



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: Aliza Flores-Oliveros **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: August 22, 2018

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:



Exhibit A

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

Requesting Campus: Trautmann Middle School

Campus Principal: Leti Menchaca

Board Member: Javier Montemavor

Board Member: _____

Description of Request: Computer Science Program

Estimated Cost of Request \$ 4,100.00

Principal or Director Signature: [Signature] Date 8/06/18

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes No

Superintendent Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: Briselda Rodriguez for Javier Montemavor Date 08/07/18

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.



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

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VENDOR NAME AND ADDRESS

GAMESALAD, INC

6836 AUSTIN CENTER BLVD. SUITE 165
 AUSTIN, TX 78731
 Phone 844-837-8387
 Campus TMS Rm #
 Date August 6, 2018

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
91	GS0008.STUDENT	GAMESALAD FOR ED STUDENT LICENSE-1YR	\$45.00	\$45.00	\$4,095.00
				\$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 EMAIL PO: msantill@uisd.net Page Total \$4,095.00
 Remarks _____ Grand Total \$4,095.00

L MENCHACA 8/6/18
 Originator (PRINT) _____ Date
L Mendaca 8/06/18
 Administrator Signature _____ Date

 Budget Coordinator Date

 Other Date



GameSalad, Inc.
6836 Austin Center Blvd Suite 165
Austin, TX 78731
1-844-837-8387
edu.gamesalad.com

QUOTATION

Prepared By Miguel Mejares
Title District Partnership Director
Email miguel@gamesalad.com

GameSalad Quote Number 2018-GSE00340
Created Date 8/3/2018
Expiration Date 9/28/2018

Prepared For:

UNITED ISD

Claudia Gabrillo

cgabrillo@uisd.net

UNITED ISD

201 Lindenwood Drive
Laredo, TX
US

Product Code	Product	Product Description	List Price	Sales Price	Quantity Ordered	Total Price
GS0008.STUDENT	GameSalad for Education Student License - 1 Year Subscription	Licensing includes: Teacher Access, Curriculum, Professional Training (2 Hours Online), Tutorial & Image Assets	\$57.00	\$45.00	180	\$8,100.00

Subtotal \$8,100.00
Grand Total \$8,100.00
Currency US Dollars (USD)

Discounted from \$10,260 to \$8,100

This Quote may be purchased via Credit Card here:

<https://gamesalad.com/quote/0Q01I000000r17x>

Email Purchase Orders to education@gamesalad.com or fax to 1-844-837-8387

THANK YOU FOR YOUR BUSINESS



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

Requesting Campus: Transportation Dept

Director Campus Principal: Jose Aranda

Board Member: Ramiro Veliz

Board Member:

Description of Request: Employee is responsible and accountable for all the purchases to operate the South Compound operations.

Estimated Cost of Request: \$ 904.19

Principal or Director Signature: [Signature], Transp. Dir Date:

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No Signature: Date:

SUPERINTENDENT APPROVAL: Yes No Signature: Date:

BOARD MEMBER APPROVAL: Yes No Signature: Griselda V. Rodriguez for Mr. Ramiro Veliz III Date: 8/08/18

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
Request for Travel Authorization and Payment within the State of Texas
 This form must be turned in two weeks prior to the travel date

Employee's Full Name: David Hernandez ID#/Vendor#: 12479 Date: 08.07.18
 UISD Email Address: davidh@uisd.net Phone # 956-473-6372 Home Address: 2040 Cochiti Drive 78045
 Campus/Department #: Transportation Destination: South Padre Island Purpose of Trip: Timeline 2019
 Departure Date*: 09.26.18 Time: 12pm Return Date: 09.28.18 Time: 5pm

*Note: Meal Allowances for same day travel (departing and returning on the same day) are taxable to the employee and allowance will be added to employees W2 Form as per IRS Code.

Itemized Meal Receipts are required for Federal/State Grants. Receipts are not required for Local Funds.
 (Meals may not exceed \$22.50 or \$30 per day)

Same Day Travel or Departure (\$30 x 75%)	\$ <u>22.50</u> \$22.50 max allowed	Note: Original itemized receipts required upon return for	A) \$ <u>22.50</u>
Interim Travel Day(s) \$30 max allowed	\$ <u>1.00</u> X <u>30</u> QTY	for Federal/State Grants Only. Max of 3 receipts per day.	B) \$ <u>30.00</u>
Return (\$30 x 75%)	\$ <u>22.50</u> \$22.50 max allowed	Receipts for Snacks and Groceries are unallowable.	C) \$ <u>22.50</u>

GSA Report is required for processing travel request form. Room Rate May Not Exceed GSA Per Diem Rate.

