



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC Approval of Requests 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: January 21, 2015

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 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: SGMS

Campus Principal: Cecilia L. Garcia

Board Member: Reinaldo Melina

Board Member: _____

Description of Request: Student incentives and
Television for Cafeteria (Instructional Programming)
Supplies for Science Labs / Portable Radios

Estimated Cost of Request \$ 6568.00

Principal or Director Signature: Cecilia L. Garcia Date 12/2/14

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: Reinaldo Melina Date 1-6-15

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: Trautmann Elementary

Campus Principal: Zaida G. Gonzalez

Board Member: Mr. Javier Montemayor

Board Member: _____

Description of Request: Projectors to be utilized in the classroom for daily instruction & poster machine to be utilized for campus projects and activities.

Estimated Cost of Request \$11,509.63

Principal or Director Signature: Zaida Gonzalez Date 1/8/15

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: Juarez-Lincoln Elementary

Campus Principal: Roberto G. Ortiz

Board Member: Ricardo Molina

Board Member: _____

Description of Request: This is to replace Eiki bulbs that
are sure to burn out very soon. The VOU's are critical to our
teaching effectiveness as they are used daily by all teachers.

Estimated Cost of Request \$5020.00

Principal or Director Signature: Roberto G. Ortiz Date 1-8-15

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: _____

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

Requesting Campus: United High School Annex

Campus Principal: Alberto Aleman Jr. Associate Principal: Arlene Trevino

Board Member: Mr. Javier Montemayor \$2700.00

Board Member: Mr. Juan Roberto Ramirez \$2700.00

Board Member: Mr. Judd Gilpin \$2700.00

Description of Request:

To purchase forty TI NSPIRE CX EZ-SPOT CALCULATORS WITH DOCKING STATIONS

Estimated Cost of Request: \$8,100

Principal or Director Signature: *Alberto Aleman Jr.* Date 01/12/2015

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.