

Canutillo Independent School District

7965 Arteraft Rd. El Paso, Texas 79932 Mailing Address: PO Box 100 Canutillo, Texas 79835

Ron Gatlin Purchasing Agent (915) 877-7426 FAX (915) 877-7415 rgatlin@canutillo-isd.org

MEMORANDUM

TO:

Members of the Board of Trustees

FROM:

Ron Gatlin, Purchasing Agent

DATE:

December 10, 2013

SUBJECT: Acceptance of Donations to Canutillo ISD

The attached forms list the donations that have been received by the district and are being submitted for your review and consideration under the Consent Agenda. Additional supporting documentation is attached.

District Donations

Total Value

\$2048.16

The Canutillo Independent School District does not discriminate on the basis of race, color, national origin, gender, age or disability in its employment practices, or in providing education services, activities and programs, including technical education programs. For more information regarding the Canutillo Independent School District's policy of non-discrimination contact: Executive Director for Human Resources, (915) 877-7423, 7965 Arteraft Rd., El Paso, TX 79932.

El Distrito Escolar Independiente de Canutillo no discrimina en cuanto a raza, color, origen, género, edad o discapacidad en lo que se refiere a sus prácticas de empleo, o al proveer servicios, actividades y programas educativos y vocacionales. Para mayor información respecto a la política de no discriminación del Distrito Escolar Independiente de Canutillo, favor de contactar a: Director Ejecutivo de Recursos Humanos, (915) 877-7423, 7965 Artcraft Rd., El Paso, TX 79932.



Date of request: 11/22/13	School/D	epartment: 6E	S
On behalf of the CISD, I am asking th	at you approve the a	acceptance of the fo	ollowing items:
Donation Desription		Quantity	Value
Alamo Livestock Check	# 7624	1	\$500
Purpose of donation:	ent Activit	1	
Donor or Donor Organization Name Address, City, State & Zip Code:	e: alama (ivestock ipaso Ty 7	9913
☐ This dona ☑ This dona	etary donation ation will be recorded ation is for the benefi e recorded in their a	t of the following clu	
StallAdia			
Club Name	S65.C Account	Number	105.00
Sponsor's Signature	Date		u+C
Donation has been received and is possible. If yes, list Miscellaneous Receipt #	ending approval	Ye N	s lo
REQUESTER'S SIGNATURE:	Hery M Principal/Department Head	agram 11-2	12-13
ACCEPTANCE APPROVAL:	Business Services Executiv	ve Director Date	12/2/13
IF ADDITIONAL APPROVALS ARE REQU	IIRED, PLEASE FORW	ARD TO:	
Technology Approval:			
(if required - All technology related items)	Executive Director of School Resources	Date	
Facilities Approval:			
(If required - Building and grounds modifications/improvements)	Executive Director of Facili	ties Date	
AFTER ALL APPROVALS SEND:	Copy to Cam Original to Finance A		

Canutillo Indepe	endent School District
MASTE	ER RECEIPT
DEPOSIT #	MASTER # 5789
school-arcia Elem	DATE 11/22/13
AMOUNT \$ 500.00	
16659	
OFFICE RECEIPT REFERENCE	DEPOSIT BY
	POSTED

	Canutillo Independe Office	nt School Distr	rict
SchoolA Received From (CHECK ONE)	rcia elim Ahmo Lijestick CASH CHECK(S)_	# 7624 BOTH	NO. 16659 Date $\frac{11/27}{550000}$
	FUNDRAISER #TAX FR	EE DAYT	
ACCT.	DESCRIPTION		AMOUNT
	Donation for Student Act	10. K1 =5 00. 105 00	500.00
If pay Distribution: Wh	NOTE: An original receipt yment is made by check, a refund can only be issiste copy to payer llow copy to finance w/Master receipt hk copy remains in the book for audit purpositions.	ndy, t- shirts, fund raiser # a must be presented for refund and after 10 working days aft Received By	1