Cost of Lodging:	\$ <u>93.00</u> X <u>2</u> X <u>1.00</u> =	D) \$ <u>186.00</u>
	(Room Rate) (# of Nights) (# of Rooms)	
City Tax:	\$ <u>186.00</u> X <u>9.00%</u> = (Exempt from State Tax)	E) \$ <u>16.74</u>
	(Cost of Lodging) (City Tax Rate)	
Cost of Lodging:	\$ _____ X _____ X _____ =	F) \$ <u>-</u>
	(Room Rate) (# of Nights) (# of Rooms)	
City Tax:	\$ <u>-</u> X _____ = (Exempt from State Tax)	G) \$ <u>-</u>
	(Cost of Lodging) (City Tax Rate)	

Sharing Room with:

(If Traveling with Students, Attach Form 890-011)

Cost of Lodging for District Bus Driver:	\$ _____ X _____ = \$ _____ X _____	H) \$ <u>-</u>
	(Room Rate) (# Of Nights) (Cost of Lodging) (City Tax Rate)	

Gas Allowance for Rented Vehicles (\$50 per day or \$100 for SUVs). Itemized receipts required for settlement. I) \$ -

Personal Vehicle:* # 470 Total # Of Round Trip Miles X \$0.535 Cents per Mile = J) \$ 251.45
 *(Attach directions from MapQuest.com/odometer readings are required for settlement)

Misc Expenses: _____ \$ _____ X _____ = K) \$ -
 Description Amount # of Days/Occurrence

Students Meals:* _____ X _____ X _____ # of Days L) \$ -
 Money Given to Student's _____ (# Students) (\$ Amt Per Student per day or per meal)

Note: See Travel Instructions for Meal Guidelines *Student Meal List Required- Form 726-005(A) Sub-Total(1)\$ 529.19

Items Payable To Vendors	Rental / Buses / Airfare Fees :	Due Date: _____	(2) \$ _____
	Payable To: _____	Req/PO #: _____	
	Registration Fees/Entrance Fees:	Due Date: _____	(3) \$ <u>375.00</u>
	Payable To: _____ ISM-RGV	Req/PO #: _____	
(1)+(2)+(3) = TOTAL FOR TRIP			\$ <u>904.19</u>

All employees shall be required to submit travel-related expense receipts within five (5) business days of their return from a District-related trip. An employee that fails to turn in their receipts for any travel-related expenses on two (2) separate occasions in a school/work year shall not be advanced any travel monies by the District on a subsequent District-related business trip and shall be required to submit a request for reimbursement of their travel-related expenses upon their return from the District-related business trip.

By signing this statement, I authorize the District to payroll deduct any unsubstantiated accounts. Please read statement immediately above.

Budget Codes must be completed by the appropriate personnel before travel request is approved.

Signature of Claimant _____ Date 08-08-18
 Immediate Supervisor _____ Date _____

Fund Year	Func	Org	PIC	Local Option	Obj	Sub Obj	Total

Alternative Funding Source Approval _____ Date _____
 Superintendent /Designee _____ Date _____
 (Superintendent signature required on Out-of-State Trips)

Approval for Teacher Staff Development Only Request must be approved two weeks in advance & before registration for workshop is submitted.

Exe. Dir. of Elem./Sec.Ed./Sp.Ed. _____ Date _____

For Business Office/Federal Funds Department Use Only

Business Office Approval _____ Date _____



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 2

VENDOR NAME AND ADDRESS

Institute for Supply Management-RGV ISM-RGV

PO Box 2047

Brownsville, Texas 78522

Phone 956-266-2606

Campus Transporation Department Rm #

Date 08.07.18

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
		Registration for Timeline 2019			
1		David Hernadnez, Operations Administrator	\$375.00	\$375.00	\$375.00
				\$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 **\$375.00**
 Remarks _____ Grand Total **\$375.00**

