



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

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

Funds for Various Projects/Campuses

SUBMITTED BY: Ramiro Veliz, III **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: September 17, 2019

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

RATIONALE:

BUDGETARY INFORMATION:

POLICY REFERENCE & COMPLIANCE:



**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020**

Requesting Campus: Central Office-Administration

Campus Principal: Gloria S. Rendon

Board Member: Ramiro Veliz, Javier Montemayor, Ricardo Rodriguez, Ricardo Molina,

Board Member: Juan Roberto Ramirez, Judd Gilpin, Aliza Flores-Oliveros

Description of Request: To pay for 2019-2021 UISD Shirts displaying/promoting new slogan

"U-Belong, U-Evolve, U Achieve".

Estimated Cost of Request: \$35,000.00 (\$5,000.00/Each)

Principal or Director Signature: _____ Date: 08/26/19

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Briselda Rodriguez for Date: 08/26/19

Ramiro Veliz, Ricardo Rodriguez, Javier Montemayor

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Briselda Rodriguez for Date: 08/26/19

Aliza Flores-Oliveros, Judd Gilpin, Juan R. Ramirez

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Briselda Rodriguez for Date: 08/26/19

Mr. Ricardo Molina

BOARD APPROVAL DATE: _____

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 2019-2020

Requesting Campus: Paciano Prada Elementary

Campus Principal: Vanessa Saldaña

Board Member: Ricardo Molina

Board Member: _____

Description of Request: Money will be used to purchase students incentives (\$3,000.00)

and traffic cones/barriers (\$1,000.00)

Estimated Cost of Request: \$ 4,000.00

Principal or Director Signature: *Vanessa Saldaña* Date: 09/03/2019

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: *Priselda Rodriguez for Ricardo Molina, Sr.* Date: 08-26-19

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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 2018-2019

Requesting Campus: LYNDON B. JOHNSON HIGH SCHOOL

Campus Principal: MR. ARMANDO SALAZAR

Board Member: RAMIRO VELIZ III

Board Member: _____

Board Member: _____

Description of Request: \$5000.00 TO BE USED FOR STUDENT INCENTIVES SUCH AS SNACKS FOR TUTORIALS AND ACADEMIC INCENTIVES

Estimated Cost of Request: \$5000.00

Principal or Director Signature: _____

Date: 8/29/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: for Mr. Ramiro Veliz III Guadalupe Rodriguez ✓ Date: 08-29-19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: LYNDON B. JOHNSON HIGH SCHOOL

Campus Principal: ARMANDO SALAZAR

Board Member: RICARDO MOLINA (\$2,000.00)

Board Member: RAMIRO VELIZ, III (\$2,000.00)

Board Member: _____

Description of Request: TO COVER EXPENSES FOR CHEER AND DANCE TEAM STATE COMPETITION

Estimated Cost of Request: \$4,000.00

Principal or Director Signature: *Armando Salazar*

Date: 8/27/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: *Ricardo Molina by A. Salazar* Date: 8/27/19

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: *Ramiro Veliz III by A. Salazar* Date: 8/27/19

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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 2019-2020

Requesting Campus: Colonel Santos Benavides School

Campus Principal: Dr. Adriana Vela

Board Member: Mr. Judd Gilpin

Board Member: Mrs. Aliza Flores Oliveros

Board Member: Mr. Javier Montemayor

Description of Request: I am requesting a standard wall mount Interactive Flat Panel for our conference room. We continue to be a large campus and my conference room is very packed during grade level meetings, Special Ed, ARD meetings, Section 504 meetings and other special trainings and events. An Eiki/Elmo is actually a safety hazard in our conference room during our meetings. An IFP will free so much needed space. I already bought petite chairs that have helped the problem some, but an IFP is what we need to have more efficient meetings with space for the staff and guests to comfortably learn and interact in the meetings. We have many parents and advocates that come to our special population meetings. In our grade levels, I expect all supporting staff to attend the meetings, i.e. special ed., dyslexia, librarian, often aides, special presenters, many student teachers, plus administration and the teachers in each grade level. Additional computer equipment will not fit in our crowded conference (i.e. a lap top, desktop or Eiki/Elmo). An IFP would help all educators conducting meetings where paperwork/presentations need to be seen by all. We have large numbers of Section 504 and special ed. students, and our parents are very demanding, as they should be, and request meetings very often and of course we comply. Our conference table has 10 chairs, I always have four chairs in my office so that we can move in the chairs for meetings. The problem only rises when we add the additional chairs, which is honestly during every meeting. Mrs. Cordelia Jackson has given me a quote of a standard wall mount IFP at \$5,801.00. I thank you for your time and consideration. I appreciate everything that you do for us.

