

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 I	BOARD:			
DATE ASSIGNED FOR BOARD CONSIDERATION: May 15, 2019				
RECOMMENDATION: It is recommended that the United ISD Board of re: Use of Board of Trustees Discretionary Funds Various Projects/Camp				
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: <u>Salinas El</u>	ementary		
Campus Principal: <u>Abraham I</u>	Rodriguez III		
Board Member: Ramiro Veliz	<u>z</u>		
Board Member:			
Board Member:			
Description of Request: <u>Reque</u> shirts and end of the year medals		as honor society club mem	hers to purchase po
Estimated Cost of Request	000.00		
Principal or Director Signature:	au Col	Date 4	2-19
Associate Superintendent Appro	val: Yes	No	
Associate Superintendent Signat	ure:	Date	
Superintendent Approval:	Yes	No	
Superintendent Signature:		Date	
Board Member Approval:	seldo Roding	gue for	
Board Member Signature:	r Ramirot	elig Date 4	24-19
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 t	to the Superintendent	's Office for final processing	



SALESMANS ORDER FORM

16732

Date

SILK SCREEN & EMBROIDERY

4520 SAN BERNARDO AVE. SUITE 114 LAREDO, TEXAS 78041 PHONE (956) 717-3323 FAX (956) 717-3325

Customer Signature

NO REFUNDS, EXCHANGES ONLY ON STOCK ITEMS

ON STOCK ITEMS the.sports.center@hotmail.com DATE SO D 415 7413 cell 73.3776 schol SALESMAN DEPT ORDER NO. WHEN SHIP **HOW SHIP TERMS** BUYER QUAN. PRICE AMOUNT DESCRIPTIO"I 780. STORE POLICY: 1. Full payment is required on all orders (exception Team orders 50% down). 2. All merchandise must be paid in full upon delivery NO EXCEPTIONS. 3. Items left over 120 days become property of THE SPORTS CENTER. 4. NO PERSONAL CHECKS ACCEPTED 5. NO REFUNDS, EXCHANGES ONLY ON STOCK ITEMS. 6. ALL ITEMS SUBJECT TO TAX 8.25% IF TAX EXEMPT PLEASE BRING FORM. 7. Receipt required to pick up merchandise. 8. Any defects on merchandise should be reported in two working days/no exceptions. 9. Special instructions: any changes made to order must be emailed or confirmed by signature only. Please make sure spelling is correct upon signature of payment or approval of logos.

Exhibit A



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

Requesting Campus:	District 5 Campuses			
Campus Principal:				
Board Member:	Javier Montemayor, Jr.			
Board Member:				
Description of Request:	EOY 2018-2019, Incentives	for Teacher Ap	preciation Wee	ek
Nye, Trautmann, Clar	k, and A. Gutierrez Elementar	y Schools. Tra	utmann, Trauti	mann 6- Grade,
Clark, and United Mide	dle Schools.			
Estimated Cost of Requ	rest: \$357.50			
Principal or Director Si	ignature: <i>Javier Montema</i>	yor, Jr.	2	Date: 05/06/2019
SUPERINTENDENT A Signature:	APPROVAL: Yes	No		Date:
BOARD MEMBER AF	PROVAL: wier Montemayor, (Yes/ Ir. by Brisi	No	Pate: <u>5/06/19</u>
BOARD MEMBER AP	PROVAL:	Yes	No	
Signature:				Date:
BOARD MEMBER AF	PPROVAL:		No	Date:

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

BOARD APPROVAL DATE:



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

Requesting Campus: J.B.J. MULLER ELEMENTARY	- W
Campus Principal: MAYRA N. RAMIREZ	
Board Member: ROBERTO RAMIREZ	
Board Member:	
Board Member:	
Description of Request: Homework planners for student	s to keep them organized and have communication/
documentation with parents thru the planners since stude	nts and parents sign the planner on a daily basis.
Estimated Cost of Request: \$3,232.50	
Principal or Director Signature:	Date: 5/3/19 RA Ramirez
ASSOCIATE SUPERINTENDENT APPROVAL: Yes	No
Signature:	Date:
SUPERINTENDENT APPROVAL: Yes	No
Signature:	Date:
BOARD MEMBER APPROVAL: Yes	
Signature: Juan Roberto Ramure	Date: 5/08/19
BOARD MEMBER APPROVAL: Yes	No
Signature:	Date:
BOARD MEMBER APPROVAL: Yes	No
Signature:	Date:

