



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC Approval of Requests from Ricardo Molina, Sr. for Use of Board of Trustees Discretionary Funds for Kennedy/Zapata Elementary for \$9992

SUBMITTED BY: Ricardo Molina, Sr. **OF:** Board Member

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: December 15, 2010

RECOMMENDATION:

It is recommended that the United ISD Board of Trustees approve Requests from Ricardo Molina, Sr. for Use of Board of Trustees Discretionary Funds for Kennedy/Zapata Elementary for \$9992.

RATIONALE:

BUDGETARY INFORMATION

BOARD POLICY REFERENCE AND COMPLIANCE:



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2010-2011**

Requesting Campus: KENNEDY-ZAPATA ELEMENTARY SCHOOL

Campus Principal: THELMA J. MARTINEZ

Board Member: RICARDO MOLINA SR.

Board Member: _____

Description of Request:

HAND PAINTED DRAWINGS ON LIBRARY AND GYM WALLS, BOOKS FOR LIBRARY,

VIDEO TRI-POD SCREEN FOR LIBRARY, PROJECTION LAMPS FOR EIKI, EQUIPMENT FOR

STUDENT USE IN GYM, CD RECORDER & MIC SYSTEM FOR VARIED STUDENT ACTIVITIES.

Estimated Cost of Request: \$6884.00

Principal Signature: [Signature] **Date:** 11-5-10

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: [Signature] **Date:** 12/1/10

Superintendent Approval: Yes No

Superintendent Signature: [Signature] **Date:** 12-1-10

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 2010-2011**

Requesting Campus: KENNEDY-ZAPATA ELEMENTARY SCHOOL

Campus Principal: THELMA J. MARTINEZ

Board Member: RICARDO MOLINA SR.

Board Member: _____

Description of Request:
TEACH AND STORE CHART STAND WITH BINS.

PLANTERS FOR SCHOOL BEAUTIFICATION.

Estimated Cost of Request: \$3,107.87

Principal Signature: [Signature] **Date:** 11-11-10

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: _____ **Date:** _____

Superintendent Approval: Yes No

Superintendent Signature: [Signature] **Date:** 12-1-10

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.