Estimated Cost of Request: \$5,801.00 (\$1933.67 each)

Principal or Director Signature: Adriana Vela Date: August 1, 2019

ASSOCIATE SUPERINTENDENT APPROVAL: Yes ☐ No ☐

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes ☐ No ☐

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No ☐

Signature: Priselda Rodriguez for Mrs. Aliza Flores Oliveros Date: 08-26-19

BOARD MEMBER APPROVAL: Yes ☒ No ☐

Signature: Priselda Rodriguez for Mr. Judd Gilpin Date: 08-26-19

BOARD MEMBER APPROVAL: Yes ☒ No ☐

Signature: Priselda Rodriguez for Mr. Javier Montemayor Date: 08-26-19

BOARD APPROVAL DATE: _____

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



Maria Salinas <axsalina@uisd.net>

Discretionary Funds Request - Willing to wait until August 2019

2 messages

Adriana Vela <avela70@uisd.net>

Wed, Jun 5, 2019 at 7:10 AM

To: alizafoliveros@uisd.net, Javier Montemayor <jm.uisd@gmail.com>, jgilpin@gilpinengineering.com

Cc: Cynthia Rodriguez <crodrig@uisd.net>, Gloria Rendon <grendon@uisd.net>, Guadalupe Narvaez Eads <guadalupe.eads@uisd.net>, Alejandra Salinas <axsalina@uisd.net>, "Belinda E. Salazar" <bsalazar@uisd.net>, Judith Garcia <judithg@uisd.net>, Cordelia H Jackson <cflores@uisd.net>

Good morning Mrs. Oliveros, Mr. Gilpin and Mr. Montemayor. I just wanted to let all of you know that I am more than willing to wait until August 2019, or for the beginning of the 2019-20 school year, for your approval of the attached discretionary funds request for the Interactive Flat Panel (IFP) in our conference room. I understand that funds are not available at the end of the year. Mr. Gilpin had already approved \$1934 for this school year, and I so much appreciate this. Mr. Gilpin I am hoping that you can approve these funds in August 2019 instead, since I do not have the funds to cover the entire amount of the IFP. I would love to wait and see if Mrs. Oliveros and Mr. Montemayor may also approve this amount in August 2019 when the new school year starts. I highly value each of you and your contributions to the success of our district, and more specifically our school. I anticipate your approval. Thank you and have a beautiful summer.

Dr. Adriana Vela, Principal

Be nothing but your BEST today! Our students deserve it.***Colonel Santos Benavides School******10702 Kirby Drive******Laredo, TX 78041******(956) 473-4902***

CSBS Discretionary Funds Request August 1, 2019.docx
73K

Adriana Vela <avela70@uisd.net>

Wed, Jun 5, 2019 at 7:15 AM

To: alizafoliveros@uisd.net, Javier Montemayor <jm.uisd@gmail.com>, jgilpin@gilpinengineering.com

Cc: Cynthia Rodriguez <crodrig@uisd.net>, Gloria Rendon <grendon@uisd.net>, Guadalupe Narvaez Eads <guadalupe.eads@uisd.net>, Alejandra Salinas <axsalina@uisd.net>, "Belinda E. Salazar" <bsalazar@uisd.net>, Judith Garcia <judithg@uisd.net>, Cordelia H Jackson <cflores@uisd.net>

My apologies. Attached is the form with my signature. Thank you.