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

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FOR C	HILDREN		70110011101	School	11	1.	82
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ORIGINATOR SIGNATURE

5/3/15

DATE

BUDGET COM

STRATOR SIGNATURE

OTHER

BUDGET COORDINATOR DATE

HER DATE
U.1.8 D. FORM 905-001
8 1-99



19-20 STUDENT PLANNER ORDER FORM

Order online or complete and sign this order form. Phone orders not accepted. Call 800-516-8339 with questions. Mail order to: PO. Box 2110, Kearney, NE 68948 or Fax: 800-570-1767 Do NOT fax press-ready material.

For Office Use Only — 1/19 web	
Order #	
Date Rec'd	

School Name JB) Muller Eumentaly	Proof Contact (Provide ALL contact info) Date Rec'd
District Name UnitedISd	Name Fax ()
Contact Name Angels Solis Title Secretary	Home Ph (Cell ()
School Mailing Address 4430 Muller Mm - Blvd.	Home Email (required)
City, State, Zip UDO, TX. 7X 045	Work Email (required)
Ship Address (If different, No PO Boales)	Bill Attention to:
Ship City, State, Zip	□ PO# (opt.) □ Invoice Us
School Ph (954) 473-3900 Fax (956) 473-3999	Pay by credit card, go to www.schoolmate.com.
Home Ph (954) 726-0595 Cell (956) 337-0199	Early Invoice by//Signature Required Below
Email (required)	☐ Please send me email updates, reminders, and special offers from School Mate®
A CHOOSE PLANNER - Check only 1 product code below. Suhm	it extra order form(s) for additional product(s).
PLANNER TYPE Kindergarten Primary Elementary School School	Undated Agenda Classic Scholar #Student Planners 650
Value Planners C (GA) PRA C HIA C (HSA)	
Custom Planners C KGB C PRB Z ELB C MSB C HSB	NA GOD COD COD TOTAL Planners (TP) = 450
Custom with Handbooks CKGC PRO CKGC CHSC	NA GC GC GRC # Total Planners (TP)=
C VALUE PLANNERS - See Price Chart C p. 2	D CUSTOM PLANNERS (with or without Handbooks) - See Price Chart D. 2
S x Total Planners (TP) (25 mm order, 60 mm, for UCA) = \$	S 3.00 x Total Planners (TP) (60 mm, of Jeri
TOD PILL GEA (FEA) (FEA) (FEA) (FEA) (FEA)	(CED (CED (CED (LED (LED (LED (LED (LED (LED (LED (L
Continue on to sections H and J.	Continue on to sections E, F, G, H, and I.
COVERS - For Custom Planners only. Select a cover design and complete the Cover W	fording (also indicate if years are to be printed) and Mascot lickov.
1. Poly-Pro* Cover with school name/mascot in black ink: Design # P . V	05 FREE
2. I Full-Color Agenda Cover - For AGB and AGC only with school name/masco	t in black ink # FCFPEE
3. TReligious Cover with school name/mascot in black ink: #R	
4. 🗀 One-Color Cover — Indicate 1 standard ink:	FREE
☐ Repeat last year's, change year ☐ Our own desig	n ujikoarled
5. Multicolor or Photo Cover – Indicate 2 standard inks: Repeat last year's; change year Our own design	n uplandet! (\$40 minimum)
☐ Photo Cover # F ☐ ☐ Dvvn photo OR ☐ Photo mascni #	I Regeat last years design change year
Cover Wording: 15) Muller toment	Verint 2019, 2020
Mascot: Online mascot # Y UOwn mascot Repea	at last years mascot
6. Custom Back Cover Our own design uploaded OR ORepeat last year's de	
F OPTIONS & TEACHER AIDS - For Custom Planners only, All options	ordered will be included in holfs Student Planners and Teacher Editions
Only options available for AGB & AGC are 4, 5, and 6. Only option available for 1. Hall Pass Sheet TP x 12c = 2. Year-Rnd. Suppl TP x 25c = 2.	CLB, CLC, SRB & SRC is 6.
	5. D Planning Stickers TP x 20c = \$
	Derivos 1-4 Total
6. Dinserts DIN1 DIN2 DIN3 DIN4	# Total Inserts x 25c x TP = \$
Options for Teacher Editions (TE) only – will be placed in all TEs ordered.	SCC CDD as EDCL TE BEA
	ISC, SRB, or SRC) TE x 85c = = \$
C HANDBOOK PAGES - For Custom Planners only,	
	ustom Pages x 4c/page (3c for HSC, SRC & AGC) x TP = \$
	Fuploaded
EXTRAS – Available for ALL planners & agendas (Value and Custom).	
☐ Page Marker Rulers — Must order for all, no partials	TP x 20c= \$
☐ Wall Charts Case contains 5 wall charts (same level; must order by full case)	/casesx \$25 = \$
A Code will and be assessed with an a disconnection	SHIPPING & ORDER TOTALS
order will not be processed without a signature.	Subtotal = \$ 1,950.00
Sign Here // / Date 3/3/19	RUSH Production — 4 weeks (Custom Planners only) — add 20% (\$75 min.) = \$
By signing, you agree to School Main's Terms & Condutions on p. 3.	Shipping – (AK, HI, APO, FPO call for pricing) 48 states
18 18 18 18 18 18 18 18 18 18 18 18 18 1	State Tax (NE and FL only, if applicable) = \$
Special Instructions: NE 3 FL orders only. In avoid daying Pales ray, Pubbasks order, must Attach if you have any. school Form 13, and Femilia enters must submit from ER-P3 or CF-14.	Delay Ship (opt



