPLIANCE:



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2014-2015

Requesting Campus UNITED HIGH SCHOOL

Campus Principal: Alberto Aleman

Board Member: Mr. Ricardo Molina - Juan Roberto Ramirez

Board Member: _____

Description of Request: UHS Auto Tech

Supplies needed for Auto Tech Competitions

Estimated Cost of Request \$1000.00

Principal or Director Signature: [Signature] Date 3/4/2015

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes No

Superintendent Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Approval: Yes No Date Approved: _____

Please return the completed form to the Superintendent's Office for final processing.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2014-2015

Requesting Campus: United High School Band

Campus Principal: Albert Aleman

Board Member: Judd Gilpin

Board Member: Javier Montemayor, Jr.

Board Member: _____

Description of Request: for Band Booster for expenses for Band students

Estimated Cost of Request \$3,500

Principal or Director Signature: _____ Date _____

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

Board Approval: Yes _____ No _____ Date Approved: _____

Please return the completed form to the Superintendent's Office for final processing.