



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

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

Funds for Various Projects/Campuses

SUBMITTED BY: Judd Gilpin **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: September 21, 2016

RECOMMENDATION:

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

RATIONALE:

BUDGETARY INFORMATION:

Budget Amendment as needed.

BOARD POLICY REFERENCE AND COMPLIANCE:



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2015-2016

Requesting Campus: George Washington Middle School

Campus Principal: Beth Porter

Board Member: Juan Roberto Ramirez

Board Member: _____

Board Member: _____

Description of Request Omni Cameras

Estimated Cost of Request \$10,440.00

Principal or Director Signature: [Signature] Date 9/7/2016

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 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 2016-2017**

Requesting Campus: Alicia Ruiz Elementary

Campus Principal: Caryn Fox

Board Member: Rick Rodriguez

Board Member: _____

Description of Request: Sports Equipment for 12 Teams

Estimated Cost of Request \$1000.00

Principal or Director Signature: Caryn Fox Date 9/9/16

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 _____
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.