[Quoted text hidden]

[Quoted text hidden]



CSBS Discretionary Funds Request August 1, 2019.pdf
225K



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: United Middle School

Campus Principal: Rosana M. Arizola

Board Member: Aliza Flores Oliveros

Board Member: _____

Board Member: _____

Description of Request: Incentives for Teachers/Staff

Estimated Cost of Request: \$5,000.00

Principal or Director Signature: *R. Arizola* Date: August 20, 2019

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: *Diselda Rodriguez for Mrs. Aliza Flores Oliveros* Date: *08-26-19*

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Board Member: _____

Description of Request: Cadaver Lab Trip

Estimated Cost of Request: \$5,000.00

Principal or Director Signature: _____

Date: 8/12/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Briselda Rodriguez for Mrs. Aliza Flores Oliveros Date: 08-26-19

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.



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020**

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Board Member: _____

Description of Request: No Red Ink ELA Computer Based Instructional Program

Estimated Cost of Request: \$6,000.00

Principal or Director Signature: _____

Date: 8/22/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: Guadalupe Rodriguez for Aliza Flores-Oliveros Date: 08-26-19

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

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

No Red Ink

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount

Budget Code

Account Code

118 2nd Street

San Francisco, CA 94105

Phone 425-259-8421

Campus Alexander HS

Date Aug. 23, 2019

Approval Code:

Discount:

Qty	Item#	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
1		NRI Premium Site License(Conventions)	\$7,500		\$7,500.00
			\$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 ☐

Remarks

Page Total

\$7,500.00

Grand Total

\$7,500.00

Originator (PRINT)

Date

Budget Coordinator

Date

Administrator Signature

Date

Other

Date



Customer name: John B
Alexander H S TX

Primary contact name:
Michele Lopez

Billing address:
3600 E DEL MAR
LAREDO, TX 78041

Primary contact email:
miclop@uisd.net

Service start date:
08-01-2019

Service end date:
06-30-2020

SUMMARY

PROJECT	DESCRIPTION	SALES PRICE	QTY	TOTAL PRICE
NoRedInk Premium Site License (Conventions)	NoRedInk Premium Site License for all students, including access to the entire writing platform, plus virtual, self-guided PD for all teachers	\$7,500.00	1	\$7,500.00
TOTAL:				\$7,500.00

Please sign and return to: heather.lanham@noredink.com

**Contract
terms:**

This Order Form incorporates and is subject to the Master Services Terms — collectively the "Agreement" — and constitutes a binding contract entered into by and between NoRedInk Corp. ("NoRedInk"), a Delaware corporation with its principal place of business at 118 2nd Street, San Francisco, CA 94105, and the entity listed below as client ("Client"). The Master Services Terms are available at: <https://www.noredink.com/master-services-terms>

NoRedInk Corp. Signature

John B Alexander H S TX Signature

Signature:

Name:

Title:

Date:

Signature:

Name:

Title:

Date:



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Board Member: _____

Description of Request: Band-Purchase of General Supplies, equipment, music and resources for Fall 2019/Spring 2020 productions and contest

Estimated Cost of Request: \$10,000.00

Principal or Director Signature: _____

Date: 8/22/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Briselda Rodriguez for Mrs. Aliza Flores-Oliveros Date: 08-26-19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Board Member: _____

Description of Request: Band- Fall/Spring Consultants

Estimated Cost of Request: \$10,000.00

Principal or Director Signature: _____

Date: 8/26/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Briselda Rodriguez for Mrs. Aliza Flores Oliveros Date: 08-26-19

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

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

**Consultant Fees Fall 2019/ Spring 2020
Band**

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount
1990	11	3	11	0	6291	BD		\$10,000.00

Budget Code

Account Code

Phone

Campus

Date

John B. Alexander High School

8/23/19

Approval Code: _____

Discount: _____

Qty	Item#	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
		Band Fall/Spring Consultants	10,000		\$10,000.00
			\$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

\$10,000.00

Remarks _____

Grand Total

\$10,000.00

Joshua Martinez

Originator (Print)

Date

Budget Coordinator

Date

Administrator Signature

Date

Other

Date



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020**

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Mr. Ricardo Molina, Sr.