19-20 STUDENT PLANNER ORDER FORM

Order online or complete and sign this order form, Phone orders not accepted. Call 800-516-8339 with questions. Mail order to: PO Box 2110, Kearney, NE 68848 or Fax: 800-570-1767 Do NOT fax press-ready material.

For Office Use Only — 1/19 web
Order #
Date Rec'd

Cohooling IRI AACING Lalam and Co	Date Rec'd
School Name JBJ MUHER Elementary District Name United ISD	Proof Contact (Provide ALL contact info)
Contact Name Angels Soly Title Secretary	Name Fax ()
School Adultion Address HU30 Advilla 1000 - 201	Home Ph ()Cell ()
School Mailing Address 4430 Muller Mem. Blvd.	
City, State, Zip LDv. TX 78045	
Ship Address (#different, No PO Boxes)	
Ship City, State, Zip	☐ PO# (opt.) ☐ Invoice U
School Ph (954) 473-3900 Fax (956) 473-3999	Pay by credit card, go to www.schoolmate.com.
Home Ph (954) 726-0595 Cell (954) 337-0199	Early Invoice by/// Signature Required Below
Email (required) ASO 1:5 @ UISd. net	Please send me email updates, reminders, and special offers from School Mate.
A CHOOSE PLANNER - Check only 1 product code below. Submi	it extra order form(s) for additional product(s).
PLANNER TYPE Xindergarten Primary Elementary School School School	Undated Dated Classic Scholar
Value Planners KGA PRA ELA MSA HSA	
Custom Planners (GB) (PRB) (ELB) (HSB) (HSB)	NA GER CO COR CO COR TAKE THE PROPERTY OF THE
Custom with Handbooks KGC PRO GEO MSC HSC	NA Q AGD Q CLC Q (SRC) # Total Planners (TP) = 275
VALUE PLANNERS See Price Charl C p. 2.	CUSTOM PLANNERS (with or without Handbooks) - See Price Chart D p. 2.
Sx Total Planners (TP) (15 min, crder, 60 min, for UDA1 = S	_
COL CEL CEL CEL CEL COL COL CEL	S_3.\5 x Total Planners (TP) (50 mm edict) = S KED (RED (PR) (PR) (110 (TE) (120 HSG HSG (AD) (RED (RED (RED (RED))))
Continue on to sections H and I.	Continue on to sections E. F. G. H. and I.
COVERS ~ For Custom Planners only, Select a cover design and complete the Cover We	faceling the indicate it was on the print of the Abril
1. ✓ Poly-Pro™ Cover with school name/mascot in black link: Design # _ V X O	Orania into mal are it yours are to be present any maxest below.
2 I Full-Color Appede Cover For ACR and ACR and with salest angel	FREE
2. J Full-Color Agenda Cover – For AGB and AGC only with school name/mascot	t in black ink: # FC+FREE
3. Religious Cover with school name/mascot in black ink: #R	
4. □ One-Color Cover - Indicate 1 standard ink: □ #C □ Repeat last year's; change year □ Our own design	FREE
5. Multicolor or Photo Cover – Indicate 2 standard inks: 3/1	n uploaded (\$40 intainioum)
Photo Cover # F Down photo OR DPhoto mascot #	A Reneat last year's design, change year
Cover Wording: JBJ Muller EV ment	71 (y