THE PERMIT PAY TO THE ORDER OF _ MEMO CANUTILLO INDEPENDENT SCHOOL DISTRICT
GARCIA ELEMENTARY SCHOOL
P O BOX 100
CANUTILLO, TX 79835-01p0 " 102000BO" DATE 5789 FOR ACHIBINECT DEPOSIT ONLY, USE A VOIDED CHECK Five Hundred Dollars and No Cents GARCIA ELEMENTARY SCHOOL CENTS DOLLARS ALAMO LIVESTOCK TOTAL CURRENCY P.O. Box 13311 El Paso, TX 79913 (915) 497-2555 Tel. TOTAL COIN 유민구나 TOTAL FOOD STAMPS LIST EACH CHECK 12 LE 002 81 5 11 1:11 20000061:5686074070# SECURITY FEATURES INCLUDED, DETAILS ON BACK 600 5,16,1 10 12 0 Wells Fargo Bank, NA El Paso, Texas wellsfargo.com 13 пц 14 пц 15 16 17 18 60 19 20 21 DATE 88-6/1120 22 23 TOTAL DEPOSIT 24 500.00 11/22/2013 25 26 27 7624 28 TOTAL FROM OTHER SIDE OR ATTACHED LIST DOLLARS 00 PLEASE RE-ENTER



Date of request: 10-03-13	School/D	epartment: 0 L	30
On behalf of the CISD, I am asking the	nat you approve the a	acceptance of the fo	llowing items:
Donation Desription	nn .	Quantity	Value
CK. #107178	711	/	\$400.00
Cn. 4-101/18			4700
			
			
			-
			1
Purpose of donation: 4th	grade fi	indraiser	<u> </u>
Donor or Donor Organization Nam Address, City, State & Zip Code:	e: Missi 1316 I	on Chevre	let 26
☐ This dona	etary donation ation will be recorded ation is for the benefi e recorded in their a	t of the following clu	
Sock Hop 'Oldies But Club Name Good ies Llorie Q. Fleche Sponsor's Signature	Account	97.0 / Number 12-13	
Donation has been received and is p If yes, list Miscellaneous Receipt # OFFICE	ending approval	Yes N	6 0
REQUESTER'S SIGNATURE:	Principal/Department Head) ///5// Date	13
ACCEPTANCE APPROVAL:	Business Services Executiv	Ca CAG	11/19/13
IF ADDITIONAL APPROVALS ARE REQU	IIRED, PLEASE FORW	ARD TO:	
Tachnology Approval:			
Technology Approval:	Executive Director of		_
(If required - All technology related items)	School Resources	Date	
Facilities Approval:			_
(If required - Building and grounds modifications/improvements)	Executive Director of Facili	ties Date	
(in response a committy and Arounds montesterns in the Assistance (see	Executive Director of Facility	Duto.	
AFTER ALL APPROVALS SEND:	Copy to Cam Original to Finance I	pus Accountant	

1928 11 - 6 - 1 3 88 1102 310 10 - 11 - 5 15 15 15 15 15 15 15 15 15 15 15 15 1	hess Program \$ 1200	Prime Account	01° 02938
P. O. BOX 1157 PH. 915-877-1928 CANUTILLO, TX 79835	Pay to the CISD Well ness Production	THE EI PASO, TENSO TO THE WAY, THE LOOP THE NAVITE LEVEN	1:31:208:1034:20054:28:28011 02938

снеск# 107178 107178	\$400.00	¥
88-6 1120	11/01/13 VOID AFERN BU BANS	1.50
Wells Fargo Bank Texas, N.A. 221 N. Karsas El Paso, TX 73901 www.wellsfargo.com		1
PO Box 26488 • 1316 George Dieter El Paso, Texas 79926 (915) 594-1700	R HUNDRED DOLLARS AND 00/100** JOSE BAMIAN FLEMENTARY SCHOOL 6300 STRAHAN RD EL PASO TX 79932	
PO Box 26488 • 1316 George Dieter Wells Fargo Bank Texas, N Kansas El Paso, Texas 79926 El Paso, TX 79901 Wells Fargo Bank Texas, N Kansas El Paso, TX 79901 Www.wellstargo.com	*FOUR HUNDRED DOI JOSE BAMIANFE 6300 STRAHANFE EL PASO TX 7993	
0	PAY *:	