Board Member: _____

Board Member: _____

Description of Request: Monies will be used for transportation, meals and tour fee for senior magnet students, nursing class students and forensic class students to observe a human cadaver lab in Bulverde, Texas. One trip in the fall semester and two in the spring semester.

Estimated Cost of Request: \$1,200.00

Principal or Director Signature: _____

Date: 8/22/15

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Priscilla Rodriguez for Ricardo Molina Date: 08-26-19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Mr. Javier Montemayor

Board Member: _____

Board Member: _____

Description of Request: Landscaping for Ag Project (dirt, etc.)

Estimated Cost of Request: \$6,000.00

Principal or Director Signature: _____

Date: 9/3/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Druselda Rodriguez Yes _____ No _____

Signature: for Javier Montemayor

Date: 09/03/19

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 2019-2020**

Requesting Campus: RODOLFO C. CENTENO ELEMENTARY

Campus Principal: MS. AMABILIA GONZALEZ

Board Member: MR. RICARDO MOLINA, SR.

Board Member: _____

Board Member: _____

Description of Request: (P.O.'s will be forthcoming) Student STAAR Shirts/TV's for Cafeteria + Fayer

Requisitions will be emailed as soon as they are ready.

(See Attached)

Estimated Cost of Request: \$4,000.00

Principal or Director Signature: [Signature] Date: Aug. 16, 2019

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Griselda V. Rodriguez for Ricardo Molina Date: 08-26-19

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

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

WALMART

4401 S ZAPATA HWY

LAREDO, TX 78041

Phone 727-0492

Campus R. C. CENTENO ELEM.

Date August 26, 2019

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount

Budget Code

Account Code

Approval Code: DISC. FUNDS Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
1	571060049	SAMSUNG 55" SMART TV	\$377.99	\$377.99	\$377.99
1	567145660	VIZIO 70" SMART TV	\$778.00	\$778.00	\$778.00
2	574065860	SAMSUNG 5.1 CHANNEL SOUNDBAR	\$397.99	\$397.99	\$795.98
				\$0.00	\$0.00
				\$0.00	\$0.00
		(FOR CAFETERIA AND FRONT FOYER)		\$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 _____

Remarks PLEASE SEND TO CAMPUS FOR PUP. THANK YOU!

Page Total

\$1,951.97

Grand Total

\$1,951.97

AMABILIA GONZALEZ

8/28/19

Originator

IPR/RR

Date

8/26/19

Administrator Signature

Budget Coordinator

Date

Other

Date



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

ADRIANS PROMOTIONS

1020 GALVESTON

LAREDO, TX 78040

Phone 726-3000

Campus R. C. CENTENO ELEM. Rm #
Date August 28, 2019

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount

Budget Code

Account Code

Approval Code: DISC. FUNDS Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
387	t-shirts	STUDENT STAAR TEST SHIRTS (3RD, 4TH, 5TH)	\$5.00	\$5.00	\$1,935.00
				\$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 _____

Remarks PLEASE EMAIL TO: hugoadrian68@yahoo.com

Page Total

\$1,935.00

Grand Total

\$1,935.00

AMABILIA GONZALEZ

9/1/19

Originator

PRINT

Date

Administrator Signature

Date

Budget Coordinator

Date

Other

Date



**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020**

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Board Member: Juan Roberto Ramirez

Board Member: _____

Board Member: _____

Description of Request: Requested funds to be used to increase Parental Engagement Opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,200

Principal or Director Signature: Rebecca Coss-Morales Date: 9/4/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Juan Roberto Ramirez by A. Antuna Date: 9/4/19

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 2019-2020**

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Board Member: Javier Montemayor

Board Member: _____

Board Member: _____

Description of Request: Requested funds to be used to increase Parental Engagement Opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,200

Principal or Director Signature: Rebecca Coss-Morales Date: 9/4/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Drusilda Rodriguez Yes ☒ No _____