Mascot: Online mascot ≠ + ← 1 8 □ Ovn mascot □ Repea	
6. Custom Back Cover Our own design uploaded OR Repeat last year's des	sign TP x 25c = \$
OPTIONS & TEACHER AIDS -For Custom Planners only, All options o	
Only options available for AGB & AGC are 4, 5, and 6. Only option available for	CIH CIC SAN & SRC is 6
1. Thall Pass Sheet TP x 12c = 2. Tyear-Rnd. Suppl. TP x 25c = _	→ bind in □ front of planner □ back of planner
3. ☐ Char. Ed. Suppl TP x 25c = 4. ☐ Vinyl Pouch TP x 25c =	5. Planning Stickers TP x 20c = S
	Ontions 1-5 Tuta
	# Total Inserts x 25c x TP = \$
Options for Tencher Editions (TE) only — will be placed in all TEs ordered. Grade RecordsTE x 85c = Desson Plans (NA for HSB, H	ICC CDD CDDL TP RP-
	130, 3nd, 01 3nd, 1E x 856 = = 5
G HANDBOOK PAGES - For Custom Planners anity,	
	ustom Pages x 4c/page (3c for HSC, SRC & AGC) x TP = S
Repeat last year's pages Press-ready pages enclosed PDF	Fuploaded Typesetting needed # pages x \$25/page = \$
EXTRAS - Available for ALL planners & agendas (Value and Custom).	
☐ Page Marker Rulers — Must order for all, no partials	TB - 200 C
☐ Wall Charts — Case contains 5 wall charts (same level; must order by full case)	denote the second secon
See Section 5 of the Country (same level, (not the coup)	A CONTRACTOR OF THE PROPERTY O
Order will not be processed without a signature.	SHIPPING & ORDER TOTALS
100	Subtotal = S X Ch.
	RUSH Production - 4 weeks (Custom Planners unly) - add 20% (\$75 min.) = \$ 12.3. Shipping - (AK, HI, APO, FPO call for pricing) 48 states
By signing, you agree to School Mam's Terms & Conditions on p. 3	Pretax Total = S
	State Tax (NE and FL only, if applicable) = S
Special Instructions: NES P. orders only To avoid cancer sales the Rebussia process only	Delay Ship (opt): DApr 19 Dhoy 31 Dhone 28 Dhuly 5 Dhuly 12 Dhuly 19 GGO 00

Attach if you have any. Submit Figure 13, and Florida unders must subject from DF-13 or DR-14.

□July26 □Aug2 □Aug9 □Aug16 □Aug23 □Aug30

Exhil



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

Requesting Campus: LYNDON B. JOHNSO	ON HIGH SCHOOL				
Campus Principal: ARMANDO SALAZAR					
Board Member: RAMIRO VELIZ, JR.					
Board Member:					
Board Member:					
Description of Request: FUNDS WILL BE I	USED FOR SCHOOL	L BEAUT	TFICATION		
		-			
Estimated Cost of Request: \$3200.00/	1				
Principal or Director Signature:	lagar		Date: May 9, 2019		
ASSOCIATE SUPERINTENDENT APPROV			No		
Signature:		Date:			
SUPERINTENDENT APPROVAL:	Yes		No		
Signature:		Date:			
BOARD MEMBER APPROVAL: Briselda /	Q / Yes		No		
Signature: Ramiro Veliz, I	II for	Date:	5/10/19		
BOARD MEMBER APPROVAL:	Yes		No		
Signature:		Date:			
BOARD MEMBER APPROVAL:	Yes		No		
Signature:		Date:			