



# 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:** \_\_\_\_\_ Judd Gilpin \_\_\_\_\_ **OF:** \_\_\_\_\_ Board President \_\_\_\_\_

**APPROVED FOR TRANSMITTAL TO SCHOOL BOARD:** \_\_\_\_\_ July 18, 2012 \_\_\_\_\_

## **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 2011-2012**

Requesting Campus: STEP Academy

Campus Principal: Eduardo J. Garza

Board Member: Pat Campos

Board Member: \_\_\_\_\_

Description of Request: Equipment needed for Ropes Course

Please see attachment

Estimated Cost of Request \$1,350.80

Principal or Director Signature: [Signature] Date 6-25-12

Associate Superintendent Approval: Yes ☐ No ☐

Associate Superintendent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Approval: Yes ☐ No ☐

Superintendent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Board Member Approval: Yes ☒ No ☐

Board Member Signature: [Signature] Date 6/27/12

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 2011-2012**

Requesting Campus: STEP Academy

Campus Principal: Eduardo J. Garza

Board Member: Ms. Pat Campos

Board Member: \_\_\_\_\_

Description of Request: Ceiling mounts for 2 classrooms

Estimated Cost of Request \$1,792.00

Principal or Director Signature:  Date 6-25-12

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 6/27/12

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.