Signature: for Javier Montemayor Date: 09/05/19

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 2019-2020

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Board Member: Aliza Flores-Oliveros

Board Member: _____

Board Member: _____

Description of Request: Requested funds to be used to increase Parental Engagement Opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,200

Principal or Director Signature: Rebecca Coss-Morales

Date: 9/4/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: for Aliza Flores-Oliveros Brisselda Rodriguez Date: 09-05-19

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 2019-2020

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Board Member: Ricardo Rodriguez

Board Member: _____

Board Member: _____

Description of Request: Requested funds to be used to increase Parental Engagement Opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,200

Principal or Director Signature: Rebecca Coss-Morales Date: 9/4/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Griselda Rodriguez Yes ☒ No _____

Signature: for Ricardo Rodriguez Date: 09/05/19

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 2019-2020**

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Board Member: Ricardo Molina

Board Member: _____

Board Member: _____

Description of Request: Requested funds to be used to increase Parental Engagement Opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,200

Principal or Director Signature: *Rebecca Coss-Morales* Date: 9/4/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: *Griselda Rodriguez for Mr. Ricardo Molina, pr.* Date: 09/05/19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: Kennedy-Zapata Elementary School

Campus Principal: Thelma J. Martinez

Board Member: Ricardo Molina Sr.

Board Member: _____

Description of Request: Teachers Month Action Calendar, Ink Cartridges and Drums for Classroom Printers,
and Laminating Film for instructional material.

Estimated Cost of Request: \$4,992.97

Principal or Director Signature: _____

Date: 9-5-19

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: _____

Yes ☒

No _____

Signature: Priscilla Rodriguez
for Mr Ricardo Molina, Sr.

Date: 09-05-19

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

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

MAGNATAG

2031 O'NEILL ROAD

MACEDON, NY 14502-8953

Phone 1-800-624-4154

Campus KENNEDY-ZAPATA
Date August 30, 2019

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount

Budget Code

Account Code

Approval Code: _____ Discount: _____

Qty	Item#	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
1	GW7148M	TEACHERS MONTH ACTION CALENDAR	\$1,269.00		\$1,269.00
1		SHIPPING & HANDLING	\$153.48		\$153.48
		Quote # ED00015780	\$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 debs@magnatag.com

Page Total

\$1,422.48

Remarks Please email PO to ATTN: Deborah at debs@magnatag.com

Grand Total

\$1,422.48

T. MARTINEZ

8/30/19

Original (PRINT)

Date

8/30/19

Administrator Signature

Date

Budget Coordinator

Date

Other

Date



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 2

VENDOR NAME AND ADDRESS

ADVANTAGE IMAGING SUPPLY

32234 PASEO ADELANTO, STE F

SAN JUAN CAPISTRANO, CA 92675-3622

Phone 1-800-805-7720

Campus KENNEDY-ZAPATA ELEM. Rm #

Date September 5, 2019

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount

Budget Code

Account Code

Approval Code:

Discount:

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
5	43979201	OKI 8430 HIGH YIELD TONER CARTRIDGE	\$102.35	\$102.35	\$511.75
5	43979001	OKI 8430 IMAGE DRUM	\$152.95	\$152.95	\$764.75
1	44469801	OKI MC362W BLACK TONER CARTRIDGE	\$76.25	\$76.25	\$76.25
1	44469701	OKI MC362W YELLOW TONER CARTRIDGE	\$112.75	\$112.75	\$112.75
1	44469702	OKI MC362W MAGENTA TONER CARTRIDGE	\$112.75	\$112.75	\$112.75
1	44469703	OKI MC362W CYAN TONER CARTRIDGE	\$112.75	\$112.75	\$112.75
1	E260A11A	LEXMARK E260 HIGH YIELD TONER CARTRIDGE	\$117.95	\$117.95	\$117.95
1	45807105	OKI MB492 HIGH YIELD TONER CARTRIDGE	\$93.75	\$93.75	\$93.75
1	44574301	OKI MB492 IMAGE DRUM	\$151.65	\$151.65	\$151.65
1	77-E352H11A	LEXMARK E350 HIGH YIELD TONER CARTRIDGE	\$79.00	\$79.00	\$79.00
1	E260X22G	LEXMARK E350 PHOTOCONDUCTOR KIT	\$45.50	\$45.50	\$45.50