TO THE ORDER OF

##107178# ### 2000066##930688574#



RCVD NOU 15 2013 PM04:19

Date of request: 11/18/2013	_ School/D	epartment: C & I	
On behalf of the CISD, I am asking the	hat you approve the a	acceptance of the fol	lowing items:
Donation Desripti	on	Quantity	Value
Kagan event host tour reward			\$400.00
Purpose of donation: Donation of on November 1 and November	Kagan products fo 2	or hosting profession	onal development
Donor or Donor Organization Nam Address, City, State & Zip Code:	P. O. Box 7200		
☐ This dona ☐ This dona	etary donation ation will be recorded ation is for the benefi se recorded in their a	of the following club	
Club Name Sponsor's Signature	Account I	Number 8/13	
Donation has been received and is p If yes, list Miscellaneous Receipt #	ending approval	☐ Yes ☑ No	1
REQUESTER'S SIGNATURE:	Prindipal/Department Head	1) 1	8/13
ACCEPTANCE APPROVAL:	Business Services Executiv		11/29/13
IF ADDITIONAL APPROVALS ARE REQU	IIRED, PLEASE FORWA	ARD TO:	
Technology Approval:			
(If required - All technology related items)	Executive Director of School Resources	Date	
Facilities Approval:			
(If required - Building and grounds modifications/improvements)	Executive Director of Facilit	es Date	
AFTER ALL APPROVALS SEND:	Copy to Camp Original to Finance A	ous ccountant	4

Kagan Publishing • P.O. Box 72008 • San Clemente, CA 92673-2008 Toll Free: 1 (800) 933-2667 • Local & Int'l. (949) 545-6300 Fax: (949) 545-6301 • E-Mail: Orders@KaganOnline.com Web: www.KaganOnline.com

Code 3	Qty	ltem Name	Price	Total
JMI	1	Maga Timer 1	1900	49.00
LMZC	1	Mozart for Creativity	15:00	15.00
LMZM	1	Mozartfor Motivation	1500	15.08
LGMR	_1		15.00	
1Gmz	ı	Inthezone	15,00	
LGMP	1	Projects	15.00	
Lams	1	Problem Solvina	15,00	15,00
CDE		Doumal & Fraction Compo	70.00	20.00
BCUM		Mayn Lessons for little ones		
BXLA	1	la .	19.00	
BSLA		Coop. Learning & Lang. arts		
BFS	1	Coop. Learning & Sci		
Bab	1	Biol. Higher Lv I. Thak 19 Quest	19.00	9.00
CMDTB	1 -	Teamblar Chips		
MDZC	2	Storage Canister	1.00	2.00
		3		
-				
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If you nee	d more r	oom, please photocopy this form or attach another	sheet of po	iper.

Subtotal	(3/00.10	
Jobiolai	121-10 10	
Minimum Order	1 300.1)(

(\$10 Minimum Order)	(300.0	_
Chinning & Landling		_

_/	Ship	ping & Ho	andling	(110	100
Economy	2nd Day	Next Day	Other	40	. 0

ouy a onici		
Subtotal	CLOO	06

Tax/GST (California add 8%. Illinois add applicable tax rate. Canada add 5% GST, plus PST) (No tax outside California, Illinois, and Canada)

★ The Kagan Guarantee ★

If you're not 100% satisfied with any item you receive, simply natural twithin 30 days (10 days for videos, CDs. DVDs, and cossettes) for a retund. Please call for authorization

Please fill in all information. Print legibly.

Home Information
Name
Address
City
State Zip
Hm. Phone ()
Hm. E-Mail
School or District Information
School or District Canofillo ISD
Address P.O. Bx 100
City Canotillo
State
Sch. Phone P.15 1877-7486
Sch. E-Mail ja zimenez@canotillo-
Sch. Fax 915 - 877-7470 1501.0
GradeTitle Englander Dev Coon.
☐ Don't add me to your E-mail list
Shipping & Billing Instructions
Ship to: Home School Bill to: Home School Other:
Payment Information
U.S. funds only. No cash please.
Check # (Payable to Kagan Publishing.)
Purchase Order #(Must be attached.)
☐ Credit Card No. Expiration Date
Authorized Signature Required

Subtotal	Econ	RELIGIOUS AND A STATE OF THE PARTY OF THE PA	Next Day	CIT THE RESIDENCE TO TAKE THE TAKE THE	
\$10-\$24	\$5	\$10	\$18	\$9	
\$25-\$49	\$6	\$12	\$21	514	
\$50-\$74	\$8	\$15	\$24	\$19	550
\$75-\$99	\$9	\$17-	\$27-	\$24	
\$100-\$199	\$11	\$21	\$30	\$29	
\$200+	10%	-13%	18%	15%	

· Economy: Please allow 2-3 weeks for delivery.