Original (PRINT) _____ Date 08-08-18
 Administrator Signature _____ Date _____

Budget Coordinator _____ Date _____
 Other _____ Date _____



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

Requesting Campus: A. Ruiz Elementary

Campus Principal: Michelle Cantu

Board Member: Rick Rodriguez

Board Member: _____

Description of Request: Supplies

Estimated Cost of Request: 3000.00

Principal or Director Signature: Michelle A Cantu Date: 8/8/18

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes No

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No

Signature: Oriselda V. Rodriguez for Rick Rodriguez Date: 8/10/18

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

Page _____ to _____

Vendor Name and Address

UISD Inventory

FUNDYR	FUNC.	ORG.	PROGRAM CODE	LOCAL OPTION	PROJECT NUMBER	OBJECT	SUB OBJECT	AMOUNT
1999	11	115	11	000	00	6399	BD	3000.
BUDGET CODE						ACCOUNT CODE		

Phone No: _____

Campus: A. RUIZ ELEM. Rm NO: _____

Date: _____

QTY	ITEM #	DESCRIPTION	UNITED PRICE WITH DISCOUNT	EXTENSION
1.	117	1245	Duplicating Paper /Supplies	3,000. ⁰⁰
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
0.				
1.				
2.				
3.				
4.				
5.				
6.				\$ 3,000. ⁰⁰

DISPOSITION: Pick-up Mail Check FAX # _____ PAGE TOTAL _____
 REMARK: _____ GRAND TOTAL 3,000.⁰⁰

Michelle A Cantu 8/8/19
ORIGINATOR (PRINT) TEACHER NAME DATE
Michelle A Cantu 8/8/19
ADMINISTRATOR SIGNATURE DATE

BUDGET COORDINATOR DATE

OTHER DATE



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

Requesting Campus: United High School

Campus Principal: Mr. Alberto Aleman

Board Member: Juan Roberto Ramirez

Board Member: Javier Montemayor

Description of Request: Funds will go towards supplies for the UHS Volleyball team

Estimated Cost of Request: \$3,000.00 (\$2000.00-J. Montemayor & \$1000.00-Juan R. Ramirez)

Principal or Director Signature: Alberto Aleman Date: 08/10/18

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

SUPERINTENDENT APPROVAL: Yes No
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No
Signature: Briselda E. Rodriguez for Juan R. Ramirez Date: 8-10-18

BOARD MEMBER APPROVAL: Yes No
Signature: Briselda E. Rodriguez for Javier Montemayor Date: 8-10-18

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: Salvador Garcia Middle School

Campus Principal: Alfredo Palapa

Board Member: Ricardo Molina

Board Member:

Description of Request: \$3,000 to complete Mariachi suit order and \$5, 636.52 to purchase printers for 17 Core Area Teachers to help them in their Accountability subjects to continue improving student scores.

Estimated Cost of Request: \$ 8, 635.52

Principal or Director Signature: [Signature] Date: 8/17/18

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes [checked] No

Signature: [Signature] Date: 8/17/18

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

Page 1 to 1

VENDOR NAME AND ADDRESS

NETSYNC NETWORK SOLUTIONS

2500 West Loop South

Houston Tx. 77027

Phone 713-218-6000 Fax 713-664-8964

Campus Salvador G M 3 Rm #
Date August 17, 2018

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
17	62444401	B432DN LASERPR E/F/S 42PPM 120V	\$235.99	\$235.99	\$4,011.83
17	45807110	KIT TONER 12K TYPE BR5B432 B512 MB492	\$95.57	\$95.57	\$1,624.69
				\$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 **\$5,636.52**
 Remarks _____ Grand Total **\$5,636.52**

Alfredo Palapa 8/17/18
 Originator (PRM) Date
 Administrator Signature Date

 Budget Coordinator Date
 Other Date



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

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VENDOR NAME AND ADDRESS

Mariachi Connection

2106 W Commerce St
 San Antonio, TX 78207
 Phone 210-271-3855
 Campus SGMS Rm # Band Hall
 Date August 17, 2018

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
10		Mariachi Uniform	\$300.00	\$300.00	\$3,000.00
				\$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
				\$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 \$3,000.00
 Remarks _____ Grand Total \$3,000.00

Saul Caballero 8/17/18
 Originator (PRINT) Alfredo Pulgar Date 8/17/18
 Administrator Signature _____ Date _____

Budget Coordinator _____ Date _____
 Other _____ Date _____