Disposition: Check ☐ Mail ☐ PickUp ☐

Fax ATTN: JAMES REID 1-949-388-8304

Page Total

\$2,178.85

Remarks

Grand Total

\$2,178.85

T. MARTINEZ

9/5/19

Original (PRINT)

Date

Budget Coordinator

Date

Administrator Signature

Date

Other

Date



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 2 of 2

VENDOR NAME AND ADDRESS

ADVANTAGE IMAGING SUPPLY

32234 PASEO ADELANTO, STE F

SAN JUAN CAPISTRANO, CA 92675-3622

Phone 1-800-805-7720

Campus KENNEDY-ZAPATA ELEM. Rm #

Date September 4, 2019

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount

Budget Code

Account Code

Approval Code: Discount:

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
1	43324420	OKI C6100 BLACK TONER CARTRIDGE	\$95.25	\$95.25	\$95.25
1	43324417	OKI C6100 YELLOW TONER CARTRIDGE	\$149.95	\$149.95	\$149.95
1	43324418	OKI C6100 MAGENTA TONER CARTRIDGE	\$149.95	\$149.95	\$149.95
1	43324419	OKI C6100 CYAN TONER CARTRIDGE	\$149.95	\$149.95	\$149.95
				\$0.00	\$0.00
		Quote # JR-7428		\$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 ATTN: JAMES REID 1-949-388-8304 Page Total \$545.10
Remarks Grand Total \$2,723.95

T. MARTINEZ

Originator (PRINT)

9/5/19

Date

Administrator Signature

9/5/19

Date

Budget Coordinator

Date

Other

Date



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

WAREHOUSE

3501 E. SAUNDERS

LAREDO, TEXAS 78041

Phone

Campus

Date

KENNEDY-ZAPATA

September 4, 2019

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount

Budget Code

Account Code

Approval Code:

Discount:

Qty	Item#	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
42	1190	LAMINATING FILM 25 X 500	\$20.16		\$846.54
			\$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 ☐

Remarks

Page Total

\$846.54

Grand Total

\$846.54

T. MARTINEZ

9/4/19

Originator (Print)

Date

9/4/19

Administrator Signature

Date

Budget Coordinator

Date

Other

Date



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: Los Obispos Middle School

Campus Principal: Jessica C. Salazar

Board Member: Ricardo Molina Sr.

Board Member: _____

Board Member: _____

Description of Request: Storage shed and furniture for school functions (parent meetings, Student of the month, Award Ceremonies, etc...)

supplies and decor including 22 round and 12 rectangular tables, 250 folding chairs, tablecloths, chair covers, etc...

Estimated Cost of Request: \$4,500.00

Principal or Director Signature: [Signature] Date: 9-5-19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: Los Obispos Middle School

Campus Principal: Jessica C. Salazar

Board Member: Ramiro Veliz

Board Member: _____

Board Member: _____

Description of Request: Student Award Medals and Trophies for educational achievements such as STAAR Masters, A/A&B Honor Roll, Perfect Attendance, Top Ten, Student of the Month, etc...

Estimated Cost of Request: \$2,500.00

Principal or Director Signature:  Date: 9-5-19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature:  (R. Veliz) 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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: Salvador Garcia MS

Campus Principal: Alfredo Palapa

Board Member: Ricardo Molina

Board Member: Ricardo Molina

Description of Request: _____

Scoring Table for the Gym, Mariachi Instruments, and Two-Way Radios to ensure safety for students

Estimated Cost of Request: \$10,818

Principal or Director Signature: [Signature]

Date: 9/6/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: for Mr. Ricardo Molina, Sr.