Rush Orders: Orders must be received by noon M-Th, 9:00 am on Fri (PST).

* Hawaii, Alaska, Canada: Please allow approximately 2-4 weeks for delivery. For rush orders please call, fax, or e-mail for rates.

• International: Please call, fax, or e-mail for rates.

/ww.KaganOnline.com

Canutillo Independent School District A/P PO Box 440 Canutillo, TX 79835



FEIN: 33-0593901

Host Bonus Statement

Send Correspondence & Remittance to:
Kagan Professional Development
P.O. Box 72008
San Clemente, CA 92673-2008
1-800 CO-OP LRN * (800) 266-7576
(949) 545-6333 * Fax (949) 545-6334

Host bonus must be used within 30 days of receipt of this memo and processed as one order.

Only Kagan produced items qualify. Please exclude items beginning with "D" because these are not Kagan produced items.

Be sure to include shipping charges in your order. Shipping will be 10% of the order subtotal. In addition, sales tax / GST will be added, if applicable. If your order totals more than your host bonus, please provide payment with this order in the form of a check, credit card, or purchase order.

Thank you for supporting Kagan, we look forward to working with you again in the future!

Account No. 3920	Date Printed 11-12-2013	Invoiced By Kimberly	Page 1
	Balance forward from 9-13-2013		\$0.00
11-7-2013	This is not a HB for Event 15290, STB Tour Rewards	- Voided this \$400.00 HB	\$0.00
11-12-2013	Credit memo from Event 15290, November 1, 2013 Four reward to be used toward purchase of Kagan p		\$400.00
	Ending Balance		\$400.00

12-13- emailed



Canutillo Independent School District Donation Approval Form RCVD NOU 01 2013 PM12:21

"Ool Dist"		2002	- 1	
Date of request: 10-31- 20	2/3 School/De	partment <u>: Vose</u>	Damian Ele	Mentary
On behalf of the CISD, I am asking the	nat you approve the ac	ceptance of the fo	ollowing items:	,
Donation Desripti	on	Quantity	Value	
		Quantity	# 7 # 99	
WINTER COUT-B	DYS	/	# 24. 12	
Purpose of donation: Jo prov	ude a coar	t to a c	child in	
need for the will	yter			
	1			
Donor or Donor Organization Nam	. Amanda	Vixon		
Address, City, State & Zip Code:	all la dank		Cal	
Address, City, State & Zip Code.	El Dico TV	ma per.	Sol	
	El Paso 17	79711		
Check one:	etary donation			
	*	n the communalden	artment activity account	
	ation will be recorded i	n the campus/dep	artment activity account	
☐ This dona	ation is for the benefit of	of the following clu	ıb or team	
, and will b	e recorded in their acc	count if the donation	on is	
	1 10			
KULAUSA () VOII Ken	la (() 164			
Club Name	Account N	umher		
Club Name	/ Account iv	umber		
I Dui	11/2	/		
Jours Willia	10/3//	2013		
Sponsor's Signature	Date			
	52852			
Donation has been received and is p	anding approval	□ V ₀	2	
	ending approvar	☐ Ye		
If yes, list Miscellaneous Receipt #			lo	
		10/	/	
DECLIESTED'S SIGNATURE.	lands (14/3/	//.3	
REQUESTER'S SIGNATURE:	Principal/Department Head	Date	<u>, </u>	
	Timelia Department Teau) Dane 1		
ACCEPTANCE APPROVAL:	MA CO	- 11/8/1	3	
ACCEPTANCE APPROVAL.	Business Services Executive	Director Date	_	
	Dusiness Dervices Exceptine	Director Date		
IE ADDITIONAL ADDDOVALS ADE DEOL	UDED DI EACE FORMAT	D TO:		
IF ADDITIONAL APPROVALS ARE REQU	IIRED, PLEASE FORWAR	RD TO:		
Technology Approval:				
	Executive Director of		_	
(If required - All technology related items)	School Resources	Date		
	2000/00/00			
Facilities Approval:			_	
(If required - Building and grounds modifications/improvements)	Executive Director of Facilities	s Date		
(1944 34 - Building and grounds modifications/improvements)	Everative Director or Lacilities	Date		
METER ALL APPEARANCE CONTRACTOR				
AFTER ALL APPROVALS SEND:	Convita Com	10		
	Copy to Campu Original to Finance Ac	countant		