Date: 09-06-19

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

BOARD APPROVAL DATE: _____

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

PROPOSAL 19103

SURVEILLANCE SYSTEMS - ACCESS CONTROL - AUDIO - VIDEO - DATA - IP TELEPHONE SYSTEMS
COMMUNICATION TOWERS - PAGING SYSTEMS - WIFI SOLUTIONS - VEHICULAR ACCESS CONTROL

- 1- 50% REQUIRED IN ADVANCED.
- 2- All sales are FINAL after 15 days.
- 3- Merchandise to be returned is subject to a 20% RESTOCKING FEE charge.
- 4- IF having any missing parts will be extra charge upon condition.
- 5- Return checks are subject to a \$35.00 charge.
- 6- 3 % interest charge per month on all past due invoices.
- 7- New products have a one-year limited warranty unless otherwise specified.
(Customer pays shipping/handling fees + installation fee unless it falls under #10)
- 8- Customer agrees to pay all collection expenses, including but not limited to attorney's fee and court expense.
- 9- No warranty or return on any physically damaged merchandise.
- 10- 1 YEAR warranty on any installation or service.
- 11- The guarantee is lost in the following cases.
 - Electrical discharges
 - Physical damage to equipment
 - Fires
 - Floods
 - Damages caused by service performed by other persons.
- 12- NO cash refunds after 10 days.
- 13- 80% Deposit required on all special orders
- 14- All special orders may not be cancelled and all deposits are non-Refundable.
- 15- Make all checks payable to [TRONIK TECHNOLOGIES]

THE BAND



SHOP

bandshop@hotmail.com

The Band Shop

1605 E. Del Mar BLVD Ste 119

Laredo, Tx 78041

956-568-5210

bandshop@hotmail.com

Bill To: Salvador Garcia Middle School
 Salvador Garcia Middle School
 499 Pena Drive
 Laredo, Tx 78046
 956-473-5028

Order Status: Open

Item Name	Attribute	Size	Qty	Sold	Due	Price	Ext Price	Tax
Ilastro Gold Rosin			7	0	7	\$13.00	\$91.00	T
uadalupe Guitarron Silvered			7	0	7	\$30.00	\$210.00	T
uadalupe Vih. Standard			7	0	7	\$10.00	\$70.00	T
;Addario NS Micro Tuner Violin			8	0	8	\$18.00	\$144.00	T
;Addario Equinox Tuner			7	0	7	\$24.00	\$168.00	T
Addario EJ45			9	0	9	\$8.00	\$72.00	T
ach 3C Trumpet Mpc		3B	6	0	6	\$50.00	\$300.00	T
ominant Violin String		medium	6	0	6	\$75.00	\$450.00	T
Total Qty Ordered:			57	0	57			

Percent Unfilled: 100

Exempt Subtotal: \$1,505.00
 0 % Tax + \$0.00
TOTAL: \$1,505.00
 Deposit Balance: \$0.00
 Balance Due: \$1,505.00

Thank you for your order!



SALVADOR GARCIA MIDDLE SCHOOL
Mr. Roberto Ortiz:

8-30-2019

Based in your request for quote of: GUITARRONES AND VIHUELAS WITH CASE II, we are pleased to present the following:

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	02	Vihuela Paloescrito wood With Hard Case TEMPO	\$219.00	\$438.00
2	04	guitarron Paloescrito wood With Hard Case TEMPO	\$460.00	\$1,840.00
				\$2,278.00

Price in US Dollars
Quote based on a complete order
No Tax included
Delivery Time: 2 to 3 weeks
Terms: NET 30
F. O. B. AT YOUR SCHOOL

Quotation Valid for 30 Days

Waiting for your kind order.

SINCERLY

Marcela Montemayor.

General Manager

Email: marcelamontemayor77@live.com / rogeliogz@gmail.com
Laredo, TX
001 (956)220-5614

ARTE LATINO IMPORTS CO.
2216 SANTA MARIA AVE., LAREDO TEXAS 78040
(956)220-5614



sharmusic.com

SHAR School Sales QUOTE

2465 S. Industrial
Ann Arbor, MI 48104
Phone: 866.742.7261
Fax: 800.997.8723
schools@sharmusic.com

Invoice To:

ACCOUNTS PAYABLE
UNITED ISD
201 LINDENWOOD DRIVE

LAREDO, TX 78045
UNITED STATES

Ship To:

ACCOUNTS PAYABLE
UNITED ISD
201 LINDENWOOD DRIVE

LAREDO, TX 78045
UNITED STATES

SHAR Order Number:	Account Number:	Payment Method:	PO Number:	Order Date:
P1717597		Open Account		9/4/2019

Qty:	Catalog Number:	Item Description:	Unit Price:	Ext. Price:
4	HV100S1 34	Hoffmann Amadeus Violin Outfit SCHOOLS Only 3/4	\$159.00	\$636.00
6	HV100S1 44	Hoffmann Amadeus Violin Outfit SCHOOLS Only 4/4	\$159.00	\$954.00
Tracking Number:		Ship Method:	Ship Date:	Shipment Total:
		BEST WAY		\$1,590.00

Sales Tax:	Shipping Cost:	Order Total:
\$0.00	\$0.00	\$1,590.00



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

GV PRO

328 MORAVIAN VALLET ROAD

WAUNAKEE, WI53597

Phone 800-862-2440

Campus SGMS

Date August 26, 2019

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj	Sub Object	Amount

Budget Code

Account Code

Approval Code: _____ Discount: _____

Qty	Item#	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
1	FA08DBPQ	8FT FLOOR ANGLED DOUBLE BONUS W/POSSESSION	\$2,800.00		\$2,800.00
1	PC08Q	8FT SCORING ABLE PROTECTIVE COVER	\$140.00		\$140.00
1		SHIPPING	\$241.00		\$241.00
			\$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 _____

Remarks _____

Page Total

\$3,181.00

Grand Total

\$3,181.00

ALFREDO PALAPA

Originator

8/26/19

Date

9/3/19

Budget Coordinator

Date

Administrator Signature

Other

Date



GV PRO QUOTE
 GV Pro Scoring Tables
 328 Moravian Valley Road
 Waunakee, WI 53597
 Toll Free: 800-962-2440
 Fax: 608-849-6304
 WWW.GVPROTABLES.COM
 Ben@GVProTables.com

QT009177
GVP501

Sold To:

SALVADOR GARCIA MIDDLE SCHOOL
 499 PENA DR.
 LAREDO, TX 78046

Quote Date 08/19/2019	Ship Via	F.O.B. Rockford, IL	Est. Lead Time 4-6 Weeks	Prepared By:
---------------------------------	-----------------	-------------------------------	------------------------------------	---------------------

* Send Art Files and Art Inquiries to Tim@GVProTables.com *

Qty.	Item Number	Description	Unit Price	Extended Price
1	FA08DBPQ	8FT FLOOR ANGLED, DOUBLE BONUS W/ POSSESSION	2,800.00	2,800.00
1	PC08Q SHIP	8 FT SCORING TABLE PROTECTIVE COVER SHIPPING CHARGE	140.00	140.00
				241.00
This quote valid for 90 days				
Comments: ** Schools without loading dock add \$75.00 ** GRAPHICS INCLUDED. SHIPS ABF.			Subtotal	2,940.00
			Shipping	241.00
			Tax	0.00
			Total Quote	3,181.00



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: Raul Perales Middle School

Campus Principal: Martha Alvarez

Board Member: Ricardo "Rick" Rodriguez

Board Member: _____

Board Member: _____

Description of Request: Book shelves will provide storage area for student interactive journals and text books.
~~Utility vehicle will facilitate the daily custodial and administrative duties in a large campus (i.e. upkeep and security during lunch and afternoon duties.)~~

Estimated Cost of Request: \$4,062.52
~~\$11,561.52~~

Principal or Director Signature: _____

Date: 8/20/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____

No _____

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: _____

Yes _____

No _____

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: _____

Yes _____

No _____

Signature: Priselda Rodriguez
for Ricardo Rodriguez

Date: 09-06-19

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.