Date of request: 11/19/2013	School/D	epartment: CHS/	Dance	
On behalf of the CISD, I am asking that you approve the acceptance of the following items:				
Donation Descripti	ion	Quantity 98	Value	
Purpose of donation: in order	r to fundira	se with the	Bother for	
Donor or Donor Organization Nam Address, City, State & Zip Code:	PO Bix Avling to	me Adver	tizing	
☐ This dona	etary donation ation will be recorded ation is for the benefit be recorded in their ac	of the following club	rtment activity account or team is	
Club Name Sponsor's Signature	OOI. 3 Account I	Number		
Donation has been received and is p If yes, list Miscellaneous Receipt #	ending approval	Yes No		
REQUESTER'S SIGNATURE:	Principal/Department Head	Date		
ACCEPTANCE APPROVAL:	Business Services Executiv	e Director Date		
IF ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:				
Technology Approval: (If required - All technology related items)	Executive Director of School Resources	Date		
Facilities Approval; (If required - Building and grounds modifications/improvements)	Executive Director of Faciliti	es Date		
AFTER ALL APPROVALS SEND:				

Copy to Campus
Original to Finance Accountant



Date of request: 11/21/13	School/D	epartment: S	PED
On behalf of the CISD, I am asking the	nat you approve the	acceptance of the fol	lowing items:
Donation Description	on	Quantity \$ 5,00	Value \$ 5 , 00
Purpose of donation:	eskill	s dom	ation
Donor or Donor Organization Nam Address, City, State & Zip Code:	e: Gonza	do Gu	inonez
☐ This dona 黛OThis dona	ation is for the benefi	in the campus/depa t of the following club ccount if the donation	
Club Name Sponsor's Signature	Account (5) Date(Number 24 (13	
Donation has been received and is possible from the possible second seco	ending approval	Yes No	
REQUESTER'S SIGNATURE:	Principal/Department Head	12 3 13	12/4/13
ACCEPTANCE APPROVAL:	Business Services Executiv	re Director Date	-
IF ADDITIONAL APPROVALS ARE REQU	IIRED, PLEASE FORW	ARD TO:	
Technology Approval: (If required - All technology related items)	Executive Director of School Resources	Date	-
Facilities Approval: (If required - Building and grounds modifications/improvements)	Executive Director of Facilit	ies Date	-
AFTER ALL APPROVALS SEND:	Copy to Cam Original to Finance A	ous occountant	



Date of request: /// 2///3	School/Departme	ent: Jase,	Damian Elen
On behalf of the CISD, I am asking	that you approve the accepta		
Donation Descript Material Cubbies for classic Apple iPad 2 16 68 Survivor - iPad Cover i Lyear Warranty for iPa	om chairs 2:	uantity	Value (00.80 399.99 79.99 79.99 46.20
Purpose of donation: Cubbies Weight they carry in the reinforce their learning to	\mathcal{D}	roduce the eighad will had scione app	and the second s
Address, City, State & Zip Code:	2620 Samoa Di	7161.62	
Check one: Non-mon	El Paso, TX 799, 915 598-9222H	ollowing club or	
Club Mame	Account Number	_	
(See 8) V	11/21/12		
Sponsor's Signature			
) promot of granding	Date		
Donation has been received and is p	pending approval	Yes	
If yes, list Miscellaneous Receipt #	criding approval	☐ No	
REQUESTER'S SIGNATURE:	Rringipal/Department Head	11/23/13 Date	
ACCEPTANCE APPROVAL:	Business Services Executive Director	Date	3
IF ADDITIONAL APPROVALS ARE REQU	JIRED, PLEASE FORWARD TO:		
Technology Approval:			
(If required - All technology related items)	Executive Director of School Resources	Date	
Facilities Approval:	Consortiessuices	position to the	
(If required - Building and grounds modifications/improvements)	Executive Director of Facilities	Date	

AFTER ALL APPROVALS SEND:

Copy to Campus Original to Finance Accountant